GILLETTE, HENDERSON & CO. PLLC
4811 LEBANON ROAD, STE. 208
HERMITAGE, TN 37076
(615) 889-1153

June 25, 2010

TENNESSEE BREAST CANCER COALITION
3939 OLD HICKORY BLVD
OLD HICKORY, TN 37138

CLIENT'S COPY

Dear Client:

Enclosed for your review and filing are the following:

Form 990-EZ	2009 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

John R. Gillette

TENNESSEE BREAST CANCER COALITION 62-1637548

	2009	2008	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	100,285	226,431	-126,146
INVESTMENT INCOME	6,097	10,456	-4,359
NET GAIN (LOSS) - NONINV. ASSETS/DISP	0	84	-84
NET INCOME (LOSS) - SPECIAL EVENTS	131,921	3,552	128,369
TOTAL REVENUE	238,303	240,523	-2,220
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID	127,010	136,350	-9,340
SALARIES AND EMPLOYEE BENEFITS	93,645	71,381	22,264
PROFESSIONAL FEES/PYMT TO CONTRACTORS	1,104	1,822	-718
OCCUPANCY/RENT/UTILITIES/MAINTENANCE	6,000	5,710	290
PRINTING, PUBLICATIONS, AND POSTAGE	2,665	3,920	-1,255
OTHER EXPENSES	94,879	97,038	-2,159
TOTAL EXPENSES	325,303	316,221	9,082
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	-87,000	-75,698	-11,302
NET ASSETS/FUND BAL. AT BEG. OF YEAR	376,942	483,828	-106,886
OTHER CHANGES IN NET ASSETS/FUND BAL	0	-31,188	31,188
NET ASSETS/FUND BAL. AT END OF YEAR	289,942	376,942	-87,000

TENNESSEE BREAST CANCER COALITION 62-1637548

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH B, SCH G

CARRYOVERS TO 2010

NONE

TENNESSEE BREAST CANCER COALITION 62-1637548

SPECIAL EVENTS WORKSHEET

SPECIAL EVENT	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME OR LOSS
GOLF TOURNAMENT	$ 274,501.	$ 61,275.	$ 213,226.	$ 119,923.	$ 93,303.
POWER OF PINK	30,934.	0.	30,934.	87.	30,847.
SUBTOTAL	$ 305,435.	$ 61,275.	$ 244,160.	$ 120,010.	$ 124,150.
DANCING FOR A CURE	9,692.	0.	9,692.	9,834.	-142.
LOW COUNTRY BOIL	8,013.	0.	8,013.	100.	7,913.
*SUBTOTAL	$ 17,705.	$ 0.	$ 17,705.	$ 9,934.	$ 7,771.
TOTAL	$ 323,140.	$ 61,275.	$ 261,865.	$ 129,944.	$ 131,921.

*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

TENNESSEE BREAST CANCER COALITION

62-1637548

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
COMPUTER & RELATED EQUIPMENT																
1	DELL COMPUTER	2/28/05		614							614	471	S/L	5		123
2	BROTHER PRINTER	2/22/05		130							130	100	S/L	5		26
3	QUICKBOOKS	6/21/05		500							500	350	S/L	5		100
4	CD/DVD BURNER	9/08/05		62							62	41	S/L	5		12
5	ROUTER	3/29/07		70							70	25	S/L	5		14
6	DELL LAPTOP	3/29/07		3,019							3,019	1,057	S/L	5		604
7	PRINTER AND ROUTER	7/26/07		520							520	147	S/L	5		104
8	CANNON DIGITAL CAMERA	11/15/07		243							243	57	S/L	5		49
9	COMPUTER - SCOTT	7/23/08		516							516	43	S/L	5		103
10	TELEPHONE	11/25/08		87							87	1	S/L	5		17
11	COMPUTER AND PRINTER	11/25/08		685							685	11	S/L	5		137
	TOTAL COMPUTER & RELATED EQ			6,446		0	0	0	0	0	6,446	2,303				1,289
FURNITURE AND FIXTURES																
12	10 BANQUET TABLES	8/30/05		300							300	143	S/L	7		43
13	2 DRAWER FILE CABINET	3/29/07		100							100	25	S/L	7		14
14	POP UP EVENT TENT	7/05/07		999							999	214	S/L	7		143
15	TABLE AND CHAIRS	12/10/07		84							84	13	S/L	7		12
16	LANTERNS	8/26/08		138							138	7	S/L	7		20
	TOTAL FURNITURE AND FIXTURE			1,621		0	0	0	0	0	1,621	402				232
	TOTAL DEPRECIATION			8,067		0	0	0	0	0	8,067	2,705				1,521

