

Part II. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			()
	11	Net income summary. Combine line 3, column (d), and line 10			()

Part III. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			()

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(1) NAME OF FUNDRAISER: LEGACY CORPORATION

(1) ADDRESS OF FUNDRAISER: 2401 HEWITT AVE, EVERETT, WA 98201

SCHEDULE G, PART I, LINE 2B(V):

THE ORGANIZATION HAS AN AGREEMENT WITH LEGACY CORPORATION WHEREIN FEES

ARE PAID FOR PROFESSIONAL FUNDRAISING SERVICES AND FUNDRAISING EXPENSES SUCH AS PRINTING, POSTAGE, MAILING, AND DATABASE MANAGEMENT.

Part IV Supplemental Information *(continued)*

FUNDRAISING EXPENSES PAID TO LEGACY CORPORATION ARE ALLOCATED ON A PER

PLEDGE OR MONTHLY BASIS AND ARE DISTINGUISHABLE AND RECORDED SEPARATELY

FROM FEES PAID FOR PROFESSIONAL FUNDRAISING.

AMOUNTS RETAINED BY LEGACY CORPORATION ARE USED FOR PROGRAM SERVICE

ACTIVITIES PERFORMED BY LEGACY CORPORATION.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

BREAST CANCER PREVENTION FUND

Employer identification number
03-0549678

Part I General information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS DEPARTMENT OF SOCIAL AND HEALTH SERVICES - 1100 W 49TH STREET - AUSTIN, TX 75756	32-0113643	GOVERNMENT	200,000.	0.			MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN.
WA ST. DOH - BREAST & CERVICAL HEALTH PGM - 111 ISRAEL ROAD SOUTHEAST - TUMWATER, WA 98501	91-1444603	GOVERNMENT	200,000.	0.			MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN.
FLORIDA DEPARTMENT OF HEALTH 4025 ESPLANADE WAY TALLAHASSEE, FL 32399	59-3502843	GOVERNMENT	30,000.	0.			MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN.
INNER IMAGES, INC. 2901 WILSHIRE BLVD, SUITE 319 SANTA MONICA, CA 90403	95-7904185		597,750.	0.			MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN.

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

3 Enter total number of other organizations 1.

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

Schedule I (Form 990) (2010)

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.

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

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

SCHEDULE I, PART I, LINE 2: DUE DILIGENCE IS PERFORMED ON ALL ORGANIZATIONS

THAT RECEIVE GRANTS FROM BREAST CANCER PREVENTION FUND ("BCPF"). REGULAR

REPORTING IS REQUIRED TO ENSURE THAT GRANTS ARE UTILIZED AS AGREED BY THE

BOARD OF DIRECTORS OF BC PF AND THE ORGANIZATIONS RECEIVING THE GRANTS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

BREAST CANCER PREVENTION FUND

Employer identification number

03-0549678

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II: Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III: Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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
LEGACY CORPORATION	ENTITY PARTLY OWNED	2,148,725	OUTREACH SE		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 PERSON: LEGACY CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY PARTLY OWNED BY JAMES PATON

(D) DESCRIPTION OF TRANSACTION: OUTREACH SERVICES

SCHEDULE L, PART IV

LEGACY CORPORATION IS CURRENTLY PART-OWNED BY BOARD PRESIDENT, JAMES

PATON. LEGACY CORPORATION WAS CHOSEN TO PROVIDE SERVICES TO THE

TAXPAYER IN A COMPETITIVE BIDDING PROCESS AND CONTRACT TERMS ARE NO

GREATER THAN FAIR MARKET VALUE FOR THE SERVICES PROVIDED. THE SERVICES

PROVIDED BY LEGACY CORPORATION ARE BELOW MARKET RATES.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

BREAST CANCER PREVENTION FUND

Employer identification number

03-0549678

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2	Did or will any officer, director, trustee, or key employee of the organization:	Yes	No
a	Become a director or trustee of a successor or transferee organization?		
b	Become an employee of, or independent contractor for, a successor or transferee organization?		
c	Become a direct or indirect owner of a successor or transferee organization?		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶		

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

Schedule N (Form 990 or 990-EZ) (2010)

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- 4b If "Yes," did the organization provide such notice?
- 5 Did the organization discharge or pay all liabilities in accordance with state laws?
- 6a Did the organization have any tax-exempt bonds outstanding during the year?
- 6b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

	Yes	No
3		
4a		
4b		
5		
6a		
6b		

c. If "Yes," describe in Part III how the organization defensed or otherwise settled these liabilities. If "No," explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	GRANTS PAID	12/31/10	1,027,750	ACTUAL COST		N/A	

- 2 Did or will any officer, director, trustee, or key employee of the organization:
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a		X
2b		X
2c		X
2d		X

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

DURING THE TAXABLE YEAR ENDING DECEMBER 31, 2010, BREAST CANCER PREVENTION

FUND HAD GRANT EXPENSES OF \$1,027,750. THIS AMOUNT WAS EXPENDED IN THE

ORDINARY COURSE OF OPERATING ITS EXEMPT FUNCTION ACTIVITIES, BUT REPRESENTS

OVER 25% OF ITS NET ASSETS OF \$640,639 AT THE BEGINNING OF THE TAXABLE YEAR

ENDED DECEMBER 31, 2010. BREAST CANCER PREVENTION FUND'S EXPENDITURE DOES

NOT CONSTITUTE A "SUBSTANTIAL CONTRACTION" UNDER THE DEFINITION IN REG.

SEC. 1.6043-3 AS THE DISTRIBUTION WAS SUBSTANTIALLY OUT OF CURRENT INCOME.

THERE IS NO PLAN TO LIQUIDATE OR CONTRACT THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

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Name of the organization

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Employer identification number
03-0549678

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE TAX RETURN ARE

PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO

ANNUALLY UPDATE AND SIGN THE CONFLICT OF INTEREST POLICY TO DISCLOSE IF

THERE ARE ANY MATERIAL CHANGES IN THEIR RESPECTIVE INTERESTS THAT COULD

GIVE RISE TO ANY CONFLICTS. IF A CONFLICT OF INTEREST EXISTS, BOARD MEMBERS

ARE REQUIRED TO DISCLOSE THE MATTER TO THE ENTIRE BOARD OF DIRECTORS AND

ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

REVERSAL OF PRIOR YEAR ACCRUAL TO CASH ADJUSTMENT -214,148.

FORM 990, PART XII, LINE 1

BREAST CANCER PREVENTION FUND CHANGED ITS ACCOUNTING METHOD FROM THE

CASH METHOD TO THE ACCRUAL METHOD OF ACCOUNTING TO COMPLY WITH FASB

ACCOUNTING STANDARDS CODIFICATION 958, NOT-FOR-PROFIT ENTITIES (ASC

958).

FORM 990, PART I, LINE 6: VOLUNTEERS SERVED ON THE BOARD OF DIRECTORS.