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

TENNESSEE BREAST CANCER COALITION

62-1637548

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION			8,067		0	0	0	0	0	8,067	2,705				1,521

2009

FEDERAL FILING INSTRUCTIONS

TENNESSEE BREAST CANCER COALITION 62-1637548

FORM TO FILE:

FORM 990-EZ - 2009 SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

SIGNATURE:

SIGN AND DATE FORM 990-EZ.

PAYMENT:

NO PAYMENT IS REQUIRED.

WHEN TO FILE:

ON OR BEFORE AUGUST 16, 2010.

WHERE TO FILE:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending .

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
TENNESSEE BREAST CANCER COALITION
3939 OLD HICKORY BLVD
OLD HICKORY, TN 37138

D Employer identification number: 62-1637548

E Telephone number: 615.377.8777

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ► WWW.TBCC.ORG

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 368,247.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	100,285.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	6,097.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 61,275. of contributions reported on line 1)	6a 261,865.		
	b	Less: direct expenses other than fundraising expenses	6b 129,944.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	131,921.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ►)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	238,303.
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1		10	127,010.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	93,645.
	13	Professional fees and other payments to independent contractors		13	1,104.
	14	Occupancy, rent, utilities, and maintenance		14	6,000.
	15	Printing, publications, postage, and shipping		15	2,665.
	16	Other expenses (describe ► SEE STATEMENT 2)		16	94,879.
	17	**Total expenses.** Add lines 10 through 16 ►		17	325,303.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-87,000.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	376,942.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	289,942.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	371,580.	22	303,597.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 3)	5,362.	24	3,845.
25	**Total assets**	376,942.	25	307,442.
26	**Total liabilities** (describe ► SEE STATEMENT 4)	0.	26	17,500.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	376,942.	27	289,942.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **990-EZ** (2009)

TEEA0803L 01/30/10

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

			Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
28	SEE STATEMENT 6 (Grants $ 127,010.) If this amount includes foreign grants, check here ☐	28a	201,434.
29	(Grants $) If this amount includes foreign grants, check here ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	201,434.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		93,645.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 8

			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		33		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.				
a Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		35a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a 0.			
b Did the organization file **Form 1120-POL** for this year?		37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A			
39 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on line 9	39a N/A			
b Gross receipts, included on line 9, for public use of club facilities	39b N/A			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.				
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I		40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0.			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		40e		X

41 List the states with which a copy of this return is filed ► TN

42a The organization's books are in care of ► CINDY SMITH Telephone no. ► 615.847.4001
Located at ► 3939 OLD HICKORY BLVD OLD HICKORY TN ZIP + 4 ► 37138

		Yes	No
b 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)?	42b		X
If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
If 'Yes,' enter the name of the foreign country: ►			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

		Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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.

► Signature of officer — Date 6-28-10

► Jami W. Eller Executive Director
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ►	JOHN R. GILLETTE	Date 6/25/10	Check if self-employed ► ☐ Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	GILLETTE, HENDERSON & CO. PLLC 4811 LEBANON ROAD, STE. 208 HERMITAGE, TN 37076		EIN ► N/A Phone no. ► (615) 889-1153

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes ☐ No

BAA

TEEA0812L 01/30/10

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: TENNESSEE BREAST CANCER COALITION

Employer identification number: 62-1637548

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii)	a family member of a person described in (i) above?	**11g (ii)**		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of Support
Total									

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	94,831.	123,083.	195,596.	226,431.	100,285.	740,226.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1 through 3	94,831.	123,083.	195,596.	226,431.	100,285.	740,226.
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)						0.
6 **Public support.** Subtract line 5 from line 4						740,226.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	94,831.	123,083.	195,596.	226,431.	100,285.	740,226.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,920.	2,887.	4,103.	10,456.	6,097.	25,463.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 **Total support.** Add lines 7 through 10						765,689.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 0.

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 ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) ..... 14 96.7 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ..... 15 70.4 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2008.** 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 ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the 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 yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 lns 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the organization
TENNESSEE BREAST CANCER COALITION

Employer identification number
62-1637548

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of $5,000 or more during the year. ► $ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization: TENNESSEE BREAST CANCER COALITION

Employer identification number: 62-1637548

Part I **Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ASTRAZENECA PHARMACEUTICALS 1800 CONCORD PIKE WILMINGTON, DE 19801	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	GREATER NASHVILLE APARTMENT ASSN TWO INTERNATIONAL PLAZA NASHVILLE, TN 37217	$ 7,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	KOMEN FOUNDATION 4009 HILLSBORO PIKE; STE 209 NASHVILLE, TN 37215	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	KROGER 1014 VINE STREET CINCINNATI, OH 45202	$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	LOWE'S 5029 OLD HICKORY BLVD HERMITAGE, TN 37076	$ 29,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
6	MORGAN STANLEY SMITH BARNEY TRUST 787 SEVENTH AVE, 32ND FLOOR NEW YORK, NY 10019	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: TENNESSEE BREAST CANCER COALITION

Employer identification number: 62-1637548

Part I **Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WALLACE ENTERPRISES, LLC 318 SEABOARD LANE, STE 308 FRANKLIN, TN 37067	$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	COMMUNITY FOUNDATION OF MIDDLE TN 210 23RD AVENUE NORTH NASHVILLE, TN 37203	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	ST. THOMAS HEALTH SERVICES 4220 HARDING ROAD NASHVILLE, TN 37205	$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	AMERICAN AIRLINES LAMBERT INTERNATIONAL AIRPORT ST. LOUIS, MO 63145	$ 7,500.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
11	MCKENZIE JEWELERS 3829 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215	$ 5,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: TENNESSEE BREAST CANCER COALITION

Employer identification number: 62-1637548

Part II **Noncash Property** (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	VARIOUS ITEMS FOR SILENT AUCTION AND PRIZES FOR GOLF TOURNAMENT	$ 9,000.	7/01/09
10	SIX AIRLINE TICKETS FOR SILENT AUCTION	$ 7,500.	7/01/09
11	ROLEX WATCH FOR SILENT AUCTION	$ 5,000.	7/01/09
		$	
		$	
		$	

Name of organization: TENNESSEE BREAST CANCER COALITION

Employer identification number: 62-1637548

Part III ***Exclusively*** **religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete cols **(a)** through **(e)** and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc. contributions of **$1,000 or less** for the year. (Enter this information once – see instructions.) ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: TENNESSEE BREAST CANCER COALITION

Employer identification number: 62-1637548

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 POWER OF PINK (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	274,501.	30,934.	17,705.	323,140.
	2 Less: Charitable contributions	61,275.			61,275.
	3 Gross income (line 1 minus line 2)	213,226.	30,934.	17,705.	261,865.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	35,620.			35,620.
	6 Rent/facility costs	17,343.		1,263.	18,606.
	7 Food and beverages	18,060.		7,104.	25,164.
	8 Entertainment				
	9 Other direct expenses	48,900.	87.	1,567.	50,554.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				129,944.
	11 Net income summary. Combine lines 3, column (d) and line 10 ►				131,921.

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 ►				

		YES	NO
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?	9a		
b If 'No,' explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain:			
11 Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %		
b An outside facility	13b %		
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 contact with a third party from whom the organization receives gaming revenue?	15a		
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?	17a		
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: ► $			

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	MINNIE PEARL CANCER FOUNDATION	
CASH AMOUNT GIVEN:		$ 10,000.
DONEE'S NAME:	VANDERBILT-INGRAM CANCER CENTER	
CASH AMOUNT GIVEN:		$ 5,000.
DONEE'S NAME:	CARIN & SHARIN BREAST CANCER ED & SUPPR	
CASH AMOUNT GIVEN:		$ 15,110.
DONEE'S NAME:	FRIENDS IN GENERAL	
CASH AMOUNT GIVEN:		$ 20,000.
DONEE'S NAME:	MIDDLE TN MEDICAL CENTER FOUNDATION	
CASH AMOUNT GIVEN:		$ 15,000.
DONEE'S NAME:	ST. THOMAS HEALTH SERVICES	
CASH AMOUNT GIVEN:		$ 15,000.
DONEE'S NAME:	YMCA OF CLARKSVILLE	
CASH AMOUNT GIVEN:		$ 2,900.
DONEE'S NAME:	YMCA OF COOL SPRINGS	
CASH AMOUNT GIVEN:		$ 22,000.
DONEE'S NAME:	YMCA OF MIDDLE TENNESSEE	
CASH AMOUNT GIVEN:		$ 22,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	$ 5,043.
BANK CHARGES	556.
CREDIT CARD FEES	65.
DEPRECIATION	1,521.
DUES & SUBSCRIPTONS	393.
EDUCATIONAL MATERIALS	1,339.
EMERGENCY ACCESS	71,488.
ENTERTAINMENT	242.
EVENT EXP EXTERNAL	864.
INFORMATION TECHNOLOGY	913.
INSURANCE	2,158.
MILEAGE	4,071.
OFFICE EXPENSES	1,213.
SPONSORSHIPS	1,282.
TAXES AND LICENSES	120.
TELEPHONE	972.
TRAVEL	984.
WEBSITE	1,655.
TOTAL	$ 94,879.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	$ 0.	$ 4.
FURNITURE AND FIXTURES	1,219.	987.
MACHINERY AND EQUIPMENT	4,143.	2,854.
TOTAL	$ 5,362.	$ 3,845.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
DEFERRED REVENUE	$ 0.	$ 17,500.
TOTAL	$ 0.	$ 17,500.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

INCREASE AWARENESS THROUGH EDUCATION ABOUT BREAST CANCER RESEARCH, TREATMENT AND PREVENTION; TO IMPROVE ACCESS FOR ALL WOMEN TO HIGH QUALITY BREAST CANCER SCREENING, DIAGNOSIS AND TREATMENT; TO INCREASE INFLUENCE OF BREAST CANCER ADVOCATES IN DECISIONS AFFECTING SCIENTIFIC RESEARCH, CLINICAL TRIALS AND LEGISLATIVE POLICY; AND TO INCREASE FUNDING FOR BREAST CANCER RESEARCH IN ORDER TO ERADICATE THE DISEASE.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TBCC PROVIDES EDUCATION SERVICES ABOUT THE RISKS OF BREAST CANCER AND OPTIONS FOR ACCESS TO QUALITY CARE AND TREATMENT; HOSTS A WEBSITE WITH RESOURCES AND OTHER INFORMATION; SPONSORS AND SUPPORTS COMMUNITY OUTREACH PROGRAMS THROUGH GRANTS; AND OPERATES AN EMERGENCY ACCESS FUND THAT PROVIDES FINANCIAL SUPPORT THROUGH THE COVERAGE OF A PATIENT'S MEDICAL INSURANCE COPAY, MORTGAGE PAYMENTS OR RENT, UTILITIES AND LOCAL TELEPHONE SERVICE, UP TO $1,000 PER PERSON, PER CALENDAR YEAR.

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JEANNE NAPIER 706 NORTH CHESTNUT COURT HERMITAGE, TN 37076	BOARD MEMBER 0	$ 0.	$ 0.	$ 0.
DIANNE NEAL 3721 WEST END AVE NASHVILLE, TN 37205	BOARD MEMBER 0	0.	0.	0.
KIM PARHAM 1041 WILLOW PARK CIRCLE HENDERSONVILLE, TN 37075	BOARD MEMBER 0	0.	0.	0.
MELISSA RAGSDALE 717 PALMELTO COURT BRENTWOOD, TN 37027	BOARD MEMBER 0	0.	0.	0.
ZACK SMITH 7154 CHESSINGTON DR FAIRVIEW, TN 37062	BOARD MEMBER 0	0.	0.	0.
LOLITA TONEY 131 SETTLERS WAY HENDERSONVILLE, TN 37075	BOARD MEMBER 0	0.	0.	0.
IRENE TORINO 1570 FAWN CREEK RD BRENTWOOD, TN 37027	BOARD MEMBER 0	0.	0.	0.
F. EVE UTLEY 3803 RICHLAND AVE NASHVILLE, TN 37205	BOARD MEMBER 0	0.	0.	0.
	TOTAL	$ 93,645.	$ 0.	$ 0.

STATEMENT 8
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO