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# Outrunning cancer: marathons, money, and morality

Elisabeth Anne Erickson  
*University of Iowa*

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OUTRUNNING CANCER: MARATHONS, MONEY, AND MORALITY

by

Elisabeth Anne Erickson

A thesis submitted in partial fulfillment  
of the requirements for the Doctor of  
Philosophy degree in Health and Sport Studies  
in the Graduate College of  
The University of Iowa

May 2014

Thesis Supervisor: Professor Susan Birrell

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Graduate College  
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Iowa City, Iowa

CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph.D. thesis of

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To my family.

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everyone has served me well during this process. During our near-daily phone calls, Kristin, my best friend and sister, has borne the brunt of my worry and insecurity and shared my excitement and joy. Kris and Mark have been a part of this project from the start, and Miles' love of playing, reading, cuddling, and being a goofball helped "Aunt Lizzie" be silly when it was really needed (*I really hope that feminist theory I read to you when you were an infant sticks with you*). Thanks, Mom, Dad, Kris, Mark, Miles, Maggie, and Gus. I'm so lucky you're my family. I love you all. You're the best.

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## ABSTRACT

Since the 1970s, millions of Americans have raised billions of dollars for nonprofit organizations through philanthropic fitness events. In 2013, 27 of the 30 largest charity events netted nearly \$1.7 billion for health-related nonprofits. Two central questions guide this work: How do those who run marathons and raise funds for breast cancer make sense of their participation?; and To what extent do the notions of a moral citizen and philanthropy shape the meanings that they make of philanthropic fitness events?

This work utilizes a year of interviews with nine women who ran the *26.2 with Donna: The National Marathon to Finish Breast Cancer* in Jacksonville, Florida, in 2012 and/or 2013. I also conducted participant observation, running the marathon in 2013, and nonparticipant observation from the sidelines in 2012. This project examines the changing cultural context of the marathon and the meanings of consumerism, fitness, giving, morality, and breast cancer as a source of social connection. It also examines participants' skepticism toward both health-related nonprofit organizations and their financial status. The result is a more nuanced explanation regarding individuals' choices to participate in endurance-length philanthropic fitness events.

The *26.2 with Donna* is important to these runners' relationships with breast cancer—breast cancer the disease, breast cancer the concept, breast cancer the identity. This project finds that besides simply finding a community of like-minded individuals at a race, the healing element of this marathon is key to the formation of personal connections to the race that create long-term marathoner-fundraisers. The runners experience the *26.2 with Donna* inside a perfect “pink bubble” of women's culture that surrounds the race and co-opts its participants, as it is overlain with notions of an imagined sisterhood based on individual and communal improvement through the consumption of all things breast cancer.



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## PREFACE

The day before Thanksgiving in 2005, as I neared the intersection of U.S. Highway 218 and Bremer County road C-50, I cheerfully answered a call from my best friend from college as I drove to my parents' house for the holiday. Suzanne's response was abnormal in every way: clearly upset, she was quiet, and her tone had a tinge of disbelief. In a shaky voice, she told me that her sister and brother-in-law and her oldest niece, Leah, were on their way to the University of Iowa's Children's Hospital in Iowa City. Leah's parents had been concerned about her belly – she was starting to look like a pregnant 4-year-old – and after a short doctor's visit in Waterloo, they'd been sent to Iowa City to figure out what kind of cancer was growing in her abdomen.

For the next eight months, despite off-and-on hospitalizations and hundreds of miles traveled along I-380 between Denver, Iowa, and Iowa City, Leah continually insisted to her mother, "Teee-nah (insert a four-year-old's eye roll here), I am not sick." After endless nights in the hospital, operations, countless needle pokes, hundreds of Dairy Queen chocolate chip cookie dough Blizzards and bags of Snyder's buffalo wing-flavored pretzel pieces, a brief and weird obsession with Tacky Glue, at least one read through the entire catalog of the Hospital Library's children's section, and the help of many amazing doctors, nurses, and assorted staff members, Leah finally took her last chemotherapy treatment for a very rare, Stage IV liver cancer in June, 2006.

Now, she's a happy, healthy 12-year-old who shows no signs of being a cancer survivor except for the incision scars from her surgeries to remove her tumor and the spot where her chemo port was placed near her right collarbone. As she grows, Leah's physical scars have begun to fade and shrink, and as her body gets bigger, they are not nearly as scary-looking as they once were. The invisible scars of her cancer, though, are as permanent as the physical scars, and involve many, many more people. The psychological scars on her family—an eight-month period of what Chris and Tina can only

describe as hell, a little sister who didn't get to spend much time with her mom during that eight months, a third daughter born two months after Leah's last treatment, and the permanent shifting of family dynamics—have jolted everyone who knows them into a world that no one wants to visit. The family's normal is now modified by the word “cancer,” no matter how long ago that last treatment occurred.

During Leah's treatments, I helped my friends and their daughter in very strange ways: a trip to Iowa City the day after the Valentine's Day party at school so Leah could read her cards from her classmates; a night spent imploring residents of tiny Denver, Iowa to reach as deeply into their pockets as they could as I emceed the “Love for Leah” benefit; and random visits where Leah demanded my presence as a visitor at the Children's Hospital, wouldn't speak to me for two hours while I was there, but then cried as I left to drive back to Waverly. Each time, no matter how small the effort on my part was, made me feel as if I had at least contributed something, anything, to bolster my friends as they traveled this terrible road along which we all felt helpless.

Leah's experience was not the first time, and it certainly will not be the last, that my life was affected by cancer. Like most Americans, my brushes with cancer have been many and varied: a close friend died at the age of 25 during his third battle with brain cancer; my grandpa died of complications related to lung cancer; my grandma had breast cancer; a family friend died as a result of cancer caused by pesticide exposure; a favorite college friend survived malignant melanoma diagnosed at the age of 25; one of the head coaches I worked with resigned her position because of cancer-related health concerns. And as I finished writing my dissertation, within a week, cancer appeared twice more. First, my favorite boss, who is also a good friend, was diagnosed for the second time with an apparently common cancer among those who have had organ transplants. The next day, my college roommate's mother – a woman who has always seemed completely invincible to me – was diagnosed with Stage IV, fast-moving, non-Hodgkin's Lymphoma. She died two days after the diagnosis. That part of my story is not unlike

many others': Cancer is a part of every day life in the U.S. in the early 21<sup>st</sup> century, full-stop.

Men in the U.S. have a slightly less than 1-in-2 lifetime risk of being diagnosed with cancer, while U.S. women have a slightly more than 1-in-3 lifetime risk. As those numbers have increased, there has been a corresponding rise of the philanthropic fitness event, particularly charity run/walks that are held to raise funds and awareness for nonprofit organizations that fund research and support for diseases. With this flood of charity runs, events, and training teams organized around diseases, and cancer in particular, we have seen a surge in the number of participants who are pushing themselves to run distances they may have previously only dreamed of completing. This, in turn, has led to a significant increase in available training programs that turn mere mortals into marathon runners for simply the cost of funds raised by asking friends and family for support.

As a result, the running culture surrounding the mythical 26.2-mile distance of the marathon has become more accessible to runners of all capabilities. Thanks to programs like Leukemia and Lymphoma Society's Team in Training, and Komen for the Cure's recently-developed Marathon for the Cure, individuals who can successfully complete a 5K and have the determination to run a marathon are promised the coaching and training necessary to complete a 26.2-mile run. With Team in Training, an individual must commit to completing the running program and raise a minimum dollar amount of donations. In return, she receives a team to train and run the race itself with, and Leukemia and Lymphoma Society pays her entry fees, lodging, and transportation. In 1976, 25,000 U.S. runners finished a marathon. In 2013, both the ING New York Marathon (50,266) and Bank of America Chicago Marathon (39,122) had more finishers (Chicago race results, 2013; ING New York Marathon, 2013). Running continues to grow as a personal fitness activity, and with it, we see expansion of the philanthropic fitness event.

All of this has combined to change our conceptions of philanthropy, fitness, and moral citizenship, while it also has raised our awareness of cancer's effect on society – and potentially skewed our view of just how common a killer the disease is. This project explores that intersection and the phenomenon of the philanthropic fitness event, as it plays off my own status as a lifelong volunteer with an interest in philanthropic motivations and giving, combined with my love of a good run and a challenge. My own running career began about 20 years ago. In that time, I have run probably fewer than 15 races, though I have trained for two marathons. I have read nearly every issue of *Runners World* published in the last 20 years, I have lost friends and family to cancer, I have become more and more aware of the increasing messages about the terrors of breast cancer targeted at women aged 25 to 45, and I have noticed that nearly every event that my running friends register for now includes some sort of charitable element. These observations and life experiences have led me to this project, considering a new context in which running and philanthropy intersect, one in which they create a new set of meanings for those who run and those who support the nonprofit organizations that benefit from running.

I first became aware of Leukemia & Lymphoma Society's Team in Training in 2001. I lived in Utah at the time, and running half-marathons. A friend was training for her fourth marathon, and mentioned that a friend in the Midwest was working with Team in Training to prepare for her own first full marathon. Curious, I explored the organization's website, and signed up to receive information. In the years since, I've felt a little bit of motivation tinged with a guilty conscience every time a Team in Training race flyer shows up in my mailbox, offering me the chance to participate – and, according to the brochure, make a difference in the lives of others, if only I would take the time. As a runner who runs mainly for her brain, and less for the excitement of a race, I always flip through that flier, consider my current schedule, and think, "Eh. I don't have time right now." Then I feel a bit guilty as I toss it in my recycle bin.

I wonder about that guilt, about my running for myself instead of running for others. My runs in the morning are to give me time to clear my head, to be grateful for the things going on in my life, to think about what's happening with my friends and family, to consider my teaching and research – and if I am honest, so that I can make my sweet tooth happy whenever I feel like it. It is my time to focus on myself in a way that I find hard to do once the sun is up and the rest of the world is awake. In short, my running is purely selfish when measured against those who train and travel with Team in Training, raise money and awareness for Dance Marathon, or run the *26.2 with Donna* or the St. Jude Marathon. And so when I bump into those who run multiple marathons a year, often raising money for worthy nonprofits along their 26.2-mile paths, I again experience this brief feeling of self-reproach. “No, I’m not really training for anything right now,” I say. “Oh! You’re doing Dance Marathon, the Marathon/Team in Training/*26.2 with Donna*? Wow! That’s fantastic! How is your fundraising going? Let me know if I can do anything. Best of luck!” Then, I go on my way, wondering if this is, in fact, how I should be structuring my own running life.

#### Understanding the Purpose

This document traces my interest in the larger topic of philanthropic fitness events that are staged to raise money for cancer, and the cultural moment that has given birth to the appropriation of the marathon in order to raise money and awareness for cancer. As we use running and walking as a means for fundraising, we have taken what many consider to be a space reserved for those who fit our health ideals and turned it into a place to raise money for those who have been diagnosed with cancer. The ultra-fit and healthy now run to raise funds for those who live with what our culture has construed as the ultimate disease. I believe that this shift in our notions of health, fundraising, and illness, in concert with the special status that cancer and the cancer survivor hold in American society, have contributed to cancer’s move to the forefront of this health-related philanthropic movement. Further, an increasing interest in running – partly as a

result of the obesity epidemic, partly as a result of increasing diagnoses of cancer – also helped to set the stage for the rise of the philanthropic fitness event within a new cultural context that shifts the meaning of running, voluntarism, and philanthropy. My work looks at the specifics of marathons used to raise funds for breast cancer, as well as the role that cause-related marketing and consumerism play in developing what currently serves as a moral citizen in the U.S.

Clearly, participation in philanthropic fitness events includes the giving of time, money, and energy, as well as the desire to help others who may not be able to help themselves. More than 10 years after Team in Training took off as an endurance training/fundraising juggernaut for the Leukemia & Lymphoma Society, the running community has resoundingly acknowledged the growth of this phenomenon, as *Runner's World* magazine published a special issue in July 2011 focused on “Outrunning Cancer.” Anecdotes suggest that this type of participation also covers the desire to overcome helplessness in the face of a potential death sentence, and the desire to experience a self-inflicted pushing of both mental and physical limits, sometimes in the hope that one can approximate the pain of an easy chemotherapy treatment (Brant, 2011; Purdham, 2011). However, I believe that it also goes beyond these public altruistic desires and involves very personal reasons that, while influenced by the ideological conditions under which we all live, are called into play due to specific life experiences that may range from receiving a cancer diagnosis to having a life-long desire to complete a marathon, and to do it with a group of like-minded individuals.

Regardless of the motivation, though, the rise of philanthropic fitness activities – and marathons in particular – allows participants to feel as if their contribution to the fight against disease results in more than a surge of good feelings. In fact, the nonprofit organizations and the real experience of the race work together to cultivate the idea that individuals should feel that their long-term commitments to a cause make an important difference through these sorts of fundraising programs. Participants can maintain or



improve their fitness levels while demonstrating to their social circle and beyond that they are, in fact, the type of individual who donates time and money to generally agreed-upon good causes. As a result, whether it is to belong, to fight obesity, to support a health-related cause one believes in, or to attempt to demonstrate a corporation's involvement in its community through the sale of cause-related products and seemingly altruistic marketing campaigns, this movement toward philanthropic fitness events has provided a space to examine the meanings that we all ascribe to fitness and citizenship.

## CHAPTER 1

### RUNNIN' DOWN A DREAM: THE SIGNIFICANCE OF CANCER, PHILANTHROPIC FITNESS EVENTS, AND CITIZENSHIP

There is irony inherent in the notion of a healthy runner running 26.2 miles to raise money for those with cancer. The marathon is commonly thought to be a space that is reserved for the fittest among us. In recent years, though, the marathon's meaning has morphed as the act of running the distance has become the nexus of health, illness, and philanthropy. No longer is it an event that competitive runners register for and run on a Sunday morning. Now, long-time (or new) runners who have raised money for a cause find themselves lining up at the starting line just behind elite runners. Often, the fundraising runner has chosen *this* race or *this* cause because of a personal connection. As a result, runners now train for months to be able to finish a marathon in honor of a loved one, or perhaps, for a stranger. During their training, they also undertake the task of asking friends, family, colleagues, and friends of Facebook friends for contributions to the cause they have chosen to support. And so, as the athlete at the starting line has changed, so has the cultural context in which we understand our conceptions of health, illness, and what it means to be a donor to a nonprofit organization.

From the start of the philanthropic fitness event in the late 1960s until today, millions of Americans have used their physicality to raise billions of dollars for nonprofit organizations. Since its inception in 1988 through fiscal year 2013, Team in Training, an arm of the Leukemia and Lymphoma Society, raised more than \$1.4 billion through the efforts of those who ran, biked, and swam for others (Team in Training, 2014). Participants who walked and ran in Komen for the Cure's 2012 race series and 3-day, 60-mile walk raised more than \$257 million (Komen for the Cure annual report, 2013). And in 2013, 27 of the top 30 peer-to-peer fundraisers, which are events that ask participants to undertake an action in addition to their donations, were runs, walks, or other events

that required physical effort. Together, those 27 fundraisers netted nearly \$1.7 billion (Peer-to-peer fundraising top 30 results, 2014). In other words, the efforts of the philanthropic fitness event participant have a marked effect on the nonprofit fundraising world in the United States.

The American Freedom from Hunger Foundation hosted its first Walk for Development in 1968 with three main goals: raising funds for international development, educating the public about the causes of malnutrition and poverty, and developing youth leadership. It was highly successful, with more than 100 walks raising more than \$800,000 in a year (King, 2006). In 1970, the March of Dimes established its WalkAmerica (now Walk for Babies), a walk intended to raise funds for the nonprofit organization's mission of preventing birth defects, reducing premature births, and supporting families with premie babies. Shortly thereafter, the American Heart Association teamed with physical education teachers across the United States to create Jump Rope for Heart.

Americans began to move their way into raising funds and awareness for illnesses as the fitness boom took over the U.S. in the mid- to late-1970s. The result: The philanthropic fitness event. Walking, running, and jumping events began to evolve into a way for Americans to indirectly assist those struck by life-shaking diagnoses without actually knowing someone who had been affected. Races began to crop up, each with a particular focus on a disease, and established races began to accept the philanthropic runner, carving out a spot for those running for charity within their events.

WalkAmerica is the first philanthropic fitness event to hit a 40-year anniversary. During its lifetime, this movement in the United States has grown to include runs, walks, bike rides, swims, golf events, and triathlons. Unlike the early pioneering events that focused on the performance of physical activity to raise funds and awareness for a variety of diseases and health-related causes, now the most well-known philanthropic fitness events focus specifically on raising money and awareness for cancer. American Cancer

Society's Relay for Life and marathon teams, Leukemia and Lymphoma Society's Team in Training, Komen for the Cure's Race for the Cure and its newly-created Marathon for the Cure, LIVESTRONG events formerly sponsored by the Lance Armstrong Foundation, the St. Jude Marathon, and *26.2 with Donna: The National Breast Cancer Marathon*,<sup>1</sup> which supports the Mayo Clinic-Jacksonville (Florida), are at the forefront of the current wave of the philanthropic fitness event.

The cultural message since the late 1960s has shifted from contributions alone to the importance of runners and walkers making more "real" connections to these diseases. At pre-race rallies and post-race award celebrations, participants were encouraged to discuss either their personal experiences with the disease or, in the absence of a personal connection, to honor individuals they did not know (and possibly would never meet) by raising money specifically for that person. Savvy nonprofit organizations have worked to foster what seems to become a quite personal connection for those runners and walkers whose primary motivation for participation initially may have been physical activity with just a side benefit of helping others.

Throughout these four decades, too, many of the events themselves have become more demanding of their participants. Bicycle rides have expanded to "century rides," where participants ride 100 miles in a single day. Running events have split. Some, like Komen for the Cure's Race for the Cure series, have maintained wide appeal by maintaining a 5-kilometer walk/run format. But many other races have evolved from focusing on runs and walks to producing long-distance events that demand significant training time from their participants. Of the 10 most popular road races in the U.S. in

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<sup>1</sup> There are actually three entities of the "Donna" charities that I will refer to throughout this work: The Donna Foundation, "26.2 with Donna: The National Marathon to Finish Breast Cancer," and *26.2 with Donna*, the actual marathon, which is produced by the National Marathon to Finish Breast Cancer. I will refer to the "National Marathon to Finish Breast Cancer" as the "26.2 with Donna foundation" or the "26.2 with Donna nonprofit organization." And for clarity, though it is not APA style, I will italicize *26.2 with Donna* when referencing the marathon itself.

2012, each of which had between 58,000 and 24,000 participants, none was shorter than five miles (Running USA Largest Races, 2014). Not many Americans can pull themselves off their sofas without a training program to support a charity by running 3.1 miles on a Saturday in June; fewer still can do the same for a 13.1-mile half-marathon or the 26.2-mile marathon.

In response to the popularity of marathoner-fundraisers, even venerated marathons like London, Chicago, New York, Washington DC's Marine Corps, and Boston have added space for large numbers of charity runners. A latecomer in recognizing the charity runner, the New York Marathon began its charity program in 2006, which benefited 14 nonprofits. By 2010, the New York Marathon officially recognized 190 nonprofits (Robbins, 2010), and in 2013, the marathon had more than 300 nonprofit partners. Between 2002 and 2012, the Chicago Marathon's charity program grew from 14 recognized nonprofit organizations with 1,674 runners raising \$2,950,000 to 170 recognized partners with 10,693 runners – 29% of the total field – raising \$15.3 million. In 2013, the top three nonprofit partners were Team World Vision<sup>2</sup> with 1,729 runners, American Cancer Society with 858 runners, and Leukemia and Lymphoma Society's Team in Training with 526 runners (Chicago Marathon charity & community, 2013).

As many well-known marathons reach their runner capacity within days, if not hours, of opening their online registrations, the act of reserving race spots for charity runners has created a point of contention among the running community. As a result, two camps have arisen in the running world: the charity runner or the “real” runner. A charity runner is guaranteed entry into the race as long as she agrees to raise a preset amount of money; if she cannot reach the fundraising threshold through donations from friends and

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<sup>2</sup> Team World Vision runs for clean water access, sanitation, and hygiene in Ghana, Mali, Niger, Rwanda, Kenya, Ethiopia, Uganda, and Zambia.

families, she must guarantee the balance with her personal credit card. In contrast, a “real” runner sees herself finally being selected to run in the New York Marathon through the lottery system or qualifying for Boston with a select time – and often sees the charity runner as one who is gaming the system, not paying her dues (Brant, 2011; Purdom, 2011). As a result, in some cases, the charity runner’s philanthropic efforts trump the real runner’s training efforts.

The intersection of running and cancer in the U.S. – at least the branch that went on to truly explode the concept of philanthropic fitness event – was planted and began to grow in earnest in Dallas in the 1980s. The Susan G. Komen Breast Cancer Foundation (now Komen for the Cure) held its inaugural Race for the Cure in Dallas in 1983. In the time since, the nation’s most recognizable breast cancer charity has managed to parlay that initial event’s success into an international race series. One of the best-known philanthropic fitness events in the U.S., the Race for the Cure series is held in 152 cities across the world, and has been mimicked by countless other nonprofit organizations with the intent of raising both funds and awareness for those organizations’ missions (Komen for the Cure annual report, 2013). The philanthropic fitness event, as it has grown and changed from WalkAmerica to Komen’s Race for the Cure to 100-mile bike rides, now financially supports both international nonprofit organizations and small, local nonprofits with causes as varied as Alzheimer’s, local theater programs, and the efforts of groups like Rotary Club.

The focus of my work is the Donna Foundation’s partner foundation, the 26.2 with Donna foundation and its signature fundraising event, *26.2 with Donna: The National Marathon to Finish Breast Cancer*. Donna Deegan, a Jacksonville, Florida native who works as a news anchor in her hometown, is a three-time breast cancer survivor. She was first diagnosed in 1999 at the age of 38, and again in 2002 and 2003. Deegan founded the Donna Foundation, a 501(c)3 nonprofit foundation, in June 2003 to assist underserved Jacksonville women who have been diagnosed with breast cancer. In

2008, five years after the Donna Foundation was established, the organization launched what is now its signature event, *26.2 with Donna: The National Marathon to Finish Breast Cancer*. In 2010, the marathon was spun off as its own 501(c)3 nonprofit organization, the 26.2 with Donna foundation. The marathon foundation has a mission to raise funds for both the Donna Foundation (cancer care) and Mayo Clinic-Jacksonville's breast cancer research work (cancer research).

The *26.2 with Donna* race weekend itself includes a marathon, a half-marathon, and a marathon relay, as well as a preliminary 5K. It is open to the public and does not require its participants to raise funds for the nonprofit, though a portion of each race entry fee supports the foundation's work, and participants are asked to consider adding \$5 to their race entry fee when they register online (*26.2 with Donna FAQ*, 2013). According to the Donna Foundation and *26.2 with Donna's* websites, approximately 70-85% of the money raised from the *26.2 with Donna* or other annual fundraisers is used for breast cancer research at the Mayo Clinic-Jacksonville, though this percentage varies by the year and the foundation's assessment of current need. The 26.2 with Donna foundation donates the other 15-30% of its funds each year directly to The Donna Foundation. The Donna Foundation, partnered with Catholic Charities to assist in selecting recipients of the support, then donates those funds each year directly to those in the Jacksonville area who have been diagnosed with breast cancer and are struggling financially. To date, more than 7,000 "First Coast"<sup>3</sup> women have been helped by the Donna Foundation (*About 26.2 with Donna*, 2014). In 2012, the marathon foundation donated more than \$441,542 to the Mayo Clinic-Jacksonville for breast cancer research and to the Donna Foundation to help Jacksonville-area women (*26.2 with Donna IRS-form 990*, 2013).

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<sup>3</sup> The "First Coast" reaches from Fernadina Beach on the north through Jacksonville and Orange Park to St. Augustine, and ends at Palm Coast.

Though my work focuses on cultural implications of the philanthropic fitness event and its relation to breast cancer, not the scientific research side of breast cancer, it is important to note that Jacksonville's branch of the Mayo Clinic is home to Dr. Edith Perez. Perez is the director of the Breast Cancer Program and Cancer Clinical Study Unit and chair of the 2005 clinical trial that found patients with HER-2 positive invasive breast cancer who received Herceptin (trastuzumab) with chemotherapy had a risk recurrence reduction of 52%. HER-2 positive breast cancer accounts for approximately one out of every five breast cancer diagnoses, is generally more aggressive than other types of cancers, and is less likely to respond to hormone treatments. Perez also developed studies to evaluate the role of genetic markers in the development and aggressiveness of breast cancer (About 26.2 with Donna, 2014). Perez works closely with Deegan, the founder of the Donna Foundation, on fundraising events that support the foundation.

#### The Significance of this Movement

As other nonprofit organizations have capitalized on the idea of race-as-awareness-builder-and-fundraiser, this new brand of activism has come to the fore in a cultural moment that sees an intersection of significant changes for the running world, the philanthropic community, our perceptions of cancer, and, for the purposes of this study, the scope of women's roles during the late-twentieth and early-twenty-first centuries in the United States. First, since the implementation of Title IX and the fitness boom of the 1970s, women are as physically active as they have ever been. Secondly, the acknowledgement of cancer and other health concerns in our cultural discourse has allowed for an increased emphasis upon the importance of physical, mental, and spiritual health and fitness that is largely aimed at women, both for the individual and her family.

Additionally, women from families with financial means continue to serve as community volunteers. In the early twentieth century, this role allowed them to engage in the public sphere without threatening men's public roles in industry and politics. As



women's public engagement opportunities have increased, more women have adopted careers outside the spheres of the home and voluntarism, and many women have disposable income in amounts that they have not previously achieved. Further, women have persisted in their historical roles as the chief financial officers of their families. As a result, they not only control their personal financial situations, but also are largely in charge of family budgets and purchases. In a society reliant upon consumption, this locates women in the center of a women's culture that encourages conspicuous consumption as a civic duty (Berlant, 2008).

This junction of opportunities is the crucial cultural moment that Komen for the Cure, then the Susan G. Komen Foundation, first seized upon with its founding in 1982. In the three decades since, Komen for the Cure has catapulted awareness of breast cancer to the forefront of our discussions of illness, and at least in the public coverage of cancers, helped make breast cancer the sexiest cancer of all. As a result, Komen for the Cure has become emblematic for all breast cancer charities, thanks to its well-coordinated marketing efforts. Despite recent controversy that stems from the funding (or not funding) of partnerships with other nonprofit organizations that focus on women's health and criticism of the organization's cause-related marketing partnerships (King, 2006), Komen has managed to make breast cancer a household concern across the United States. As I will discuss later, Komen for the Cure has faced significant cultural scrutiny since 2012 as a result of both its on-again-off-again partnership with Planned Parenthood and the subsequent public realization that Komen's long-standing political connections might have influenced the organization's direction.

Komen for the Cure's first fundraising event was a women's polo tournament and lawn party in 1982, from which it donated a total of \$30,000 in grant money to M.D. Anderson in Houston and Baylor University Medical Center in Dallas (Komen for the Cure Milestones, 2014). The organization's influence grew through its pursuit of cause-related marketing partnerships and a much-emulated fundraising race series, Race for the

Cure. Since offering the inaugural 1983 Race for the Cure as a way to physically participate in a fundraising event for a disease that we are consistently warned will strike 1-in-8 women (American Cancer Society breast cancer facts, 2014), the event has transformed itself into a highly visible public declaration of one's support for women with breast cancer. Now, we most often see breast cancer activism taking place through the encouraged consumption of goods labeled with a pink ribbon that indicates a corporation's support for breast cancer organizations; through participation in physical fitness events, generally 5-kilometer run/walks or women-only golf outings; or via high-ticket events intended for women only, like luncheons and fashion shows "for the cure."

Prior to the Komen-Planned Parenthood controversy, other nonprofit organizations that focus largely on breast cancer research had begun to develop cause-related marketing partnerships, philanthropic fitness events, and fundraising campaigns focused on the disease. These groups varied from nonprofit research organizations like the Breast Cancer Research Foundation (previously headed by cosmetics heir Evelyn Lauder), the National Breast Cancer Foundation, and the National Breast Cancer Coalition Fund to medical institutions including Dana-Farber Cancer Institute and Mayo Clinic. In the time running up to and since the Komen-Planned Parenthood controversy in 2011, these organizations saw an increase in public visibility, and have begun to capitalize upon the small crack in the breast cancer segment that Komen's actions have left.

Cause-related marketing's message to Americans is that we can make a difference in the lives of others through the purchase of specific goods; it is a form of philanthropy that happens at the cash register. The Breast Cancer Research Fund (BCRF), especially, has expanded its public presence tremendously, and has become a significant competitor for Komen within the breast cancer research and awareness cause-related marketing realm. Additionally, both the American Cancer Society, with its highly visible partnerships with the National Football League and Major League Baseball, and BCRF

have tied themselves more and more closely to breast cancer awareness through consumer goods. BCRF has developed significant and long-term partnerships with corporations as varied as Ann Taylor women's clothing, Odwalla bars and fruit juices, Van Cleef & Arpels jewelers, Carhartt, Planet Fitness gyms, and Jelly Belly candies. If one breast cancer organization suffers a public setback, another is there to take its place.

### Rise of Running

As the fitness boom took America by storm in the 1970s, distance running – particularly iconic marathons – became a popular choice for runners looking to challenge themselves. In 1969, fewer than 40 marathons were offered in the U.S. Seven years later, an estimated 25,000 people finished a marathon, and by 1977, nearly 200 marathons were held across the nation (Cooper, 1992). In 2010, an estimated 507,000 individuals finished the more than 450 U.S. marathons offered. The marathon transformed from a venerated distance into a cultural event, and other philanthropic fitness events were close behind, as those events focused on health began to grow in this cultural climate of jumping, walking, and running for others. Now, of course, hardly a weekend goes by from April to November in Midwestern climates – and year-round in more temperate areas – without at least one 5K, 10K, bike ride, or golf event scheduled to raise funds for one nonprofit organization or another. Many organizers of 5K road races are expanding their offerings into half-marathons and full marathons.

What we now consider modern long-distance running finds its beginnings in Great Britain in the seventeenth century; in 1700, two English footmen ran 22 miles in two and a half hours through Windsor Park (Lucas, 1976). In 1764, Foster Powell ran from London to Bath, a 50-mile trip, in seven hours, and at age 60 ran the 402-mile roundtrip between London and Bath (Lucas, 1976, p. 28). In 1824, Americans began running distance events on horse tracks in droves (Lucas, 1976). By the 1840s and 1850s, U.S. newspapers included regular reports of the results of distance-running feats.

The first marathon on American soil took place in Stamford, Connecticut on September 19, 1896, and the Boston Marathon held its inaugural race on April 19, 1897. (Lucas, 1976).

Muriel Gillick (1984) notes that “clean and upright living” (p. 369) is an American tradition dating at least to John Wesley’s 1764 claims that individuals have a religious obligation to eat right, exercise, and abstain from alcohol in order to live within the “laws of nature” (p. 369). Whorton (1982) argues that in the late 1800s, the rise of the physical hygienist movement pinned the troubles in turn-of-the-century America, including crime, poverty, and disease, could be cured by clean living. Similarly, Rader (1991) traces our current emphasis on physical fitness to President Theodore Roosevelt’s call for an increased strenuousness among Americans, with a goal to increase physical fitness for improved national leadership. Eisenhower’s President’s Council on Physical Fitness, organized in 1956, focused on physical fitness largely to ensure individuals would be able to physically provide national service against foreign enemies.

Both Rader (1991) and Gillick (1984) argue that the rise of running as a fitness activity during the 1970s was an opportunity to strengthen the character of the nation, as a result of a renewed interest in connecting upright living to personal and social renewal. With the rise of the hippie counterculture in the 1960s, those who had lived through the Great Depression and World War II began to sense an erosion of previously held principles in the Baby Boomers’ moral and physical fiber (Gillick, 1984). Improved physical fitness, and running in particular, offered individuals the opportunity to improve America by improving themselves. Running, whether as relief from stress and tension, competitive activity, or reinforcement of America’s physical might, provided an outlet for society to take initiative and improve itself (Gillick, 1984; Rader, 1991).

At the same time, during the late 1970s and early 1980s, those at the forefront of the running movement – George Sheehan, Jim Fixx and others – began to frame the running experience as less about physical, cardiovascular benefits, and more about

overall benefits for a runner's mental well-being. The narrative around running became one focused on fun and self-improvement. Running was talked about as an activity that stimulated meditation, produced relaxation, and relieved stress. It could be undertaken alone or with a group. With the right distance, the right physical state, and the right mental state, those who decided to become runners were promised a "runner's high." As a result, jogging exploded as a commonplace option for fitness.

In response, running exploded, flooding the marketplace with new races, goods, and training options for a wide and varied group of individuals who each identified as "runner." The race itself, particularly the marathon, has become a large-scale community event. Many marathons provide a source of extrinsic motivation for runners, with bands marking each mile along the course, cheering crowds lining the streets, and a post-race party at the finish line. Perhaps most importantly, the marathon provides the lasting symbol of a shirt and medal that mark one as an individual who has vanquished potential physical and mental failure. The typical marathon runner is not sponsored and does not compete in the elite portion of the marathon; thus, the 26.2-mile run serves less as interpersonal competition for prize money and more as personal competition and an indicator of individual success. Completing a marathon carries different meanings for every runner. It may be the achievement of a life goal or a rite of passage for a running American. Finishing the distance may serve as a way to challenge and test oneself, or as a milestone that may hold a reward of spiritual achievement. And thanks to programs like Leukemia and Lymphoma Society's Team in Training, individuals who never before would have considered running at all, let alone registering for a marathon, have stepped forward and completed what is still considered an extraordinary physical achievement. Those who want to "do something about my life" often translate that desire into "do something about my body" (Ingham, 1985).

As Ingham (1985) noted, an ideology of individualism is an essential part of our society. It promises that we all have the ability to live the good life through an

opportunity to develop our talents to their fullest within a society that gives us all the chance to make the best of ourselves (Ingham, 1985). This ideology of individualism, in concert with the notion of citizenship that stresses the importance of an individual's role within philanthropy and giving, has helped set the stage for the new cultural context that has given rise to the philanthropic fitness event. This cultural shift moved social programs from the public realm to the private, nonprofit sector. It also created a competitive, professionalized culture within the nonprofit world, and forced nonprofit organizations to brand and market themselves much as for-profit businesses do. As a result, the sense of "worthiness" that donors ascribe to a specific charity may not be simply about the charity itself, but instead may center upon the organization's brand management strategies. With the reduction of government spending, charitable organizations have become the main source of financial support, and in some cases, the most significant research funding, for projects that may otherwise be neglected.

The cultural repositioning of running as a physical, mental, and spiritual activity opened a space for the conception of running to help others. If heading out for a five-mile run was replete with measurable benefits for many aspects of one's health, runners now had the freedom to expand the ways in which they thought about their running lives. The explosion of the marathon as part party, part social experience, part individual achievement, and part fundraiser has coincided with an expansion of our neoliberal society and the shifting of the responsibility of caring for those less fortunate from the government to private nonprofit organizations and individuals.

In this cultural moment, the message is that Americans who are upwardly mobile and financially successful will take the lead in contributing to nonprofit organizations. Additionally, surveys show that upwardly mobile individuals are the ones running on a consistent basis. If running is a part of these individuals' daily lives, and they have the disposable income to donate to charitable organizations, then it is they whom are expected to participate in philanthropic fitness events. The focus on the runner who is

more virtuous than the non-runner – simply by demonstrating discipline, self-control, and an ability to churn out miles on a regular basis – raises the status of that running individual and creates a pressure of social desirability to continue running.

Further, the use of distance running to raise funds for health-related causes has drawn a parallel between the marathoner and the cancer patient. Runners and patients alike undergo the struggle of both mental and physical transformation, the struggle to survive something that is, perhaps the most physically demanding task one has ever undertaken, and the struggle to finish. The notion of inoculating ourselves from cancer by being extraordinarily healthy may work alongside this. Inoculation from cancer through running is a topic that a few researchers have broached, though it has been raised within the popular press (Brant, 2011; Purdom, 2011).

#### The 26.2 with Donna Marathon Experience

My work focuses on the *26.2 with Donna*, the nation's only marathon that exclusively benefits a breast cancer nonprofit organization. Again, the Donna Foundation is a Jacksonville, Florida-based 501(c)3 foundation focused on offering short-term financial support to Jacksonville-area women who have been diagnosed with breast cancer. Its main source of funding is the 26.2 with Donna foundation, which produces the marathon. In addition, the 26.2 with Donna foundation produces an annual charity bike ride, and has its own narrow focus of breast cancer care and breast cancer research. While other marathons offer an opportunity for some participants to raise money for breast cancer organizations or allow marathoners to contribute to a cause of their choice, all proceeds from the *26.2 with Donna* weekend (marathon, half-marathon, 5K races, in addition to a pasta party, and exclusive opportunities to meet with stars of the running world) support cancer care, through the Donna Foundation, and cancer research, through the Mayo Clinic.

The *26.2 with Donna* weekend begins with the race expo, which takes place on Friday and Saturday and is an experience in itself. Every runner must come to the expo to pick up her race packet, with her number, timing chip, and gift bag full of free swag. Held in a vast conference center with concrete floors, pink is everywhere. Every 90 minutes, the PA system announces a new speaker, the likes of which include Donna Foundation founder Donna Deegan, Mayo Clinic-Jacksonville's lead breast cancer researcher Dr. Edith Perez, 1984 Olympic gold medalist Joan Benoit Samuelson, and running coach and former Olympian Jeff Galloway.

Men participate in the *26.2 with Donna* race events and wander through the race expo, but the marathon itself is heavily female and the race expo is replete with the trappings of traditional race, class, and gender norms. Every vendor or race sponsor has pink somewhere in its booth, and the photos of the runners that dominate their display boards feature thin, white, healthy-looking women wearing even more pink. The *26.2 with Donna* expo is an exercise in traditional expectations of the performance of femininity. Not only is pink the color of choice, but vendors sell jewelry, running skirts, flowers on hair clips and ponytail holders. Meanwhile, shirts for sale proclaim that the wearer is "One Bad Mother Runner," that she "Will Run For Wine," that "A Cupcake = 310 Calories, A 5K = 310 Calories Burned. Coincidence?," or that her "Body is Being Refurbished for Your Future Enjoyment." The shoes sold by local running shoe stores are available in colors most often seen on school playgrounds: purple, yellow, and multiple variations of pink. Body Glide, a product used to stop chafing for those whose thighs rub together when they run or who struggle with blisters, is sold in both its regular form and as a "women's formula."<sup>4</sup> Running specific travel companies offer "girls'

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<sup>4</sup> In 2013, I forgot my BodyGlide in Iowa, and purchased some at the race expo to use while running the *26.2 with Donna* marathon. The only difference between the regular formula and the "women's formula" was that the regular came in silver-gray packaging and the women's formula came in pink packaging. I purchased the one in the regular silver-gray packaging.



weekend” trips to marathons, half-marathons, and 10-kilometer races coupled with wine tasting days or shopping on Chicago’s Michigan Avenue.

Eight-foot-tall posters dominate one end of the race expo’s hall. The posters themselves have an abstract background of runners printed in soft pastels with a single inspirational word printed in bold bubble-gum pink. Runners and supporters alike are encouraged to write messages about those they are honoring with their run or to provide words of inspiration for those who are running, and so words like “Hope,” “Love,” “Strength,” “Courage,” are surrounded by Sharpie’d messages in multiple colors. On race day, the boards are anchored at intervals on Jacksonville Beach, beginning with the “Memorial Mile,” and are used to motivate runners during a 2.5-mile part of the course on the sand where there are few spectators.

The *26.2 with Donna* marathon itself is run on a highly scenic, very flat course. It begins with the singing of the National Anthem, a prayer, and a short motivational talk at the parking lot of the Tournament Players Club-Sawgrass golf course in Ponte Vedra, a suburb south of Jacksonville. From there, the 26.2-mile run follows the famed A1A highway as it winds through the beachfront neighborhoods of Jacksonville Beach, Neptune Beach, and Atlantic Beach. At mile 22, the course leaves the Atlantic coast and heads west on its way to a finish at the leafy front yard of the Mayo Clinic-Jacksonville campus. Mile six to approximately mile eight-and-a-half, a stretch which includes the “Memorial Mile,” are run on sand just yards from the ocean, while three miles, miles 23 to 26, are run on one side of a divided four-lane highway that is closed for race day.

Running through the beachfront neighborhoods is an experience unlike that of any other marathon. Many marathons are known for their crowd support, with people lining the streets and cheering on the runners; like many sporting events, the marathon is a communal, social experience. The *26.2 with Donna*, though, has crowds lining the streets for nearly the entirety of the first 20 miles. Neighbors host tailgating parties during the race, with some parties not wrapping up until seven hours later when the course officially

closes, and driveways resemble the elaborate tailgating stalls seen outside an SEC college football stadium. Onlookers offer runners orange slices, bottles of water, Gu fuel packs and Clif bars, coffee, grilled breakfast sausages, and beer. Kids yell coordinated cheers and draw pictures with pink chalk in their driveways. Prior to the race, some citizens took the time to write encouraging messages for the runners in the street, while others chalked notes that quote breast cancer statistics. A cap proclaiming a university allegiance earns either good-natured ribbing or shouts of support. Professional bands and friends jamming in their driveways provide music throughout the day.

It seems that every runner is dressed in pink – and most of the onlookers are, too. Via T-shirts and caps, spectators proclaim themselves breast cancer survivors, and they are one of the most common topics of discussion among runners who become friends for a mile or two. As with most races, the crowd provides a necessary energy lift for the runners when runners’ motivation starts to flag. Yells of support for the runners – “You can do it!”, “Lookin’ good, *name-written-on-a-shirt!*”; or “Keep going, you’re almost there!”<sup>5</sup> – echo throughout the day. The loudest cheers, though, are reserved for those who’ve undergone treatment for breast cancer and wear their specially-designed *26.2 with Donna* “Survivor” technical shirts. In 2013, there were 29 survivor marathon finishers at the *26.2 with Donna* (26.2 with Donna race results, 2013).

Like a Komen for the Cure 5K run/walk, the *26.2 with Donna* roundly acknowledges those whom it terms “breast cancer survivors.” However, throughout the weekend, the *26.2 with Donna*’s public recognition of those who have died as a result of or from complications of breast cancer is much more forthcoming than what is commonly seen at a Komen event. They are mentioned in the pre-race prayer, and the sixth mile of the course – the first mile on the beach – is designated the “Memorial Mile.” While these

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<sup>5</sup> This kind of “encouragement” is not at all helpful at mile 15 of a 26.2-mile run.

may seem to be small gestures, most Komen for the Cure races as well as the organization's literature and website rarely, if ever, mention those who are not survivors.

### Guiding Questions

Beyond sport studies literature, information concerning health-based philanthropic running events is found in works from sport management, nonprofit management, philanthropy, cause-related marketing, and of course, the field of cultural studies. Previous work generally centered on examining volunteers' motivations for donating time to nonprofits (Blackstone, 2004, 2009), quantifying runners' motivations for participating in charity events (Filo, 2008, 2010), understanding philanthropic motivations (Bennett, et. al, 2007; Radley & Kennedy, 1995), investigating the cultural meaning of the body (Bartky, 1988; Bordo, 1990; Eskes, Duncan, & Miller, 1998; Featherstone, 1982; Markula, 2001, 2003, 2004; Theberge, 1991; Vertinsky, 1998), and scrutinizing the meaning created by Komen's Race for the Cure and its varied corporate partnerships (King, 2006, 2001).

My research questions result from an initial inquiry into the cultural conditions that have led to the rise of the health-related philanthropic movement, particularly the marathon that is run to raise funds for others through nonprofit organizations. In examining the cultural conditions, I will discuss the cultural histories of cancer, the running movement, cause-related marketing, and philanthropic fitness events. My task is to examine how these concepts and theories describe a larger statement about not only our current perceptions of health and wellness, but also about the disciplines of running and morality. Interviews allow me to examine and further understand the runners' perceptions of the meanings of those concepts within the context of these theory and concepts.

Two central questions guide this work. First, how do those who run marathons and raise funds for breast cancer make sense of their participation? Second, to what

extent do the notions of a moral citizen and philanthropy shape the meanings that they make of philanthropic fitness events? These questions provide insight into individual developments and meaning regarding philanthropic fitness events, and also further develop whether running long distances to fundraise or support a cause is important to how we conceive of citizenship. In answering these questions, I make a larger statement regarding fitness, giving, and causes, while at the same time, potentially working to unravel the strands of consumerism, fitness, philanthropy, and citizenship that seem to be so central to many individuals' running lives.

### Methodology

The purpose of this work is to explore and better understand the reasons women participate in philanthropic fitness events, how participants understand the function of this kind of a distance race, and the impact that participation has on conceptions of health, fitness, moral citizenship, philanthropy, and personal growth. After careful consideration, I determined that qualitative research would be most effective in exploring more completely how marathoner-fundraisers make sense of their participation and the extent to which notions of moral citizenship and philanthropy influence that meaning making. Qualitative research allows for a better description and understanding of runner-fundraisers' notions of running in philanthropic fitness events, their place as fundraisers and awareness-raisers for breast cancer, and the implications for moral citizenship. Additionally, it allows me to place the information learned through individuals' meaning making experience within a larger theoretical context.

Previous academic work in sport studies has centered largely on the cause-related marketing and consumer aspects of breast cancer charities, and utilized participant observation and media analysis methods. My dissertation goes a step further, as I center on nine women who ran the 2012 and/or 2013 *26.2 with Donna* marathon. This narrow focus provides a site to examine cultural attitudes about consumerism, fitness, giving, and

morality, and allows for an emphasis on a philanthropic fitness event that is staged with the express purpose of raising funds for breast cancer. A runner today finds herself at the crossroads of a national ideology of self-discipline as she lives in a trained body that is the epitome of willpower and self-control, and raises money for those whose bodies may be interpreted as exactly the opposite. This work provides a more nuanced explanation regarding individuals' choices to participate in endurance-length philanthropic fitness events, particularly those held for cancer awareness and fundraising, and the social repercussions that these events have on their participants.

I chose to focus on the *26.2 with Donna* marathon for a few reasons. First, it is the only U.S. marathon that raises funds exclusively for breast cancer (26.2 with Donna FAQ, 2014). The race itself includes a marathon, a half-marathon, and a marathon relay, as well as a preliminary 5K. Secondly, it is open to the public and does not require its participants to raise funds for the Donna Foundation (26.2 with Donna FAQ, 2014), though a portion of each runner's registration fee goes toward the Foundation's work, effectively making each of the runners in the event a fundraiser-runner. In fact, the *26.2 with Donna's* website says,

*26.2 with Donna* is the only marathon in the world that donates 100% of net race proceeds and raised funds to breast cancer research at Mayo Clinic and care through the Donna Foundation.<sup>6</sup> Directly impact our mission for groundbreaking research and empowering those living with breast cancer. Fundraising is not required! Your registration alone is a great contribution to the cause.

Finally, 2012 marked the event's fifth year, meaning that it has had a significant amount of time to grow a national presence within both the running community and the breast cancer community. The *26.2 with Donna* first earned national recognition largely as a result of advertisements in *Runners World* magazine. Favorable reviews of the

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<sup>6</sup> This is the only place on the website where I found the words "100% of net race proceeds." Everywhere else uses the words "100% of proceeds."

course and support on marathon-specific websites and through word-of-mouth have led to continued interest and growth among runners; the race now draws more than 12,000 runners from all 50 states and 20 countries.

Over the course of two years, I used nonparticipant observation, participant observation, and semi-structured interviews in order to gather information on how female marathoners participating in a philanthropic fitness event make sense of their participation. In February 2012, I started my *26.2 with Donna* nonparticipant observations at the race expo, the pre-run event that brings all marathoners, sponsors, exhibitors, and running experts together in the two days prior to the marathon itself. On race day, I continued those observations as a supporter along the marathon course, watching and taking photographs from three separate viewing locations. A month later, in March 2012, I visited the Mayo Clinic- Jacksonville administrative offices and spoke with staff members who coordinate the race, as well as the *26.2 with Donna* race director. This exercise provided background information as I began my work.

As I ran the 2013 “National Marathon to Finish Breast Cancer,” I made notes using the voice recorder on my mobile phone, took photographs with my mobile phone, and sent observations to my sister using a series of text messages; the texts and voice notes were later transcribed into a Word document. During and immediately following both the 2012 and 2013 marathons, I took notes to document my impressions. Of course, the view from the side of the course was much different than the perspective I gained on the course. During my 2013 marathon run, I discussed my research with approximately eight women, three of whom ultimately became participants in my project; during the 2012 run, I talked with family members/spectators who were out to support either a runner or the cause itself. Both years, responses to my descriptions of my work were highly positive. Nearly everyone I spoke with requested more information about my project, and three women I ran alongside in 2013 volunteered to participate.

I also kept a personal journal detailing my own experiences training for the marathon beginning in October 2013, and ending a few days after the 2013 race. Each week, I wrote about my time spent training, the miles I had run, my financial commitment to date, and my feelings while training. I reflected on my work on my dissertation and my thoughts about my project as the semester progressed. The 2013 *26.2 with Donna* marked the second marathon for which I have trained, though it is the first I have finished. The experience of training for a marathon in the past had prepared me for the time commitment, but I was not prepared for the time commitment when the task was undertaken as a graduate student, teaching assistant, vice president of marketing/communications for a very active, visible volunteer association, and small business owner. The final methodological step in my project included a series of four or five semi-structured interviews with each participant between March 2013 and March 2014.

### Participants

The participants in this study are nine women who ran in the *26.2 with Donna* marathon in February 2012 and/or February 2013. Our work together was guided by the standards set forth by the University of Iowa's Institutional Review Board for research utilizing human subjects. Pseudonyms were used throughout the research process as well as in this work. In addition to assigning pseudonyms, specifics of participants' personal information are mentioned in detail only when I found it to be relevant to my analysis of the research. While observing at the race expo, I approached women who were carrying the marathon-specific gear bag, briefly told them about my research, and asked if they would be interested in participating. In 2013, as a runner, I also found participants while on the marathon course – three of the eight participants were women with whom I shared time during our 26.2-mile run. Finally, I used the *26.2 with Donna* website's "Why I

Run” stories in combination with Facebook, LinkedIn, and Google to find contact information for a few other women.

I contacted the women for interviews after I obtained IRB approval from the University of Iowa. The first interviews took place in late February and early March 2013, approximately two to three weeks after the 2013 *26.2 with Donna*. The second round of interviews took place in late May and early June 2013, and the third round of interviews took place in November 2013. I contacted each woman a fourth time in early March 2014, and three women requested a fifth follow-up conversation. In all, nine marathoner-fundraisers were interviewed either four or five times for a total of 39 semi-structured interviews. I had permission from each participant to make an audio recording of each interview. Immediately before each interview, I reminded the participants that their responses would remain anonymous (i.e., I would not reference their responses without the use of a pseudonym and obscuring details of their personal lives); they could decline to answer any questions asked; and they could stop the interview at any time. The length of the interviews ranged from 20 to 60 minutes.

A semi-structured interview schedule was used in all rounds of interviews to ensure that the dialogue addressed the areas of interest identified in the research questions, and to allow for the flexibility to probe more deeply into the answers each participant gave (Berg, 2004). The first round of interviews occurred within three weeks of the 2013 *26.2 with Donna* marathon. The questions in the first interview concentrated on getting to know each participant’s running story, her knowledge of and connection to cancer, and her involvement with philanthropic fitness events and impetus for participating in these types of runs. Additionally, questions were asked based on observations each of us had made along the course, such as race support from neighborhoods throughout the route, other runners, and the involvement of Mayo Clinic-Jacksonville and Donna Deegan herself. The timing of the first round of interviews was especially critical as the race was still a part of each runner’s recent memory. Interviews



with participants within three weeks of their 2013 marathon experience provided an opportunity to hear their impressions of the event, and allowed each participant to recount a thicker description of her experience. Many participants' daily running lives were still impacted by the *26.2 with Donna*, as they were still running short and slow distances as recovery, or had begun physical therapy and rehabilitation for injuries sustained during training or the marathon itself; as a result, the race was still top-of-mind for most of the women.

The second round of interviews took place in late May 2013. The questions asked in this round of interviews focused on participants' volunteer experience and involvement, cause-related marketing, and their conceptions of the current breast cancer movement in the U.S. Additionally, I asked follow-up questions to the participants' responses in the first interviews. To that extent, participants could either reconfirm or adjust their initial thoughts. Overall, conducting multiple in-depth, semi-structured interviews served as an appropriate and effective method for acquiring insight into how marathoner-fundraisers view the breast cancer movement, philanthropy, and the philanthropic fitness events that support nonprofit organizations. The third and fourth interviews centered largely on cause-related marketing and the financial condition of nonprofits in the United States, with a focus on the *26.2 with Donna*. The third set of interviews took place in November 2013, while the final interviews were conducted in early March 2014.

After each interview, I took notes on my own thoughts and the concepts that needed follow-up with participants during their next interviews and highlighted interesting thoughts. Each interview was then transcribed, coded, and analyzed. Throughout the course of this project, I listened to each interview multiple times, and re-read each interview transcript several times to identify emerging themes relevant to the research questions. I utilized the software program NVivo10 to assist with coding, the creation of notes about similarities and differences, and to confirm the existence of

connections that I felt were coming to the surface throughout my analysis. Next, I organized the data on the basis of a number of themes, which were then sifted into multiple Word documents.

### Theoretical Contexts

The foundation of my project rests upon the collected work of scholars, centering upon Lauren Berlant (2008), Margaret Carlisle Duncan (1994), and Alan Ingham (1985). Though these works were written by three separate authors during three different decades, their understandings of the rise of the neoliberal society in America, how women interact with each other and society at large, and conceptions of women's fitness seem to work together in a conversation that hints at the broader context of women's participation in philanthropic fitness events. Supporting pillars include work by Samantha King (2006) regarding the intersections of philanthropy, breast cancer, citizenship, and consumerism; and Susan Sontag (1990) and Barbara Ehrenreich's (2001, 2009) discussions of cancer's metaphoric place within our discourse.

Margaret Carlisle Duncan (1994) used Foucault's conception of a panopticon to analyze discourses of confession and shame in women's fitness magazines, particularly *Shape* magazine. She further argued that magazines like *Glamour*, *Cosmopolitan*, and *Mademoiselle*, along with *Shape* and *Women's Sport & Fitness*, encourage women to participate in self-monitoring their bodies to meet cultural standards that are often developed through the male gaze and reinforced in every cultural context. Duncan argues that the cultural discourse as presented by the media is based on shame and confession, and gives women a moral message that looking good is feeling good, and just taking charge of one's health will lead to a happier, better life.

These social standards for bodies that Duncan lays out are a part of the way in which we consider who holds the place of a model citizen, as we see in Ingham's (1985) work, "From public issue to personal trouble." Ingham examines the place of the

corporeal body within a neoliberal moment without explicitly using the term “neoliberal” that has come into vogue in cultural studies in the decades since. For my purposes in this work, a neoliberal society is one in which the task of meeting social needs is shifted to the private, nonprofit sector, and financial giving by corporations and individuals is seen not only as moral, but also necessary. This is necessitated by an emphasis on economic and political policy that cuts spending on public programs like education, health care, and income assistance in order to enhance corporate profits.

Ingham (1985) examines the interaction of body and State through the lens of a national concern with our bodies as vehicles to further move the U.S. past a Welfare state. Looking back, this shift took Americans from a world centered on Johnson’s “Great Society,” into our current state that focuses on individual responsibility and blame. Further, he argues that ignoring structural and ideological barriers has positioned those who are unhealthy, poor, or dependent as having made deliberate personal lifestyle choices intended to capitalize upon welfare programs. The result has changed how Americans view bodies that do not conform to cultural standards; they are now seen as both morally weak and unable to contribute to society as a consumer of all goods.

Like Lizbeth Cohen’s “consumer/citizen/taxpayer/voter” who has come to define a citizen’s interlocked roles since the early 1980s (2003a, 2003b), Ingham sees the role of citizen recast into the role of consumer who makes the best of herself through the purchase of goods relative to income. This creation of “lifestyle as ideology” means the body must be produced in a way that cannot happen without one’s continuous effort to maintain health, fitness, and morality, as well as the consumption of goods and services that allow for that maintenance. The emphasis on fitness within a neoliberal society centers on an individual’s ability to enact the role of the consumer who can afford the equipment necessary to be active, and demonizes those who cannot. It also counts on an individual’s ability to enact the role of producing the fit citizen who will not require the help of the State.

Much like the neoliberal society Ingham (1985) discusses as centering on consumerism and Duncan's (1994) messages of shame and confession, Lauren Berlant's *The Female Complaint* (2008) focuses on the creation of imagined communities mediated by consumerism, leading to the development of what she terms an "intimate public" and "women's culture." She argues this is most accessible through the examination of "women's media" (i.e.: "chick-lit," romantic comedies, and Oprah-type talk shows) that have created space for large-scale, public girl talk. According to Berlant (2008), an "intimate public" is created through a narrative based on the belief that consumers of a specific cultural narrative – those who have a shared worldview and parallel emotional knowledge that comes from living generally common experiences – want to be connected to each other. Like Anderson's "imagined community" (1983), the intimate public assumes that no matter how unique one's own story is, others may experience it socially.

An intimate public is reinforced through the use of sentimentality and complaint in commodified women's media and relationships. Intimate publics assume that as a woman, I can identify with a part of all other women's stories through the consumption of goods. Social membership and connection is the result of individual acts and values, and the significance of those experiences is enriched through the implied sharing. The intimate public is an achievement of belonging – it is a location for and sense of identification among strangers that tells me how to live as "X", recognizes all others who identify as "X", and says that they will recognize me in kind. However, it is necessary to remember that Berlant argues that those who belong to an intimate public are generally those whom the market has deemed as able to pass as conventional within its limited terms. Only those who fit the mainstream, cultivated image of the consumer of *this* product, *this* text, *this* event are called to enter the intimate public.

Berlant (2008) goes on to establish women's culture as a part of the intimate public. Women's culture assumes that people marked by femininity have something in common and require a conversation that feels intimate, revelatory, loving, and relief-

giving, even when it is facilitated by commodities, shared by strangers who may not be women, or when the conversations are about women who are vastly different from each other. Emotional lives are validated through sharing, regardless of with whom they are shared. Most accessible through the examination of “women’s media,” Berlant notes that there is a conversation among women that, while it complains about power dominated by ideologies that are bad for women and have led to women’s suffering, it still preserves loyalty to the system that created disappointment. As a result of this conversation, women’s roles are reinforced and left largely unchanged or unchallenged.

Even those who resist the intimate public of women’s culture are still coopted into participating, as speaking out against the norms of the intimate public reflects an acknowledgement of the promise of belonging. Berlant argues that recasting and moving of the bounds of women’s culture to include others is a reaction to the desire to feel included in a public conversation (2008). This all takes place close to, but just outside of, the political realm. It is what Berlant terms a “juxtapolitical” space. This space serves to keep those participating in women’s culture slightly out of reach from significant opportunities to access power and make change. In the juxtapolitical, politics are not relevant to daily lives, but instead are separate from lived experience.

The conception of women’s culture as a part of an intimate public, which by definition is created through the consumption of media, emotion, and goods, as well as personal identification with others’ lived experiences, seems a natural fit for an examination of a running public built around philanthropy and cause-related marketing. Further, Ingham’s (1985) notions of a cultural shift from a society that supports a Welfare state for those who need a safety net to a neoliberal society that celebrates individualism and singular responsibility work with Berlant’s (2008) ideas of identification, citizenship and womanhood. Together, the two involve Duncan’s (1994) surveillance of women’s fitness. All rely on a culture that polices the body, and though individualism is celebrated, connections with others happen through the consumption of goods and

services designed to improve individual's bodies. The three authors' conceptions act as a team to help explain how women make sense of their participation in running events – and perhaps, help explain the rise and success of events like Komen's Race for the Cure or *26.2 with Donna*.

Samantha King's *Pink Ribbons Inc.* (2006) explores the continually evolving image of breast cancer, while it also looks at the breast cancer movement, including the role of consumer-oriented philanthropic movements that reinforce conceptions of citizenship and reproduce gender, race, and class ideologies. King bases her work on the conception that consumer-oriented philanthropic participation through cause-related marketing for breast cancer has changed Americans' public life and our national conceptions of citizenship, especially in regards to notions of civic responsibility and financial generosity. Breast cancer support appeals, she says, link conceptions of the national imaginary of woman as mother who is caretaker of the home, the family, and society; normative femininity; and the spirit of "American generosity," which relies on belief in volunteerism and philanthropy as a particularly "American" trait.

*Pink Ribbons, Inc.* includes work utilizing ethnographic methods that King undertook at the 1999 Susan G. Komen National Race for the Cure (now the Global Race for the Cure), held in Washington, D.C. According to the Komen website, the Global Race for the Cure is the world's largest registered 5K event, with more than 40,000 registrants in 2011, though only 21,000 participated in 2013 (Brown & Sun, 2013). King argues that in the early twenty-first century, gaining fitness through regular activity is a sign of proper citizenship; this development has taken place during the same period that has seen a rise in the importance of finding fulfillment through giving to others. She further argues that the use of cause-related marketing, connecting consumers to pink-ribboned purchases to "raise awareness and funds" for breast cancer is detrimental on many levels, not the least of which is the reinforcement of the message that breast cancer is a disease for middle- and upper-class, educated, White women in their 30s and 40s.

From the earliest cultural mentions of cancer, the disease as a whole, but particularly breast cancer, carried with it a sense of shame (Mukherjee, 2011; Patterson, 1987; Sontag, 1990). As the disease slowly lost its stigma throughout the late twentieth century, public sites of discourse became more common, and the incidence of breast cancer increased from 1-in-22 in the 1940s to 1-in-8 in 2009 (Breast Cancer Risk for Women, 2012), the foundation for the modern breast cancer movement, with its pink-ribboned support, was laid. King (2006) argues that breast cancer has always been a politicized topic – despite politicians of all parties claiming the cause is bigger than political parties – and that our discourse shapes how we treat, raise awareness about, and relate to the disease. King notes that the breast cancer movement was born in 1936, with the establishment of the American Society for the Control of Cancer (now the American Cancer Society), and its Women’s Field Army. From there, the women’s health movement in the 1970s saw Shirley Temple Black, Betty Ford, and Happy Rockefeller speak publicly about their breast cancer diagnoses, a radical change from the traditionally secretive response to a diagnosis.

This topic has come of age during a cultural moment in the United States that focuses on an ideology of individualism, communities mediated by consumerism, and the cutting of social programs with a corresponding rise in private nonprofit organizations. Voluntarism and philanthropy are understood as key to America’s social well-being. The ideal American is one who takes care of herself, is healthy, and contributes to others, rather than taking from others.

This emergence in the public consciousness has given breast cancer the role of “pet issue” for corporations that utilize cause-related marketing campaigns to attract customers and show a “human” side. The creation of Breast Cancer Awareness Month was the brainchild of Zeneca (now AstraZeneca), the multinational pharmaceutical corporation that is responsible for the production of tamoxifen, one of the most-commonly prescribed breast cancer drugs. Corporations including car companies,

international financial firms, national professional sporting organizations, heavy equipment manufacturers, worldwide retail corporations, fast food chains, cosmetics manufacturers and retailers, and home appliance manufacturers and distributors all support the breast cancer movement in one way or another. Consuming specific products during specific times of the year, we are told, improves “awareness” and leads to corporate donations to breast cancer nonprofits. Often, though, King (2006) argues, these donations are a pittance compared to the profits the corporations reap as a result of the product – or they are capped at levels that the corporation would have donated, regardless of the consumer’s role in the transaction.

As a result of cause-related marketing, increase in breast cancer diagnoses, and the rise of neoliberal ideals, Americans now are not only willing to run, purchase, and donate to the cause, but they also are willing to do so in a way that positions them as living out a model citizenship. However, King (2012) says, consumption activism will not lead to the discovery of the cure for breast cancer, nor will running to raise funds, nor will a competitive approach to fundraising and activism. King (2012) advocates an approach that centers prevention of the disease while creating allies among other cancers and public health. Her answer, though, remains far from the reality of the breast cancer nonprofit world, which emphasize self-surveillance as prevention and research focused on “the cure.”

Susan Sontag’s *Illness as Metaphor* (1978, 1990) tackles the power and importance of the cancer metaphor has in shaping our cultural understandings of the disease. She traces the history of the language of cancer in relation to the language of tuberculosis, including the terror that each disease carries. She also explores how the diseases are metaphorically positioned as opposites: at its height, TB was thought to be a painless disease, a result of too much passion in the body, a disease that allowed one a refined death. Because it is a disease centered on the lungs – the givers of the breath of life – discussions of TB carried with them notions of spirituality. Cancer, on the other



hand, was discussed as a painful disease that caused death in stages, and resulted from not expressing emotions. Sontag (1990) argues that the metaphor we use, whether it was tuberculosis or cancer, is used to describe a variety of terrifying events, decisions, and concepts we do not fully understand.

Barbara Ehrenreich's essay "Welcome to Cancerland" (2001) discusses breast cancer culture in the U.S., though she says "culture" is not a strong enough word to describe the discourse that surrounds breast cancer in the United States. Instead, she argues, we have developed a religion of breast cancer based on the tenet that femininity is death, as well as an infantilization of women, a generous flow of corporate support, a lack of recognition of possible environmental causes for the disease, a language that furthers the idea of breast cancer as redemptive, road races to raise awareness, and the development of what she terms the "Cancer Industrial Complex."

Ehrenreich (2001, 2009) notes that the acknowledgement of breast cancer in public discourse was partially a result of the feminist movement, though she argues there is little feminist about the breast cancer movement now. In fact, because breast cancer cannot be tied to lifestyle or sexual connotations like AIDS, Ehrenreich (2001) asserts that it has become a way of supporting women without being feminist; in this, her work engages in conversation with Berlant (2008) and Duncan (1994). The underlying discussion of breast cancer in the creation of a women's culture based on breast cancer and shame is key to "Welcome to Cancerland." Her observations, gained as she experienced the religion of breast cancer firsthand through her own diagnosis, mastectomy, chemotherapy, and eventual cancer-free declaration, are incisive. Ehrenreich (2001) creates a bridge between Sontag's (1990) argument regarding cancer's metaphorical history and horror and King's (2006) more extensive critique of a lack of feminism and acknowledgement of potential environmental causes within consumerism and volunteerism.

The experience of participating in a philanthropic fitness event is a part of the lived experience of many physically active Americans today. This run takes place within a changing cultural context that envelops our notions of citizenship, philanthropy, health, and illness. Whether one opts to run a 5K on a Saturday, a marathon in the fall, or to financially support a friend, neighbor, or colleague's distance-run for a cause, the notions of goodness, health, or philanthropy are underscored. My work focuses on notions of Americans' cultural understandings of breast cancer, the meaning participation in philanthropic fitness events gives to perceptions of moral citizenship, and skepticism about nonprofit organizations; these are the themes that came out of my conversations with these nine runners. These women's participation in the *26.2 with Donna* is highly personal, a way to connect with the person in their lives who had or has breast cancer, to show their support for her, and to work through the myriad of feelings that accompany a breast cancer diagnosis.

The philanthropic fitness event – particularly a marathon – allows for an immediate and sustained connection with another person who is affiliated with the cause that event supports, and sometimes that person can be a complete stranger. The women I spoke with view the *26.2 with Donna* as an event and a location where they can go to show their support for all women with breast cancer, whether or not they experience a personal connection with another. Even though the weekend's events reinforce traditional ideals of femininity and hetero-normativity and are targeted to White, middle-class, educated women, the *26.2 with Donna* is a location in which female runners can engage in judgment-free conversations with others they assume are like them. The philanthropic fitness event – in this case, the *26.2 with Donna* – provides an opportunity to showcase one's goodness: as friend or daughter or stranger, as engaged, fit citizen, as giver of time and money. It provides an opportunity to make a connection with someone who is or has been ill, and in doing so, it helps the runner achieve her own healing and peace.

The cultural message inherent in the rise of the philanthropic fitness event is that we no longer run for ourselves, for our own fitness and health. Since the 1970s and the first appearances of philanthropic fitness events, we have culturally reconsidered and reshaped our reasons for participation in activity. Philanthropic fitness events reinforce the idea that runners, simply by running, can change the world. Over the last 30 years, the act of finishing a race course of 26.2 miles, as long as that act is undertaken with the unselfish purpose of supporting a nonprofit organization, has transformed many American runners' fitness motivations from something that "I do for me" to something that "I do for us." And because I run for "us," I am not only an exemplary citizen, sister, daughter, friend, but I am also able to achieve a mental peace, clarity, and healing that those who do not run philanthropic fitness events cannot access.

CHAPTER 2  
 RUN FOR YOUR LIFE:  
 CANCER'S EVOLUTION IN THE UNITED STATES

In its 2014 publication, “Cancer Facts and Figures,” the American Cancer Society (ACS) estimates 1,665,540 Americans will be diagnosed with some form of cancer in 2014.<sup>7</sup> About 585,720 Americans are expected to die from cancer in 2014, amounting to almost 1,600 people a day. Cancer is the cause of nearly 1-in-4 deaths in the U.S., and is exceeded only by heart disease as the most common cause of death in the U.S. (American Cancer Society facts and figures, 2014). Further, the American Cancer Society estimates that American men have almost a 1-in-2 chance of developing cancer in their lifetimes, while American women have a little more than a 1-in-3 chance (American Cancer Society facts and figures, 2014). The five-year survival rate, figured as the number of individuals diagnosed with cancer who are alive five years after diagnosis, relative to those without cancer, is 68% in 2014, up from 49% in 1975-77 (American Cancer Society facts and figures, 2014). It is important to note that this number also includes individuals who have relapsed or are still in treatment. NIH estimates the U.S. spent \$157 billion on cancer in 2010; by 2020, it estimates the U.S. will spend \$174 billion (in 2010 dollars) on cancer (Cost of cancer, 2014).

Americans have long searched for a way to deal with this disease both publicly and privately – and it is not simply a disease. It is a life process that becomes a permanent part of an individual’s identity. “Cancer” includes the shock of a diagnosis, the accompanying trials of treatment, a quest for a cancer-free declaration, and the societal pursuit of a so-far elusive cure. Our cultural relationship with cancer has included silence, metaphor, public support groups, cause-related marketing, the

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<sup>7</sup> This number does not include diagnoses of basal and squamous cell skin cancers, which the Centers for Disease Control does not require to be reported to cancer registries.

infantilization of the one diagnosed, and inaccurate media portrayals of the face of the disease. The work of nonprofit organizations, furthered by Americans' desire to see cancer go the way of polio, has led us into a long-standing "war on cancer" that continues to this day.

### History of Cancer in the United States

#### Medical Awareness

In U.S. in the late 1800s, citizens rarely spoke the word "cancer," and there was little discussion of this horrifying illness that lurked in the public consciousness. James Patterson, author of *The Dread Disease* (1987), argues that the exception was the media's unprecedented continuous coverage of President Ulysses S. Grant's fight with throat cancer. Newspapers followed Grant's cancer journey, bringing the disease into the living rooms of Americans on a regular basis. It was, Patterson says, the first time that an individual's cancer battle was so intimately covered in a public forum. The result: Americans were forced to acknowledge cancer, however temporarily, in a way that they had not previously.

Treatment at the time relied upon early detection of cancer, followed by surgery to cut away any accessible growths. Surgery was as radical as possible, with the intention of eliminating any trace of cancer (Patterson, 1987). Cancer's sociocultural context changed in the late 1800s and early 1900s with new research developments in the medical community, the rise of hospital care, and the improving professional standing of physicians. By 1900, Patterson (1987) notes, cancer had become a fact of American life, creating both a political and a social problem that needed to be solved.

Though cancer was a part of public health awareness in the 19<sup>th</sup> century, little was known about cancer's basic biology until well into the twentieth century. The American Society to Control Cancer (now the American Cancer Society) was founded in 1913 in order to fund research for cancer, raise awareness of the disease, and provide support for

those diagnosed with cancer. The organization has been a part of Americans' cancer consciousness since. By 1926, cancer had become the second most common killer in America, just behind heart disease (the two diseases are still ranked 1-2 in terms of mortality today), and only two options existed to treat cancer: surgical removal of a tumor or radiation (Patterson, 1987; Mukherjee, 2011).

However, in the late 1920s, pressure on the federal government to take public action against cancer began to rise. In 1930, Congress created the National Institute of Health, bringing cancer scientists into the fold (Patterson, 1987). In May 1937, *Fortune* magazine published an exhaustive report on cancer that detailed the effects of cancer on American life, the progress the medical establishment had made in dealing with the disease, and the lack of funding from the federal government. *Life* magazine, the *New York Times*, and *Time* magazine each ran their own stories on cancer in the same year, reporting rising cancer rates and framing the disease as America's "cancer problem" (Mukherjee, 2011, p. 24). Pressured by the public, Congress took action, and on August 5, President Franklin D. Roosevelt signed into law the National Cancer Act of 1937. The National Cancer Institute was established. The NCI was now the federal government's principal agency for conducting research and training on the cause, diagnosis, and treatment of cancer (OGCR National Cancer Act of 1937, n.d.).

Following World War II, more Americans began to recognize cancer as both a disease and a social and political category that carried significant cultural weight. Politically savvy individuals with ties to cancer connected with oncologists to support the American Cancer Society and its crusade against the disease. As a result, cancer began to enter Americans' worlds in a way it previously had not, through media coverage, fundraising campaigns, and public awareness efforts.

A key figure in cancer's evolution, Doctor Sidney Farber spent the first 20 years of his career as the first full-time pathologist at Children's Hospital in Boston. He was preeminent in his field by the late 1930s, and had written a study on the classification of

children's tumors, as well as a pathology textbook (Mukherjee, 2011). However, in the summer of 1947, he decided to move his career efforts from pathology to patients with childhood leukemia. One of Farber's first forays into leukemia research attempted to use specific amino acids to stop the growth of white blood cells. The result led to the cessation of cancer growth in some children; between 1947 and 1948, 10 of the 16 children in his clinical trial had gone into remission. Besides extending his patients' lives, Farber had created chemotherapy. Ultimately, all his patients relapsed, but their brief response – and the development of a new cancer treatment – furthered the dream of curing cancer (Mukherjee, 2011).

Until Farber's work with chemotherapy, two options existed to treat cancer: surgical removal of a tumor or radiation. Chemotherapy, the idea that cancers could be stopped with certain chemicals, presented a significant leap forward in the treatments of cancers. Even so, it was not until much later in the twentieth century that the medical community realized that cancer was not a singular disease; each type of cancer required a different treatment. Thus, the challenge became identifying chemicals that were selective about killing the particular cancer cell, leaving the normal cells unharmed.

The U.S. has long been at the forefront of cancer research, but during the 1970s and 1980s, work on the disease was progressive at 20 major research centers. Patterson (1987) and Mukherjee (2011) argue this resulted in incremental advances, and trial and error on a massive scale. Large-scale successes were realized when cancer deaths dropped 15% between 1990 and 2005, due to prevention, cancer screenings, and chemotherapy (Mukherjee, 2011). In 1989, the Nobel Prize was awarded to Harold Varmus and J. Michael Bishop for their discovery of the link between cancer and genes, which allowed for the naming of "oncogenes," a mutated gene that turns normal cells into tumor cells, and the development of therapies to fight them. Since, 24 unique drugs have been proven effective for cancer-targeted therapies, according to the National Cancer Institute, and dozens more are in clinical trials (Mukherjee, 2011). Targeted therapies

allow for tailored treatments based on an individual's specific cancer and the molecules produced by that cancer. Because targeted therapies are more selective, they harm fewer healthy cells, improve a patient's quality of life, and reduce side effects (National Cancer Institute, 2013).

### Cultural Awareness

Patterson (1987) notes cancer's place in turn-of-the-twentieth-century culture as one earned through the fear the disease inspired among Americans at the time. The origin of the disease itself was obscure and unknown, and physicians who were finding cures to other diseases were stumped by cancer. It was seen as an alien invader in a patient's body, with no regard for sex, age, race, or social class. Its uncontrollable nature paralleled then-current cultural forces like industrialization and urbanization. Perhaps most frightening of all, cancer was becoming increasingly common.

Metaphors of cancer have perpetuated even as the meaning of cancer has mutated in our discourse from the mid-1940s until the early 1980s. Though we are now dramatically more willing to discuss cancer publicly, we still unwittingly perpetuate harmful metaphors of cancer. We rhetorically conceive of cancer as a journey, as a war, as a challenge, and the ultimate disease. Susan Sontag's original 1978 work *Illness as Metaphor* sets forth the path by which cancer was understood as a death sentence, as something too scary to talk about except in hushed whispers. It is our lack of understanding of the disease that confers its power. Sontag (1990) argues that we first begin to know something that is terrorizing through metaphor, and eventually, our familiarity with the terror allows the thing itself to become a metaphor. We do not understand cancer, Sontag (1990) argues, so using the metaphor of cancer-as-death allows us to process the disease, its meaning, and its cultural location. Death from cancer is a death that has something unknown and often unseen overtake the body from its owner – and reduces that body to nothing more than a disease.



And though our discourse regarding the disease has become more open, the fear cancer strikes has hardly changed. From its first naming (*karkinos* in Greek, and the Latin *cancer*), based on an external tumor's resemblance to a crab's legs, cancer was understood to be a disease of unrestrained growth, invisible symptoms, and a slow invasion by cells that cause atrophy or block bodily functions as they take over. It has been depicted as crippling in such a way that an individual loses all dignity, and is humiliated by fear and agony. Cancer can be diagnosed anywhere in the body, and a cancer diagnosis has long been presented as the first step to death (Sontag, 1990). Sontag (1990) argues that we initially understood cancer as a disease of repression. It was long believed that cancer strikes the repressed individual, and the repression provides the breeding ground for the cells to run amok. If the individual never expressed passion, the cells have no choice but to find a way to express that passion.<sup>8</sup> Both Barbara Ehrenreich (2001) and Siddhartha Mukherjee (2011) describe cancer as an "asphyxiation of the body."

The mystery inherent in cancer during a time when medical cures and certainty are key to our understanding of our bodies and illness is part of what makes it ripe for use as a metaphor, which further strengthens anxiety about the disease itself (Sontag, 1990). Simply being told one has cancer, she argues, damns the patient to a more challenging road of treatment on the way to recovery because of the power the word itself carries. Further, the fear that comes with the diagnosis does not just affect the cancer patient. It also affects those around the patient. With a thesis that illness is not a metaphor, and that the best, most effective, most honest way of regarding illness is the one most removed from metaphoric thinking, Sontag (1990) also acknowledges the impossibility of being ill

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<sup>8</sup> Though significant arguments have been made against the notion of repressed anger or trauma as a determining factor in the development of breast cancer (see Considine, N. S., Magai, C., Krivoshekova, Y. S., Ryzewicz, L., & Neugu, A. I., 2004; Garssen, 2004), a quick Google search for "cancer causes repressed emotions" on Feb. 2, 2014 turned up 825,000 articles arguing for the connection.

without thinking in metaphors. Sontag's (1990) goal is to expose and free us from the metaphor; she contends that extending the meaning of the word "cancer" to other horrible events in our world gives the disease itself further power.

The increased incidence rate of cancer in Americans' lives has helped evolve our cultural mindset surrounding the disease. Collective feelings of powerlessness toward the disease have lessened as a cancer diagnosis is no longer considered an automatic death sentence. When discussed at all, those who were diagnosed with the disease were often termed "cancer victims." Now, a greater understanding of the disease has led to an embrace and celebration of those who emerge from their cancer journey; the diagnosis itself triggers a desire to become a "cancer survivor."

Though other medical conditions, left untreated, may contribute to death in much the same way that cancer can, our discourse rarely acknowledges the status of those who have lived through these other medical experiences as "survivors" in the same ways that we recognize the cancer survivor. In some ways, the nature of cancer itself calls for an acknowledgement of a transitory state; other catastrophic illnesses are generally lifelong developments, or strike quickly and suddenly, not lasting long enough to merit the badge of "survivor." People do not survive diabetes, they "live with" diabetes. We rarely talk about heart attack or stroke survivors, but instead say someone "had" a heart attack or a stroke. Assuming survival, the terms "stroke survivor" or "heart attack survivor" are not common. One does not survive Alzheimer's; once diagnosed, it is something one "has" for the rest of one's life, with a goal to recognize early symptoms and improve quality of life for the afflicted. Sontag (1990) noted, these types of diseases imply a mechanical failure of the body; the disgrace is that one was weak.

And unlike these other health conditions, the trail that cancer burns through a life is one that seems to demand the title of "survivor." From the moment of diagnosis, when one leaves Sontag's (1990) "kingdom of the well" for the "kingdom of the sick," through a course of treatment that we hope culminates in a "cancer-free" declaration, the

individual with cancer has a wish to return to “normal” in the kingdom of the well. Perhaps because of the length of treatment, when compared to the required near-immediate responses of the stroke or heart attack or the permanence and life-altering status of those diagnosed with diabetes or Alzheimer’s, cancer lends itself to the linguistic creation of a survivor. With cancer, one can see the other side of life, and though one must undergo a long and arduous journey to get there, a point when the disease will no longer be with the patient is possible.

However, the move from “victim” to “survivor” has been more than a rhetorical one. Four women in the 1970s provided the nation a chance to more openly discuss the disease’s impact on life through their own experiences. Their work moved cancer from a secret disease to a public one, as they led the charge to reshape the way that Americans acknowledge cancer in the latter half of the twentieth century. This recognition, as well as the work of Komen for the Cure in the early 1980s, operated in conjunction with a generally improved cancer survival rate that made Americans more comfortable with public discussion of cancer that has largely played out through the media.

As mentioned, 1937 saw four major U.S. news sources, *Fortune* magazine; *Life*; the *New York Times*; and *Time*, publish reports on cancer, bringing the disease to the forefront of media consciousness. *Fortune*’s coverage reported that no new principle of treatment – for either cure or prevention – had been introduced in years; the cure for cancer, it argued, was still only removal (surgery) or destruction of tissue (radiation). The authors of the special issue suggested that cancer research had been neglected for years, largely as a result of poor funding of approximately \$5 million per year. They also noted “the public willingly spends a third of that sum in an afternoon to watch a major football game” (Patterson, 1987, p. 24).

In 1936, the American Society for the Control of Cancer (now the American Cancer Society) created its Women’s Field Army, a volunteer arm intended to raise money and awareness of the disease. These efforts were to help fight a war on cancer.

Led by Marjorie Illig, members of the Women's Field Army exemplified Sontag's (1990) war metaphor, as they literally wore uniforms – khaki with insignia indicating one's rank and achievement – while they educated the public and raised funds. The ACS notes that the Women's Field Army's work is the reason the American Cancer Society was catapulted to the forefront of U.S. voluntary health associations (American Cancer Society who we are, 2013). Shortly after the Women's Field Army grew to 150,000 members, however, monumental changes arrived on the scene at the American Society for the Control of Cancer.

In 1943, Mary Lasker, an entrepreneur, advertising maven, philanthropist, and professional socialite, took on cancer research as her pet project, with the American Society for the Control of Cancer in New York as her focus. Initially, Mukherjee (2011) notes, she was appalled at the organization's inability to market itself, which she attributed to its shaky ability to raise both funds and awareness. Lasker's take-charge personality, social standing, ability to fundraise, and commitment to fighting cancer using any means necessary meant she gained a significant position of power within the cancer fight – and at the ASCC, in particular. Lasker's disdain for the Women's Field Army was a factor in the group's dissolution, and those volunteers were folded into the ASCC's general efforts. Within five years, she had garnered a series on cancer in *Reader's Digest*, raised \$300,000 in a month for the American Society for the Control of Cancer, helped change the organization's name to the American Cancer Society, developed educational pieces to raise cancer's public visibility, and took ACS from a budget of \$250,000 in 1943 to donations of \$12,045,000 in 1947 (Mukherjee, 2011). Lasker then turned her attention to federal funding for what she would publicly call a “war on cancer” 25 years later.

Lasker and Sidney Farber, father of chemotherapy and one of the founders of Boston's The Jimmy Fund, brought cancer to the forefront of the American consciousness through research and public awareness. In 1948, the two met and teamed

up to run a coordinated, public campaign against cancer. The American Cancer Society would handle public education, touting the importance of early detection, and the National Cancer Institute would handle research and development. Capitalizing upon these two arms of the war on cancer, Lasker and Farber appeared at multiple meetings on Capitol Hill demanding increased funding and a reorganized National Cancer Institute.

Lasker, Farber, and their followers, who were dubbed “Laskerites,” wanted a sense of urgency inserted into the field of cancer research and publicity at every turn, and called for a Manhattan-Project-like social effort targeted at cancer. Their timing was fortunate. Popular media consistently reproduced cultural values of faith in science, modern technology, and doctors, as well as a desire for perfect health (Patterson, 1987). Patterson (1987) notes that between 1943-1945, there were 53 articles in U.S. media on cancer; by 1945-47, there were 113, and from 1955-57, there were 273. During this time, media also began featuring stories of happy endings for cancer. The coverage of cancer research reflected postwar optimism in America’s middle-class culture at large. And the increasing media coverage promised eventual research success if readers would donate money to the cause (Patterson, 1987).

As media coverage centered on prominent individuals who were afflicted with cancer, including Gertrude Stein (1946), Babe Ruth (1948), Eva Peron (1952), Babe Didrikson Zaharias (1956), and Humphrey Bogart (1957), affluent Americans began to more publicly acknowledge the disease in small ways in their daily lives. Patterson (1987) says this turn came partly because cancer was common enough that it affected those of all walks of life and partly because media coverage helped erode the public’s denial of cancer. However, he also argues that more plentiful and slightly more candid coverage likely did not change the cultural image of the disease for most Americans, many of whom could not afford the magazines that covered these cases. As a result, cancer still remained a mysterious and quite personal disease for the vast majority of the country.

By 1969, the message of the Laskerites and their political backers had turned patriotic. The war on cancer, they argued, was hindered by coverage of the war in Vietnam; if cancer received just a sliver of the attention Vietnam did, then Americans would demand funding for research. In 1968, America spent \$410 per capita on defense, \$125 on the war, and only 89 cents on cancer; in that year alone, nearly 320,000 Americans died from cancer, while 41,000 died in Vietnam over a four-year period (Patterson, 1987, p. 247). Thanks to the war on cancer, the media message had turned: “to oppose big spending against cancer was to oppose Mom, apple pie, and the flag” (Patterson, 1987, p. 249).

The patriotic message also took an important rhetorical turn in the Laskerites’ crusade for cancer. A full-page ad in the Sunday *New York Times* and the *Washington Post* called upon President Richard Nixon to “remember the 318,000 Americans” who died of cancer in 1968, and to include funding for cancer in the federal budget (Mukherjee, 2011, p. 180). No longer would the Laskerites ask for funding *from* the nation. Instead, they would ask for funding *for* the nation. This approach continued to add to the “science will save us” rhetoric that still dominates the messages of the American Cancer Society, Susan G. Komen for the Cure, LIVESTRONG, and other cancer charities.

It was not until the 1970s that cancer began to enter popular U.S. culture in ways that were accessible across social strata. Mukherjee (2011) notes that in 1971, 450 articles about cancer appeared in the *New York Times*, while the films *Love Story* (1970), *Bang the Drum Slowly* (1973), and *Brian’s Song* (1971) forced cancer into the collective consciousness. In December 1971, President Richard Nixon signed the National Cancer Act, which strengthened the National Cancer Institute through additional funding and expanded authority within the National Institutes of Health (OGCR National Cancer Act of 1971, n.d.). The National Cancer Act authorized \$1.5 billion to be spent on cancer over the next three years. It was created to please everyone involved – the National

Institutes of Health, the Laskerites, scientists, lobbyists, administrators, and politicians – but did not satisfy any of them (Mukherjee, 2011; Patterson, 1987).

During the 1970s, Patterson argues, the lofty expectations set forth by the advocates of the war on cancer lead to a cultural backlash. Research results had been promised at a rate considerably quicker than the scientific community could deliver. Advocates had discounted the importance of preventative approaches of healthy eating, exercise, adequate sleep, preventative medical treatments, abstinence from tobacco, and moderate drinking. Though some physicians said this emphasis blamed the victim, others argued that preventative self-care was more reliable than the medical establishment (Patterson, 1987). By the 1990s, as breast cancer had become more prevalent within our discourse, a specific type of cancer had begun to enmesh itself into the public consciousness.

### History of Breast Cancer in the United States

#### Medical Awareness

In 1862, a collector purchased a 15-foot long papyrus from an antiques dealer in Luxor, Egypt (Mukherjee, 2011). Translated from Egyptian script in 1930, the document is thought to be a 17<sup>th</sup> century BC translation of the teachings of Imhotep, an Egyptian physician who lived around 2625 BC. In it, Imhotep noted,

Bulging tumors of the breast mean the existence of swellings on the breast, large, spreading, and hard; touching them is like touching a ball of wrappings, or they may be compared to the unripe hemat fruit, which is hard and cool to the touch (Mukherjee, 2011, p. 40).

Imhotep described a course of therapy for every other condition that was listed on the papyrus. For breast cancer, his recommendation read, “There is none.” (Mukherjee, 2011, p. 41).

Fast-forwarding to the late 19th century, like many diseases, breast cancer presented a challenge for medical professionals who were just entering a time when they

would come to understand the body's reaction to disease. In the 1870s, bloodletting, leaching, cupping, and purging were still commonly practiced. In 1889, New York surgeon William Halstead was recruited to join a surgical program at Johns Hopkins that was just getting its start. There, he focused on breast cancer.

At Hopkins, Halstead capitalized upon surgical training that he had received in Europe to help his patients with breast cancer. He had noted that breast cancer relapses often occurred at the margins of the original surgery; therefore, reasoned Halstead, the initial surgery required an extension of the margins. He began to dig more deeply into the chest cavity, removing the tumor, deep chest muscles and lymph nodes under the armpit and collarbone. Halstead termed this procedure a "radical mastectomy"; "radical" in this sense was meant to signify the "root" of the cancer (Mukherjee, 2011). As Halstead trained surgeons who repeated and extended the procedure on their own, the mastectomy became deeper, wider, and more disfiguring for the women treated. Sadly, Halstead still saw half of the patients he treated between 1898-1909 die within three years of their surgeries as a result of cancer. However, versions of the Halstead mastectomy continued to be used well into the 1980s. It began to fall from vogue in the late 1960s, at the same time of the women's health movement, and faded away as its supporters retired or died (Kedrowski & Sarow, 2007).

In the mid-1920s in London, Dr. Geoffrey Keynes faced an extremely frail breast cancer patient who was unlikely to survive surgery. Instead of the mastectomy, he capitalized upon previous work that had shown the efficacy of X-rays in treating breast cancer. He inserted 50 milligrams of radium in her breast, and she soon saw significant improvement. Keynes removed the smaller, softer tumor with a non-radical surgery. He continued experimenting in this way, and found that the cancer recurrence rate was comparable to Halstead's results. His work laid the groundwork for the radiation/lumpectomy treatment we know today.



By the 1960s, an American surgeon named George Barney Crile had raised doubts about the necessity of the radical mastectomy. His work found that there was little benefit from removing extra muscle and nodes in the cases of locally-confined breast cancers. Beyond the medical benefits, Crile's mastectomy left women with post-surgery bodies that were a far cry from the disfigurement resulting from the Halstead mastectomy. Crile termed his procedure a "simple mastectomy." Like the radiation/lumpectomy method, the simple mastectomy demonstrated survival rates comparable to Halstead's radical mastectomy. By 1973, Mukherjee (2011) notes, Crile was telling his patients to "refuse to submit to a radical mastectomy" (p. 199).

Americans' understandings of their relationships with the diagnosis of breast cancer have been complicated over the years. When it comes to prevention and early detection, breast cancer nonprofits have long touted monthly breast self-exams and screening mammograms as a woman's two best tools. Early detection, the thinking goes, means a shorter, more effective course of treatment, and a longer post-cancer lifespan. As the National Breast Cancer Coalition (2013) notes, breast cancer mortality rates have not changed significantly since 1975, though the rate increased slightly between 1975-1990. It began decreasing slightly in the late 1990s.

Currently, the medical community is conflicted about the effectiveness of mammograms. And though it seems to re-appear every few years to considerable controversy, the debate regarding the screening procedure's effectiveness is not new. In 1976, medical journals published studies pointing to issues with mammography, including radiation exposure, and inaccuracies in results (Kedrowski & Sarow, 2007; Klawiter, 2008). More recent work by Gøtzsche and Nielsen (2006) showed screening decreases the risk of death by "about 15% for women ages 50-69, while increasing the risk of over-diagnosis and over-treatment by about 30%" (Sulik, p. 175). The risk of screening, which is the least accurate for women between 40-49, may outweigh the benefits for this group, the analysis concluded. Women under 50, Gøtzsche and Nielsen

found, had a rate of false-positives between 20% and 56% in the studies analyzed, leading to unnecessary procedures. Age and menopause are the critical factors in the success of a mammogram – those women between the ages of 50-70 benefit the most from the screening.

Despite conflicting medical results, the National Cancer Institute has continued to recommend that women over 40 should be screened for breast cancer every one to two years. In 2007, the American College of Physicians recommended simply that women under 50 make their own informed decisions about mammography screenings based on their family medical history. Two years later, the U.S. Preventative Services Task Force released recommendations that women begin screening at 50 and follow up every two years; the recommendations also acknowledged that breast self-exams have little value. In its 2013 breast cancer progress report, the National Breast Cancer Coalition supports the Task Force’s recommendation, and flatly states that mammograms and self-exams are not the magic keys to breast cancer detection we have been told they are. However, there was an immediate backlash focused on the mammography guidelines from breast cancer advocacy groups and the American Cancer Society, which maintained recommendations that women begin screening at age 40. In 2013, two separate large-scale, gold-standard medical studies reiterated the American Cancer Society’s guidelines of annual mammograms for those over 40.

Critics of breast cancer nonprofits note that despite ever-increasing funding for research, little to no headway has been made on “curing” the disease. Further, they argue, a woman diagnosed with invasive breast cancer will receive more treatment, spend more money, and have roughly the same chance of dying from the disease as she did in 1960. She will not have any idea of what caused her genes to mutate in this particular way, or why seven of her closest friends did not experience the same mutation.

That uncertainty is part of what makes breast cancer so terrifying – and allows nonprofits to capitalize upon the seemingly random ways in which the disease strikes.

The most strongly correlated risk factor for developing breast cancer is carrying the BRCA-1 or BRCA-2 gene, but these are only about 5% to 10% of breast cancer diagnoses in the U.S. on an annual basis (Klawiter, 2008; Komen for the Cure understanding breast cancer, 2013). Breast cancer is also commonly attributed to later-life childbearing (or not at all), early menstruation, early menopause, use of hormone-replacement therapy, alcohol consumption, post-menopausal weight gain, and exposure to radiation. However, most of these factors are weakly associated with breast cancer; in other words, they also are commonly present in women who do not develop breast cancer. Aside from having more children earlier in life and breastfeeding those children for a longer time, women have few options that have been shown to significantly reduce their risk of developing breast cancer (Klawiter, 2008). In fact, the most significant risk factors for the majority of Americans who are diagnosed with breast cancer are growing older and being a woman (American Cancer Society facts & figures, 2014; Komen for the Cure understanding breast cancer, 2013).

### Cultural Awareness

Throughout the latter half of the twentieth century, cancer found itself at the epicenter of significant cultural shift in discussions of health in American society. In the mid-1950s, breast cancer was termed a “woman’s disease” as the cause of death on death certificates. In the early 1970s, a cancer diagnosis was shared as a whispered confession that one had “the big C.” In the late 1990s, breast cancer survivors were the center of national, public celebrations where current chemotherapy patients felt comfortable walking around without their wigs.

This evolution of our cultural discourse and cultural attitudes toward breast cancer was accelerated by Happy Rockefeller, Shirley Temple Black, and Betty Ford’s willingness to openly talk about their cancers in the mid-1970s. These public discussions, in concert with the women’s health revolution and with consumer and

patient rights efforts, were key to the de-stigmatization of breast cancer (Kedrowski & Sarow, 2007; King, 2006; Klawiter, 2008; Sulik, 2011). While they spoke out and worked to normalize the breast cancer experiences of everyday woman, the women's health revolution fought against the male-dominated, often sexist medical establishment that pathologized women's experiences.

Journalist and breast cancer activist Rose Kushner joined Rockefeller, Temple Black, and Ford in openly discussing their breast cancer experiences. The four, say Kedrowski and Sarow (2007), forcefully pushed forward the breast cancer discussion and the women's health movement. Kushner, in particular, campaigned against both the Halstead mastectomy and a "one-step" mastectomy, where women had a biopsy and mastectomy in the same surgery, on the grounds that it did not allow doctors to stage tumors or metastases (Kedrowski & Sarow, 2007).

As breast cancer's stigma lessened from the 1970s onward, awareness increased, public policy changed, and support groups for those diagnosed with breast cancer became more common. Gayle Sulik (2011) notes that de-stigmatizing breast cancer required the achievement of four things within the breast cancer community. First was medical consumerism, the idea that patients need to be active participants in their health care choices. Next, aesthetics and normalizing of the breast cancer world takes place. A breast cancer patient is expected to exhibit traditional femininity, within a normalized, created public space where she can discuss her breast cancer experiences with others. Next came the social development, adoption, and acceptance of both the pink ribbon and Breast Cancer Awareness Month. Finally, solidarity among those affected by the disease was achieved through fundraising and publicity efforts that positioned breast cancer as a cause that Americans had no option but to support: Who wants to be seen as "against" breast cancer?

King (2006) argues that breast cancer's debut on the political scene occurred in the 1992 Presidential election, as President George H.W. Bush was implicated by 1989-

92 Congressional sessions that introduced and passed Medicare coverage of mammography, then overturned it, only to see the provision be restored by Republican Congresswomen. However, when Bush did not support a legislative plan to move \$210 million in defense spending to breast cancer research in 1992, candidate Bill Clinton reaped the benefits of breast cancer activists. Breast cancer organizations capitalized upon the public's consciousness, and managed to increase federal spending on research from \$155 million in 1992 to \$400 million in 1993 (King, 2006, p. xvi).

However, perhaps most important for the breast cancer movement was the effect of increasing media coverage, which I discuss later. This coverage shifted the public's thinking about breast cancer from "disease" that individual women contracted to "epidemic" with the potential to strike down any woman in the prime of her life. The public image crafted by organizations like Komen for the Cure, organizations that often were founded by wealthy White women who had fought the disease while young themselves, created an icon for the movement's future: A young, White, educated, middle- to upper-class mother who was a cheerful, healthy survivor and wore a pink ribbon on her pink sweater while she purchased pink-ribboned products.

The cultural changes Sulik (2011) argues must have taken place to move breast cancer beyond stigma – medical consumerism, normalizing and accepting breast cancer culture, the pink ribbon, and the importance of the disease – also have provided a space to re-conceptualize breast cancer. With the advent of "I (heart) boobies" rubber wristbands and campaigns with names ranging from "Save Second Base" and "Save the Ta-Tas" to "Project Boobies," breast cancer has become sexualized in a way that it is hard to imagine anyone could have foreseen just 40 years ago. T-shirts proclaim "I grab a feel so cancer can't steal" have screen-printed handprints that are clearly not the handprints of the wearer's. At the 2013 *26.2 with Donna*, I spotted more than one sign that offered "Free Mammograms" – a 6-foot plywood board with the drawing of a woman's body with holes cut where the breasts would be – with the service presumably performed by

one of the men standing close by. There is even a “Your Man Reminder App,” which has photos of attractive men that pop up on a smartphone screen to remind women to do self-exams, while the app also provides a few facts about breast cancer. At the very least, sexualizing breast cancer silences the woman diagnosed with breast cancer, and simultaneously provides a voice to those who are statistically least likely to have breast cancer. Sexualizing breast cancer ignores the reality of the disease, while it also reinforces the notion that breasts are the primary way that we recognize and participate in traditional, hetero-normative conceptions of femininity. After all, the breasts are the most visible, physical outward marker of what makes someone “feminine.”

The most common brand of breast cancer that has been created over the last three decades relies heavily upon a neoliberal moment and a heterosexual, White, middle-to upper-class, educated, healthy, consumerist young woman (King, 2006; Sulik, 2011). The trouble with conceptualizing breast cancer in this way is that it creates a specific kind of advocacy for a specific type of woman; it reinforces Berlant’s notions of the intimate public of women’s culture.<sup>9</sup> As a result, women who do not want to be included – or do not feel included – in the pink ribbon culture end up re-stigmatized. Unwelcome in the fold, scholars argue, are those who fall outside these bounds, those who question the dominant narratives of the breast cancer nonprofit organizations, those who wonder why research for prevention of the disease is not funded, and those who express their sadness and anger at their breast cancer (King, 2006; Klawiter, 2008; Sulik, 2011). The culture of the pink ribbon, as is often noted, obscures the experiences of those who are not willing to join the relentlessly cheerful women in pink (Ehrenreich, 2001; Klawiter, 2008).

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<sup>9</sup> And as I will discuss in chapter three, the moral imperative of a good citizen within this neoliberal moment is based on our understandings that our good health is always in jeopardy. Thus, themes based on constant vigilance are common in health campaigns, particularly within breast cancer, where preventive measures like mammograms and self-exams are touted as the key to staying healthy.

As the culture of the pink ribbon developed into an exclusive one that centers on a specific type of woman with a specific response to breast cancer, a small group of those who did not buy into breast cancer culture began to vocally resist. Questioning about the breast cancer industry came first appeared in Epstein's *The Politics of Cancer* (1979) and Moss' *The Cancer Syndrome* (1980). The questioning continued in the 1996 (updated in 2002) best-seller by Lee and Zava, *What your Doctor May Not Tell You about Breast Cancer*. Sulik says that these authors were calling for a revolution against what developed into the pink ribbon culture. However, the power of the movement managed to mostly silence calls for revolution. Instead, with the backing of a multi-billion dollar industry that offers a wide range of cancer-related products and services, the culture continues to expand. As a result, the politics of the breast cancer industry are obscured behind an amalgamation of popular rhetoric about breast cancer, official policy, medical authority, a continued expansion of a pink ribbon culture, corporate interests, and a market-driven healthcare system (Sulik, 2011). And in order to navigate Barbara Ehrenreich's infantilizing "culture of pink kitsch," detailed in "Welcome to Cancerland" (2001), where breast cancer patients are surrounded by consumer items that are seemingly intended to comfort the patients, a woman must have the privileges of disposable income and health care options that allow her access to preventative care in order to receive that early diagnosis. She must also have insurance that will provide coverage of medical bills incurred for her treatments, as well as the financial wherewithal to purchase a pink teddy bear to cuddle or the pink T-shirt for her supportive (male) partner to wear while she undergoes treatments.

#### Media Coverage of Cancers

American media have covered cancer since President Ulysses S. Grant's battle with throat cancer in the mid-1880s (Patterson, 1987), though the amount of coverage, the type of stories, and the face of cancer have varied widely in the 130 years since. And

as I will show, breast cancer has dominated media coverage of cancer since the late 1990s; it is presented as a significantly gendered, raced, and classed disease, even though rates of diagnosis are largely similar across all ethnic groups. Breast cancer is the second-most common cancer among all women in the United States, and is the second-leading cause of cancer death among women.

Despite being a cancer that potentially affects all women, scholars generally agree that U.S. media coverage presents breast cancer as a middle-class, White woman's disease. In examining the media's construction of breast cancer as an "epidemic" that faces American women, researchers have found that media coverage of breast cancer disproportionately focuses on younger, White women with the disease (Friemuth et al., 1984; King, 2006; Lantz & Booth, 1998; Slater et al., 2008; Stryker et al., 2007). While Caucasian women are slightly more likely to be diagnosed with breast cancer, Black and Latina women are more likely to die from the disease, usually because of an earlier age of onset of the disease and later detection of the disease, resulting in more Stage III and State IV diagnoses. Those disparities are often attributed to a combination of cultural values and a lack of access to preventative health care (Phillips, Cohen, & Moses, 1999; Phillips, Cohen, & Tarzian, 2001).

Statistically, older women are much more likely to get breast cancer than younger women (DeSantis, Howalder, Cronin, & Jemal, 2011; DeSantis, Siegel, Bandi, & Jemal, 2011). In examining data from 2005-2009, the median age at breast cancer diagnosis was 61. Only 1.8% of diagnoses occurred between the ages of 20 and 34; 0.0% were diagnoses in those under the age of 20. Almost 10% of diagnoses were patients between 35 and 44, while 22.5% were 45 to 54 years old, and 24.8% were between 55 and 64. Approximately 20% of diagnoses were those between the ages of 65 and 74, and 20.8% were patients over 75 years of age. (National Cancer Institute SEER, n.d.)

As previously discussed, the language of cancer is perpetuated through media narratives that position cancers, and breast cancer particularly, in a way that is



significantly skewed from the actual statistics of the disease. Kedrowski and Sarow (2007) examined the public faces of breast and prostate cancers, details about the person featured (particularly those that leant a “tragic” tone to a story), and the impact the public face had on public opinion. In doing so, they looked at a total of 926 news stories focused on breast cancer that included more than 1,332 profiles of people with the disease. Thirty-nine percent of people profiled in those stories were 50 years-old or older, while 30% were under the age of 40; more than one-quarter of the articles mentioned the women’s children, and 65% of those children were school-age or younger. As a result, Kedrowski and Sarow (2007) argue, the media profile of those with breast cancer has skewed our view of those most at risk for the disease to be significantly younger than what it really is. Further, as I will discuss in chapter three, the positioning of breast cancer as a disease that strikes down our nation’s young mothers in the prime of their lives perpetuates significant gender roles for both women and men.

Kedrowski and Sarow’s (2007) results do not differ much from several other studies that have focused on different aspects of print, radio and television media coverage of a specific type of cancer, with much discussion of breast cancer (Andsager, Andsager & Powers, 2001; Hust, & Powers, 2000; Jones, 2004). However, Stryker, Emmons, and Viswanath (2007) looked at coverage of all cancers during 2003 within the 50 highest-circulation newspapers and all English-language papers within Lexis-Nexus’ Ethnic NewsWatch database. They found that despite a higher incidence rate of prostate cancer, and higher mortality figures for colon cancer and lung cancer, breast cancer received the most coverage, as it was covered 33% of the time, compared to prostate cancer’s 13.6%. This was consistent with results from a content analysis of breast cancer in the media in 1980 (Freimuth, Greenberg, DeWitt, & Romano, 1984). In Stryker et al.’s (2007) work, the imbalance skewed more heavily toward breast cancer coverage, despite quickly rising incidence rates among other cancers. Hurley and Tewksbury

(2012) note that similar results were cited in Cohen et al.'s 2008 work on the amount and nature of cancer news coverage in the U.S.

Slater, Long, Bettinghaus, and Reineke (2008) found that breast cancer coverage dominated cancer news, as 29.6% of newspaper stories that focused on a specific cancer were about breast cancer, while similar proportions of breast cancer news were found in magazine and television coverage (2008, p. 534). They argue that breast cancer is the most-covered cancer, likely as a result of successful, long-term advocacy efforts by nonprofit groups like Komen for the Cure. In 2012, Hurley and Tewksbury examined the differences in the content of online cancer coverage depending on the source website. Using MSNBC, Yahoo! News, CNN, and Google News, they found that aggregator websites (Google News) tend to provide medically-focused messages, while focused-provider websites (cnn.com, msnbc.com) tend to provide more frightening verbiage, often using words like “scary,” “fearful,” or “traumatic” in political/lifestyle/cultural messages.

As a result, the overall message that our media has constructed throughout the last 20 years positions breast cancer as the disease of the young, modern woman. Rarely, unless she is a celebrity, is a woman over 50 pictured in breast cancer coverage. In fact, the dominant discourse around breast cancer within popular culture centers on women who are young, successful, white, educated, heterosexual, and in the midst of the “best years” of their family lives and careers; we are led to believe that these are the ones most likely to be diagnosed with breast cancer, though this is actually not what medical statistics bear out. This is why this disease is important, says our cultural discourse – it is stealing our young mothers from our nation – and it makes sense to declare a war on anything that cuts down young adults, especially women. This message persists despite statistics that clearly show breast cancer is predominately a disease for post-menopausal women, and that trends for women under 40 have been stable for several decades; in fact, the breast cancer risk for a 30-year-old woman is about 1-in-200; for a 70-year-old, it

increases to 1-in-15 (American Cancer Society facts & figures, 2014). Further, women who have not have children, or who have put off becoming biological mothers past the age of 35, are more likely to develop breast cancer than women who have had children. In many respects, the media messages surrounding breast cancer are used to perpetuate traditional gender ideologies.

### Breast Cancer Nonprofit Organizations and Their Roles

As previously discussed, the American Cancer Society was established as the American Society for the Control of Cancer in 1913 in New York. Led by a group of 15 prominent physicians and business owners, the organization's founding was based on the premise that increasing the public's awareness of cancer via medical professionals was key to finding a way to combat the disease. By 1938, more than 150,000 Americans were enlisted in the Women's Field Army, an arm of the American Society for the Control of Cancer that focused on waging a war against cancer. Since, the American Cancer Society has continued to be at the forefront of work to educate the public about cancer and to fund cancer research. Its model of a voluntary health organization and nonprofit has provided the foundation for the creation of any number of organizations that are focused on research, advocacy and fundraising work.

#### Susan G. Komen Breast Cancer Foundation

(now Komen for the Cure)

In the early 1980s, when no other nonprofit organizations focused exclusively on breast cancer, Nancy K. Brinker used her economic, social and political capital, gained largely through her then-husband's Texas business connections – Norman Brinker is the founder of four national restaurant chains and quite active in Republican politics on the national level – to raise money for the promotion of early detection and breast cancer research through the creation of the Susan G. Komen Breast Cancer Foundation. Now named Komen for the Cure, the foundation has been nearly single-handedly responsible

for changing breast cancer from an unspeakable disease to a household word, corporate cause, social problem, and legislative issue. The disease itself recently has taken a curious leap as a perceived stand-in for all cancers, as unaffected Americans often take up pink as the color of all cancers.<sup>10</sup>

Brinker founded the Susan G. Komen Breast Cancer Foundation in 1982 in honor of her sister, Susan Komen, who died from breast cancer in 1980 at the age of 36. Two years after founding the organization, Brinker herself was diagnosed with breast cancer, though she has lived cancer-free since 1985. In 1983, the first Susan G. Komen Race for the Cure was held in Dallas, Texas, to raise money for breast cancer awareness, research, and advocacy. Twenty-six years later, more than 100,000 Komen Foundation/Race for the Cure volunteers work through a network of 125 U.S. and international affiliates to organize its more than 125 annual races across the world. As Samantha King (2006) observed, Race for the Cure events are usually represented as grassroots athletic events that are accessible and affordable for all, offering a proactive, personal way to be involved in and support those with cancer or those who have survived.

Both King (2006) and Sulik (2011) note that Komen for the Cure's connection to a wealthy, powerful social group resulted in the creation of a social movement that is focused on image. The organization's original fundraising events were held at polo clubs and country clubs, and ranged from high tea to fashion shows to tennis and golf tournaments. Sulik (2011) argues that the connections between Komen for the Cure's social roots and traditional femininity have served to distance women who do not fit a

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<sup>10</sup> During the 2009-10 NCAA men's basketball season, Brigham Young University played a game honoring head coach Dave Rose, who was diagnosed with pancreatic neuroendocrine tumor cancer in 2009 (Chilton, 2011). Though pancreatic cancer is identified with a purple ribbon, the team wore its home white uniforms with added pink mesh side panels and pink shoes for its Jan. 30, 2010 game against the University of Utah (Anderson, 2010). Rose underwent another surgery to remove additional cancerous spots in September 2013 (<http://byucougars.com/m-basketball/rose-undergoes-surgery-part-cancer-treatment-full-recovery-expected>).

White, middle-to upper-class, educated, heterosexual ideal from the breast cancer movement itself.

The organization found itself at the center of a maelstrom in 2012, as it announced on January 30 it would pull grants that funded breast cancer screenings at Planned Parenthood locations nationwide. The move managed to immediately anger nearly every Komen supporter who also had an opinion of Planned Parenthood. Many of Komen's pro-life supporters had been unaware that Komen funded breast cancer screenings at Planned Parenthood clinics at all, and they pulled their support as a result. Many of its pro-choice supporters declared their allegiance to women's health over Komen for the Cure, and they immediately ended their support of Komen. It took four days for Komen for the Cure to respond to the public relations nightmare, with the organization finally announcing it would restore funding to Planned Parenthood for the rest of 2012, though Planned Parenthood's grant application for breast cancer screenings would be under strict review for 2013. The fallout for Komen for the Cure from the Planned Parenthood decision continues two years later. In 2011, the organization raised more than \$271 million through 125 international 5-kilometer run/walks and 14 U.S. 3-day/60-mile walks. In 2012, the revenue dropped to \$257 million, and the organization cut its series of U.S. 3-day/60-mile walks in half (Komen for the Cure annual report, 2012).

Though Komen for the Cure still reigns as the most popular national breast cancer fitness event, the public outcry regarding the organization's decision to no longer fund breast cancer detection grants for Planned Parenthood (and its subsequent reinstatement) has resulted in a decrease in the number of 3-day walks Komen hosts. There has been a corresponding considerable decrease in the net revenue of the endurance series, from \$84.4 million to \$57.5 million between 2011 and 2012. Komen's Race for the Cure 5K series also saw a drop of \$4.5 million between 2011 and 2012, though I cannot currently

account for the full impact of the Planned Parenthood controversy because of the structure of Komen's Race for the Cure fiscal year (Run Walk Ride, 2012).

Komen's 2012 debacle was not the first time the organization found itself at the center of a controversy. The organization garnered negative attention in 2010 when the *Wall Street Journal* noted that Komen for the Cure was legally pursuing other nonprofits that used the phrase "for the cure" and the color pink (Marks, 2010). Around Mother's Day 2010, Komen and Kentucky Fried Chicken teamed up for "Buckets for the Cure," which raised \$4 million for the foundation. In July 2011, then-CEO Nancy Brinker appeared on Home Shopping Network, selling perfume called "Promise Me," though the perfume contained chemicals that have been linked to breast cancer in lab animals (Szabo, 2011). And after facing heavy criticism from these moves and the Planned Parenthood issues, Brinker stepped down as Komen for the Cure's CEO in August 2013. The move came after Komen's 2012 IRS-form 990 disclosed that the organization's Board of Directors had given Brinker a 64% raise – making her salary \$684,717 – in spite of Komen's troubles throughout 2012.

Despite all this, Komen for the Cure has proven itself to be the most successful of the specialized cancer fundraising, awareness, and activism nonprofit organizations over the last 30 years. The organization has transformed the disease within our culture, taking it from the "Big C" to a legitimate topic for the family dinner table. It has mobilized citizens, politicians, and medical professionals around a cause that affects Americans on a daily basis. However, critics question the methods the organization has opted to utilize in order to gain social and political capital (King, 2006; Klawiter, 2000).

From its inception, Komen for the Cure has shaped what it means to be a woman in the U.S., regardless of whether one has cancer. Its corporate partnerships that encourage consumers to purchase a wide array of pink products and its emphasis on feeling pretty, being happy, and projecting a positive attitude, even when one is in the throes of chemotherapy treatments, are key to reproducing women's culture. Komen has

helped maintain ideals of traditional femininity within breast cancer culture as it supports of those who have the disease, creates fear about the disease in those who do not have it, and offers the opportunity for all women to raise funds and awareness for the disease.

The power that Komen carries within women's circles has led some to question whether the feminist movement has been replaced by the pink ribbon movement itself (Ehrenreich, 2009), particularly in light of Komen's continual reinforcement of traditionally feminine gender roles. Breast cancer has been transformed into a "bland disease," Ehrenreich (2001) says, one that connects to women without being labeled feminist. As a result, the disease has become a safe haven for those individuals and corporations that want to indicate they are female-friendly without being activist. The feminist side of breast cancer, on the other hand, has been significantly limited in its opportunities to reach a larger public audience. The feminist movement within breast cancer is one of "discordant voices" (Ehrenreich, 2001), demanding answers to questions of the cause of breast cancer – questions that often appear to be pro-environment and anti-corporate (p. 47).

In our patriarchal culture, the breasts are the most visible outward marker of femaleness, and are socially constructed in ways that range from motherhood to erotic heterosexuality. Women are judged and evaluated by the sizes and shapes of their breasts; in the total scheme of the way in which women are objectified in our culture, the breasts are a primary site of objectification. From the post-World War II emergence of Christian Dior's "New Look" that ensured women would no longer look like Rosie the Riveter, but instead would once again "look like women," to today's Victoria Secret pushup bras that promise to add at least two cup sizes to a woman's bustline, the breasts are the foremost physical marker of womanliness in our culture. The social construction of what it means to inhabit a female body in the United States, particularly within the confines of hegemonic femininity, is at play within the popularity of breast cancer activism. As a result, I believe, the \$1.3 billion that Komen for the Cure has raised since

its inception has come with a cost for American women, as the organization has exploited traditional gender expectations for women in supporting the eradication of breast cancer.

### The Breast Cancer Research Foundation

A number of breast cancer-related nonprofit organizations have emerged since the creation of Komen for the Cure in 1982. Since Komen's 2012 decision no longer to fund breast cancer detection grants for Planned Parenthood (and the subsequent reinstatement of those grants for the remainder of 2012), two organizations in particular have become more visible within breast cancer philanthropy. The first, American Cancer Society, has used its highly public partnerships with Major League Baseball (Mother's Day) and the National Football League to promote breast cancer in what seems to be a privileging of breast cancer over the myriad of other cancers or diseases the organization works to fight. The second, the Breast Cancer Research Foundation, has a list of corporate partnerships that rivals Komen's in terms of size, scope, and visibility.

Though consumers and cancer advocates may not recognize the Breast Cancer Research Foundation as quickly as they recognize Komen's pink ribbon. Though the BCRF generated only about \$10 million in revenue in 2011 (BCRF IRS-form 990), it is quietly becoming a player within this philanthropic circle of breast cancer. The organization offers a number of ways for individuals to get involved with its work, ranging from sponsoring an hour of cancer research time (\$50) to an agreement with Radar Tires to produce a "limited edition Ring of Hope pink tire" that retails for \$80-100, with \$5 of each purchase (up to \$250,000) going to BCRF (BCRF shop pink, 2014). The Breast Cancer Research Foundation also breaks the results of the research it funds into two sections: research on cancer formation and research on cure and prevention.

In 1991, Evelyn Lauder, senior corporate vice president at Estee Lauder Cosmetics, and Alexandra Penney, then-editor-in-chief of *Self* magazine, established the Breast Cancer Research Foundation. Its mission is to end breast cancer through the



creation of advocates for action and change who lobby the Executive and Congressional branches of U.S. government and research institutions. This foundation also pursues corporate partnerships to create advocates, and takes pains to let its website visitors know that it is a responsible steward of donors' money, with at least 85 cents of every dollar donated used for research and awareness programs (BCRF Responsible giving and efficiencies, 2013).

#### The Donna Foundation and *26.2 with Donna*

Jacksonville, Florida native and former local news anchor Donna Deegan founded the Donna Foundation in June 2003 to assist underserved local women who have been diagnosed with breast cancer. Five years later, the Donna Foundation created its signature event and fundraiser, *26.2 with Donna: The National Marathon to Finish Breast Cancer*, and in 2010, broke off the marathon as its own 501(c)3 nonprofit organization. Approximately 70% of the funds that the 26.2 with Donna Foundation raises through its annual marathon and biking event are given via the Donna Foundation to the Mayo Clinic- Jacksonville, while 30% are given to local breast cancer patients.

Deegan is a three-time breast cancer survivor; she was first diagnosed in 1999 at the age of 38, and again in 2002 and 2003. The Donna Foundation has partnered with Catholic Charities, and following an application and screening process, writes checks to help women with breast cancer meet their bills during their treatment; some need help with daycare and the mortgage, some need help with transportation to and from their medical appointments. To date, more than 5,500 "First Coast" (reaching from Fernadina Beach on the north through Jacksonville and Orange Park to St. Augustine, and ending at Palm Coast) women have been helped by the Donna Foundation (Foundation overview, 2013).

The *26.2 with Donna* race weekend includes a marathon, a half-marathon, and a marathon relay, as well as a preliminary 5K. It is open to the public and does not require

its participants to raise funds for the Donna Foundation (26.2 with Donna FAQ, 2013). Sponsors of the event range from corporations including UPS, Ashley Furniture Home Stores, and Publix grocery stores to local car dealerships and credit unions. In six years, the marathon itself has raised more than \$3.5 million for the foundation's work; it generally draws more than 11,000 runners from all 50 states.

However, recent IRS-form 990s for the 26.2 with Donna Foundation indicate that the organization has struggled with managing its expenses. I will include more analysis in chapter five, but in 2011, the 26.2 with Donna foundation reported revenue of \$2,672,620 and expenses of \$2,701,479, which resulted in a net loss of \$28,859. In 2011, 30% of its expenses were donated to the Mayo Clinic-Jacksonville and the Donna Foundation. In 2012, the 26.2 with Donna foundation posted income of \$2.1 million and expenses of \$2.4 million, a net loss of \$264,226; 18% of its expenses were donated to cancer research and care.

It is important to note that Jacksonville's branch of the Mayo Clinic is home to Dr. Edith Perez, director of the Breast Cancer Program and Cancer Clinical Study Unit and chair of the 2005 clinical trial that found patients with HER-2 positive invasive breast cancer who received Herceptin (trastuzumab) with chemotherapy had a risk recurrence reduction of 52%. HER-2 positive breast cancer accounts for approximately one out of every five breast cancer diagnoses, is generally more aggressive than other types of cancers, and is less likely to respond to hormone treatments. Perez also has developed studies to evaluate the role of genetic markers in the development and aggressiveness of breast cancer. In the April 15, 2012 issue of *Cancer Research*, Mayo researchers published their findings of a new class of molecular mutation in various forms of breast cancer, which may help us understand how different types of breast tumors develop and grow. The mutated forms of RNA are called fusion transcripts and may also be a way to identify tumor subtypes.

### Bringing It All Together

As cancer, especially breast cancer, has become a significant part of our health discussion in the United States, our attitudes toward the disease have changed. No longer a diagnosis that is never disclosed to a patient or a diagnosis that is only whispered about, cancer has leapt to the forefront of our health awareness, thanks to work by committed individuals and nonprofit organizations. Our attitudes about the disease have shifted and Americans have become more willing to openly discuss their struggles with cancer. As a result, we have seen breast cancer rise to the top of the public's consciousness of cancer.

As long as government, nonprofit organizations, and individuals give considerable contributions to organizations that are focused upon research for an ultimate cure for cancer, the media narrative goes, then we will eventually defeat the disease. Lantz and Booth (1998) argue that the continued emphasis placed on the scientific community's ability to eradicate breast cancer has produced three messages that women internalize about breast cancer itself. I believe these notions are further underscored by the messages that breast cancer organizations produce.

First, our ability to identify the "breast cancer gene," BRCA-1 and BRCA-2, which actually help identify not only predisposition to breast cancer, but also to ovarian cancer, means that women who have a significant familial history of the disease may have themselves tested to see if they also carry the mutation. If found to be carriers, more women are opting for preventative mastectomies, in the hopes that they will never need to go through the cancer journeys their mothers, sisters, grandmothers and aunts have endured. Second, the concept of "chemoprevention" has taken hold and is becoming more prevalent within the community of women who are most susceptible to breast cancer. Much like taking a daily baby aspirin to lower a risk of heart-related conditions, chemoprevention involves dosing with tamoxifen, the most popular and effective breast cancer chemotherapy drug, in order to prevent the eventual occurrence of breast cancer. Finally, though mammograms do not prevent breast cancer, and many

argue that the radiation from multiple mammograms over a lifetime may in fact play a part in the development of breast cancer, the message perpetuated by Komen and the media is that mammograms are key to detecting early breast cancer.

It bears repeating: In reality, the biggest risk factors in an average American women's likelihood of a breast cancer diagnosis are being a woman and growing older (American Cancer Society risk factors for breast cancer, 2013; Klawiter, 2008). As a result, breast cancer itself was and is ripe for the continual creation and reinforcement of what Berlant (2008) terms the intimate public of women's culture. All women, regardless of race, ethnicity, sexuality, or social class, are at risk for developing the disease. Certainly, specific identities increase the likelihood one will develop breast cancer – it disproportionately strikes women of color, those who are working class or impoverished, those who have never had a child. However, media coverage perpetuates the idea that because all women face the 1-in-8 lifetime risk, we all have something in common, and therefore, are interested in fighting the disease in the same ways, using similar messages, and capitalizing upon “women's interests.” From its inception, Komen for the Cure and the breast cancer organizations that have followed have largely utilized a message focused on the intimate publics of women's culture to spread messages of awareness and research.

Media coverage, combined with the public visibility of Komen for the Cure and similar organizations, has aided and abetted breast cancer's dominance, allowing it move to the forefront of the information we process about of cancer. This typical media coverage of breast cancer, in turn, has managed to skew Americans' view of the individual who is diagnosed with the disease. As a result, our perception is that cancer is of the greatest threat to our young mothers, though statistics show this is far from the truth. Breast cancer's advocates have managed to capitalize upon a moment in our culture that has allowed breast cancer to represent all other cancers. And with this shift,

the color pink has now begun to signify cancer as a whole within the public consciousness.

CHAPTER 3  
TAKE THE MONEY AND RUN:  
THE RISE OF THE PHILANTHROPIC FITNESS EVENT

On one level, this is a study of the perfect storm of opportunity that surged through the philanthropic, running, and disease-support communities in the United States in the late twentieth and early twenty-first centuries. It is a look at what it means to “do the right thing” through social movements and civic engagement, and as such, examines the desire to belong, the desire to be healthy, and the desire never to be diagnosed with cancer. Americans’ notions of how we “do the right thing” have changed significantly during this time, as the current neoliberal period has shifted our national expectations for citizens, government, and shaped Americans’ interactions with the world at large. The rise of the fitness boom, an increasing acceptance of cancer as a topic of public discussion, the changing role of the consumer, and the emergence of a new, vital role for nonprofit organizations within our national culture; all combined to lead Americans to a period in which philanthropic fitness events and the consumerism inherent within their creation have come to dominate the running landscape.

At its most basic, participation in philanthropic fitness events includes the giving of time, money, and energy. More expansively, participation may include the desire to help others who may not be able to help themselves, or the desire to overcome helplessness in the face of a potential death sentence. Participation may include a desire to experience a self-inflicted pushing of both mental and physical limits, sometimes in the hope that one can approximate what a chemotherapy treatment must feel like (Brant, 2011; Purdom, 2011). Lastly, participation may involve the renewal, maintenance, or creation of a personal connection to someone who has been affected by the cause the philanthropic fitness event supports. In seeking the cultural foundation for this movement within the health and fitness world, previous research has noted many themes:

a connection to others; the role of the good citizen; what it means to donate to nonprofit organizations; a “helper’s high”; the reinforcement of race, class, and gender ideologies; and the hope that running for others with an illness may inoculate one from that very disease (Bennett, Mousley, Kitchin, & Al-Choudhury, 2007; Blackstone, 2004; Blackstone, 2009; Filo, Funk, & O’Brien, 2008; Nettleton & Hardey, 2006; Whipple, Combs, Dowd, & Eilliot, 2011). Further, individuals indicate that the connection they feel to others through an act of service is a key motivating factor in philanthropic actions, regardless of the reason. The act may be time or talent given to a nonprofit or it may be a race run to raise money.

However, there is more to these meanings and motivations than the altruistic motives that individuals express publicly. They also include the life experiences of the individual running, possibly a lifelong desire to complete a marathon (maybe with a group of like-minded individuals), and the internalization of social expectations. In the late 1980s, the Leukemia & Lymphoma Society established its Team in Training program. Team in Training most commonly helps marathoners, half-marathoners, and bicyclists train for endurance events while they raise money for the Leukemia & Lymphoma Society. In the approximately 25 years since its inception, Team in Training has become an endurance training/fundraising juggernaut. And as seen in *Runner’s World* magazine’s special issue in July 2011 focused on “Outrunning Cancer,” the running community has roundly embraced and acknowledged the growth of this phenomenon.

Regardless of the motivation, though, the rise of philanthropic fitness activities has allowed participants to feel as if their contribution to the fight against disease produces more than simply a surge of good feelings. In fact, the nonprofit organizations and the lived experience of the event itself work together to cultivate the feeling that individuals’ long-term commitments to a cause make an important difference through these sorts of fundraising programs. A participant can maintain or improve her fitness

levels while demonstrating to her social circle and beyond that she is, in fact, the type of individual who donates time and money to generally agreed-upon good causes. As a result, no matter what the reason – to belong, to fight obesity, to support a health-related cause one believes in, or to demonstrate a corporation's involvement in its community through the sale of cause-related products and seemingly altruistic marketing campaigns – this movement toward philanthropic fitness events has provided a space to examine the meanings that Americans ascribe to fitness and citizenship.

The American philanthropic fitness movement, which now includes runs, walks, bike rides, swims, and triathlons, began with the creation of the American Heart Association's Jump Rope for Heart, the March of Dimes' Walk for Babies, and what is now American Cancer Society's Relay for Life. These events entered the public consciousness in the mid- to late-1970s. The innovations were a step toward urging Americans to use their newfound physicality for something beyond fitness for fitness' sake. Nearly 40 years later, unlike the pioneering events that developed the notion that someone could perform physical activity to raise funds and awareness for many diseases and health-related causes, we now see the most well known of the health-related activities focused specifically on raising money and awareness for cancer. Leukemia and Lymphoma Society's Team in Training, Komen for the Cure's Race for the Cure and its lesser-known Marathon for the Cure, Lance Armstrong Foundation's **LIVESTRONG** events, the St. Jude Marathon, and *26.2 with Donna* are at the forefront of the current stage of the philanthropic fitness event.

The event that exploded the world of philanthropic fitness events in the U.S. was Komen's Race for the Cure, begun in 1983. The international 5-kilometer race series has been the nonprofit leader in offering a way to physically participate in a fundraising event for a disease. It also catapulted awareness of breast cancer to the forefront of our discussions of illness. The Donna Foundation and its sister nonprofit organization, *26.2 with Donna*, in Jacksonville, Florida, has further capitalized upon Komen's work with its



own *26.2 with Donna* marathon weekend. However, the marathon and half-marathon have introduced a very different community of runners to the Donna Foundation than those who participate in Komen for the Cure's 5K Races for the Cure.

The cultural growth of the marathon as part party, part social experience, and part individual achievement has coincided with an expansion of a neoliberal society and the shifting of the responsibility of caring for those less fortunate from the government to private nonprofits. Further, the commodification of and the attachment of moral values to health and fitness has been used to create a new health consciousness that positions health itself as a "supervalue" (Crawford, 2006; King, 2012). Health is now a filter for how Americans think about work, discipline, civic responsibility, and their relationships. As a result, an examination of health must recognize the weight it carries for individual identity and the frame it gives to a myriad of other ideologies.

#### Philanthropy, Moral Citizenship, and Neoliberalism

"Citizenship" is often narrowly defined in one of two ways, though the two definitions work together and neither can exist without the other. Legally, "citizenship" refers to a set of practices and a group of rights and responsibilities. Sociologically, "citizenship" refers to an individual as a member of a particular group or location (Isin & Wood, 1999). However, more complexly, Isin (2009) defines citizenship as a relationship: It is an ever-changing ideology that determines who belongs, who does not belong, and who is subject to the power of that ideology. In other words, the conception of citizenship governs the conduct of those who are living within the construct of a society. Like all identities within an ideology, the "citizen" identity is always changing, always one of many identities, and always a result of being hailed into a group with which the citizen associates.

My project uses the notions of citizen as member of a group, as well as citizen as an individual, largely because this is how the participants have defined themselves.

However, these definitions are complicated by the work Lauren Berlant does in *The Queen of America Goes to Washington City* (1997). As she discusses the continually changing definitions of “citizenship,” Berlant notes that America began to privatize citizenship in the early 1980s. This is most often demonstrated through the use of a politics that emphasizes citizenship as an intimate experience that is private, rare, and only for members of families. This limited intimate experience of citizenship gave rise to Americans’ modern conception of moral citizenship.

Berlant (1997) approaches this story of citizenship in the United States with the understanding that there is no public sphere left in America’s national culture. The backlash to the anti-war, anti-racist, and feminist movements of the 1960s began a narrative that valued patriotism over national criticism. This is the point at which Americans without wealth or access to structural power begin to be alienated from public political spheres, she says (1997). President Ronald Reagan espoused patriotic rhetoric as government was significantly cut. Citizenship began to be privatized and culturally-constrained, and an “American” identity slowly became available only to those who fit nostalgic ideals of a white, middle- to upper-class, hetero-normative family. The result, Berlant argues, is that the access to the political sphere that had previously been available to everyone in the United States is now limited to a newly-created intimate public. In this intimate public, citizenship is a condition of social membership that is only accessed through the sharing of limited personal acts and values.

Berlant (1997) notes that this intimate public circle of who counts as a citizen has been used to obscure the power differential between those who hold most of America’s wealth and those who do not. Berlant (1997) further argues that ideal citizenship is something that “good people with good money” (p. 7) experience. All other Americans must fit into the constantly-changing cultural standards of who counts as a citizen. Citizenship, Berlant (1997) says, is reduced to a type of voluntarism, while the privatization of citizenship changes how Americans think about and experience national

identity. One may internalize the moral citizen identity through the performance of philanthropic (moral) actions, including the giving of time and money to help the less fortunate (Raddon, 2008).

This conception, as well as the use of philanthropy as a criterion for what makes one a moral citizen, results in two unequal categories of citizenship. There is the more privileged donor or volunteer, and there is the less privileged and shameful consumer of services. Those at the top are allowed to embrace and reproduce the notions of a post-racial, post-feminist United States in order to dismiss political dissent or outrage. Those at the bottom are responsible for themselves, regardless of how the deck may be stacked against them.

Raddon (2008) argues that this is a “new philanthropy,” which is grounded in demographics of wealth, the generosity of donors, legal changes for donors, and an increase in the number of professional fundraisers. And though ideas of charity and care appeared long before the rise of neoliberal political theory or economic dominance, moral citizens have long been conceived of as caretakers of those who cannot support themselves (Raddon, 2008). This notion appeals to commonly-held and American-identified values of dignity and individualism. It also allowed the concentration of wealth and power among the wealthy, and helped create the new public-private partnership that dominates the philanthropic world today (Raddon, 2008). This kind of new philanthropy legitimizes social inequality, rearranges the welfare state as it moves social services to nonprofits, and promotes a very narrow ideal of citizenship through charity.

Hyatt (2001) argues that in the early 1980s, the American government turned from providing social programs that took resources directly to citizens to encouraging citizens to rely on themselves. Beginning with Reagan’s election and passage of social policies, the cultural attitude toward America’s less fortunate has continually been reframed and reshaped, but the basic message remains the same: volunteerism and

community service are the new alternatives to state action. This culminated in 1996 with Bill Clinton's quest for significant welfare reform. The result is a para-state in which nonprofits provide services outside of democratic politics was created (Hyatt, 2001); however, the nonprofit providers are still under significant state control when it comes to tax policies for the organization and its donors, as well as limits on the disbursement of funds (Raddon, 2008).

As a result, Americans now see the volunteer as a new political subject, empowered and self-governing. It is assumed that she is better prepared to provide assistance than the government is. An individual's decision to support a nonprofit organization is a private action within an intimate public sphere. At the same time, her involvement in philanthropic organizations is an inherently, though often obfuscated, political action. However, that political involvement also may be limited either through this narrowly-defined ideal citizen or through a belief that consuming for a cause is philanthropic action. And in a civil society that is constrained by an intimate public, voluntarism and service are notions that are taken for granted as good and necessary.

And so "service" has come to have dual meanings: it may be not only action to help others, but it also may function as a financial call to arms. In response, philanthropy has become donor-centered instead of cause-centered: Rather than moving donors in a relationship that helps both an institution and the donor meet their respective needs and desires, Americans now donate to causes in order to meet their own needs and desires, often seeking something in return for their "time, talent, and treasure." The result, scholars say, is that private visions of what is good for the public are highly classed and reify power that exists within already influential institutions<sup>11</sup> (Raddon, 2008; Schervish, 1993).

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<sup>11</sup> It is generally agreed that wealthy donors tend to support education, cultural arts organizations, and hospitals, while lower-income donors tend to support houses of worship and religious and social welfare organizations (Raddon, 2008).

Contesting definitions of philanthropy stress the multiple aspects of the actual act of giving. Some focus on voluntary action and social welfare goals, some focus on the legal, tax-deductible status of “charity,” some place an emphasis on financial gifts or gifts of time and talent, while others still see philanthropy strictly in moral terms (Schervish, 1993). Schervish argues that what makes an action or a gift “philanthropy” is the presence of an affective demand: It matches resources to needs within a social relationship in response to a moral claim. Consequently, nonprofit organizations are not philanthropic simply because they are located in the nonprofit sector, but instead, organizations are defined as philanthropic by the *actions and services* that they provide (Schervish, 1993). As a result, the nonprofit organizations that have the most significant access to political power are not always the organizations that do the most good.

Further, the United States has seen its nonprofit charitable organizations enter an increasingly competitive environment over the course of the last 30 years. Americans have a multitude of options for places where they can share their time, their talents, and their treasure. More charitable options for volunteers mean an increase in the total number of organizations that are seeking support. As a result, nonprofit entities find themselves constantly in competition for donors and volunteers.

King (2012) notes that Americans’ notions of individual responsibility, including the personal “healthy lifestyles” Ingham (1985) discussed, are inherently complex and overlain with class, race, and gender. The body in the 1970s and 1980s, she argues, was viewed as a path for an American to achieve a stable future and a personal rebirth. Within this moment, this awareness of health consciousness was a key part of political and economic life, ranging from fitness to heart health to the dangers of cigarette smoking. Crawford (2006) notes that this notion of each person as responsible for her own health, regardless of any structural or ideological barriers that may exist, has been a key to the establishment of the common sense nature of neoliberalism’s essential components.

Crawford (2006) also argues that as America has elevated the importance of good health as a cultural value, there has been a corresponding increase the vulnerability of the individual's life experience. Now, good health is not only a condition that one must meet in order to be a good citizen, but it also is a necessity for living the good life. Consequently, being healthy, whatever that means to someone, has transformed into one of the most important experiences in life. This emphasis has allowed "health" to evolve into big business that, among other industries, now includes pharmaceuticals, fitness magazines, 24-hour gyms, medical procedures, clothing and gadgets, medical professions, and public policy. The feeling of vulnerability that results is underscored within our cultural discourse about breast cancer. That vulnerability allows for the cultural overemphasis on illness in the dominant message that 1-in-8 American women will receive a breast cancer diagnosis in her lifetime; we forget that this also means that 7-in-8 women will not contract the disease.

Obviously, being healthy is the optimal condition for everyone – it is a desired state that allows individuals access to opportunities that are not available if one is constantly battling illness. Within our current consumer culture, though, the ideology of the moral (healthy) citizen is the impetus that underscores the philanthropic fitness event. The new American understanding suggests that moral citizens are not only expected to clearly fit within this ever-shifting social ideal of health, but they also are expected to reach out to support those who cannot support themselves. In other words, a good citizen is one who, among other ideals, is fit and healthy, and is not a drain on the health care system. She gives her time, talent, and treasure to charities, and she volunteers to make a personal, moral connection. She runs long distances *for* others. These notions cannot enter America's collective consciousness without understanding conceptions of health as an individual concern, an ideal moral citizen, and the use of health as a lens through which citizens process much of the rest of the world around them.

### Good Citizens are Givers

In addition to the definitions of philanthropy offered above, other scholars have argued that philanthropy's goal is to advance society by contributing financially to necessary social, cultural or educational services that, for political or economic reasons, the state or market either does not provide or does not provide completely (Adam, 2004; Hammack, 2004). Within this social structure, the story goes, philanthropy is a mutually beneficial relationship between the donor and the receiver: Material or financial support is given in exchange for a financial or social advantage. Large gifts to a project allow the donor some sort of control over the project, which results in power over the organization's future direction as well as an improved public image; it is rare that we acknowledge these actions also further delineate social class. Further, Hammack (2004) argues that while Americans have long been viewed as exceptional in their support of philanthropic organizations, this is not necessarily the case. He notes that voluntary gifts to religious and nonprofit organizations ranged from just under one percent to just over two percent of national income over the course of the twentieth century, while many late nineteenth century industrial barons contributed less than two percent of their fortunes to public projects over time.

By the turn of the twentieth century, many Americans had embraced some version of the progressive ideal, and accepted the idea that the defects within their economic, social, and political institutions could be fixed by applying scientific principles, compassion, and expertise. Most, however, disliked the idea of governmental solutions, though even for the most conservative Americans, government had a legitimate and central role to play in public life (Dobkin Hall, 2006). The inter-war period saw nearly all major social actors attempting to balance the possibilities of free economic enterprise against shared beliefs in democratic governance and economic justice. Institutions supported by philanthropy were important in both moderating the excesses of capitalism and expanding its reach into every aspect of public and private life.

For most of the twentieth century, political conservatives viewed the growth of foundation philanthropy and its nonprofit offshoots with suspicion. This is not surprising, considering that nonprofit organizations and foundations generally favored politically liberal policies and tended to work for social and economic justice. However, on this, Ronald Reagan broke with traditional conservatism during his 1980 run as the Republican candidate for President of the United States. His campaign was partly based on major cutbacks in government spending, while it encouraged individual and corporate philanthropy and established the Task Force on Private Sector Initiatives. These policies forced scholars and policy makers to reexamine their assumptions about the relationship between nonprofits and government.

As Dobkin Hall (2006) notes, political scientists suggest that the American welfare state of the 1980s was a kind of third-party government that carried out federal programs largely through nongovernmental actors; this is the para-state Raddon (2008) discusses. Reagan's budget cuts appear to have stimulated the growth of nonprofits, as the number of charitable tax-exempt entities increased by more than 30% between 1980 and 1988. Throughout this time, nonprofit practitioners quickly realized a more entrepreneurial nonprofit organization would offer many more options in pursuing donations, foundation and governmental grants, a mix of earned revenues, and contracts with governments and business. The move from "pure" nonprofit focused on doing good in society to a business-based, entrepreneurial nonprofit structure was swiftly adopted by many nonprofit organizations (Dobkin Hall, 2006; Smith & Lipsky, 1995).

The politically liberal vision of alleviating poverty required changes in social and economic conditions, while the conservative vision was based on the idea that changing social and economic conditions necessitated changes in the values and behaviors of individuals. At the 1988 Republican Party Convention, presidential nominee George H.W. Bush moved nonprofits to the center stage, as he denounced big government and spoke of the potential to replace the existing social welfare system with "1,000 Points of



Light,” each of which represented a voluntary, community-based initiative that would serve the dependent and disabled. Seen as a cultural transformation at the time, it actually continued a movement that had been unfolding since the late 1940s. The 1,000 Points of Light effort suggests that “privatization” referred to both the dismantling of big government and an expansion of government into new activities.

### Media Construction of the Body

Feminist sport studies scholars have long examined the intricate relationship among women, embodiment, and physical activity (Hargreaves, 1994). As the concept of the feminine body as social construction as gained traction, analyses of women’s lived experiences with physical activity have become a key part of the field. In the 1980s, feminist researchers began to note the new fit body represented in media was thin, toned, and sexually attractive for heterosexual relationships (MacNeill, 1998; Theberge, 1991). The issue that confronts women then, is one rooted in size, age, and race: If the ideal for attractiveness is a thin, toned, young White woman, then most women are considered unattractive. Regardless, the ideology compels women to work to meet this desired but generally unattainable body shape.

Duncan’s (1994) analysis of *Shape* magazine, along with important work by Bartky (1988) and Bordo (1992, 1993), argues that the cultural requirements for attractiveness are continually sharpened by the increasing importance of physical fitness and activity. In daily life, one can always resist participation in recreational physical activity, and so we believe that participation in physical activities is voluntary. However, women who opt out may not find social or professional acceptance, and end up alienated from their bodies as a result. The message of the importance of fitness is sold through someone’s predicted health (Markula, 2001; Markula & Pringle, 2006). As a result, the message of health reinforces the message of aesthetics: Thin is healthy. Fat is unhealthy

When the feminine ideal is constructed through a masculine ideology in a patriarchal society, looking good (an ideal body standard) and feeling good (being healthy) become nearly inseparable. Theberge (1991) also notes that throughout history, women's bodies have been perceived as weaker than men's; women's exclusion from sport participation was partially a result of a reinforcement of men's social and physical domination over women. This deficiency, Bartky (1998) argues, means that women's bodies must transform to meet this social standard. Duncan (1994) notes that the fitness discourse requires women take individual responsibility for meeting this public, patriarchal value. Further, the move to fitness activities that can be done in a short period of time and are singularly focused on looking good; examples include 50-minute aerobic classes, Jillian Michaels' *30-Day Shred*, which can be completed in 20 minutes and guarantees a "shredded" body in that time, and stripper-fitness classes with subtitles of "look better naked." Each has sexualized women's physical activity and reproduced their subordination. As a result, women have not fully been able to embrace physical activity as resistance; instead, it has remained a form of oppression and exploitation.

As Crawford (2006) argues, any discussion of health must include recognition that "health" itself is an ever-evolving cultural and moral value. Much of our national discourse of fitness is based on medical, psychological and physiological research that reinforces fitness as health benefit. Using this definition, "health" is the absence of disease and a reduction in the risk of illness. It is something that good citizens do to prevent heart disease, diabetes, breast cancer, anxiety and depression, to extend their own lives, and perhaps to fit the ideology of the good citizen in our current moment.

Dworkin and Wachs' 2009 work found that women's magazines focused on White, heterosexual, middle-class notions of femininity constructed in relation to hegemonic masculinity. Fitness, they argue, is sold by modifying a feminist notion of liberation into "commodity feminism." The individual's quest for self-improvement and the marketplace in which that quest takes place are the necessary requirements to create a

“healthy” self. At the same time, though, any negative effects of consumer culture or limitations and injustices in social structures are ignored; the media images of a fit, beautiful body are intricately tied to notions of health. Unlike Crawford’s (2006) definition, in this case, “healthy” for women means “thin and healthy-looking.” A covert focus on beauty is prioritized over an overt focus and rhetoric of health. In reality, the media’s portrayal of what a healthy woman looks like is an oppressive dominant ideal that is unattainable for most women.

This discourse and the surveillance it prompts push women toward running. Female runners on the cover of *Runner’s World* are generally pictured in Spandex running shorts and sports bras, and are thin, toned, with prominent “six-pack” abdominal muscles. Their bodies clearly take less space than the men’s bodies that are featured on covers of the same magazine. They are generally smiling and wearing makeup as they “run” toward the reader. One would not necessarily conclude that they are running to be fit and healthy, but perhaps instead determine that they are responding to the cultural message of aesthetics.

#### Civic Responsibility, Action, and Women’s Culture

Americans have a long history of activism that revolves around consumption within the marketplace, including tea boycotts during the American Revolution and the sit-ins at Woolworth’s counters in the Civil Rights movement. By 1950, mass consumption was seen as the key to a new social market economy, with freedom and democracy reliant upon an informed consumer. The notion of the consumer as the quintessential citizen and free enterprise as the ideal medium for democracy began to dominate our cultural discourse. Consumer democracy was inherent in the maxim that capitalism (the American way of life) paved the way for democracy, just as communism followed totalitarianism. Mass consumption was not a personal indulgence, but instead it was an important part of a cycle to ensure growing prosperity for all Americans (Cohen,

2004). Americans would live better and on more equal footing with their neighbors, and we would all experience a more egalitarian America as a result. Therefore, a good customer devoted to “more, newer, better” was the good citizen, responsible for making the United States a more desirable place for all its people (Cohen, 2003a, 2003b).

In the United States during the late 1800s and early 1900s, industrialization lowered the prices of manufactured goods, which effectively expanded the consumer public, while advertising, credit expansion, distribution, and retail sales all expanded. By 1880, goods previously made in the home were available for purchase, including clothes and prepared food; in the next 40 years, new brands, new goods, and new services would all promise to improve nearly every facet of life (Jacobs, 2001). Women served their families, class, and nations as domestic consumers, and the idea of the modern female shopper was born.

Kuchta (2002) argues the gendering of the consumer as female and the citizen as male during this time worked to exclude women from the political sphere. Women who had been excluded from politics because they had been mere shoppers turned consumption into a backdoor opportunity to gain civic legitimacy through their value to the nation as buyers. In some cases, the impulse to “do good” for one’s fellow citizens crossed the line into the arena of the free market, as women realized that their voices, when combined with their families’ dollars, were powerful. As a result, “woman as consumer” became an opportunity for women to enter the public sphere in the name of “appropriate feminine concerns,” as they organized boycotts and consumer cooperatives.

In many ways, the cause-related marketing efforts we see today, as nonprofit organizations partner with retail corporations, are the results of these initial activist efforts by groups including the National Consumers’ League (NCL), which was founded in the 1890s. Other efforts, especially those to raise money for causes that women believed in, demonstrate a straight-line connection to contemporary women’s

involvement in philanthropy through the growth and involvement of women in nonprofit organizations like Komen for the Cure.

The women of the NCL pioneered the tactic of using consumer pressure on employers to raise labor standards, though it was soon determined that public pressure alone was not enough; employers would have to be coerced into fair labor practices. In 1888, prominent New York women gathered at a meeting of the New York Working Women's Society, to hear an appeal for assistance from their "toiling and down-trodden sisters" (Storrs, 2000). The organization began a 40-year campaign focused on improving the labor standards for women and the employment of children. During this time, female reformers carved out a niche, asserting that, as women, they had special sensibilities for protecting the vulnerable.

McCarthy (1990) notes that historically, in comparison to their male counterparts, female philanthropists involve themselves most directly in social reform and political reform through events; men seem to favor direct person-to-person solicitations. An early example is the Society for the Relief of Poor Widows with Small Children (SRPWSC), founded by New York women in 1797. McCarthy (1990) notes that the women of the SRPWSC were inspired by empathy but followed a businesslike approach, and that these early foremothers of women in philanthropy highlighted themes that we still see today. The society, funded by an annual \$3 subscription for each member, held a goal to give relief in the form of necessities of life, not money, to widows of high moral character. McCarthy (1990) argues that female philanthropists have tended to gravitate toward organizations that narrowly define their constituents, require a personal commitment on the part of the donor, involve small-scale fundraising and modest donation amounts, provide a strong emphasis on securing self-support for others, and offer an opportunity for the donor to personally connect with the recipient.

If women's philanthropic interests lean toward well-defined charitable organizations in which donors can be assured that they can make a difference in the lives

of those who benefit from their donations, the overwhelming involvement of more than 1.3 million runners and walkers at more than 100 Komen for the Cure's Race for the Cure events across the world should come as no surprise. It allows donors a concrete way to contribute smaller amounts of money through training to run or walk a 5-kilometer course, while the race T-shirt from the event tells anyone who sees a runner or walker wearing it that the wearer holds the special social status that is accorded those who serve others, whether through monetary donations or the gift of time.

### The Rise of Cause-Related Marketing

Cause-related marketing is an increasingly common way for companies to connect with consumers, though an historical review of philanthropy shows that the broader quest for commercial gains through altruistic behavior is not new. Essentially, the concept of cause-related marketing allows corporations to communicate their commitment to social responsibility through affiliation with nonprofit organizations via their advertising, packaging, and promotions. The point of cause-related marketing is to attract consumers who want to feel they have made a difference in society through their purchases, resulting in increased sales for the corporation.

Cause-related marketing campaigns provide a context for examining consumers' interpretation of socially-connected promotions and exploring their reactions to corporate altruism. Webb and Mohr (1998) note that since its official, intentional introduction by American Express in 1981, cause-related marketing has steadily gained momentum as a viable marketing tool for improving corporate performance while helping worthy causes. Cause-related marketing has changed from a relatively random, eclectic, and unscientific activity to a highly calculated and measured strategy that is integral to a business's profit-making function (Bronn & Vrioni, 2001). Marketing researchers claim cause-related marketing holds a unique position among marketing promotions for three reasons: It is highly visible within the marketplace; it has a long history in advertising tactics; and it is

accepted by both for-profit and nonprofit marketing practitioners and consumers (Webb & Mohr, 1998).

Over the past 15 years, upbeat and optimistic breast cancer campaigns have become a central and integral part of the marketing strategy of many large and high-profile corporations. Avon, BMW, Estee Lauder, Ford Motor Company, General Electric, General Motors, M&M Mars, and the National Football League have all turned to breast cancer philanthropy as a new and profitable strategy to market their products (King, 2006). However, justifying charitable giving and costs related to philanthropic activities as simple “altruism” is difficult in a capitalist market. Sophisticated consumers and corporate stakeholders also examine the behavior of the firm, and whether the corporation is truly concerned about a particular issue, or donates simply to gain goodwill.

A 2013 study by Cone Communications found that consumers have become more skeptical about the difference their purchases actually make, while at the same time, they have begun to do more extensive research on who benefits from their cause-related marketing purchases (Flandez, 2013). As a result, consumer purchases often intended to reward those businesses that are truly “good corporate citizens” (Pringle & Thompson, 1999). Eighty-nine percent of Americans were likely to switch brands to support a cause if the cost and quality of the product were the same, while 42% of consumers have boycotted a company’s product or services if they believed the corporation had behaved irresponsibly (Flandez, 2013). And perhaps most interestingly for products that have aligned themselves with breast cancer, 44% of Americans hope their cause-related marketing purchases will support solutions for economic development, while 14% want to fight poverty, and 13% hope to help the environment (Flandez, 2013).

### Women's Culture

As Lauren Berlant envisions in *The Female Complaint* (2008), women's culture centers on the role that women play as consumers within current American culture, and the sentimental connections that capitalism works to foster in order to perpetuate that consumer culture. The intimate public, Berlant says, is a public sphere that sees its consumers construct a shared worldview and emotional knowledge. The notion of "women's culture" is an assumption that all people marked by femininity have something in common, and they have a need to create bonds based upon that commonality. The result is a feeling of recognition and validation by others within that space of the intimate public and women's culture through the expression of a self-chosen, consumption-based identity. In the context of the intimate public of breast cancer culture, the pink ribbon communicates a woman's place in the world. Whether through a T-shirt or a bejeweled pink ribbon pin, she signifies that she is a member of the breast cancer support/awareness/fundraising community that is greater than herself.

Women's cultures operate on the premise that "femininity" is a common-enough condition to develop a significant connection between individuals who may not otherwise recognize commonalities among their life experiences. Consumption – whether of media texts, popular culture, an experience, or goods and services themselves – becomes the baseline for the development of this commonality. Individuals unwittingly share in this intimate public as women's culture develops a cultural storyline that experiencing a common response to events, texts, or consumer goods is necessary for claiming identification as a woman.

This intimacy is commodified through present-day media like "The View" or Oprah-like talk shows, "chick lit," or "Girls' Nights Out" hosted by upscale shopping districts. I argue the inherently gendered culture of breast cancer works similarly, as discussions among "insiders" are often reinvented as a sort of public "girl talk" that thrives in this space. The emphasis on sentimentality within the United States in the early



twenty-first century produces and reproduces a public-sphere femininity that reaffirms a woman's place within it. In doing so, we see development of an "affective space where people ought to be legitimated because they have feelings and because there is an intelligence in what they feel that *knows* something about the world that, if it were listened to, could make things better" (Berlant, 2008, p. 2, *emphasis original*).

Even those who resist the intimate public created by women's culture are implicated in the notion of the intimate public itself. Someone speaking out against the hegemony of intimate publics, whether she intends to restructure the notion of whose experience counts or she intends simply to discount its existence, still participates in the notion of mass intimacy. The consumption of women's culture is a way to experience an individual story as universal and understood, even if one never personally meets the others who "understand" her. Further, the breast cancer culture exemplifies this limited relationship with others as cause-related marketing campaigns and women-only fundraisers help perpetuate the notion of close connections among individuals.

In some ways, the relationship is quite exclusive: the survivor at the Race for the Cure, marked by her pink T-shirt and pink cap, is at the center of the inner-most circle of the breast cancer culture itself. Those who have a personal connection, perhaps through a mother, sister, best friend, aunt, or wife, are the next most privileged, and are slightly less a part of the culture itself. They do not wear pink T-shirts and caps at a Race for the Cure, but instead wear "In Honor Of" or "In Memory Of" placards on their backs; therefore, they are removed from the epicenter of the women's culture that exists around breast cancer. However, they have access to the intimate public in a more substantial way than those who are there to support the culture and that has sprung up around breast cancer in the last 25 years. The key to the intimate public, though, is that even these women, the ones who have not been personally affected by the disease, are welcome in the fold simply because they have breasts. It is this interpolation of more than half the world's population that the breast cancer machine, with its emphasis on sentimentality,

truly begins its work. The intimate public of breast cancer culture is seen through the marketing of “Breast Cancer Awareness Month”; the sale of pink KitchenAid mixers, of which up to \$50 of the retail price is donated to Komen for the Cure, but only when the consumer registers the pink product on the KitchenAid website;<sup>12</sup> pink-lidded Yoplait yogurts sold in grocery stores that may raise as much as \$1.5 million for Komen for the Cure, but only bring in 10 cents per lid;<sup>13</sup> the 2009 Race for the Cure labeled as a “Can’t Miss” weekend activity in the Des Moines *Register* alongside a local band’s performance at a bar; and the cultural pressure for women to participate in a breast cancer awareness movement through activity, fundraising, or consumer goods, simply because they are women.

#### Defining the Philanthropic Fitness Event

Radley and Kennedy (1995) argue that sociological analyses of charitable giving conceptualize donations as not just an individual act, but also as an expression of how people view their relation to society. Consequently, charitable giving is placed squarely in the center of how each of us chooses to express our relationship to specific groups of strangers and the microcosm of society we share with those strangers. An example of Berlant’s (2008) intimate publics within a sphere of giving, Radley and Kennedy’s (1995) argument suggests that Americans’ donations to the nonprofits of their choice allow them to connect to that microcosm, no matter how tenuous that connection might be. In this feminized space, living within an intimate public is motivated by finding and strengthening a (potentially imagined) connection with others, demonstrating a woman’s own position as a good citizen, and feeling good about her place in society.

<sup>12</sup> <http://www.kitchenaid.com/flash.cmd?#/page/inside-kitchenaid-cook-for-the-cure>

<sup>13</sup> <http://www.yoplait.com/sls/>

Nettleton and Hardy (2006) note that the media's coverage of philanthropic fitness events has worked to create a culture in which the vision of fit bodies raising funds for needy bodies has established the contemporary discourse of what is "good," "right," "responsible," and "moral." The giver's status is raised through the enactment of responsible, moral fitness. These bodies are described as caring for themselves while symbolically caring for others. Fit bodies, they argue, morph into charitable bodies. Americans are consistently told that just one contribution can make a difference, contribute to medical progress, and improve others' lives, and so they should do their best to help make that difference a reality.

This kind of event has become big business since the March of Dimes' first event in 1970. According to the American Cancer Society's facts and figures (2014), its Relay for Life series was the largest community-focused philanthropic fitness event in the world in 2010, grossing \$416.5 million. Komen Race for the Cure was the second-largest at \$121.9 million, followed by the March of Dimes' March for Babies (\$102.3 million). Rounding out the top five were Leukemia and Lymphoma Society's Team in Training (\$97.0 million) and American Heart Association's Start! Heart Walk (\$90.3 million).

In 1970, the March of Dimes' WalkAmerica (now the March for Babies) took off as the first organized fundraising walk. Soon, nonprofit organizations in the United States found themselves on a road to increased fundraising and awareness of their causes among the general population. Within 20 years, individuals who never may have considered donating time, talent, or treasure to nonprofit organizations found themselves walking, running, biking, golfing, and climbing mountains in the name of a good cause. The March for Babies began with a three-location series of walks in 1970, as individuals in San Antonio, Texas; Columbus, Ohio; and Mentor, Ohio participated in the first walkathon in the U.S. Since then, the organization has raised more than \$2 billion through its walkathon, and has events that involve 7 million people in a total of more than 1,100 communities. In 2012, March of Dimes raised \$107 million through walks in 750

communities (March of Dimes annual report, 2013); its top individual fundraiser generated over \$185,000 alone.

The next long-standing philanthropic health event began in 1978 as a joint effort between the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) and the American Heart Association. Jump Rope for Heart started at Milwaukee's Riverside High School as a physical education program and has expanded nationally since. The American Heart Association says 2 million children participated in raising \$54.1 million in 2012. (American Heart Association annual report, 2012-2013).

In 1982, Nancy Brinker founded the Susan G. Komen Breast Cancer Foundation (now Komen for the Cure), and the nonprofit organized its first Susan G. Komen Race for the Cure in Dallas in 1983. Eight hundred runners and walkers participated in that first run/walk 5,000-kilometer event. In 2010, there were more than 140 Races for the Cure held on four continents. More than 1.6 million runners and walkers and 100,000 volunteers were a part of the 2010 race series. The event raised \$121.9 million, accounting for about one-third of its reported income of \$365 million from public contributions in 2010 (donations, sponsorships, race entry fees, and contributed goods and services). The same year, Race for the Cure expenses for the race series totaled \$34 million (Consolidated Financial Statements, 2010). In fiscal year 2012, the organization's revenue dropped to \$257 million, and the organization cut its series of U.S. 3-day/60-mile walks in half (Komen for the Cure annual report, 2012).

In 1985, the American Cancer Society's Relay for Life was started by Dr. Gordon Klatt, a colorectal surgeon in Tacoma, Washington, to raise money in honor of his patients. He committed to walk for 24 consecutive hours, and his friends paid \$25 to walk or run with him for 30 minutes; the event raised \$27,000 for ACS. In 1986, the ACS sponsored its own series of Relay for Life events; in 2013, more than 3.5 million people in 19 countries participated in events. Within the U.S. in 2013, more than 5,200

communities hosted Relays for Life and raised \$378 million, down two percent from the year before (American Cancer Society stewardship report, 2013).

### The Rise of Running in the United States

#### The Fitness Boom

As the fitness boom took America by storm in the 1970s, distance running, particularly marathons, became a popular choice for runners looking to challenge themselves. In 1969, there were fewer than 40 marathons offered in the U.S. Seven years later, an estimated 25,000 people finished a marathon, and by 1977, there were nearly 200 marathons held across the nation (Cooper, 1992). In 2012, the most recent year for which statistics are available, an estimated 487,000 individuals finished the more than 388 U.S. marathons offered, just off an all-time high of 518,000 in 2011 (Running USA, 2013).<sup>14</sup> Within this cultural climate of walking, jumping, and running for others, philanthropic fitness events became increasingly focused on raising money for health. Now, of course, hardly a weekend goes by from April to November in Midwestern climates – and year-round in more temperate areas – without at least one 5K, 10K, bike ride, or golf event scheduled to raise funds for one nonprofit organization or another. Since 2010, many of the organizers of 5K road races have continued to expand their offerings into half-marathons and full marathons.

Benjamin Rader's 1991 work on the rise of running culture in the 1970s and 1980s traces the increase in fitness for the individual, rather than fitness for the good of the nation, a change from earlier fitness campaigns. Rader (1991) notes that Teddy Roosevelt's emphasis on the strenuous life at the turn of the twentieth century was the

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<sup>14</sup> This decrease has been largely attributed to the cancellation of the 47,000-runner ING New York City Marathon as a result of Superstorm Sandy in early November 2012.

result of a belief that fitness could contribute to improved health, as well as a reinvigoration of masculinity and his own social class.

Likewise, Muriel Gillick (1984) argues that the rise of running as a fitness activity during the 1970s was an opportunity to strengthen the character of the nation, as a result of a renewed interest in connecting upright living to personal and social renewal. With the rise of the hippie counterculture in the 1960s, those who had lived through the Great Depression and World War II began to sense an erosion of previously held principles in the Baby Boomers' moral and physical fiber (Gillick, 1984). Improved physical fitness, and running in particular, offered individuals the opportunity to improve America. Running, whether as stress and tension relief, a competitive activity, a strengthening of physicality, or a reinforcement of America's physical might, provided an outlet for society to pull itself up by its bootstraps (Gillick, 1984; Rader, 1991).

In the 1970s, the nation's interest in running was sparked by discourse within the popular press, running-specific media, and through coverage of specific events, including American Frank Shorter's come-from-behind victory in the marathon at the 1972 Munich Olympics (Cooper, 1992; Gillick, 1984; Rader, 1992). Shorter's win helped further position running as an individual's activity, and was a significant impetus for the running boom. With an emphasis on prolonging life and youthful appearance, an awareness of the increased incidence of cancers and cardiovascular diseases as the main causes of death in the United States, and research that showed easily-changed lifestyle choices could extend longevity, many Americans began to alter the ways they lived. Individuals began to hear the message that they could help themselves through improved nutritional choices, increased exercise, and quitting smoking. Running could be done alone or with a group. This message was enhanced by a new discourse about running, reinforced by runners at the forefront of the movement: Running also improved mental well-being, and with the right distance, conditioning, and mental state, could result in a "runner's high." We began to talk about running as fun.

According to Gillick (1984), a 1979 Harris poll showed 34% of women, 51% of those under 30, and 56% of those in households with income over \$25,000 (the equivalent of \$89,250 in 2014 dollars) were committed to regular exercise (p. 379). The relationship between running as fitness – as well as the expanding relationship between running and philanthropy – exploded in the next few years. Rader (1991) notes that a runner’s culture emerged during this time, separating those who could run at least 10 miles a week from those who could not. Gillick (1984) also argues running has long been a space for the college-educated professional. Recent bi-annual surveys of the distance running community show that distance runners still tend to be financially successful, upwardly mobile individuals (Running USA annual report, 2013). Running for health, it seems, has remained largely an activity for those with middle- to upper-socioeconomic status, a trend seen from the 1975 U.S. Department of Health, Education, and Welfare survey (Gillick, 1984) to the present day.

The National Runner Survey is distributed by Running USA every other year. In 2013, 30,425 adult runners national wide were polled (56.4% female, 43.6% male). These people run at least 200 days each year, logging an average 1,100 miles. These so-called “core runners” are highly educated, with 75.8% holding at least a bachelor’s degree, as compared to 30.4% of the general population. Further, 73.3% of those surveyed reported a household income of \$75,000 or above (Running USA core runner profiles, 2013).

Runners need time away from work, other commitments, and access to childcare to run, to increase their mileage and get faster. They also need safe, well-lit, neighborhoods to run in, with sidewalks or quiet streets. And though running is often held up as an activity that only requires one to have a pair of shoes and socks to be able to participate in, the commodification of running that took off in the late 1970s and 1980s begs to differ. This newly-created and fast-expanding focus on the marketing and economy of running saw the rise of running-specific magazines like *Runner’s World* and

*The Runner*, the growth of road runners' clubs, and the expansion of the gear market, especially through the promotion of products with rising, more visible stars in the running world (Cooper, 1992).

### Gender Ideologies and Fitness

In 1983, Summers, Machin, & Sargent found that women were more likely to cite social factors and the release of tension as the most important benefits of physical activity and running, while men described fitness and health as their motivators. Thirty years later, these same themes still shape our discussion of running. Women participating in Running USA's 2013 runners' survey echoed the women from 1983 (Running USA core runner profiles, 2013). In 2013, participants noted their reasons for running were to stay in shape (77.3%), stay healthy, (76.1%), relieve stress (61.9%), and have fun (61.7%). Most participants said they started running for exercise and because of weight concerns (Running USA core runner profiles, 2013).

The 2013 runners' responses regarding weight loss and fitness support work previously noted (Bartky, 1988; Bordo, 1993; Duncan, 1994; Theberge, 1987) as well as Patricia Vertinsky's (1998) argument that the dominant cultural message is that women's bodies should be fit for beauty, not health. She critically notes that Kenneth Cooper, the father of aerobics, advocated that a woman's exercise was intended to improve her appearance, not health, essentially making a woman a marketing tool for the male gaze, rather than a healthy individual. Whipple, Combs, Dowd & Elliott (2011) found that the both achieving social standards of attractiveness and improving physical health were key motivations for the marathoning mothers who participated in their study. Physical health was a motivation to keep running, to lose or manage weight, and to maintain or improve one's fitness level.

As Featherstone (1982) notes, the maintenance of the bodily machine is sustained through the consumption of goods, as well as the time spent on fitness, and a healthy diet.



Featherstone further argues that the commodification of running itself affected shifting notions of health and attractiveness. As a result, we have lost sight of the notion of running in order to experience the synchronization of mind and body, and the adjective “fit” has become synonymous with losing weight and meeting cultural standards for thinness and attractiveness. Nettleton and Hardey (2006), argue that the range of specialized equipment (watches, technical fabric, shoes for different surfaces) and the abundance of experts (nutritionists, physical therapists, massage therapists, sport psychologists) now available to all runners have enabled the commodification of running to extents that would not have seemed possible in the 1970s and 1980s. The market’s message is that one must have these extras in order to run at peak performance, and therefore, be the fittest body one is capable of being. Not physically maintaining the body brings about moral judgment of self-indulgence, laziness, and worthlessness. In other words, a fit, well-preserved body is the key to all that is good in twenty-first century life.

At some levels, the stamina and physical strength required to successfully complete 26.2 miles work to subvert the conception of women’s activity as a form of oppression that maintains her body for the male gaze. However, the motivations many women cite for their initial foray into running, and the reasons why they continue running, still privilege often-cited cultural expectations of femininity over strength (Bartky, 1988; Bordo, 1993; Featherstone, 1982; Markula, 2001, 2003, 2004; Theberge, 1991; Vertinsky, 1998). As a result, the complexities at work must be considered, and we must not put too much emphasis upon the role that either resistance or submission play when considering the female distance running body, particularly when entering the realm of the charitable race.

### The Marathon as Cultural Status Symbol

The target market for races expanded as running opened to all levels of runners and was further commodified throughout the late 1970s, 1980s, and 1990s. Marathons, particularly, began to see non-elite runners joining their ranks, and the event itself began to change. Instead of bare-bones races that focus on helping sponsored runners set a personal best, marathons today offer cheering crowds, music at each mile of the course, a post-race party at the finish, and a shirt and medal that mark one as an individual who has vanquished potential physical and mental failure. As the typical marathon runner is not sponsored and does not compete in the elite portion of the marathon, the 26.2-mile run serves as less interpersonal competition for prize money and more as intrapersonal competition and an indicator of personal success or achievement. Largely through the help of organizations that host philanthropic fitness events, individuals who never before would have considered running at all, let alone registering for a marathon, have stepped forward and completed what is still often considered an extraordinary physical achievement. Individuals who want to “do something about my life” often translate that desire into “do something about my body” (Ingham, 1985).

Completing a marathon carries different meanings for every runner. It may be the achievement of a life goal or a rite of passage for the healthy life for an American runner. Finishing the distance may serve as a way to challenge and test oneself, or as a milestone that may hold a reward of spiritual achievement. Even those who take longer than the national average marathon time of 4:38:25 demonstrate to the rest of the world that they, in fact, are part of an elite group, simply because they conquered a distance of 26.2 miles. Berlant’s (2008) conception of normalcy within women’s culture is at work here. For the philanthropic fitness marathoner, it is normal to run. It is normal to run 26.2 miles. And it is normal to run 26.2 miles for others.

As Alan Ingham (1985) noted, an ideology of individualism is an essential part of a neoliberal society. Americans are told that they all have the ability to live the good life

through an opportunity to develop their talents to their fullest within a society that gives everyone the chance to make the best of themselves (Ingham, 1985). This notion connects with ideas of citizenship that focus largely upon individuals' rights and responsibilities in such a way that increases the importance of the role that citizens play within the philanthropy/activism/research triangle that nonprofits inhabit. Therefore, this cultural shift moved social programs from the public realm to the private, nonprofit sector, created a competitive, professionalized culture within the nonprofit world, and forced nonprofit organizations to brand and market themselves much as businesses do. As a result, the sense of "worthiness" that donors ascribe to a specific charity may not be simply about the charity itself, but instead may center upon the organization's brand management strategies. With the reduction of government spending, charitable organizations have become the main source of financial support, and in some cases, the most significant research funding, for projects that may otherwise be neglected.

### Bringing It All Together

Each of these threads – the rising popularity of running and marathoning, an increasing cultural emphasis on philanthropy, the notion of moral citizenship, women's culture and the intimate public, a neoliberal moment – combine to create a tapestry in which well-branded nonprofit organizations capitalize upon philanthropic fitness events. The status that nonprofit organizations, especially those that focus on breast cancer, have achieved throughout the last three decades is remarkable, and until the Komen-Planned Parenthood situation in early 2012, was rarely challenged in mainstream media.

Berlant's (2008) notion of women's culture gives rise to the intimate public, in that it allows for the feeling of a shared emotional life that traffics in the personal. It is here that Berlant (2008) ties intimate publics to women's culture as a "juxtapolitical" reality, as feminine sentimentality exists and grows in *proximity* to the political sphere. As well, this work must consider the way in which an intimate public is created through

the conception of a wide-tent notion of who counts as woman and has access to the intimate public of breast cancer, because that wide tent isn't large enough to include all women. As previously noted, the Women's Health Movement allowed for mutual support, as it empowered women through networking and the sharing of stories, and encouraged them to question their doctors. Recent research done among the women who are included in the Komen for the Cure intimate public has shown that they do not consider themselves to be activist or feminist, though their actions could be interpreted otherwise (Blackstone, 2009).

Berlant (2008) argues that those who belong to an intimate public are generally those whom the market has deemed as able to pass as conventional within its limited terms. Breast cancer culture targets the white, middle- to upper-class, generally assumed-to-be-heterosexual, woman who is the subject of the majority of popular press coverage of breast cancer. These women are the women who have the opportunity to help raise awareness and money for breast cancer. But there are limits to the effectiveness of the messages from breast cancer organizations. Breast cancer culture does not offer the women who have access the opportunity to help women who are not welcome into breast cancer's intimate public. Little is discussed regarding funding mammograms for uninsured or underinsured women; only recently has breast cancer culture made an effort to reach out to women of color.

The two greatest risk factors for developing breast cancer are being a woman and getting older. Unlike other diseases that have morphed into social causes, breast cancer has not been associated with a particular group of individuals who share a stigmatized lifestyle or practices, because it is seen as an equal-opportunity disease. It is largely apolitical. Generally, those who are diagnosed with breast cancer are regarded as innocent victims, and are often portrayed this way in media coverage of the disease. Ehrenreich's (2001) "bland disease" is large part of what makes it so attractive to corporations searching for cause-related marketing partners.

Linda Kerber's 1976 discussion of the ideology of the Republican Mother, though firmly set in the early days of the Republic and used to discuss the construction of motherhood into the twentieth century, has application in the early days of the twenty-first century as well. Kerber's mother sees her political impact take place through the teaching of civic virtue inside the home and the molding of boys and men. A woman's role was that of a deferential citizen who was not allowed access to direct political involvement; her political involvement took place as she raised a productive child. Current media coverage of breast cancer presents the disease as one that overwhelmingly affects White, educated, middle- to upper-class women under the age of 50. Generally, these women are positioned as mothers, and it does not seem to matter whether they are mothers of young children or young adults. In our neoliberal moment, the role for a good mother is selfless, relied upon by her children, reliant upon her children for her social identity, a natural nurturer, and domestic. A mother's role is inside the home, the dominant family-values narrative says. In contrast, the professional woman's role involves promoting herself, living independently, not having natural maternal instincts, and taking on a role in the public sphere (Johnston & Swanson, 2003). Culturally, the domestic mother and the professional woman are often presented as mutually exclusive – or as an imperative for a woman reconcile each of them into her life, and do them both well. These messages intensify America's fear of losing its mothers, whether to the corporate or political worlds or to breast cancer. A nation without mothers is a nation that has lost its way, and no longer has a nurturing presence or a stable home.

A community, an intimate public, that forms around illness is one that is formed on unstable ground. Members' sense of belonging is predicated upon an ever-changing illness identity. In a breast cancer community, one can be patient, caregiver, survivor, supporter at various times, or even all at once. In breast cancer particularly, it seems that the other identities that one brings to the community – race, class, sexuality, ethnicity, education, religion – are generally erased in order to underscore the disease. Of course,

no two individuals' breast cancer experiences are the same, and the development of the breast cancer community is grounded in women's culture. Berlant (2008) argues that women's involvement in women's culture is a way to manage femininity within a market, while intimate publics, a market created to exploit a fantasy of "normal" for a group, create a type of agency that is based on affect and exists only in sentiment. Affective agency allows a woman to take political action to reform a space that she feels threatens happiness and justice for the betterment of all. However, the most effective political action in intimate publics is limited, as it results from work by cultural elites who generally end up reproducing their own power.

The breast cancer community and its resulting culture demand that a woman carry a cheerful attitude on her journey through her breast cancer treatment. It offers a celebratory, jubilant atmosphere at philanthropic fitness events. Those who have survived are held up as examples. Women who have been through breast cancer give emotional speeches and receive tribute from others. In "Welcome to Cancerland," Barbara Ehrenreich (2001) notes,

But in the overwhelmingly Darwinian culture that has grown up around breast cancer, martyrs count for little; it is the 'survivors' who merit constant honor and acclaim. They, after all, offer living proof that expensive and painful treatments may in some cases actually work (p. 48).

Indeed, it is rare that a Komen for the Cure event formally acknowledges the role that those who have did not achieve "survivor" status played within the breast cancer family, aside from "In Memory Of" cards pinned to the back of runners' and walkers' shirts. In contrast, the *26.2 with Donna*, a race established in 2008, acknowledges those who have died as a result of the disease.

As Ehrenreich (2001) details the "cult of pink kitsch" that she was unwittingly thrust into as she was diagnosed with breast cancer, she also highlights the role of sentimentality within the breast cancer world. In this world, affect is directed toward the disease, rather than the individual. Regardless of the stage a woman is at on the breast

cancer journey, the breast cancer story the media tells about her repeats a common refrain: The process of going through breast cancer, the treatments and the agony of the unknown, is difficult. But once you become a “survivor,” that pain and suffering all becomes worthwhile. You will be a different person, one who is better, more evolved, and more spiritual, and you will not grow to become a better person without the breast cancer itself. As a result, breast cancer culture asks these women to enact the most positive attitude they can about a disease that could possibly kill them. Women are encouraged to embrace their disease when they receive the diagnosis of breast cancer, then they are pressed to join this intimate public that allows them a space in which they can discuss their health, as long as they remain positive and deny the feelings of anger and hurt that they may experience.

If the woman who is in the midst of the breast cancer intimate public, regardless of if she purchases Yoplait yogurts or is a runner in Komen’s Race for the Cure, could only gain a public, political platform, she would be able to further her cause in a way that she cannot as a consumer. However, the intimate public of breast cancer activism, which allows her to do good by walking, purchasing and remaining positive – all actions that reinforce her feminine role in the culture – is likely perceived by those around her as doing “enough” to support her cause. She supports her cause as she purchases a pink-ribboned product or pays a race entry fee. She is allowed to claim an identity as a supporter of breast cancer activism while she also is connected to millions of other Americans who have made the same decision. The connection can end there, with a purchase and a tiny donation by the manufacturer because of her brand choice, or it can be extended to the wearing of a race T-shirt to claim a group membership that elevates her to the status of a good citizen as a result of her ability to run 3.1 or 26.2 miles and give that time and money to what is perceived as a good cause. Rarely, though, will it be pushed to the point where she makes a move into the political arena. And within our current social moment, this should not be unexpected.

## CHAPTER 4

## RUNNING TO STAND STILL:

## MAKING MEANING OF RUNNING, CANCER, AND GIVING

In early February 2008, my sister, brother-in-law, and I sat down at a Cedar Rapids Starbucks. We were taking a break from a shopping day spent hunting for cheap, but interesting, decorative accessories for my house – a task my interior designer brother-in-law was happy to tackle. While waiting for them to join me at the table, I read and re-read the quote on my cup of tea:

“People say, oh I could never do that! But when you meet cancer patients you understand the bravery and spirit those people show each and every day. Their struggles motivate and inspire you to test the limits of your endurance and to cross that finish line. You’ll be surprised by what you can do. -- **John Kellenyi**, *Eight-time marathoner and leading fundraiser with The Leukemia & Lymphoma Society’s Team In Training*” (Kellenyi, 2014)

Kellenyi’s quote put my brain into overdrive. This idea of this (likely) super-fit marathoner running and raising money for the cancer patient who may have struggled to walk six blocks from a hospital parking lot to an oncology unit was intriguing. I began to form half-thoughts while talking about the idea with my sister and brother-in-law, who were interested, though none of us understood how this idea would take over my life (and to some extent, their lives, too).

My own interest in this topic arose from three significant areas. First was the impact that cancer has had on my life, my family’s life, and the lives of many of my friends; second was running, which has long been my exercise of choice; and finally, a lifelong commitment to voluntarism and philanthropy. This chapter sets out to share and explain the information I gathered through three sets of conversations with nine women who ran the *26.2 with Donna* marathon in Jacksonville, Florida, in either 2012 or 2013. Past research using various ethnographic methodologies involving runner-fundraisers, volunteers, and philanthropic fitness events has largely focused on the philanthropic



fitness event itself (King, 2006), the runner-fundraiser (Filo, Funk, & O'Brien, 2008, 2010; Nettleton & Hardey, 2006), a runner's identity and connection to sport tourism (Shipway & Jones, 2008), or the volunteer (Blackstone, 2004, 2009). Other work has centered on women diagnosed with breast cancer or those who carry the BRCA gene who also have opted for preventative mastectomies (Port, 2010).

McCarthy Brown (2001) notes ethnographic work is an exercise in interpretation that results from a writer making meaning out of others' processes of meaning making. I used ethnographic methods of participant observation, nonparticipant observation, and semi-structured interviews.<sup>15</sup> As a feminist scholar, I was quite aware that my task was to represent each of these women's voices as distinct and a representation of herself, not a group of women speaking in unison. The work that follows is my endeavor to present a narrative that allows their individual voices to be heard as we collectively create an understanding of what it means to consider breast cancer culture in the context of the early twenty-first century United States.

My research charge was to find the patterns among the life experiences my participants shared with me, while also respecting the women's individuality and working to understand the cultural implications of those patterns. These marathoners told me stories about their involvement with the breast cancer culture, the nonprofit organizations that drive that culture, the life of a runner, the experience of running in honor of someone, and the agony of losing a significant woman in their lives. These conversations about life experiences they embodied, hoped for, and believed were, variously, fascinating, thrilling, thought-provoking, and heart-wrenching.

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<sup>15</sup> As I mentioned in the first chapter, I talked with six of the women four times each, and three of the women five times each. The Institutional Review Board consent document they signed promised confidentiality. As a result, the information presented in the following chapters alters their identifying information, and they each have been assigned a pseudonym.

McCarthy Brown (2001) also discusses the difference between the “understanding and skill required to live in a culture other than one’s own and the understanding and skill required to write about such a culture” (p. 13). To be clear, my project utilized ethnographic methods; the final work was not intended to be an ethnography. Nonetheless, the principles of ethnographic writing apply to how I have presented the information that follows in this chapter. Because this project is not an ethnography, it is missing the benefits that traditional ethnographic research provides to both the researcher and the participant. I had the opportunity to build relationships with these marathoners, but I did not have the opportunity to create strong bridges between us with a more equal balance of power that is fortified by years of conversations. Regardless, my goals in writing this chapter were to let each woman speak for herself, to recognize that each woman is the expert on her own experiences with breast cancer culture, philanthropy, and running, and to write culture with a respect for difference, individuality, and common lived experiences.

Throughout my project, I have worked to keep top of mind the caveat that the ethnographic truth is partial, based on perspective, and mired in power (McCarthy Brown, 2001). My research process is a form of human relationship. However, regular reminders of the power differential in our relationships came as multiple women said to me on multiple occasions, “I hope I answered the questions the way you needed me to” or “You want to know what I think? You’re not going to like what I think.” Repeatedly, I assured them that there really was no proper way to answer my questions, and I wanted to know *exactly* what they thought, regardless of whether I agreed.

Most of my dissertation committee members thought that I should run the 2013 *26.2 with Donna* marathon, which calls itself “The National Breast Cancer Marathon,” in order to better understand the experiences of the women who joined my project. Knowing the time commitment required to train for a marathon, as well as the financial cost and emotional investment involved with this undertaking, I very reluctantly followed

their recommendation. The most obvious result of that time, money, and energy invested in the marathon is that I have a richer understanding of these women's stories of their time at the *26.2 with Donna*.<sup>16</sup> Running the course offers a perspective that is not possible to gain from the sidelines. In my experiences as both a spectator and a runner, the *26.2 with Donna* marathon is quite different than any other marathon or half-marathon I have attended.

Ultimately, the shared experience of the race itself was helpful in understanding the context of my participants' experiences. Of course, the meaning that each runner finds in the race does not come from the course itself, but her experience while on the course. Though our lived experiences of the races vary – a 9-minute miler experiences a different marathon course than a 12-minute miler does, just as a runner who has lost her mother to breast cancer experiences the emotions of the course differently than the runner who chose the race because she believes in the breast cancer cause – my interpretations of their running experiences are more vivid as a result. Running the marathon also stretched me as a researcher. I often found myself in an awkward place where I struggled to find the line to walk between fellow runner and researcher, critical cultural scholar and woman overcome by the feelings that were stirred up throughout the race weekend. The most practical device I felt I could use when reflecting on our conversations was to notice what my own feelings were at certain points in an interview, mark it down in my transcripts, and then use that self-awareness to more clearly examine the women's stories.

#### Locating Myself

On the surface, I had much in common with these women, as they largely identified as White, heterosexual, middle- to upper-class, and each held at least a bachelor's degree. Each woman was clearly intelligent and interested in the world

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<sup>16</sup> I also am the only person I know who ran a marathon as part of her dissertation research.

around her. Like me, they each identify as a runner. I have claimed the identity of “runner” for nearly 20 years, and my status as a finisher of the *26.2 with Donna* meant that on some levels, I saw myself as one of these women. However, I felt two significant exceptions in our identities as runners: First, to date, I have never seriously considered running for others. I have run in philanthropic fitness events where I was a fundraiser by default, but I have never set out to raise money for a nonprofit organization with a specific individual in mind. Second, most of these women experience running as a social experience, something they undertake with friends. My running is a solitary act; it is what I do for me. I have had only three running partners in my running lifetime because I do not like to share that time. One of my favorite things in the world is the loneliness of the long-distance run as the sun rises on a chilly morning.

So, I am a runner. I am also a White, educated, heterosexual woman from a solidly middle-class family where exceptional work is expected. I grew up in Iowa and identify as Lutheran. Throughout my adult life, I have lived in the Midwest, New England, a Great Lakes state in the rust belt, and in the mountain West twice. I am a descendant of tall, strong, ever-stoic Norwegians, and those emotional stereotypes are a part of our family story. I am used to displays of emotion when it comes to happiness and love; challenges, sadness, and loss are silently borne with a stiff upper lip. I have long claimed a feminist identity, though most people who know me would say my gender performance is generally one that exudes traditionally feminine ideals. I like to wear dresses and skirts, makeup, and high heels. I am generally kind and smile a lot. My friends and family love my gifts of amazing baked goods. However, I am far from graceful, and struggle with the notions of traditional gender roles that are often set out in the world. No one who has spent 15 minutes talking with me or heard me laugh has ever accused me of being quiet or demure. It surprises many who know me that I can run a chain saw, a log splitter, and a snow plow. Most of my career life prior to returning to the state of Iowa for my doctoral program was spent in the male-dominated field of

collegiate athletics, where I worked with male coaches, male sports media members, and male administrators. I have been the only woman in a men's locker room after many games, and I have hugged and squealed with female student-athletes as they won Big Ten Conference titles. I am aware of my White privilege, my hetero-privilege, my class privilege, the privilege of coming from a stable nuclear family, the privilege I carry as a result of my education. But most of all, I am aware of how this ability to fit into nearly every situation that I encounter on a daily basis provides me with the even greater luxury of rarely being confronted with the litany of cultural advantages I enjoy.

A professional background in public relations and advancement/fundraising, a skeptical nature about shopping to "do good," and a weird feeling about the way the color pink morphed into a symbol in the late 1990s and early 2000s provided a basis for my initial critical cultural studies examinations of breast cancer and philanthropic fitness events. The understandings of breast cancer culture that I brought to this project have been shaped by research that I have done since I first considered the idea of philanthropic fitness events and cause-related marketing as potential research topics in the spring of 2008. In the years since, most of my academic work has examined an element of these concepts, while I consistently used breast cancer as a site to narrow my focus. Therefore, by the time I received IRB approval for this project and began talking to women about their notions of philanthropic fitness events, the breast cancer machine, and cause-related marketing, my own understandings of the topic resulted from thousands of hours of thinking about the intersection of these topics.

After six years with this topic, I roll my eyes at cause-related marketing efforts, seek out organizations' annual IRS-form 990 reports to keep tabs on their financial situations before I donate even my tiny contributions, and silently critique the traditional gender roles that these organizations so obviously deploy. In order to avoid conflict with people I hardly know, I generally keep my now-deep-seated skepticism of breast cancer, cause-related marketing, and most philanthropic fitness events to myself, unless I am

explicitly asked to contribute my opinion. At this point in my life, I do not foresee running a race in honor of someone else, and I do not expect that my future charitable giving will include a breast cancer organization.

From a personal perspective, the lens that I used to reflect on these women's stories is one that is colored more by the effects that cancer as a whole has had on my life than by it is by breast cancer specifically. That lens was sharpened by three things: a healthy level of skepticism; a curiosity about what draws intelligent, successful, active women to this type of voluntarism; and an understanding that no matter what I know in my academic brain, I am just as susceptible as any other runner to the overwhelming emotion that reverberates throughout a well-done philanthropic fitness event.

#### Locating my Participants

The nine women who agreed to participate in my project generously opened their lives to freely discuss this disease that they had, in one way or another, decided to deal with through running. I felt their kindness, their desires to share their stories, and their excitement to have their stories told to a wider audience. As I transcribed the first set of interviews, I found myself openly crying in the coffee shop as I felt the pain in Patricia's voice as she described losing her childhood best friend; the daily twang of loss that's now a part of their lives as sisters Rachel and Brooke separately told me about the impact of their mother's death; and the bewilderment, terror, and hope that flooded her family when Tami's sister was diagnosed with breast cancer. Those sometimes overwhelming surges of emotion returned as I transcribed, re-read, re-listened to, and coded each story. I struggle with emotions like sadness; this process has forced me to confront my own challenges with processing difficult emotional states.

I felt a surge of affection and gratitude when each woman agreed to be a part of my work and to share her stories with me. And as our conversations continued over the next year, the affection and gratitude I felt toward all of the women who participated

continued to grow, and I hope that this work deserves the trust they put in me. However, as I began the interviews, my tendency to let reason and practicality overshadow emotion meant that I had put an emotional wall – perhaps one I thought I *should* have as a researcher – up between each woman and me. In the first conversation I had with each woman, the wall quickly fell as her stories punched holes in it. Quickly, I found myself empathizing with her; often, tears flowed on my end of the telephone.

I met Tami, my first participant, on the airplane to Jacksonville in 2012. She and five of her neighbors were going to run the *26.2 with Donna* marathon, while their daughters were going to walk the half-marathon. Tami’s weekend was dedicated to her sister who has lived breast cancer-free for three years. Brooke and Rachel, sisters whom I met while Rachel took a selfie at the 2013 *26.2 with Donna* race expo, lost their mother in 2006. I found Patricia through a “Why I’m Running” story that she posted on the *26.2 with Donna* website, and then found her on Facebook; she began regularly running for charity when her “very bestest friend” was diagnosed with colon cancer in 2010.

The women came to the *26.2 with Donna* in various ways. Natalie lost her mother to breast cancer in 2009, and two years later, lost her sister in a car accident; she and her sister participated together in *26.2 with Donna* to honor their mother in three separate years. Lisa and Karolina worked with children who had cancer, while Dawn and Melanie helped friends make it through their mothers’ breast cancer experiences, or watched friends fight, rally, and eventually die from cancer. These were stories that they did not have to share with me, a stranger from the Midwest who happened to be a runner who cared about the cultural implications of using physical fitness to fight a mysterious, insidious disease. I appreciate every detail they shared with me, and in the same sort of way you would feel kinship with a lifelong penpal, I feel very close to each of them.

My participants all had experience running the *26.2 with Donna* marathon in Jacksonville, Florida, in 2012 or/and 2013. The race touts itself as the “National Breast Cancer Marathon.” It is the only marathon in the United States that includes all

participants as fundraisers for breast cancer; a portion of each runner's entry fee is considered a donation, whether or not she chooses to fundraise separately from her race entry fees. The Donna Foundation of Jacksonville hosted the inaugural *26.2 with Donna* race in 2008, and it is the signature fundraising event for both the Donna Foundation and the 26.2 with Donna foundation. The 26.2 with Donna foundation is a nonprofit organization in and of itself, established in 2010. All proceeds that the 26.2 with Donna foundation raises during the marathon weekend, which includes a marathon (26.2 miles), a half-marathon (13.1 miles), a marathon relay (teams split the 26.2-mile distance into five legs), a 5-kilometer fun run, pasta party, and lively race expo, are donated to the Mayo Clinic-Jacksonville and the Donna Foundation. The Donna Foundation, in turn, provides money to Jacksonville-area women who are undergoing breast cancer treatment and in need of short-term financial assistance.<sup>17</sup>

Because my research was conducted within a confined setting of a marathon run to raise funds that will be used in extremely limited ways, my work was inherently narrowed. Most participants said they support the Donna Foundation through the *26.2 with Donna* marathon because they “know where their money goes.” Unlike Komen for the Cure or the American Cancer Society, they said, the Donna organizations can clearly state what cancer “research” means, and beyond that, can further point to specific achievements within breast cancer. The ability to cite a tangible result from the marathon's proceeds was important to every runner who participated in my work. Finally, five of the marathoners I talked with live in the southeastern United States. And unlike the four women from the Mid-Atlantic and the Midwest, the women of the

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<sup>17</sup> As a reminder, I refer to three entities of the “Donna” nonprofit organizations throughout this work: The Donna Foundation, “26.2 with Donna: The National Marathon to Finish Breast Cancer,” and *26.2 with Donna*, the actual marathon, which is produced by the National Marathon to Finish Breast Cancer. I refer to the “National Marathon to Finish Breast Cancer” as the “26.2 with Donna foundation” or the “26.2 with Donna nonprofit organization.” And for clarity, I italicize *26.2 with Donna* when referencing the marathon itself.



southeast have the option to participate in an organized marathon within driving distance of their homes multiple times between October and April. Yet, like the Midwestern and Mid-Atlantic runners, the women from the southeastern U.S. chose *26.2 with Donna* because this marathon directly impacts changes in the breast cancer landscape.

The women who participated in my project are:

Tami, a 43-year-old mother of two living in the Midwest, is initially quiet in our conversations, though when she begins to feel comfortable, she speaks more quickly and laughs more readily. We met on the airplane from Minneapolis/St. Paul to Jacksonville in 2012, when she ran the marathon with several of her neighbors and their daughters. She has a degree in journalism from a large university in the southwest, is retired from the Army, and now is a stay-at-home mom. One of her sisters was diagnosed with breast cancer in 2008, though she has now lived cancer-free for five years. Tami is a runner, rides horses and swims to stay active.

Patricia is in her late 40s, and is a medical doctor in the Mid-Atlantic. Patricia is a “marathon maniac,” running about eight marathons a year. From our first conversation, she is open, quick to laugh, and does not pull any punches. Patricia offers a shrewd view of the breast cancer landscape. She is divorced, and has two teenaged boys who split time between her home and her ex-husband’s home. She lost her best friend since childhood to colon cancer in 2011. Also in 2011, her right-hand woman at work was diagnosed with breast cancer, though Katie has been cancer-free since. Patricia ran both the 2012 and 2013 *26.2 with Donna* marathons, raising money each year.

Dawn is a school administrator in the Mid-Atlantic region who is in her late 40s. She is married, has teenaged sons, and has been a runner for more than 20 years. She has had multiple friends diagnosed with breast cancer, and though many of them had serious scares, each of them has survived. She is easy to connect with and has carefully thought about things like breast cancer cause-related marketing and fundraising. She, Patricia,

and Natalie worked together to raise more than \$3,000 for the 2013 *26.2 with Donna* marathon.

Lisa is an energetic teacher at a private school in the southeast. She also serves as a Stephen minister (a lay minister) for her church, and she and her husband also own their own seasonal business. They have two active teenaged children. Lisa is warm, friendly, and very open about her faith, her running experiences, and her cancer experiences. Her father died from bone marrow cancer, having undergone a bone marrow transplant. Shortly after, her mother was diagnosed with breast cancer. She supports the American Cancer Society's Relay for Life in memory of her dad and the *26.2 with Donna* in honor of her mother, who lives in Jacksonville. Lisa and her running partner and I kept leap-frogging each other at the 2013 marathon, so I had the privilege of chatting with her throughout the race, too.

Brooke is a 24-year-old medical student in the southeast. A cross country runner in high school, she has run the *26.2 with Donna* multiple times with a group of friends, including her younger sister, Rachel. She did her undergraduate work at a large southeastern university, and is in the process of considering which medical specialty to pursue for her career. Brooke's mother passed away during her second bout with breast cancer in 2006. Her intellectual curiosity, her medical knowledge, and her familial experience with breast cancer mean she is keen to understand as much as she can about the disease, even if she doesn't pursue oncology as her field of specialty.

Karolina is a native of Los Angeles now living in the southeast with her husband and two daughters. A former accountant in the public relations industry, she is now a stay-at-home mom. When we met at the 2013 race expo, my impression was that Karolina was a quiet person who may not be open to my questions. I was quite wrong, as she seemed happy to share her stories and opinions. She began running after her first daughter was born, at the same time that she quit smoking and made a deliberate effort to improve her health; now she is a member of a moms' running group. Early in Karolina's

relationship with her husband, her mother-in-law died from complications of multiple types of cancer, including breast, uterine, and liver cancers. She volunteers at her children's school, with Team in Training, and runs multiple philanthropic fitness events each year.

Melanie is a 31-year-old commercial and personal banker who lives along the southeastern coast of the U.S. She is in her second year of marriage, and is very physically active, playing beach volleyball, tennis, and running. Her breast cancer experiences largely result from a scare that her own mother had, as well as diagnoses that her friends' mothers have received. Melanie spoke quickly, was quite knowledgeable about nonprofit organizations, and gave thoughtful answers to my questions.

Rachel is a 22-year-old graduate student in the southeast, where she also works as a teaching assistant in a kindergarten classroom. She graduated from a large southeastern university with a BA in education in May 2013. She has run multiple *26.2 with Donna* marathons in memory of her mother. Rachel and Brooke are sisters, and I met them as I was leaving the 2013 race expo. Rachel ran cross country in middle school and high school, is vivacious, and is really open about her family's experiences with breast cancer. Both Rachel and Brooke told charming, touching stories about their mom and her effect on their lives.

Natalie is a social worker who lives in the Mid-Atlantic. In her mid-40s, she has two children, and she and her husband also own their own business. Natalie's mother was diagnosed with breast cancer in 2007, and passed away from the disease in 2009. That same year, Natalie first ran the *26.2 with Donna* with her sister, Erin. Two years later, in 2011, Erin died suddenly in a car accident. Erin had already registered for the 2012 *26.2 with Donna* race, so Natalie used Erin's bib number and ran that year's marathon. Natalie is friendly and engaging.

### Methodological Choices

I visited Jacksonville, Florida, in 2012 and 2013 with the intent of observing the *26.2 with Donna* race weekend; 2012 was an exercise in nonparticipant observation, while 2013 was a weekend of participant observation undertaken while running the marathon. The 2013 *26.2 with Donna* marked the second marathon I have trained for and my first finish. Both years, I recruited participants at the race expo by introducing my dissertation project to random women; I collected contact information and passed out dozens of business cards. In 2013, I also talked to other runners during the marathon; two of my participants were “one-mile friends,” with whom I ran a short distance. Both years, I used the voice recorder on my smartphone to take notes during the race. I also took photos of interesting people and happenings throughout the race, gathering many more photos in 2012 when I did not run. Both years, I exchanged text messages with my sister, who was home in Iowa, during the *26.2 with Donna*, though the content and tenor of the messages when I ran the marathon in 2013 was vastly different than in 2012.

In Jacksonville, the half-marathon is the most popular event of the *26.2 with Donna* weekend with 4,250 participants in 2013 (1,150 were men, while 3,100 were women). A total of 1,728 runners and 196 teams finished the 2013 marathon. Of the individual marathoners, 833 were men and 895 were women (26.2 with Donna 2013 race results). Since 1980, more women have consistently run marathons in the United States, and since 2005, women have represented more than half of the nation’s half-marathon participants, but it is rare to find a race field like the *26.2 with Donna*’s that is so obviously female-dominated.

I observed the race in 2012 from different mile markers along the race course. The course itself is an “out-and-back,” meaning that runners double-back over a few miles, rather than covering entirely new terrain for the entire 26.2 miles. My day began at mile 9, which is also mile 18, moved on to mile 20, and finally, to the finish line. I wanted to experience the crowd’s energy and enthusiasm for the race, and to be present

when many runners begin to “hit the wall,” a sense of bone-crushing fatigue that often begins to set in around mile 20. In 2012, my observations ended with a late lunch in Jacksonville while I recorded my thoughts about the event in a notebook. Those notes were later added to a Word document.

In 2013, my parents, who spend a few months each year on Florida’s mid-Atlantic coast, came with me to Jacksonville for the race expo on Saturday and the marathon itself on Sunday. I saw them at miles 9 and 18 while running the marathon. At mile 9, I was limping with plantar fasciitis pain in my left foot that set in at mile 6, during the beach part of the race. By mile 18, I was hobbling. I finished the marathon injured and about 75 minutes later than I had expected – but I somehow jogged the final 0.2 miles of the 26.2-mile run. After receiving my mylar blanket, my medal, a couple of ice bags, and having my official *26.2 with Donna* finisher’s picture taken, I lurched my way to the runners’ village and family zone to find my parents and take a phone call from my sister. We each had a beer, and my parents enjoyed a slice of pizza at the post-race party. On the way back to Cape Canaveral, I devoured a late lunch of a Five Guys Burger, fries, and peanuts, attempted to nap and stretch while I shared the backseat with a concerned (and hungry) Boston terrier, and took some time to add my recollections of the day to the training journal I had kept for the previous 16 weeks.

On the surface, my *26.2 with Donna* experience was not much different from the women who finished around me. Many of them were injured or had a running partner struggling with injuries. Most of my participants finished long before I did, and enjoyed slightly more sober and larger crowds along the race route, but everyone I spoke with finished the race she set out to run. The marathoning maxim is that the first goal is to finish, and the second is to finish by your goal time. Given my own “did not finish” status at the 2006 Twin Cities Marathon, I was happy to cross the finish line at the 2013 *26.2 with Donna*, though because my 16-week training program had been largely trouble-free, I was disappointed in my finish time.

### Thematic Understandings

My work entered the research phase with two main research questions. First, how do those who run marathons and raise funds for breast cancer make sense of their participation? Second, to what extent do notions of a “good citizen” and morality shape the meanings of philanthropic fitness events? I believe that these research questions provide a chance to examine individual meaning regarding philanthropic fitness events, and also help us to understand whether running long distances to fundraise or support a cause is a part of how we conceive of citizenship. As I sifted through dozens of pages of transcribed interviews, three sub-themes arose that help answer my two main research questions. First, the question of what breast cancer means in the early twenty-first century in the United States allows me to examine ideas about what cancer is, what breast cancer culture creates, and how it changes our notions of gender, breast cancer itself, and health. Second, asking how moral citizenship shapes women’s participation in philanthropic fitness events provides a site to examine the benefits of running a philanthropic fitness event, the understandings of the notions of citizenship that are created through this participation, and how it influences our understandings of others. Finally, examining women’s acceptance of or skepticism toward nonprofit organizations means that we can more closely see how this type of philanthropy underlies participation in breast cancer culture.

Each participant and I created a shared understanding of these concepts, including the definition of what qualifies as cancer “research;” how the 26.2 with Donna foundation used the money the marathoner-fundraisers contributed; and the lived, social experience of the *26.2 with Donna* marathon itself, which allowed us to begin from a similar point in each participant’s descriptions and understandings of what the race itself means. Many participants pointed to their experiences running the Jacksonville marathon as instrumental in their own thinking about breast cancer and what it means in the early twenty-first century in the United States. The meaning they created relates not only to

the Donna Foundation and breast cancer research and support, but also to breast cancer culture as a whole, cause-related marketing, and gender and moral expectations.

Breast Cancer Culture in the United States in the  
Early Twenty-First Century

The pioneering women in the 1970s who publicly spoke about their breast cancer diagnoses laid the groundwork for Nancy Brinker's founding of the Susan G. Komen Foundation in 1983. The cultural shift since has been nothing short of astounding. In the span of 35 years, breast cancer has exploded from a clandestine disease to a cultural movement that dominates stores in October each year, receives recognition from male professional sporting leagues, has spawned multiple lines of merchandise, and has launched an international race series to raise money for research and awareness. Within popular media and our cultural consciousness, Komen's commandeering of the pink ribbon has turned the symbol into a signifier of illness, hope, research, and the multiple statuses of gender, race, class, and motherhood. Nonprofits and corporations alike capitalize upon the commodification of breast cancer to create community. These seismic shifts shape our cultural understandings of gender, empowerment, and health.

The women who took part in my project defined breast cancer and the "breast cancer movement" largely in terms of the *26.2 with Donna* and its affiliated nonprofit organizations. Understanding that this is likely a response to the common link that brought us together, it also is intriguing in terms of how they consider one of the topics at the forefront of our national discussions on health. For them, breast cancer, at least on the surface, is intricately tied to a long-distance race and a nonprofit organization that may be hundreds of miles from their homes. Further, their understandings of the disease and its place in our culture, not surprisingly, were contradictory at times. Dawn said her shifting understandings began with an adolescent understanding about what was appropriate in polite company and were further shaped by Komen for the Cure.

I remember growing up, you didn't say the word "breast." You didn't talk about having your period out loud. All that stuff was just hush-hush. And the breast cancer movement makes it so there's nothing wrong with talking about it. It's a body part, it is affected by cancer, and we need to fix this.

Likewise, Tami credits the breast cancer movement with opening up public discourse about the disease. She said prior to running the Donna for the first time, which was a month prior to her sister's diagnosis in 2008, breast cancer seemed like a very private topic. Being at the Donna marathon, with speakers at the race expo discussing improvements in treatment, advancements in understanding cancer, and the irreverent support from neighborhoods along the race course itself changed her perspective on how frankly and publicly she felt she could talk about breast cancer.

Despite the connection between the *26.2 with Donna* and breast cancer, without prompting, the women over 40 repeatedly mentioned Komen for the Cure as key to their understandings and awareness of breast cancer culture. In fact, Dawn and Patricia both recalled Komen as *the* breast cancer charity that was most responsible for spreading information about the disease, and the first one to make breast cancer a topic she felt comfortable discussing in public. It was the women over 40 who were most likely to cite Komen for the Cure's positioning itself as the dominant breast cancer nonprofit in the United States between 1983 and 2010 as important to our social understandings of breast cancer. They connected Komen for the Cure to words like "commitment," "promises," and "awareness."

Perhaps most interesting of all was these women's notion that Komen had sounded a call to arms against breast cancer, mobilizing the United States against this disease. Dawn noted that the breast cancer movement was about a call to action, a way to empower women to take charge of their own health.

For so long, women's health issues didn't get attention at all, and so I see that idea of a breast cancer movement as more of a call to action or an empowerment kind of thing. You know, it's more of a demand on the male-dominated medical field. "Hey, you've got to pay attention to this. You've gotta start doing something."



Karolina added,

It's a call to arms to bring people together to battle something. You know, it's a common goal and something you need to defeat. Or make something happen. And that's pretty much what it means to me. I think that happens by relying on people to come together. Tapping into their personal experiences, their emotions, you know, asking them to join forces and help out with a specific thing.

As Sontag (1990) argues, we turn to metaphor when we do not understand something. It is interesting that in this women's culture of breast cancer, these women are invoking what is traditionally a very masculine activity: war. Utilizing the war metaphor when describing cancer is an easy, timeworn crutch. However, with the exception of a few comments, including the "call to arms" and a few uses of the words "fight" and "battle" that took place when describing someone's cancer journey, these women rarely took up the war metaphor when it came to breast cancer. Perhaps their connections to the disease, established through their mothers, friends, relatives, and colleagues, have brought them close enough to cancer to make the unknown a known quantity, something to be respected, but not necessarily deserving of terror.

### The Pink Ribbon

Of course, the primary cultural symbol of breast cancer is the pink ribbon, which was originally conceived of as a peach ribbon by 68-year-old Charlotte Haley in 1992. Haley distributed her ribbons with a card that read: "The National Cancer Institute's annual budget is \$1.8 billion. Only 5% goes for cancer prevention. Help us wake up our legislators and America by wearing this ribbon." In a few months, she was approached by *Self* magazine to distribute her ribbon nationally, and Haley turned down the offer. Shortly thereafter, Estee Lauder Corporation usurped the ribbon, changing it to pink. More than 20 years later, the pink ribbon has become a stand-in for breast cancer itself. The lines of the pink ribbon are curvy, soft, feminine. The color is the one most often assigned to baby girls.

A number of the women I spoke with claimed they were never the “pink kind of girl,” that they did not seek out pink ribbon products, or that they flat-out refused to identify themselves with the symbol publicly. Others, however, cited the ribbon as a way to not only show support for those with breast cancer, but also to remind those they met on a daily basis about the disease. And a few acknowledged that though they resisted the pinking of their running wardrobes, running races for charities had meant that most of their technical running shirts were now pink. Regardless, the women unequivocally used the symbol of the pink ribbon as interchangeable with the disease of breast cancer.

The pinking of our cultural understandings of breast cancer – that breast cancer *is* pink – happened suddenly for the women involved in this project. Those like Brooke, Rachel, Tami, and Patricia, each of whom had someone close to them diagnosed with breast cancer, associated the symbol with that diagnosis. In Tami’s case, it was initially tied to the diagnosis, but after her sister was declared cancer-free, it became more strongly tied to her sister’s “survivor” status.

Then after her initial surgery and after she started chemotherapy, and things were looking up, I guess, I began to look at the pink ribbon as a kind of survivor symbol, not necessarily as a cancer symbol. She did ok, she was going to make it.

Other women mentioned that the abundance of pink-ribboned goods in the store one year – varying years for each of them – was responsible for bringing breast cancer and the ribbon itself to their awareness. Melanie said,

And it was just one of those things where if I needed to purchase socks, it didn’t matter if they were pink socks or if they had the logo on it or not, and if I could support the cause by buying socks I had to buy anyway, I’d get that kind versus another kind... It just kind of blew up, and that’s what started my awareness.

Dawn’s response to the pink ribbon seemed to be tied to her reaction to Komen for the Cure. She questioned the necessity of general “awareness” efforts that feature the ribbon, including things like Major League Baseball’s use of pink bats, gloves, and caps on Mother’s Day, the pink KitchenAid mixer, and pink and white TicTacs. She said,

“It’s this overall cloud of pink all over the place. I guess I think a lot of it is about making money, but not necessarily making money for cancer research.” Dawn was one of the few women who participated in this project who raised concerns about how awareness helps further the fight against breast cancer, though Natalie also observed, “I think for the person who is purchasing whatever that product is, you feel like you’re doing something. But maybe you’re just making yourself feel better... I mean, that pink ribbon is truly everywhere.”

The pink ribbon culture, built around consumerism, seems to be an unavoidable part of the ability to fund breast cancer research, to create breast cancer awareness, and to provide a voice for women within this breast cancer world. Patricia has run many marathons to raise funds for nonprofit organizations, but her awareness of the breast cancer movement and associated races began about five years ago, when her friend and employee Katie was diagnosed with breast cancer at the age of 27. She noted that she had long-realized the importance of the cancer movement generally, but since Katie’s diagnosis, she had become more supportive of the breast cancer movement and culture. “So when my dear friend and work partner was diagnosed is when it hit me hard how important research is, and how important it is to speak up for something when you have a voice.” In other words, the pink ribbon and its associated breast cancer culture had become a necessary part of what it takes to help people like Katie survive.

In conjunction with the development of the consumerist pink ribbon culture, the media’s coverage of breast cancer has impacted Americans’ awareness and views of breast cancer. It also has contributed greatly to the creation of women’s culture and the intimate public that surrounds the disease. As noted in chapter two, breast cancer dominates our media narrative of cancer. As Stryker, Emmons, and Viswanath (2007) found, breast cancer was covered in 33% of all news stories about cancer in 2003, compared to prostate cancer’s 16.5%. Slater, Long, Bettinghaus, and Reineke (2008) found that breast cancer coverage dominated cancer news, claiming 29.6% of newspaper

stories that focused on a specific cancer (2008, p. 534). They argue that this coverage is likely a result of successful advocacy efforts by nonprofit groups like Komen for the Cure. The result of the media focus on breast cancer was borne out in the perceptions of the women who ran the *26.2 with Donna*.

Brooke's and Rachel's responses to the pink ribbon and its associated merchandise were highly personal, and tempered by what they believed their late mother would have felt. Rachel was a high school sophomore when her mother died, and though she has a pink ribbon on her car, she generally avoids declaring support for the breast cancer movement, beyond letting her Facebook community know that she is running the *26.2 with Donna* each year. She attributes this to her mother's reticence to vocally declare herself someone with breast cancer. Brooke was a senior in high school when her mother died and denied an affinity for the ribbon or the breast cancer movement, saying that her mother had not been a supporter or "loud and proud" about the symbol. Her insight into the ribbon's popularity was interesting:

They want to be a part of something that is really needed. It's this awareness through camaraderie or sisterhood. I think that with the pink ribbon – it's just such a visual, and so many people know what that means. I think because of that, people really like being a part of it.

Natalie, whose mother died from breast cancer, and whose late sister Erin had been a conspicuous supporter of all things pink ribbon, said she initially resisted the pink ribbon when it entered her world. Her sister, however, had shirts, a magnet on her SUV, and purchased other pink products in order to support the breast cancer cause. She noted that not until after Erin's car accident did she herself began to purchase items marked with the pink ribbon. It was a conscious decision, she said, and was based on the idea that after Erin's death there was "one less person" in the world who would be buying pink ribbon products, and one less person in the world who would be speaking out and supporting the breast cancer movement. Natalie mentioned that making the change had been a shift in her mindset, but she went on to say,

But of course, breast cancer, unfortunately, is so big and prominent and everywhere. That pink ribbon has power. And for support and research and so many that are affected by it, I think that's why I kind of want to reciprocate.

Dawn's family history includes losing her father to cancer of the esophagus and her brother-in-law to lung cancer, her mother's diagnosis of blanket melanoma in her eye (eventually losing her sight in that eye), and her husband's removal of a lung as a result of lung cancer, followed by carcinoma of the mouth. She has a pragmatic view of the attention that breast cancer receives in the media:

And it's so much more visible. And I have mixed feelings about that, because some people will only donate to certain cancers. And I'm kind of like, if they're fundraising for any kind of cancer, I'll donate because it's helping them all. It's all going to research, and if they find something that works in lung cancer, there's carryover to other types of cancer. So there's that. It helps everybody.

However, Dawn followed up with the observation that the pink ribbon has perhaps become a bit too ubiquitous.

I hate to say that, but it's almost like when you have too much of something and you end up desensitized to it? ... I get the awareness, but there are plenty of other cancers, too. And we should be paying attention to them. They're just as important. So I don't know. I just think that it's a little too commercialized.

Tami echoed Dawn's concerns of desensitization:

I think I'd caution them on, if I could, I don't want to say "over-marketing," but there's so much out there right now. Maybe we've gone the other way, where before, it was like, "Ok, wow. We need to talk about this." And now I think there's so much of the pink ribbon out there that people see it and don't really think about it. I think it's starting to swing that way. So in the last few years, it's really been an explosion there. And it's terrific for awareness.

But I think it's kind of a double-edged sword, if you will. Breast cancer might need to get out of the way for other chronic diseases. Where you can go one way, but you might get too far over there, and people start to tune it out because they see it all the time.

However, three of the women followed up with the idea that new understandings of the causes of cancer, the development of cancer, and cancer treatments in any type of cancer helped advancements among all other cancers. There was a strong feeling that

new medical information about one type of cancer would foster additional knowledge for any other type of cancer. As a result, they did not seem to be as troubled as some of the other runners about breast cancer's prominence within our discourse of the disease of cancer as a whole. These same three women also mentioned cancer's "equal opportunity" status among diseases; as Karolina said, "It doesn't discriminate. You can be an alcoholic who smokes three packs a day or completely fit and only eat organic foods. It doesn't matter how old or young you are. Cancer can hit anybody."

### Community

While the American Cancer Society pushed "awareness" of cancer and its effects, Komen for the Cure's definition of "awareness" is quite different. The awareness that Mary Lasker and her Laskerites advocated from the 1940s to 1970 was an awareness of the cultural effects of the disease, including the U.S. government's responsibility to fund research to save its citizens. Komen's advocacy is an awareness of the disease itself with a significant emphasis on the importance of self-surveillance; its Races for the Cure often have pink signs that proclaim "I AM the Cure," encouraging women to do regular breast self-exams. The difference between the Laskerites' cancer awareness and the cancer awareness advocacy we have seen spring up since the advent of Komen in the early 1980s has taken us from a cultural understanding of how cancer affects Americans as a group to one based on how cancer affects Americans as individuals. No longer do advocacy efforts focus on all cancers; they are targeted to specific cancers. As a result, as Dawn and Tami noted, one cancer takes the place of honor while other cancers fight for what is left. This change in our understanding of cancer comes dangerously close to the actualization of Ingham's 1985 shifting from public issue to personal trouble. The result is a breast cancer mantra that refuses to acknowledge the devastation that a cancer diagnosis brings, or the harsh realities of treatment.

King (2006) argues that in many respects, breast cancer itself has become a commodity. Survivors are hailed as symbols of hope at international Race for the Cure events that are sponsored by multinational corporations. Survivors are held up at local fitness events that raise funds for breast cancer. Sales of the breast cancer stamp by the United States Postal Service mean the federal government has donated more than \$54 million to breast cancer researchers at the National Institutes of Health and the Department of Defense's Medical Research Program since 1998.<sup>18</sup> Finally, as my participants noted, cause-related marketing that ties breast cancer research and awareness to everything from the automobile industry to bagels to tennis balls to NCAA athletic events is part of our consumer world year-round, but becomes virtually ubiquitous each October. In addition to being a commodity, breast cancer has also become a way for individuals to identify themselves as a part of a group, whether as a breast cancer patient, a breast cancer survivor, a significant other to someone with breast cancer, or a woman looking for something to connect her to other women.

Lauren Berlant argues that citizenship is no longer an identity that most Americans claim; it has been appropriated through the creation of a rhetoric that has made citizenship a part of an "intimate public" (1997, 2008). An intimate public assumes that no matter how unique one's own story is, others may experience it socially; in this way, it is similar to Anderson's "imagined community" (1983). The crucial point of Berlant's (2008) intimate public is that it is reliant upon the social consumption of goods. Through that consumption, a woman can relate to all other women in similar life situations. It assumes that those who have a shared worldview and similar emotional knowledge resulting from living relatively similar experiences want to experience a

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<sup>18</sup> The stamp sells for eight cents more than the current rate for postage stamps. That additional eight cents per stamp is then donated to the National Institutes for Health and the Department of Defense. In addition, the federal government granted \$971,800,000 in breast cancer research, the most of any cancer, through funds funneled to the National Cancer Institute, the Centers for Disease Control and Prevention, and the Department of Defense in 2007.

connection with each other. It is a way for an individual to learn how to live as “X,” allows all others who identify as “X” to recognize her, and assures that she will be accepted in the group of “X” as a result. However, the identity of “X” is limited to those who fit the desired, culturally-accepted image of the consumer of a specific product, text, or event.

Throughout *The Female Complaint*, Berlant (2008) argues that as a part of an intimate public, women’s culture focuses its efforts on both gender and race, while it also warns against avoiding overt political action. Women’s culture becomes a sphere of belonging where those who do not feel as if they belong to culture generally can find connections to others with whom they share feelings, interests, and experiences. Women’s culture is intended to pacify people who do not employ identities that traditionally have access to power as it substitutes emotional connection for political action. “In subordinate populations’ intimate publics, the presumption is that the general world is not organized around their flourishing. So hip-hop culture is about police, and women’s culture is about being disappointed in love and with children and at work,” Berlant noted (Gibson, 2008).

I believe Berlant’s (2008) notion of women’s culture is created through the maintenance of the status quo of women’s roles within our culture. There is a recognition that all women should work toward changing cultural understandings of these roles, but those changes never actually happen because we are all a part of the system that created those roles. Further, I believe the intimate public, which includes women’s culture as related to breast cancer, may be conceived of a series of concentric circles. The outermost circle, the overarching intimate public that has been created around breast cancer, is significant in that it affects all who come into contact with breast cancer. It includes those who notice or pay attention to the NFL and Major League Baseball’s awareness days, Komen’s Races for the Cure, or those who purchase pink-ribboned



products. These are the people who have absorbed the message that breast cancer is a part of life for women in the twenty-first century.

The next circle in allows those who actively participate in the breast cancer intimate public to have a place to connect. So rather than simply noticing the way breast cancer culture has begun to shape our world, those who are active within the women's culture of breast cancer actually run in the Komen for the Cure races, purchase pink-ribboned products, or bid on the NFL's game-worn pink gear. Moving toward the center, those who are acquaintances or close friends of the woman who is diagnosed are called in through that personal connection. These people participate in philanthropic fitness events in honor of or in memory of another.

Finally, the diagnosed and the survivors are at the center of the women's culture of the intimate public of breast cancer. These people are the reason the rest of the culture exists. They are wearing "Fight like a Girl" T-shirts, pink headscarves, and pink ribbon pins, and buying pink-ribboned products. These are the individuals in "Welcome to Cancerland" whom Barbara Ehrenreich "meets" in the breast cancer online chat rooms who advise her to be careful about having a negative attitude toward her diagnosis (2001). The women at the center are the idealized survivors and newly diagnosed.

Held on the periphery of this intimate public are both women of color, who are excluded largely through the mediated message of who is most often affected by breast cancer, and men, who are approximately one percent of breast cancer cases diagnosed in the U.S. each year. Further, there is little room in the women's culture of breast cancer for those women who resist the cultural norms surrounding the expected actions of one who has breast cancer. Those who abhor the label "survivor," reject the slew of pink that is pushed their way, dare to ask if radiation from decades of mammograms contributed to their diagnosis, reject the sisterhood of breast cancer, or are angry at their diagnosis are rarely acknowledged. The construction of breast cancer has served to blatantly underscore traditional gender roles, often in the most matter-of-fact ways. Melanie

alluded to breast cancer's position as the most-covered cancer in the media as logical, because the disease is "so central to humanity... It might be the same as ovarian or testicular cancer, but the statistics are just not as high for those. Women are just more open and want to lean on each other more naturally, so word spreads and awareness gets bigger."

### Moral Citizenship and Philanthropic Fitness Events

My running, as I mentioned, is generally a solitary endeavor. I am not a runner who is motivated by or seeks out races. I wake up in the morning, I go for a run, I come home and stretch, I shower, I start my day. In talking with other runners who have started running during their adult lives, my approach to running is unusual, and more akin to the approach former collegiate runners take toward their sport. However, even the most self-motivated of runners tend to enjoy the camaraderie and excitement of a race environment. The rise of the philanthropic fitness event in the United States over the last 20 years, which has capitalized upon this, has been swift and significant within the running community. The nonprofit race that draws runners who want to "make a difference" is common.

### Running, Giving, and Identity

A philanthropic fitness event allows a runner to support something bigger than herself while she also improves her fitness level. It also is something the women I spoke with consider a form of volunteering, whether or not they raise funds for an organization. And it provides not only the opportunity for a runner's high, but also the opportunity for a "helper's high," where the runner feels good about what she has done for others through her own physicality. As Patricia noted, philanthropic fitness events are unique among running events, and she asserts that the only way to truly experience it is to run one. "If you talk to non-runners or runners who haven't done this kind of a race where you're out

there for somebody, they just don't get it because they don't know. You just don't know what it's all about while you're out there unless you do it."

In examining participants and media coverage of the London Marathon, Nettleton and Hardey (2006) note that British citizens traditionally have considered both running and donating to charity to be private, personal actions that are undertaken by individuals. However, running and charity, in the context of philanthropic fitness events, also offer the opportunity to take action collectively, often in the spirit of "ending" a disease. When examined alongside King (2006), Filo, Funk, and O'Brien (2008), and Blackstone (2004, 2009), these same ideas help shape Americans' understandings of their own volunteer lives. In the last 40 years, the individual's attempt to become fit by taking an evening jog in the neighborhood has transformed to an opportunity to join a public, group-training program, be coached to finish a marathon, travel to the marathon free of charge, and raise thousands of dollars for a health-related nonprofit. Americans' current notions of giving to health-related nonprofits are now mediated at least three ways: first, through the creation of nonprofit organizations that have taken the place of governmental social and research structures; second, the notion of a healthy, caring citizen who contributes to the welfare of those who are not well; and third, the idea that consumption of a fitness event is an expected avenue for donations.

Bekkers and Wiepking (2011a) examined more than 500 articles questioning why people donate money to charitable organizations. Among the most popular reasons cited were simply being aware of a need, being asked to donate, receiving benefits from the donation, believing in altruism, enhancing one's public reputation, and fulfilling one's personal values. Borgloh, Dannenberg, and Aretz (2013) found that when presented with the size of an organization's coffers, donors prefer to give to an organization with smaller annual revenues before giving to a nonprofit with higher annual revenues. And in 2009, Harris Interactive found that Americans define "true philanthropy" as the giving of both time and money (Preston, 2009). The Harris poll also found that on average, Americans

who have volunteered their time in the last 12 months donate 10 times more money than those who have not volunteered, with most donors giving money to the same groups to which they give their time (Preseton, 2009).

This kind of giving, donating both one's time and one's money, tends to be gendered as well as class-based. The 2010 report "Women Give" by the Women's Philanthropy Institute at the Center on Philanthropy at Indiana University found that female-headed households are more likely to give to charities than male-headed households are. Further, women are 38% more likely to give to health care organizations. Finally, studies repeatedly have found that Americans in the bottom fifth of household incomes make larger donations proportionate to their income levels than Americans in the richest fifth (Grieve, 2009). Piff, Kraus, Cote, Cheng, and Keltner (2010) found that lower- and working-class Americans donate when asked, and argue this is a result of a greater commitment to egalitarian values and feelings of compassion toward those in a life situation similar to their own.

The United States experienced a significant downturn in charitable giving at the beginning of the economic recession in 2007, though Americans have slowly increased the money they donate to charitable organizations each year since 2009. This financial rebound is taking place in an increasingly competitive environment that includes more charities annually. In 2012, according to Charity Navigator (Giving Statistics, 2013), total giving to charitable organizations was up by 3.5%, and totaled \$316.23 billion. Individuals gave 72% of that figure, roughly \$223 billion; foundations accounted for 14% of giving, bequests were 8%, and corporations donated just 6% of the total giving in 2012.

Philanthropic activities have become increasingly common and available over the last 30 years, a social change that has taken place at the same time that breast cancer culture has become more visible. As a result, Americans increasingly believe that it is no longer enough to write a check, or contribute "only" a financial donation to a charity. It

has become increasingly common to look for ways to do more, to be more involved in an organization. The rise of the philanthropic fitness event meets this need. Arthur Frank's 1995 notions of "restitution" and "quest" narratives are useful when looking at the reasons why runners say they participate in philanthropic fitness events in honor of others. In philanthropic fitness events, runners run distances in honor of others so that the sick persons may experience one of these two narratives – health through science or a "better" kind of mental health through the survival of an illness. Frank argues the restitution narrative is what we are most comfortable with because it allows us to control illness: Someone believes he is ill, visits the doctor to find out what is wrong, is treated or medicated, and soon finds himself healthy again. In the quest narrative, the sick person believes she will gain something from the experience; this is the post-treatment, cancer-free woman's declaration that she would not trade the cancer experience for anything because she learned so much about herself in the process.

Brooke, the older of the two sisters whose mother died from breast cancer, noted her personal reason for choosing the *26.2 with Donna*.

Because obviously, there are a million causes that you can run for, and there are a million causes that have races around them. But I think that because of my family history with breast cancer, this one does mean a lot more. I used to not think that, but, you know, if it were for a different cause, say, even just a different type of cancer, I don't think that I would be as into it as I am. I still think it would be a really great race, but personally... It means more because I have a history of it.

### The Experience of the Philanthropic Fitness Event

My own running experiences have shown me that the start of long-distance races is emotionally intense for many runners. There is the excitement, the anticipation, the adrenaline that must be overcome and channeled properly to help propel the runner throughout the next few hours. In an attempt to stay loose mentally, runners chat with those around them, commenting on the weather, the reason why they chose this particular race, where someone purchased a piece of gear. There is the awareness of the challenge

to come, the confidence that one's training is enough to get one through the miles to come, and the slight, nagging worry that one may not have done enough during one's training. Like the starters in basketball games, the crowd sways and wiggles en masse as the National Anthem is played. And as the gun goes off, a palpable excitement surges over the runners; that surge may be sustained for 3 or 10 or 20 minutes, depending on the size of the race and how long it takes the last group of starters to actually cross the starting line.

The emotional intensity of a philanthropic fitness event compounds each of those events. In addition to the usual channeling of adrenaline, slight worry, and banal conversation that happens at any long-distance race, long-distance philanthropic fitness events bring another layer of emotion to the experience. Many runners will have shirts that declare the name of the person for whom they are running, either to honor or remember someone dear. The color of the cause is everywhere, in the shirts that runners wear, the balloon arch that indicates the starting line, the sponsorship signs, and in the signs giving directions to both the Port-A-Potties and the gear trucks where runners drop off items they want for the pre-race wait but do not want to carry with them throughout the course. It is rare to run a race for a cause and not chat with someone who has a connection to the cause.

#### More than writing a check

Reasons for running a philanthropic fitness event rather than a for-profit race varied for each woman. Many of the women like the idea that their entry fee supports something important, something that mattered to them, and allows them to contribute in a different way than if they had simply written a check or filled out an online donation form. Karolina considers her race entry fee an "indirect" form of philanthropy, saying, "It's paying to participate in something that I know is going toward something better. Someone else is going to benefit from that event more than I am." Brooke said,

I personally like signing up and paying for the Donna race, rather than just, you know, writing a check and saying “Here’s money, go do this.” I like the race better because I get to actually go do something and be in that community, and see a lot of the community support.

Dawn, who along with Natalie and Donna raised nearly \$3,000 for *26.2 with Donna* in 2013, said that it seemed like a good way to express support for their friends with breast cancer, and to get their non-runner friends involved in their marathon experience. Natalie noted that her participation in a philanthropic fitness event puts things into perspective, not only in terms of the varying and distinct degrees of difficulty between running a marathon and undergoing chemotherapy, but also in terms of the degrees of difficulty between simply donating money to an organization or running a marathon to raise money for an organization. Participating in the event, seeing the people who she believes will benefit from the money that she has raised, and seeing the nonprofit organization at work up-close make the work she is doing seem “more real.” Further, Natalie said she enjoys donations accruing this way because of the power in numbers.

You’re doing something good for your health, and you’re putting in perspective what a cancer patient can’t do at that moment – and so it’s a chance to appreciate life, I guess. But also, in essence, I’m saying, “Well, this is my [financial] means and what I can do.” So maybe I can’t give a really large donation to the American Cancer Society, but this lets me feel like I’m a part of something bigger, because it all accumulates.

Internally, a nonprofit organization must determine if its fundraising event is intended to actually raise funds or if it is intended to raise the organization’s profile within its community: Is it more important that the organization makes money on the event, or that the event helps revitalize old partnerships and connect with new donors? Event fundraisers tend to be quite expensive, and return on investment is generally small. The idea that being a marathoner-fundraiser helps more than giving an outright cash donation is not necessarily true; nonprofits can put the entirety of a cash donation to work immediately, whether to help with overhead costs or to support the organization’s

mission. With an event fundraiser like the *26.2 with Donna*, the money donated through a runner's participation must also cover event costs that would not be incurred if the participant had simply written a check. Among hundreds of other things, costs for an event like the *26.2 with Donna* include shirts, medals, closing of streets, police and other first-responders, Port-A-Potties, tent rental, water and sports drink, a chip-timing system, and rental of the convention center hall for the race expo.

### What a runner gains

Patricia has run nearly 50 marathons, raising money for both the *26.2 with Donna* and the American Cancer Society's DeterminATION team. Patricia's childhood best friend, Leslie, initially asked Patricia to run and raise money in honor of her, and she helped Patricia become the top marathoner-fundraiser for the American Cancer Society at the 2010 Baltimore Marathon. Patricia's first marathon experience was in 1984, her second was in 1987, and in 2007, she chose to run the St. Jude Children's Hospital Marathon in Memphis. During the St. Jude Marathon, Patricia had an epiphany about running, the role it played in her life, and how she could use her passion for running as a catalyst for change. Patricia said

And here I am, out running away from all my demons, because stress was always what brought me to running, and I get this little light bulb moment out on the course. You know, these little kids with cancer are standing there bald, with their little IV bags, and signs thanking us for running. And it was really life-changing. It was... Oh you know, running crosses different barriers and can *do* stuff. I'm running and I'm strong, and healthy and I'm kind of miserable, but it's nothing compared to what those kids are feeling. You understand what I'm saying? (*emphasis original*)

Natalie said that training for a philanthropic fitness event provides her with a motivation to run when running gets really tough. "I really do think that when you're training for something, and you have a cause behind it, that it pushes you... It becomes less about the physical aspect." Patricia also mentioned that having someone to run for provided her a chance to reflect and consider what her friends were enduring.



It's just like when I was running for Leslie, or when Katie was so sick. I would think. I would go into deep thought about what these people were going through. And I have a connection to these women, and it's almost like you're experiencing what they're experiencing or something. It makes you feel more connected in awareness of them.

And then coming back from that run, and you're feeling so empowered, like you really did something. What the hell did you do? I mean, I ran. I didn't do anything. I didn't do the chemo. And my training is the thought of what they're going through, and the thought of awareness for all of this. Even if I'm raising awareness, not necessarily money, it's important.

Brooke said that her motivation for running philanthropic fitness events is partly about the donation to a cause that is important to her, but also to publicly declare what she believes in.

Obviously, the money is huge – you know, it's for research, it helps people with the disease, and it's a very important component. But not only is the money that I'm paying for the race going to the cause, but it's also about participating in an event that says *this* cause is important to me (*emphasis original*).

She continued, as she discussed the difference that running for a cause makes for her, and how the emotion can propel her.

I like the Donna because it actually has a purpose. I was trying to think of this before you called. I did the Disney Marathon and you know, it just seemed like a money-maker. Just because it was Disney, and it was a bunch of people, and they're all in ridiculous costumes... So after doing the Donna, and seeing all these people – like the entire Jacksonville area comes out and actually supports these runners.

Other women noted the empowerment they felt as runners, and how that sense of empowerment fed their desire to run for others. Most basically, Dawn said,

So for a lot of us, it's just, you know, we're healthy, we can run every day. And a lot of people can't, so every now and then, you do something to give back, whether that's fundraising or pacing (helping a group finish a race by a specific time) or volunteering at a race.

Patricia said, "I think it gives you, the runner, a voice. It gives the runner a way to... It makes you feel like you're doing something. And it is so empowering."

Patricia also cited how running has affected her life, and how she turns to the activity when she feels unsure of what else is happening. Her mother died when she was 14, and Patricia started running as a teenager to stay out of trouble, stopped as her life got busy and she became a wife and mother, and then picked up running again as she and her ex-husband divorced. She has been running since. She mentioned that running to raise money for the American Cancer Society when Leslie, her childhood best friend, was diagnosed with colon cancer was important to her ability to deal with that situation.

Well, my bestest of all friends was diagnosed with colon cancer, and it was pretty far advanced when it was diagnosed. Leslie started to undergo all the surgeries and treatments and all that, and as she was going through treatments, I'm running these marathons. One day, a lightbulb went off in my head about how she was going through this struggle, and how running is like living a lifetime in those 26 miles. I have five hours to live this lifetime. You're feeling good, you're healthy, you're happy, and then all of a sudden, you're not. And you're hurting, and you're crying and you're bleeding and you're sweating and then you're like, "I can't do this," and then all of a sudden, you're like, "Oh my God. Yes! I can do this!" And it's like this emotional rollercoaster.

Running is a very powerful thing. It has great power over my life. And like you know, it's almost like a channeling of energy or something. And even though I couldn't save Leslie's life, I still proved my friendship to her and I did a lot for her family and her kids, and I raised awareness.

Both Karolina and Natalie mentioned the gratification that comes following a philanthropic fitness event. Natalie said, "Of course, with running, there's those endorphins, like this is so exciting, and you're participating and doing a hobby that you love. It's really physically and emotionally gratifying." Karolina echoed the personal achievement that this type of event brings.

So you get this benefit back in a way that maybe you don't if you're bidding on a golf weekend at a silent auction. And something like a marathon or a half-marathon – that's a personal achievement. You're coming out of it at the end, and you're like, "Yeah! I did it!"

Rachel, the younger of the two sisters whose mother died from breast cancer in 2006, noted that she has run in quite a few philanthropic fitness events throughout her

running career. She powerfully shared what makes a philanthropic fitness event that benefits breast cancer different than any other type of race for her, regardless of the financial result for the nonprofit. Her description of the starting line at the *26.2 with Donna* reflects the sacred space the race and its associated foundations and events have created; for Rachel, the rituals that take place at the start of the marathon, though similar to the starting-line rituals of nearly every marathon, are different. They provide her a space to reflect, to find connections with others, to reaffirm her connection to her mother.

The feelings are just so different at the Donna. Like me at the starting line there. I *know* why I'm affected by breast cancer, why Brooke is affected by breast cancer, why our friends run it with us. But everyone around me is also – I don't even know this person's story, but I'm like, "All of these people have been connected or somehow affected by breast cancer." And that just is so crazy to think about. So many people affected by this specific type of cancer. And here I am, 22, and – it was *my* mom. You know, like, who had it. And I'm starting to run.

And then I start to think, and actually, I remember this time, this year [in 2013], I was starting to think, "OK it was *my* mom. No one here knows that. No one knows it was my mom. People might think it was a friend's mom or a friend of a friend's mom. But it was *my mom*." You know?... It's not like it's a secret that we all have in that race, but we all really do have a reason why we're all there, and some of it's your sister and your mom or a friend or a friend's mom. You know? But we're all there for the same reason. (*emphasis original*)

### Running 26.2 with Donna

As I stood at the start of the 2013 *26.2 with Donna* and talked with the women who stood near me, I heard first-hand their devotion to the cause. As we chatted, I learned one woman has participated in the marathon from its inception, and run/walks it in honor of her mother. Another comes from California to run the race with her girlfriends to celebrate one of them who is five years post-treatment. I asked the women near me about their past experiences running the Donna. Many of the women in my project had told me about the emotional energy the *26.2 with Donna* extracts from its

runners; they alluded to a deeper and more exhausting emotional energy that no other marathons take, and confirmed what Tami had said the week before:

I don't really know how to explain the Donna, but it's different. I've run five other marathons and the Donna is absolutely the most emotionally draining race out of all of them I've done. The people who are along the route, and the – especially the survivors, who are walking or running – it's overwhelming. It was really meaningful after my sister was diagnosed.

And the things you see on people's shirts! There was a man who kept leapfrogging us the year after I found out about my sister's cancer. And his shirt, the back of it, said, "For Linda. Because 32 years wasn't enough." And I was like, "Oh, he lost her!" So that race for me is just such an emotional race, and it makes it so much harder to run... You can't just concentrate on running like you can in other marathons.

Patricia agreed the atmosphere at *26.2 with Donna* is difficult to put into words, and the experience is unlike other marathons she has run.

There is a different feeling. Because when you're doing a race that is not all about a cause, you're out there experiencing a marathon and you're in your own head about what you're doing... But for the Donna, it's [the cause is] there the whole way. For the whole way, it's... different. And I don't know how else to say it. It's just different. And it's hard. It's emotionally hard.

Many of the women commented that what makes the *26.2 with Donna* special is the type of support that runners enjoy throughout the first 21 miles of the race course; Karolina mentioned that she felt more of a connection to the spectators than at any other race she has run, and called it an "incredible experience." Lisa said she chose the *26.2 with Donna* because the proceeds go to research for breast cancer, she could actively participate in the race, and she felt as if she was "actually doing something."

I believe the *26.2 with Donna* provides a site for these runners to reaffirm their personal connections to women in their lives who have had cancer. As they spoke of an emotionally draining course unlike any other marathon, or about the feeling of connectedness to other runners, these women pointed to another significant purpose of the *26.2 with Donna*, in addition to financially supporting the breast cancer cause. This race, its course, and the spectators are a meaningful way to celebrate the women in their

lives who have had experiences with cancer. It is a bond to other women who have experienced similar life events, a link to a community they believe cares about the same issues that they do, and a chance to join with others who believe in this movement, this culture. The *26.2 with Donna* allows a space where these women enter and are fully accepted as members of women's culture within the intimate public of breast cancer.

The *26.2 with Donna* certainly is a different race atmosphere, perhaps as a result of this tie between runner and cause, runner and recipient of donations, runner and runner, runner and Jacksonville community. Neighborhoods decorate the streets, homeowners hang streamers and balloons from their roofs and host tailgating parties. More than once, I spotted signs for "Free Mammograms." These offers took the shape of a 6-foot piece of plywood with a woman's form painted on it, and feed into the recent sexualization of breast cancer. There were two circles cut out where the breasts would be, and macho-looking men stood around the signs. In other areas, groups of children either yelled cheers and held handwritten posters doused in glitter or sat at kid-sized tables, while they shouted offers of orange slices, water bottles, and packets of Gu, the energy liquid. As the course passed a senior-living center, tan, wrinkled men and women clapped, sipped their coffee, and gave the occasional yell to the runners they knew. Rachel said, "This was party day for them. And that surprised me the first year... The running, the race was a celebration for the whole town, and really for that area. It's all decked out and it's all pink."

Once that initial surge of adrenaline from the starting line wears off, any given moment, a marathon runner may find herself in need of motivation to keep going. It may come from within, as she considers those in her life. She might gain that motivation from the course itself, with a mental dialogue of: "Just run to the next aid station. Ok, now run to the next one. It's only two miles away. I can do two more miles." Or it may come from the spectators, who share their energy with the runners. This is what the *26.2 with Donna* provides its runners in a different way than nearly every other race. Beyond the

neighborhood's tailgating-atmosphere, and the lift this kind of support can give the runners, many of the women talked about the more somber moments of inspiration that they found while out on the course.

At the *26.2 with Donna*, 29 finishers registered themselves as "breast cancer survivors." Alongside the road, many women who are clearly undergoing chemotherapy for one reason or another cheer on the runners. Thanks to signage, neighborhood support, and the sea of pink, the disease seemed to run alongside me as I navigated the course, with spectators making its presence the most obvious. More so than any other place I have been outside of a children's oncology department, bald heads peeking out from under headscarves are not an uncommon sight along the course. Natalie noted

But the realness [of cancer] and knowing that there are so many standing on the side of the road for hours with walkers and hats, and who are going through chemo, just there to support people who are trying to support them, and the research of the disease. To also see those that are actively running or walk-running, walking and running in the half-marathon and the marathon, that just really puts it all in perspective about the difficulty one might think that they're having – or they may have [while running].

Karolina's experience included a five-hour finish, and said that she found inspiration not just in those on the sidelines, but also in the survivor-marathoners who were running.

I saw a lot of people who made me think, "I can do this." They're survivors, or they're still receiving treatment, and they're doing this. So if they can do it, I can do it. I saw a woman running with a prosthetic leg, and she was way ahead of me, and I was like, you know, "Suck it up and run."

Patricia said that the first year she ran the marathon included the most powerful moment of her three *26.2 with Donna* experiences.

When you go down to where the turnaround is, you're at mile 12 or 13. It's like a real retirement community... The most powerful statement for me, there was an older woman, she was probably 75, and she was standing outside with her husband, and she had her wig in her hand, and she was waving it like a flag. And she had a sign that said, "Thank you for running."

And that was the moment. That was the powerful moment of that run for me. You know what I'm saying? She was just liberated. What we were doing for her liberated her. Because here's the thing: Some women with breast cancer who have lost their hair, they just go bald, they're like "Whatever." But some women need, they want to have fake hair so no one knows, or they wear scarves or hats.

But think about a 75-year-old woman and where she's been through in her life, what she's come through with her cancer. For her to have her wig in her hand, waving it above her head was liberation, right?

Natalie continued in the same vein:

If I'm struggling, you see them at a given moment on the course – and you're like, this person is bald, and this person is struggling, and this person is wearing this survivor shirt, and they've endured really difficult things in their life. And I would say those are probably much more difficult issues and pain than running a race. Because I can't even imagine what that would be like. But again, it's just so motivating. That's what motivates you.

Rachel said that the crowd is important for motivation, and she enjoys the spectacle of the course. However, she said she also digs in for motivation, pushing herself with memories of her mother that no one else can access.

When I see the people on the side of the road, when they look into my eyes and say "Thank you." That is so powerful to me.

And mile 19 was rough [the first year]. That one was really hard for me and I started playing mind games, like I didn't know where I am. Am I at 20, am I at 19? And so the next year, I knew I didn't want mile 19 to get me... And even like, any time I'd start to fall apart and get a little weak, I was like, "Mom, just send me something. Please just help me go." So I talk to my mom throughout. And sometimes I do have sad thoughts, and then I think, "Oh my gosh, she would be loving this!" And I just I don't know...

And rather than use the spectators along the course or internal motivation, Tami mentioned the experience she had running the half-marathon with her sister in 2010, five months after her sister's chemotherapy had ended, and two months after their mother had died. Essentially, Tami was the motivation for her sister that day.

So we ran it together... It was a lot of laughing with her and keeping her mind off the mileage. At the beginning of the race, our spirits were high. And two other of our sisters came to watch us. They didn't run, but they came and cheered.

It's so exciting at the beginning, and then you get down on the beach where the billboards are, the Love, Hope, Strength, et cetera. And that hit her the hardest. She was remembering what we'd written the year before, "Go Team Tracy!" which was a part of the Donna poster, and we'd gotten Donna to sign it! And so it was really hard getting through the beach. And then, of course, there was the emotion of finishing this race together, and celebrating with our sisters.

### Running to express love

A T-shirt in the color of the cause – pink for breast cancer, purple for Alzheimer's and March of Dimes, red for AIDS, green for organ donation – adorned with the name of the person for whom one is running has become the de rigueur uniform for a philanthropic fitness event in the last 30 years. The atmosphere creates a sense of belonging; at breast cancer events, the runners form a sea of pink at the starting line, while at AIDS walks, seemingly everyone is decked out in red. As I packed for my own *26.2 with Donna* running experience, I made sure to include a long-sleeved pink, sweat-wicking, running shirt and a short-sleeved pink running shirt; once I got to Florida, the weather forecast changed, so I went in search of yet another long-sleeved pink running shirt. Obviously, it is not required to run a philanthropic fitness event wearing a shirt in the color of the cause, but doing so is certainly a routine part of fitting into the crowd. Further, as all of the runners join in the custom, wearing the cause's color is a part of creating and becoming the crowd at a philanthropic fitness event. At one point, I found myself wondering about the few people who were not wearing pink at the *26.2 with Donna* – did they not understand this was the "National *Breast Cancer* Marathon"? Who forgot to tell them that they should wear pink to run this race?

Beyond the color associated with the cause, it is rare to find a philanthropic fitness event that does not encourage its participants to publicly honor those they know who have the disease or who have died as a result of the disease. Most races offer pre-printed 5x8 cards that declare "I'm running in honor of" or "I'm running in memory of" and allow the runner to fill in the blank space with the name or names of the people who



have motivated her to arrive at that race. The runner then secures the card to her back with safety pins, symbolically carrying those people with her throughout the race. At Komen for the Cure 5K runs and the *26.2 with Donna* marathon, it is not unusual to spot a runner honoring many people. American Cancer Society's Relay for Life offers the same option, and with a donation at a certain level, one can dedicate a luminaria to a loved one, complete with the chance to decorate the paper bag in which the votive candle will be placed. Those who have cancer or have made their way successfully to the "cancer-free" stage of life are a very real part of the day at a philanthropic fitness event. The acknowledgement of those who have died from breast cancer is a part of the *26.2 with Donna* experience, as they are mentioned prior to the moment of silence at the start of the race, and many use their shirts to ensure that everyone knows about the women they are running to remember.

The reasons runners choose to train for 16 or more weeks to be able to complete a run of 26.2 miles – a distance many people joke they get tired driving, let alone running – are not entirely clear. Any runner will say that undertaking marathon training is reasonably selfish, given the amount of time spent training and, often, necessary changes in sleep schedules and eating habits. It is a select group of people who choose to take the time to pound out miles and change their lifestyles in order to finish a marathon. That group includes runners who are there for the challenge of running 26.2 miles. It includes runners who are there because they simply love to run a long way for a long time. And with the rise of the philanthropic fitness event in the last 40 years, it also includes runners who are there to put their physicality and their hearts on the line for someone they love.

Shipway and Jones (2007, 2008) argue that participation in a long-distance event, especially one that requires travel, helps solidify one's identity as a runner. The runner identity is further strengthened by time spent around other runners at a long-distance race. The sense of belonging one experiences while wearing running gear and carrying the runner's goody bag at the race expo; the finisher's shirt or medal; the stories of the

terrible parts of the course and how one survived the entire experience and lived to tell the tale – each is a part of the language that runners speak to identify themselves with other runners.

This sense of kinship, of belonging and identification, I argue, is heightened at a philanthropic fitness event. Our conversations revealed the overarching reason these women ran the *26.2 with Donna* was an outlet to connect with others in their lives. The intense feelings that occur at a philanthropic fitness event simply reinforce that connection. Some mentioned the importance of honoring someone we love or remembering someone we know, others talked of dealing with a sense of helplessness when a loved one was diagnosed or died, a few discussed the life perspective that running the race gave them, some talked of feeling as if they were empowering themselves and others as they ran the marathon, and others still spoke of participating in the philanthropic fitness event as a chance to heal from a personal wound. In my project, nearly every conversation provided a number of reasons why each of these women wanted to run *this* race at *this* time in their lives. And unlike what I expected when I entered my research, the list of reasons they gave placed the philanthropic and the moral aspects as tertiary or not even a part of their consideration.

These women's marathon experiences at the *26.2 with Donna* became less about achieving a personal best and more about maintaining or improving the bonds that they have with others in their lives. And for a runner who considers fundraising to be a significant part of her reason for selecting the *26.2 with Donna*, the act of asking others for money for the Donna may serve as an opportunity to strengthen her commitment to the event and breast cancer as a cause. The fundraising efforts prolong her connection to breast cancer. Those efforts also enhance her bond to the race, the other runners, and the women with cancer she sees as she runs the course. Running the *26.2 with Donna* is about belonging to something – a close friendship, a small team of fundraisers, calling oneself a marathoner, or being a woman who is a part of the breast cancer culture.

### In memory and in honor

The ways that runners remember and honor loved ones during philanthropic fitness events vary. Many will pin placards to their shirts with their people's names. Others will iron-on the names of their loved ones, or wear T-shirts with the person's face screen-printed on it. Others still choose a slightly more private way to focus their motivation. At many race expos, a booth or two will offer free, 2-inch-wide wristbands that have nothing more than the numbers 1-26, plus 0.2, with blank lines next to each number. Prior to the marathon, a runner can fill in the blanks with the names of friends and family to provide inspiration for the runner. She can use the band to think about her college roommate who is having a rough go of life at the moment, to consider her mother's breast cancer story as motivation, to say a mile-long prayer for her father who died before her child got a chance to know him, or to think of a hilarious story that might provide exactly the relief her mind needs at that mile marker.

Lisa spent two years coordinating her school's Relay for Life team. Her school was the top school-fundraiser in her county in both 2012 and 2013, raising nearly \$12,000 in 2013. Her connection to Relay for Life comes through her father, who died from leukemia, and her connection to the *26.2 with Donna* comes through her mother, who was diagnosed with breast cancer. She noted that one of the things she enjoyed about running the *26.2 with Donna* marathon was that she felt good running in honor of her mom, and having her race entry fees go to the Donna Foundation. Lisa explained the way she had planned to attack her first full marathon in 2013,

So from 23 to 26.2, because I'd run the half before and it's also the end of the half, I knew the route. So I knew that exit ramp going up to the main four-lane highway that you run and it's so steep and awful. And from 23 to 24, I dedicated that mile to my girlfriend, my principal who hurt her back running last year, had surgery and a back brace, and wants to get back to running, starting in March. Mile 23 to 24 was for her and another girlfriend who has Lou Gehrig's disease... I ran 24 & 25 for my mom & dad, you know, for their cancers. And then 26, I ran for my family, and the 0.2, when you come off the highway and head to Mayo, was for me. Because I knew that was the hardest part of the whole thing.

As previously noted, Brooke and Rachel both feel compelled to run the *26.2 with Donna* in memory of their mother, who died from her third go-around with breast cancer. The race's purpose and atmosphere are important to them. They do not run the marathon together; Rachel said, "Brooke has those long legs, and those long legs get to kickin', and she just leaves me in the dust."

Brooke talked of how she thinks of her mom daily, and she missed how her mom made everyone around her feel "like the best person in the world, and she really thought that was important to do for others." Brooke then went on to tell her mother's story of an initial diagnosis of triple-negative invasive breast cancer in 2000, and relapses in 2003 and 2006. In 2006, she said, things were different, as her mother started a new kind of chemotherapy.

Two years younger, Rachel had a slightly different version of her mother's 2006 relapse, and drew a clear connection between her mother's health during the girls' childhoods and the reasons why she feels compelled to run *26.2 with Donna*.

She had a relapse going into my sophomore year, but that summer she still did everything with me. So in August 2006, she was bedridden. We'd cuddle and just watch DVDs and talk, and you know, she was sick. But to me, she was getting better – she was getting better. She just always got better, you know? But on September 16, she passed away. Yeah. So...

Basically, doing this race, it's so emotional in so many ways for me. It's so connected to me. I think of her the whole time, preparing for the race, getting ready for the race, running the race. And so... Yeah. That is the reason I do *26.2 with Donna*. It hits really close to home. I think that may be why I tear up during the race. I mean, it's just like, I know she's helping me.

Natalie's mother was diagnosed with Stage I breast cancer in 2002. Her mother was 60 years old at the time, and underwent chemotherapy, radiation, and a lumpectomy. She did not opt for radiation because with no family history of breast cancer, she was advised that it was probably breast cancer related to aging. However, in 2007, as Natalie was training for her first marathon, her mom was diagnosed with metastatic breast cancer. Her mother died about 18 months later, in 2009.

As a result of her mother's experiences, Natalie says that fundraising for breast cancer and research is very important to her. She is the founder and race director for a 10K run in late April in her town, with all proceeds going to the state chapter of Komen for the Cure. She first learned of *26.2 with Donna* through her sister, Erin, and they vowed that they would do the race together each year, first in honor of, and later in memory of, their mother. That lasted from 2008-2011, when Natalie's sister died unexpectedly in a car accident. The *26.2 with Donna* has taken on a new and different meaning for Natalie since.

In 2012, the race fell on Natalie's birthday, and as Natalie tells the story, Erin was so excited about the kind of amazing birthday Natalie would have; the two planned to run the *26.2 with Donna* in honor of their mother and celebrate both Natalie's birthday and their race finishes that night. After Erin's death, Natalie remembered that Erin had pre-registered for the run, and after some deliberation, decided to run the race with her own race number pinned to the front of her shirt and Erin's race bib pinned to her back. She went into the marathon with the intent of setting a personal record time as a birthday gift to herself, but things changed when she hit her favorite part of the run, the nearly three miles on Atlantic Beach:

I saw a sign when I was running on Atlantic Beach, and it said, "Way to go, Erin! We're proud of you!"... And when I saw that sign at mile seven, everything about the year before came back. I let go of my plan to get a PR. I started picking up shells, and high-fiving kids, and I thought, "Today's going to be a great day anyway, because you're alive. And your sister probably just wants you to take it in."

Had I not done that, I would've missed something really amazing at mile 26. That's where the DJ is, and the year before, he was playing *Lola* by the Kinks at the same time it was on my iPod. I thought I was going crazy [because I heard it in two different places], and when I told Erin at the finish line, she laughed and made fun of my taste in music...

Well, in 2012, as I was almost done with the marathon, I saw the DJ, and I was remembering that memory from the year before and thinking about how much I wished she could tease me about *Lola* again. And this is a true story, I can't make this up –

this is so weird. Erin's favorite song was *Don't Stop Believing* by Journey, and that was her ringtone and stuff, and when I passed that DJ, the piano intro to *Don't Stop Believing* started. And I shook my head and just cried for the 0.2 miles I had left, and I cried through the finish line.

And it was just amazing. If I'm to remember what it was like running without her, I really feel like she was with me there, but only because I had decided on the beach to kind of chill and take it all in.

Finally, Patricia talked about how her friends' cancer stories were not only what first drew her to the fundraising side of philanthropic fitness events, but also kept her motivated on the course. When Leslie, her lifelong friend, asked Patricia to run and raise money, she was skeptical at first, saying,

She put me up to it, and I was like, "That's so not me." I'm so to myself and I just do my own thing. And Leslie said, "No. I'll send out all the emails, I'll do all the communications and money stuff. All you have to do is run."

With an agreement that Patricia would run the race while Leslie, who worked in nonprofits, asked friends for their financial donations, Patricia became her state's top marathoner-fundraiser for the American Cancer Society's DetermiNATION team in 2010. She said the power of running for her friend – she has photos of the two of them and the rest of Leslie's family at mile 20 of the Baltimore Marathon – was overwhelming. Not long after that experience, Patricia's close friend and employee Katie was diagnosed with breast cancer at the age of 28. Patricia said,

And so, I lost my mom to cancer when I was 14, and my best friend is fighting, and now, my world is going to be rocked yet again, with my friend and my work partner in this fight, too. I just went online and looked and looked for a breast cancer marathon, and there was the Donna.

In 2011, Patricia ran the *26.2 with Donna*, taking her employee and friend Katie with her to Jacksonville, and she and Leslie made plans to fundraise for the 2011 Baltimore Marathon again. But then, Patricia said, "Leslie's cancer really began to escalate, and she got really sick. And she ended up dying like 20 days before the marathon in 2011. And that sucked. Really hard."

Patricia ran the marathon a couple weeks after her best friend's funeral, and was again among the top four marathoner-fundraisers in her state for the American Cancer Society. She said,

I had an amazing run that day... It was very emotional, and all my high school classmates came out on the course that day, and that night, we had a celebratory dinner. I have these pictures, and they rallied behind me, because of course, Leslie had died and everything.

And that year, I went crazy. I ran Baltimore for Leslie, St. Jude's, and then I did the Donna. I did them all! And this past year [2012], because Leslie's dead, and I decided I'm going to do it again. I'm going to run for her and I'm going to raise money.

Finally, Patricia noted that the voice that running gives her, as an individual, is tremendously important to her.

I think running is just such an empowering type of activity. If you feel strongly about something, then it just encourages that voice... You're out there, putting yourself on the line, and so if I believe in something, running empowers me to have that voice, to just get out there and stand for it, or to say something... And don't you feel determined when you're a runner? So it's about how I'm determined to stand up for this. I'm determined to fight this. I think just being a runner empowers one to speak up and have a voice.

Honestly, if it weren't for Leslie, I probably wouldn't have done any of this. Leslie was the reason. I started running for her, and then Katie was diagnosed and I was like, "I have to do this breast cancer marathon!" And then it was like year after year, I have to do it, I have to do it.

### Helplessness, perspective and healing

My conversations with these nine women began with the sense that running in philanthropic fitness events provides them a voice they may not otherwise be able to access. As we continued talking, though, that notion transitioned into the sense that running helps them combat a feeling of helplessness, helps them gain perspective, and ultimately, helps them heal. Many of the women indicated that running to raise money and awareness was one of the few things that they felt they could do to be helpful in the face of a loved one's diagnosis or death. Running for a cause provided an outlet and an

ability to help when they did not know what else to do for people they loved. It helped them gain control over a part of their lives that felt out of control, and allowed them to express their love and support for those who had been diagnosed with breast cancer.

Most of the women I spoke with had been runners before breast cancer entered their lives. Many of them spoke of running as something that had been a saving grace at very difficult times in their lives, whether it was the loss of a parent or friend, a divorce, or a rough patch in their marriages. Running provides a way to publicly support a cause they believe in, while it also provides an outlet for healing. Some participants, though, were more pragmatic about their choice to run for a cause. Melanie mentioned that she chooses to run for health-related causes because she has less “access” to the medical field in her daily life.

I don't work in that environment, I don't have the brain or the desire to go to school and become a medical professional to help in that arena. So if all I can do is pay my \$30 for a race, and it goes toward somebody else who can fill that void that I can't, then I feel better about doing that than I do about taking action in a different field where my talents may be more relevant.

Lisa felt that choosing to put her volunteer time at school into Relay for Life was a way to honor and remember her dad, who died of leukemia. She said that she felt compelled to take on the role at school for two years, in order to “try to make a little difference.” Her *26.2 with Donna* experience was different, as she set forth the goal of finishing; she was not concerned with raising funds for the *26.2 with Donna*, which she ran in honor of her mom.

My mom had breast cancer and overcame it. She sent me a sweet note this week and was like, “You remind me of the Bible verse, ‘Well done, good and faithful servant,’” Then she said, “And don't ever do that again!”

Again, Patricia's experience with philanthropic fitness events and fundraising is largely attributable to her friend Leslie. She said,

Leslie was the person who was near and dear to me that had that need. It just was like, I felt like I... You feel so helpless when someone that is close to you – I'm getting emotional – but



someone who is close to you gets this disease. And you do, you feel helpless.

And I'm a problem-solver. You know, I'm [in medicine] and I fix things. That's my job. And so, I can't fix this for my friend. So what I do, is I go run. Then I feel like I'm raising awareness and showing in a strong way how much I care, and in some cases, that's raising funds.

In addition to becoming a healthy coping mechanism for those who were struggling with the shifts cancer had brought to their lives, running the *26.2 with Donna* seemed to help some of the women with their own healing process. Over time, the situations in their lives had changed. Their perspectives on their lives had changed. Eventually, they began moving forward, keenly aware of how their daily existence was different than before cancer had barged in and rearranged life forever. Running to honor and to remember someone was a vital part of this healing process for many of the women. Natalie talked about how important the spectators who were obviously in the midst of a cancer treatment regimen and the survivor-marathoners were to her. She likened their presence to seeing active-duty military members on the course when she runs the Marine Corps Marathon in Washington, D.C.

You know, you see all the things that they've endured that they didn't think that they could – that they were capable of doing. And so it's this weird parallel to the marathon. Because when I think it can't get any harder at the *26.2 with Donna*, I'll have memory of my mom or of Erin, or I'll physically be in the moment and see someone running or on the sideline. Like at the Marine Corps, this person in uniform gives me a cup of water, and is in their fatigues or camouflage or whatever, and they've got their water and Gatorade, and they're like, "Thank you." And I'm like "No, thank you."

I think... Those are the things, the reason why you're doing it, the purpose behind it, and then when you see those people out on the course or you have that memory, and I think that's a parallel. Or you realize that they've endured so much more and I'm here having this moment of feeling like a victim. And that pushes you to get past it.

Lisa talked about digging in during painful moments on the course or in training, and thinking about her dad, saying,

You know, I'm a Christian, and I talk to God, and I think about my dad, I think about my mom, I think about my family. [Running a marathon is] something that you kind of give to yourself. You know, it's going outside your comfort zone. It's really the part where you learn something about yourself...

And you know, sometimes I've heard people talk about comparing this to a chemo treatment. But our pain and what we're going through could not really even compare to what a cancer patient goes through. I watched my dad. It was ugly. What he did is a whole, whole lot worse than what we ever experienced. I do see the suffering, but I... I don't think it could compare.

Nearly every one of the women noted that they drew strength and perspective from the spectators who lined the race course. They acknowledged that seeing those whose lives had been touched by cancer was an important motivating factor while running the marathon. Brooke said,

Even that day at the *26.2 with Donna*, things are really tangible. There are so many runners, not only do they support and they have family members who have gone through breast cancer, but you also have survivors who run it, and then you also have the people who come out and support it.

#### Where Runner and Citizen Meet

The survivors and supporters provide motivation that is more than simply a boost to keep going when the run gets tough and to cross the finish line. No matter who had prompted the women to run the *26.2 with Donna* – Rachel, Brooke, and Natalie in memory of their mothers, Tami, Dawn, Patricia, and Lisa in honor of their mothers, sister, and friends, or Melanie and Karolina who chose the race because it was a great marathon – the visual of other women lined up on the side of the road, wearing pink, and cheering for the runners holds a special power. Even if a runner had signed up for the *26.2 with Donna* without a specific person in mind, the crowd of other people with connections to breast cancer was motivating. And for those runners who registered for the marathon with a specific woman in mind, seeing a mass of other nameless women with connections to breast cancer helped them feel a part of a larger community of women.

It is here where I felt the women began to acknowledge how they were hailed into the breast cancer culture in a way that was not simply focused on the cause-related marketing and pink ribbon aspects. Running for others allows them the opportunity to not only publicly display their belief in the importance of the breast cancer cause, but also showcases their fitness levels, to make it clear that they are one of the moral citizens who is healthy and selfless; they do not need the support they are giving to others. However, these are not their main motivations for running this marathon. Most of these goal-oriented women did not find themselves assuming an identity as a marathoner-fundraiser – and those women who did assume that identity indicated that it was not nearly as important as their personal motivations were.

The act of running in a philanthropic fitness event exemplifies part of the moral citizen role, in that it empowers these women to stand up, to declare their support of the breast cancer cause, and to identify themselves as people who believes their efforts can make a difference in the breast cancer world. The women in pink on the sidelines and Patricia's 75-year-old woman waving her wig were all symbols that reinforced for the runners the notions that their work running the course and their 16 weeks (or longer) of training were important. They were extremely proud that they were doing something for *these* women on the sidelines in Jacksonville. But it was the connection to their friends and loved ones, the personal affinity for the breast cancer cause, and their own need to heal, that motivated them to run the Donna.

About half of the women told me that though they had participated in the *26.2 with Donna* over the course of the last three to eight years, they were thinking of moving on from the race. Each assured me she still loved the *26.2 with Donna* course and atmosphere, she still loved what the Donna Foundation does, and she still believed in its mission, but she felt the time had come to move on from this race. Each runner spoke as if she had accomplished what she need to in Jacksonville with this philanthropic fitness event, as if she had conquered whatever it was that first brought her to the *26.2 with*

*Donna.* Patricia, who found herself running multiple philanthropic fitness events each year after her friends Leslie and Katie's cancer experiences, discussed her time spent running for a cause and her future plans,

I'm not going to jump on this bandwagon and fundraise for this reason or do it for that reason. I am just going to go out and have fun. You know, I was really pumped about it [fundraising] when my friend Leslie was alive and we were doing something together. And then, she died. And I followed through. And I ran it the following year without her. I mean, now my friend Katie is doing well. She's four years cancer-free, and that's good. She's about to hit the five-year mark, and I don't know.

I don't feel like I'm that passionate about it anymore. Maybe I'll go back to running for a cause again one day. I kind of feel like I would, someday, like to go back to Jacksonville again or to Memphis again for St. Jude's, but right now, I just don't have that passion. I don't have a person to run for right now, and maybe that's the thing. If I had someone who was near and dear to me, and I found a race that I could do and pin their name to my back, maybe then.

But right now, I don't have that passion because they're either dead or cured. I was out there running because it sucked. And it was what I could do for them.

### Bringing It All Together

We think of runners as fit, healthy, motivated, dedicated, energetic, and disciplined, each of which is a part of our notion of a moral citizen. These women did not fully reject that identity, but they did not embrace it, either. Their connections to the philanthropic fitness event were largely personal, stemming from moments of pain in their lives. From an outside perspective, running for charity gives a runner a reason to focus her energies onto other people, while it also transforms the act of running for six hours a week as she trains for the marathon from selfish to generous. Running as an activity shifts from a mainly solitary or small-group activity to an activity that includes thousands of others who all believe in the same cause and are running for the same reason. Suddenly, a marathoner-fundraiser finds herself among a community of other runners in a space that is filled with other people who also embody the characteristics we

expect of our moral citizens. They wear their badges of honor – the free race shirts, other shirts and tote bags they purchase at the race expo – to identify themselves as such. They have not only completed a marathon, something very few Americans will accomplish, but they have completed that marathon *for* someone else.

Key to understanding this cross between runner and citizen are Isin's (2009) conception of citizenship as an ever-changing relationship of belonging that helps to govern individual behavior and Berlant's (1997) notion of citizenship as intimate and only for members of families – or in this case, not only biological families, but also families made from our clan of friends. Americans have accepted a common-sense understanding that voluntarism and service, regardless of the forms they take, are necessary and important for the function of our society. As a result, the conception of a runner has moved from goal-oriented individual improving her own health to a member of a collective that, as a whole, understands change will only come from the philanthropic running masses. At the same time, however, this runner is the only one who is responsible for maintaining her health. She should ensure her continued good health through eating well, exercise, and taking care of others. If she is diagnosed with cancer, it is through some fault of her own – she did not do breast self-exams often enough or she trusted the new guidelines that recommend mammograms every three years for otherwise healthy women. It is then that the running collective will step forward to support her, and to run for her, just as she has run for others.

CHAPTER 5  
 RUNNING ON EMPTY:  
 HOW DOES SKEPTICISM OF NONPROFIT ORGANIZATIONS  
 SHAPE OUR RESPONSES TO BREAST CANCER CULTURE?

Few Americans realize that nonprofit organizations as a whole operate in much the same way as for-profit businesses (Preston, 2009); the notion that nonprofits and corporate America face many of the same issues is a foreign one to many Americans. In fact, Americans who do understand the similarities between nonprofit organizations and for-profit businesses say that charities actually operate too much like big businesses (Preston, 2009). Many Americans hold the belief that charitable organizations should function as something very different and separate from for-profit entities. In the cultural imaginary, nonprofit entities are kinder, gentler institutions than for-profit businesses; there is a belief that the role of nonprofits is to shoulder the responsibility left on the sidelines when government cuts are made, when social programs begin to disappear. Americans generally expect that nonprofit organizations function within a world of goodness: They do good work and are led by good people who have good intentions.

As a result, there is a cultural hesitancy to question that perception of morality that seems to be an inherent part of the nonprofit world. American culture perceives that nonprofit organizations are shrouded in virtue, and those individuals who work for and contribute to these organizations also exhibit fine moral character. Scholarly work underscores the existence of this perception: Lewis (1998) and Taylor and Shanka (2008) argue that the goal of nonprofit marketing, as opposed to for-profit marketing, is not profit or market share; instead, nonprofit programs are intended to influence social ideas. However, changing trends in nonprofit management – a movement toward social enterprise thinking, where nonprofits apply solid business principles to the nonprofit structure – have led to a new maxim of “More money, more mission. More mission, more

money.” In other words, instead of operating from a break-even mindset at the end of the fiscal year, increasing numbers of nonprofit organizations are centering their fundraising strategies around sustainable, long-term donor relations, rather than short-term notions of restricted income. Nonprofits that raise more money using this mindset, which allows them to supporting larger numbers of beneficiaries of the organization, see their social and cultural influence grow tremendously (Block & McCuiston, 2014).

For most Americans, the realization that nonprofit organizations often operate much like for-profit businesses occurs only occasionally, and generally during times of scandal. As a result, this chapter examines the extent to which Americans believe nonprofits need to be examined with levels of skepticism, including how cause-related marketing shapes perceptions of viable causes and ways of contributing. It also looks at how attachment to a nonprofit organization is affected by a deep emotional connection to that nonprofit’s cause. I argue that the myriad of breast cancer nonprofit options available to Americans provide an opening to examine and understand breast cancer-related nonprofit organizations as rooted in a for-profit model, actually competing for market share.

Each of the women in this study referred to the 26.2 with Donna foundation and the Donna Foundation as one entity, using a familiar shorthand of “the Donna” to refer to both the race and the Donna Foundation.<sup>19</sup> They also spoke of a close connection to the Donna; their tone of voice and the smiles that resonated over the telephone reflected the fondness these women feel for the race and the Donna Foundation’s work. These women were less skeptical of the intent and action of the Donna Foundation and the 26.2 with

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<sup>19</sup> As a reminder, I refer to three entities of the “Donna” charities throughout this work: The Donna Foundation, “26.2 with Donna: The National Marathon to Finish Breast Cancer,” and *26.2 with Donna*, the actual marathon, which is produced by the National Marathon to Finish Breast Cancer. I refer to the “National Marathon to Finish Breast Cancer” as the “26.2 with Donna foundation” or the “26.2 with Donna nonprofit organization.” And for clarity, though it is not APA style, I italicize *26.2 with Donna* when referencing the marathon itself.

Donna foundation than they were of other large nonprofit organizations that do work for the breast cancer cause. Their lack of skepticism, they said, partly resulted from the fact that the Donna nonprofits' financials account for less than 2% of the financials of organizations like Komen for the Cure and the American Cancer Society. Further, the women said they felt the Donna nonprofits were more transparent than other nonprofit organizations. Finally, they said, they had been unable to find negative media coverage of the marathon or the Donna Foundation, which was not the case with information they had read about Komen for the Cure or the American Cancer Society.

Of course, the Donna Foundation, the 26.2 with Donna foundation, Komen for the Cure, and the American Cancer Society operate under the same governmental rules and regulations that guide all nonprofit organizations in the United States. Thanks to sheer size – each has an annual worth of at least \$200 million – and publicity gained through decades of shrewd marketing efforts, Komen and the American Cancer Society enjoy nearly instantaneous recognition by Americans. The Donna Foundation and the 26.2 with Donna foundation are significantly smaller, and have a grassroots, down-home, cheerful aura, as nonprofit 501(c)3 organizations. Regardless of their size or public perception, though, the Donna nonprofits deserve the same level of scrutiny that Komen and the American Cancer Society receive. However, initially, none of the women I spoke with seemed skeptical of the Donna Foundation or the 26.2 with Donna foundation. They said they felt that among the American Cancer Society, Komen for the Cure, and the Donna, the Donna was the most upfront and explicit in disclosing how it uses its funds. Many of the women explained that they felt they had done their due diligence in examining the breast cancer nonprofit organization options prior to contributing their time or money to the Donna.

But in the end, after I shared with these women some disappointing news about the foundation's finances, they were, at least temporarily, more skeptical of the 26.2 with Donna nonprofit. Research showed that the race itself contributed less than 20% of its



functional expenses in 2012 to the Donna Foundation and the Mayo Clinic, and just 30% of its functional expenses in 2011 to the same. However, as I will discuss later, ultimately, most of the runners said that this information did not affect their feelings about the *26.2 with Donna*. The majority of the women said they still believed that the organization is one that is worthy of their contributions of time and money. The personal connection they have with the race and the Donna Foundation and the work done within the intimate public of women's breast cancer culture largely outweighed the disappointment these women initially expressed.

The Donna Foundation and the *26.2 with Donna* race began as the same 501(c)3 nonprofit organization, with the Foundation sponsoring and producing the *26.2 with Donna* for the first two years of the marathon. In 2010, the *26.2 with Donna* was broken off as a 501(c)3 nonprofit organization on its own, with the sole purpose of raising funds for the Donna Foundation. This split likely happened as a result of tax concerns and a desire to keep the fundraising expenses entirely separate from the contributions that the Donna Foundation makes each year. The *26.2 with Donna* foundation is responsible for donating money to the Mayo Clinic-Jacksonville for breast cancer research, and to the Donna Foundation, which then distributes the funds to local Jacksonville women who are undergoing breast cancer treatment and need financial support. In short, the *26.2 with Donna* foundation, the nonprofit entity that produces the marathon, has the mission of raising funds for another nonprofit organization, the Donna Foundation.

And for some runners, especially prior to learning of the Donna foundations' financial status, their emotional connection to the Donna Foundation is as important to them as the actual physical practice of running 26.2 miles for the nonprofit. Each woman I spoke with is extremely proud of her alliance with the Donna Foundation as a breast cancer charity. Each woman talked of the importance of the Donna Foundation's work and the allegiance she felt to this nonprofit organization. The choice to support the Donna Foundation as a runner allows her even more exclusive access to the intimate

public of the breast cancer women's culture. In this case, that access is mediated by the consumption of *26.2 with Donna*-related goods, ideas, and identities, each of which allows differing levels of access to women's culture. It begins with the cause-related marketing campaign that surrounds the marathon itself, is reinforced by both her public support of the breast cancer nonprofit organization and her personal connection to breast cancer as a disease, and is solidified with her physical participation in the *26.2 with Donna* marathon and related events.

### Cause-Related Marketing, Revisited

An increasingly common tactic for corporate giving in the U.S. throughout the last 30 years, cause-related marketing capitalizes upon a partnership between a corporation and a nonprofit organization. That partnership rewards specific consumer purchases with a donation to the partner nonprofit organization. Breast cancer has become the most common cause to benefit from this type of partnership.

King (2006) argues that cause-related marketing is a way to sell the promise that corporate philanthropy, personal giving, and the right kind of consumption will solve all of America's problems. Cause-related marketing presents generosity as a lifestyle choice, and it capitalizes upon our understandings of moral citizenship. It allows a way for both consumers and corporations to support nonprofit organizations through the purchase of products. Because cause-related marketing increases corporate profits on the promise of philanthropy, though, the consumer "donates" to two organizations: Once to the philanthropic partner and once to the corporations' coffers (King, 2006).

Corporations appear to hold the upper hand in these partnerships, as they choose to bestow upon the nonprofits the funds that are raised and set the parameters for the donations and the length of the promotional periods. Most often, the nonprofits that benefit from cause-related marketing campaigns are large, marketable ones. Local nonprofits, those whose missions are more difficult to whittle down to a symbol as easily

identifiable as a pink ribbon, miss out. Cause-related marketing also works to shape our opinions of the corporations that produce the items that we purchase simply because the business links to a cause that is important to us. Brooke mentioned how cause-related marketing seemed like a way for corporations to do something that, in her mind, they should have done anyway. She said, “I think that if you’re a huge corporation and you’re making millions of billions of dollars, you do have an obligation – a responsibility – to be benevolent, and to give back to the community.”

Of course, consumers are not always aware that the portion of their purchase that will benefit the nonprofit is generally very small in comparison to the total purchase price. Cause-related marketing in breast cancer culture calls women into the circle of breast cancer philanthropy, shaping not only American conceptions of what “counts” as nonprofit donations and support, but also cultural notions of how consumption relates to both moral citizenship and philanthropy. And the women I spoke with agreed that cause-related marketing works to accomplish exactly that, as it draws “people” into a purchase that they may not otherwise make, and because a donation is included in the money spent, the purchase suddenly seems less indulgent. Melanie said, “I think it works... I think a lot of people see the pink ribbon, and they believe that money is going to a breast cancer organization, and all of a sudden, they don’t have to feel guilty about buying the thing with the ribbon.” Dawn even noted that she did not fault the breast cancer organizations for taking this tack to promote their causes, saying, “I’m not crazy about the commercialization, but that’s not necessarily their fault. I think that’s the other people [corporations] trying to profit from it.”

Despite the prevalence of pink-ribboned products available nearly everywhere, many of the women said they did not necessarily reach for the item with the pink ribbon first while shopping. Natalie was an unabashed exception, choosing to do so in honor of her late sister, though first and foremost, she recognizes the pink ribbon as a marketing campaign. She said,

The organization will appeal to me more when I see that they're supporting breast cancer, because it affected me personally. I tend to see that, and kind of want to reciprocate, like "Oh, they're going to do something for them, let me get that product." And then I remember that product. That's why I said it's a really good marketing thing for them, if nothing else, from a business standpoint.

Others noted that when given the choice between two identical products, they purchase the one with the pink ribbon, because it benefits an organization they believe does good work. Melanie told of switching her product choices while in the store to the item with the ribbon because a certain portion of the proceeds would benefit an organization. Meanwhile, Karolina and Natalie both told of picking up products that they may not like as well as what was originally on their lists, simply because the alternative product supported a nonprofit.

And like most Americans, these women rarely make the effort to learn more about where a cause-related marketing campaign uses its proceeds, or even how much money a corporation expects to donate as a result of a partnership. Many attributed it to not having enough time; they are busy women: working full-time, being moms, working on graduate degrees, volunteering for causes they believe in, training for marathons. Others mentioned that when information about the donation is more difficult to find, as when it is not explicitly listed on the package, they rarely remember to look up the information later. Tami, though, said that she likes to know where her money is going when nonprofits are involved, and if she is unfamiliar with the charity, she will go out of her way to avoid a product with a cause-related tie-in.

Both Karolina and Brooke said the first thing that came to mind when they thought of cause-related marketing was the longtime Yoplait Yogurt campaign supporting Komen for the Cure. When the campaign began in 2000, Yoplait pledged to donate a nickel to Komen for the Cure for every 10 pink-ribbon foil lids that consumers mailed to Yoplait. The 2014 iteration of the campaign allows consumers to register certain General Mills products online in addition to sending yogurt lids to the company.

The company has pledged to donate up to \$1.5 million for each product code registered or lid received, though there are rolling dates and limits on how many of each type of redemption can take place. While Karolina agreed that such campaigns help to build awareness for breast cancer nonprofits, she believes the corporations benefit more, and expanded the idea using a high-end product as an example. She said

It's almost like a marketing gimmick for Yoplait or KitchenAid. You think about it, and a KitchenAid mixer is \$300 for the low-end one. Then you still have to buy all the attachments. And a pink KitchenAid mixer earns a \$5 donation? That's not right. This isn't about the nonprofit. It's about the corporation.

Dawn also noted her skepticism about the notion of cause-related marketing,

I know I've seen running gear, and golf balls with the little pink ribbons on them. But of course, you don't know how much – if anything at all – goes to breast cancer. That always makes me skeptical. You know, unless I see a name attached to it, Komen or whatever, I just assume it's marketing, trying to get people to buy stuff because they think they're helping out. There's a lot out there that is pink because they know people are going to think that the donation is going to a charity.

Those marketers – there's a lot of people who are going to think that it is a fundraiser, and they'll buy it, thinking that it's doing some good, when it's really just something that's pink.

An examination of the image construction of both the *26.2 with Donna* marathon and the Donna Foundation allows the race to potentially be interpreted as a branded, cause-related marketing product of the Foundation. The saturated pink websites of the *26.2 with Donna* and the Donna Foundation make clear that this is a local Jacksonville organization that benefits local Jacksonville women. The web presence of each organization emphasizes the accessibility of founder Donna Deegan herself. The implication is that because Deegan has been diagnosed with breast cancer on three separate occasions, she can empathize with every woman who has lived with breast cancer. On the gateway page to marathon registration for the *26.2 with Donna*, runners are encouraged not only to participate in all of the weekend's events, but also are encouraged to arrive early to take advantage of *26.2 with Donna*-runner-exclusive

discounts at local stores and restaurants. The websites also tell runners that their participation will “directly impact our mission for groundbreaking research and empowering those living with breast cancer” (Run 26.2 with Donna, 2014).

From the race registration process on the website to the race expo to the starting line to the race course to the post-race party, the atmosphere of the *26.2 with Donna* interpolates even the skeptical runner or stoic spectator. As the women I talked with noted, the signs welcoming them to Jacksonville as runners of the *26.2 with Donna* were everywhere, reinforcing the belief that the run they were about to embark upon was an important, noble task. Pink *26.2 with Donna* banners hung in airport concourses and in the baggage claim area. Pink *26.2 with Donna* billboards were posted along Interstate 95, the main thoroughfare in Jacksonville. Pink *26.2 with Donna* flags hung from light poles in downtown Jacksonville near the convention center where the race expo was held, and of course, along the race route. Large six-foot banners greeted registrants in official race hotel lobbies. Participants and their family members were urged to “FINISH Breast Cancer” near race venues, sponsoring organizations, and outside host hotels.

The race expo itself, held on Friday and Saturday prior to the marathon, feels like a life-sized version of the cheerful pink website. Runners enter through a massive welcome arch urging them to “FINISH for a Reason.” Though there is the standard royal blue pipe-and-drape familiar to any convention center, pink is everywhere else. The mostly pink-clad crowd of runners and their loved ones mills about, stopping at booths to look at information about “girls” running weekend trips and to examine T-shirts for purchase. As part of the speaker lineup that lasts all day, Donna Deegan speaks about the work her foundation has done, and 30 minutes later, Dr. Edith Perez spends 45 minutes describing the work to find an answer to breast cancer that is taking place in her laboratory at Mayo Clinic-Jacksonville. The next morning at the starting line, Deegan and a few others act as cheerleaders prior to the race gun going off, and many runners cross the starting line with tears welled up in their eyes or rolling down their faces. At

the finish line hours later, runners cross the timing mat, ending their marathon, and are met by family members who now have tears welled up in their eyes or rolling down their cheeks.

### Skepticism About Other Breast Cancer

#### Nonprofit Organizations

To some extent, for these women, the *26.2 with Donna*, the Donna Foundation, and founder Donna Deegan herself were interchangeable. They also felt strongly that the Donna was very different than other cancer nonprofits, including Komen for the Cure and the American Cancer Society. The Donna nonprofits can point to specific achievements, they said; the Donna Foundation can show that it has helped more than 7,000 women and raised more than \$2 million since its inception (About 26.2 with Donna, 2014). The 26.2 with Donna foundation can show that it has donated more than \$3.5 million to its beneficiaries, and in turn, the Mayo Clinic-Jacksonville can point to how it has used its share of that money to improve our understandings of and treatments for breast cancer. Melanie spoke specifically of hearing founder Donna Deegan speak at the 2013 race expo, and how the advancements of the Mayo Clinic breast cancer labs have helped cancer research as a whole,

It sounded to me like they had really been able to make some progress on identifying some of the gene-related things that could really help us find an actual cure. And, if people heard this, they would say of course that makes sense, but she was talking about how identifying certain pieces actually helps with identifying and curing all kinds of cancer.

And I think that people just focus way too much on one specific type and don't realize that they're all related on some micro level. Learning a little bit about each one of them is going to help them all.

What, many women asked, has the American Cancer Society done that is tangible? What does Komen for the Cure's awareness really achieve? The ability to

point to significant achievements and individuals whose lives had been touched by the Donna nonprofits was extremely important to these women.

Rachel noted that the Donna Foundation seems to be built upon benevolence toward those with breast cancer. This is what brings her back to the marathon each year, and what she believes makes the foundation worthy of support.

There truly is compassion from the people doing it and the people participating. So the people running it – as in leading it, and putting it on – and the people who are a part of it all kind of radiate compassion. I think you see it when an organization sets up accommodation for survivors and really reaches out to the public that they're trying to help.

That's where I think the Donna brings in the awareness. It's part of the emotion, too. Even just the speakers at the Donna expo, and those signs at the race – and at the expo – that say "Love," "Hope," "Faith." That's important, and I think they actually, explicitly share that.

Like her sister, Brooke said that she continues supporting the Donna partly because of the lengths that the Donna Foundation goes to in specifying how the money raised will be used.

They say, "You know, this is where the money is going. We want to do this for the women, and the families in the community." I feel like the Donna is very specific about it, which makes me feel – I guess – like my contribution is that much more important. Because I can see that the Mayo Clinic is going to be doing research on this, partly because of the money I spent and raised on this race. It's nice to see where my money is going, and it makes me feel better.

Though its IRS-form 990 indicates that it is a \$2 million-plus nonprofit organization, the 26.2 with Donna foundation maintains its grassroots appeal to runners. Perhaps it is the immediate accessibility of founder Donna Deegan herself. Deegan is quite open about sharing her own breast cancer story, which includes three separate diagnoses since 1999. She is at the race expo for nearly the entirety of the time that the convention center is open. She happily talks to anyone who stops her throughout the weekend, and she is friendly and empathetic as she listens to women's stories. Each year, she runs the marathon, often alongside her friends. In short, Donna Deegan seems like



many of the other runners at the *26.2 with Donna*, except all of the other runners are at the event to run for the foundation that bears her name, she gets to wear race bib number 1, and her running friends are Olympians Joan Benoit Samuelson and Jeff Galloway. Patricia said of the *26.2 with Donna* and the entire race weekend, “It’s a real rah-rah crowd. It’s a community event. The Donna makes itself known, and Donna herself is out there in the community. It’s just one of those warm-fuzzy races.”

Many women said they rarely felt the “warm fuzzies” from either the American Cancer Society or Komen for the Cure. Through Leslie, Patricia’s best friend since childhood, Patricia had prior experience running the Baltimore Marathon and fundraising for the American Cancer Society’s DetermiNATION team. Those fundraising efforts allowed her special benefits on race day.

The first year I did Baltimore for ACS, Leslie was alive. She did all the [fundraising] work. The second year, I did all the work, and Leslie was still alive. She died two weeks before the run. The third year, I’m going to do it, and I’m going to do everything. All of it. I thought, “She’s not here, but she’s going to be so proud of me.”

However, about three months before the 2012 Baltimore Marathon, Patricia received a call from the local chapter of the American Cancer Society. The representative told her that there were just three runners signed up to run Baltimore for the DetermiNATION team, and as a result, the nonprofit was pulling its team support for the race. The representative asked her instead to run the Marine Corps Marathon in honor of Leslie. Patricia was extremely disappointed.

When they said, “We want you to run the Marine Corps Marathon for us.” I said, “Guess what? I’m already running the Marine Corps Marathon, and it’s not for you. I’m running it for my office manager’s dad who’s a Marine Corps vet and is doing really poorly. I had a shirt made with his picture on it, and I’m running it for him, a two-term, active-duty Marine Corps Vietnam vet. I’m running Baltimore because of my friend who died from cancer who I’ve been raising money for – for American Cancer Society. And I’m running to go through those streets that mean a lot to me with my memories of her.”

They told me I could keep raising money for Baltimore, and they'd leave my website up, but they wouldn't have a team out there for support for me. I didn't care. I didn't wear their damn jersey, either. I wore my Love for Leslie shirt instead. I didn't raise \$3,000 like I'd raised in the past, but I did about \$1,500 for them that year anyway.

Brooke said her greatest frustration with American Cancer Society was its unclear goal, and how that affected its role as “the official sponsor of birthdays.”

I like how they're visual on TV, and they do the Relay for Life. They're a nice organization, but I don't know what the money goes toward. There are the commercials with celebrities singing “Happy Birthday,” and you know, they're like, “We want more birthdays” but I don't know what that means. Maybe they're giving money for – probably research, and maybe treatment, I don't know how they go about doing that. I don't know what American Cancer Society does.

Obviously, the American Cancer Society with the Relay for Life – they're raising money for cancer. To me at least, it's not very specific. It's an important organization, and I support what they do, but I don't think they're transparent.

Much like Brooke, Patricia questioned the American Cancer Society's work to promote its mission.

I think the question is, what's tangible about the American Cancer Society? All they give you is numbers. But you can go to St. Jude's Children's Hospital and see what your money is doing. I've run that marathon three times, and you go down there, and you run that marathon and it's a tangible thing. It's the same thing with the Donna. I mean, you go and it's tangible down there. You see what they're doing and where they're doing it.

However, Patricia also noted that the work that American Cancer Society and Komen for the Cure do is “a great job. It's not like it's a Ponzi scheme or something. It's not a bad thing, but it's like, it's not as obvious and doesn't feel as real as what Donna does.”

Lisa, who coordinated the Relay for Life efforts for two years at the school she teaches at, said she appreciates the American Cancer Society's emphasis on research, and that she trusts the organization. Dawn, too, supports Relay for Life and the American Cancer Society. She said that the cancer nonprofits she supports are reputable, the money

actually goes to fund research, and the organization works with multiple cancers. Lisa said,

I like working with Relay. I really do feel like the effort I'm making is going toward the American Cancer Society. I feel like my effort is making a difference. It might not be a huge difference, but I feel like I'm accomplishing something.

Natalie's memorial race for her sister actually benefits the state affiliate of Komen for the Cure, and she talked at length about her feelings about that organization, saying,

Even a couple years into the whole thing, local people will ask me, "Do you know what they really stand for, and do you know what they really support?" I'm just like, "Yes, I know." They'll shake their heads and say, "Well, if you choose another organization to support, I'll help you. But I'm not going to give to an organization that supports Planned Parenthood. Or an organization that doesn't support Planned Parenthood."

I think it's what happens with any other mega-charity or business. You can pull it apart and there's good and bad involved. I think Komen does more for the greater good than they harm.

In different ways, Melanie and Karolina talked of the issues that arise when a nonprofit organization attempts to ensure its publics are aware of its missions and efforts to fulfill that mission, while also being very aware of its spending. Melanie also wondered about the issues that come as organizations grow.

Not just American Cancer Society or Komen, but other big nonprofits, too. They target specific people to help them like big companies or big employers in the area to be like their main fundraising source. And that's how they make themselves known in the area, with this one big fundraiser a year where they just expect everyone to know what they do. And then when they get low attendance, they wonder why people didn't show up.

I think the problem is that fundraising like that leaves out the masses. The only way to reach the masses is to get down to their level and actually you know, put the people on the streets and let the people know about it. So with these bigger groups, it's like, we only know what the name stands for, but we don't really know on all different levels how active they are or what they do in the community. So there's more potential in that grassroots organization, I think.

Karolina spoke specifically of the challenges that come as organizations attempt to find that balance between what is necessary for awareness and what is irresponsible spending.

You know, they do need some of that for marketing, because how else are you going to make people aware of what is going on? But there's always, there's always going to be some controversy of where all the funds are going, and what percentage is going where. There are other organizations that are a lot better at this than Komen for the Cure, I think, where they're like, "This is what's going toward our research or toward this thing, or to people who have been afflicted with cancer." It's what the Donna does. It's very specific.

Patricia believes that the commonalities between American Cancer Society and Komen for the Cure exist mostly because of the organizations' comparative sizes. The larger the nonprofit, Patricia argued, the more likely it was to operate like a large, for-profit corporation.

The American Cancer Society and Komen – I put them on the same level. And what that means is the monies that they raise, they're using to pay board members, they're paying advertising, they're paying for all this BS, and a tiny portion of what's being collected is being channeled into research, maybe helping people living with cancer. Whereas the Donna Foundation specifically says what percentage goes to research.

Personally, I think Komen is nothing more than a snapshot of corporate America and its problems.

Beyond size, the Donna nonprofits are no different than most other breast cancer nonprofits: They work to raise awareness, they support those diagnosed with breast cancer, and they raise funds for research. The *26.2 with Donna* marathon serves as a national product that raises funds for the smaller Donna Foundation through the sale of race registrations, sponsorships, and donations; those marketing efforts simply take place on a smaller scale than the efforts of Komen for the Cure. The weekend of the *26.2 with Donna* sees Jacksonville awash in pink, and the color is nearly inescapable, much as our stores seem to be awash in pink during Breast Cancer Awareness Month in October. However, the grassroots atmosphere that the Donna foundations have managed to

maintain means that the runners I spoke with felt differently about this type of pinking. It is somehow less objectionable to them than cause-related marketing for breast cancer in October, and they do not resist the efforts of the Donna in the same way that many of them resist other cause-related marketing efforts. But regardless, the Donna nonprofits are clearly a part of all that the world of pink commerce represents.

### Runners can Change the World

These women decide to run the *26.2 with Donna* for various reasons, though many of those reasons are about the deeply personal connection the race allows them to express, and the access to a community with bonds forged through breast cancer. Whether they form a fundraising team, or convince friends to join them in running the marathon, they do so because they believe they have found the best breast cancer nonprofit organization available to support their experience with breast cancer. The Donna Foundation and the *26.2 with Donna* represent what these women believe to be the most appropriate and responsible option for supporting the breast cancer cause in which they so strongly believe.

Citizenship as a practice was not something that these runners explicitly named as one of the reasons why they participated in philanthropic fitness events. The notion of being a “good citizen” in terms of identity – being a self-motivated, self-sufficient, self-aware, honest individual who cares for others, and is willing to act in ways that benefit the world around her – initially underscored their descriptions of their motivations for running the *26.2 with Donna*. They are proud to raise money for an organization that offers a tangible benefit to a cause in which they believe. And if they are not actively seeking donations, they take a lot of pride in the mistaken notion that the entirety of their entry fee goes to support the Donna nonprofit organizations. In short, the women’s collective *26.2 with Donna* experiences all reflected an understanding that they were doing something significant, moral, helpful, and empowering. Despite these

understandings, though, as our conversations continued, the explicit citizenship theme slowly fell to the side as the women began to offer more personal reasons for their participation.

Regardless of whether they fully adopted the “good citizen” narrative, the runners’ understandings of the meaning their actions held for others was consistent with the message that the Donna Foundation and the *26.2 with Donna* nearly continuously reinforce: These runners’ efforts are important, meaningful, and just. The *26.2 with Donna* declares its mission of donating “100% of its race proceeds and raised funds to breast cancer research and care through the Donna Foundation” no fewer than six times on its website. A simplified message like this focused upon a seemingly grassroots organization makes the collective understanding crystal-clear: Running an event like this, or giving money to charitable organizations, is what good people, good Americans, do. Therefore, this reinforcement of the good citizen’s actions lays the groundwork for a nearly unquestioning acceptance that nearly any work done for nonprofit organizations is worthy work toward the betterment of society.

It is not surprising then, that the women I spoke with are not compelled to be skeptical of the *26.2 with Donna* or the Donna Foundation in the same way that they are skeptical of Komen for the Cure or American Cancer Society. It is not that they are looking for easy answers or are uncritical of charities generally. But they are looking for an organization that states its mission in a straightforward way, that allows for an understandable measure by which they can decide whether the nonprofit is meeting that mission. They want to know that their personal efforts of fundraising and running the *26.2 with Donna* are going to make a difference in a very real, transparent, tangible way. They believe the Donna foundations fit these requirements, in a way that some women suggested was rare in our current world. Brooke said,

Something that confuses me with the American Cancer Society is how they say, “Let’s end cancer.” It’s not a huge frustration, but I like the Donna more because they list more goals than “Let’s end

cancer.” I remember reading about actually helping women with breast cancer get transportation to appointments and for their families. Knowing that’s where that fundraising money goes is so much clearer. It’s nice to know where its money goes.

Maybe it’s just because I do have a medical background, but when they [ACS] say, “Let’s end cancer,” I don’t know what they’re talking about. Does that mean let’s get more people treated? Because that’s a great thing, to treat people, but the treatment kind of sucks. Is it to improve the treatment? Is it to completely prevent cancer from even starting? I don’t know what you want to do.

She went on to say,

I think that I like to see either the impact that it’s going to make or an actual change that is going to happen because of it. A certain event is put on because of donations or I can see people actually being changed from something.

Again, seeing a difference made in the lives of the people the organization claims to help is important. So, said Patricia, is the notion that a nonprofit organization is not a for-profit business.

I know Donna [the foundation] has a board of directors and I know it’s a big deal down there. But I put it on a different level than Komen, a different level than ACS. The Donna Board is not paid, they’re all volunteer. The head of Komen [Nancy Brinker] made, what, a half a million last year? It’s a big difference.

I give to ACS, and I don’t know where my money is going. But I go to Memphis and the St. Jude’s Marathon, I go to Jacksonville and the Donna, and I can see exactly where my money is going. It’s powerful to finish that run at Mayo Clinic or to run past little bald kids at St. Jude’s. I know what I’m running for... Donna [Deegan], she doesn’t want to be Komen. The goal is different. Donna doesn’t want to get rich off of this.

Patricia indicated the visibility of founder Donna Deegan was instrumental in her support of the organization. In fact, throughout the race weekend, Deegan seems to be everywhere all at once. Patricia also emphasized the importance of helping people in very practical ways.

What Donna is doing – where 100% of the proceeds of her race go to right back into research and she can prove that, I think – she’s so ingrained in the cause that she’s putting a lot of her own stuff on the line.

And Danny Thomas just created this monster hospital for children, and when you think about what they are doing for kids. I mean, how families can go down there and they can stay for free and the treatment doesn't cost anything – you know that the money that you're giving them is doing something tangible.

Dawn carefully examines organizations before she contributes and said she always wants to be sure that her donation will go to research or patient care. Tami and her husband do the same. Tami told a story of how she and her husband investigated **LIVESTRONG** when considering whether to donate to the organization. Their background work showed that very little of the donations the foundation receives actually goes cancer research; it is now used for counseling cancer patients and paying administrative feeds. Tami said they concluded the **LIVESTRONG** Foundation had become “basically a business and not necessarily a fundraiser anymore. If you look at Nike and **LIVESTRONG**, you're looking at two corporations, not a corporation and a nonprofit.”

Tami alluded to a feeling of dismay after she and her husband learned about **LIVESTRONG**, and said that she did not believe most people knew nonprofit organizations operated as a business. She echoed much of what Patricia said after her experience with the American Cancer Society and the Marine Corps Marathon. Patricia said,

I don't think the general population has any idea that these nonprofit organizations are corporations. I didn't realize they were big corporations until my experience with the Baltimore Marathon two years ago when they pulled their team and were trying to convince me to run the Marine Corps for them. I think everyday people just think they're giving money to this great cause.

Tami followed up, saying,

What I like about the Donna is that they send out the breakdown of where the money goes, and they show you exactly where the money goes, research and to help. If you request their form where their money goes, it shows so much went to women for childcare while they were in chemotherapy, so much goes for groceries for women. And I just really like that they tell you where your money is going, and you can see that it's going for practical purposes.



Every woman I spoke with mentioned that the transparency of the 26.2 with Donna nonprofit was extremely important to her. The notion that a nonprofit would be able to simply and clearly explain where its donations were spent – “100% of the proceeds” – was a captivating one, and was obviously a key factor in what kept these women returning. Brooke said, “I think any organization that says, ‘This is how we do it – we raise this money, and this is how we’re spending it.’ That’s really important, and just goes to show their dedication to whatever cause they have.” That transparency was also something that the women mentioned was generally lacking in other breast cancer nonprofits.

Karolina mentioned that a friend’s experience running the *26.2 with Donna* was why she herself initially considered running the marathon. The beauty of the flat course, great spectators, regular water and Gu stations were all important factors, but the biggest one was “that it was for *a good cause*” (*emphasis original*). She went on to say, “And that 100% of the proceeds were going to this cause. It wasn’t the situation you normally find, where there are administrative fees, and advertising fees, and this, that and the other thing before the actual charity gets the money.”

She continued,

It does make a difference when I know that overhead is high for an organization. Say all you could afford to give was \$100 and then you later find out that only \$5 is going to fund research and \$95 is going to pay some administrator’s salary or marketing. That would really make me think twice.

Karolina’s interpretation of the *26.2 with Donna*’s statement that it donates 100% of its race proceeds and raised funds to breast cancer research and care through the Donna Foundation was the same understanding that most of the women seemed to have. Until the fourth round of interviews, I did not ask the runners if they understood that the “proceeds” donated to the Donna Foundation and Mayo Clinic meant “net proceeds,” the money that was leftover after expenses were paid out of the race’s revenues. My

impression is that this was not the popular interpretation of the *26.2 with Donna's* promise.

### Making Meaning of the Donna Nonprofits

As I mentioned before, I attempted to maintain what I felt was a “professional distance” throughout my research process. However, my initial view of the *26.2 with Donna* website included a 45-minute, tear-filled stop on the “Why I’m Running” page, where marathoners post stories about the people for whom they are running, and my time at the marathon weekend in both 2012 and 2013 repeatedly tugged on my heartstrings. Some of my participants had posted their poignant stories here, prompting me to perform Google and Facebook searches for them, which I followed up with an email.

On the *26.2 with Donna* weekend, I found it was very difficult to maintain my professional distance. Even if one has resisted the upbeat, pink, breast cancer messages trumpeted from the website and the community support prior to arriving at the race expo, to enter the expo is to find oneself trapped inside the pink bubble that surrounds the entire weekend. It is an upbeat, friendly atmosphere. Listeners’ hearts and minds are captured by moving tributes to those who have died from breast cancer, those who identify as survivors, those in the process of treatment, and those who have yet to be diagnosed. The palpable enthusiasm for the breast cancer cause is made urgent, contagious, and nearly impossible to resist.

The baby pink atmosphere seems to create a magical, non-threatening space where women who are comfortable with traditional ideals of femininity thrive. The experience is a disarming, disorienting one for a critical cultural studies scholar. My weekend was spent running – rushing from my parents’ townhouse on Cape Canaveral Beach to Jacksonville for the race expo; then to our hotel, dinner, and an early bedtime; to finally, literally, running 26.2 miles – while surrounded by the hard, muscular legs and bodies of runners. However, it was impossible to run away from the softness, the

perceived womanliness, the overwhelming femininity of the weekend. On the whole, the experiences of the weekend invoke feelings of camaraderie, sisterhood, and the impetus to care for others; in my own memory, the weekend feels as if I was wrapped in a soft, fuzzy, pink angora sweater.

The warm, cozy feeling that the *26.2 with Donna* weekend invokes makes it easy to assume that the organization is meeting its mission while also being a responsible steward of its donors' and runners' contributions. The weekend itself feels as if it takes place within a safe space where one can let down her guard without fear of judgment – as long as one fits into and accepts traditionally feminine ideals. The result is unquestioning acceptance of the rhetoric that dominates the weekend. It is a space where one can imagine that every single other person in pink has had similar experiences to one's own. It is a space where emotion wells up nearly uncontrollably, and women hug virtual strangers as they share their stories. It becomes a sacred space for those with connections to breast cancer, a space where they enact the rituals of healing, mourning, and celebration.

The *26.2 with Donna* weekend is the intimate public of breast cancer and women's culture that Berlant (2008) defined. Like all well-executed intimate publics, the *26.2 with Donna* capitalizes upon the reinforcement of the gender roles that it has helped perpetuate. It does not allow space for questioning, it only allows for acceptance – acceptance of the rhetoric, and acceptance of the runner – as a part of the circle. No wonder, then, that the women I spoke with repeatedly return to this marathon experience. The event satisfies an individual craving to feel accepted, understood, and intimately connected, even among people one does not know. The *26.2 with Donna*, for the women I talked with, is a reliable source of comfort and acceptance, of helplessness put into helpful action, of pain transformed into healing.

### Why Aren't we Skeptical?

Ultimately, the *26.2 with Donna* differs from many other American marathons that take place on weekends across the nation. Most marathons in the United States are for-profit events that incorporate a charitable side by allowing selected runners to gain entry if they raise money for charities with which the marathon is partnered. The *26.2 with Donna* and St. Jude Children's Hospital Marathon are the best-known exceptions to that rule, in that everyone who participates in the race is considered a fundraiser by default. Those who register for the *26.2 with Donna* and then cannot participate because they are injured, pregnant, or cannot travel to the marathon are advised that race fees are non-refundable, but they should "feel good that 100% of race proceeds go to breast cancer research and care" (*26.2 with Donna* FAQ, 2014); in other words, they have just made a donation to the *26.2 with Donna*'s cause.

The Donna Foundation and the *26.2 with Donna* foundation present the marathon as a very local, grassroots race of the people that benefits a foundation of and for the people. Melanie said,

I think the Donna movement has grown so big... There are tons of people who have heard about it, believe in the cause, and think that she's doing a really good job because she has gotten down to the people who are working those night shifts, and are trying to put themselves through school and things like that. She is not just picking and choosing who she wants to help.

As all of my participants reiterated, runners are told that all proceeds that their *26.2 with Donna* race fees generate are used to support both the Mayo Clinic-Jacksonville's breast cancer research and the Donna Foundation. In multiple places, the *26.2 with Donna* website notes that "100% of raised funds go to breast cancer research at Mayo Clinic and to support the critical needs of those with breast cancer through The Donna Foundation" (*26.2 with Donna* fundraiser, 2014). The St. Jude website is more forthcoming about the monies that its runners raise, saying,

We do our best to keep costs at a minimum, but as with any major event, there is a cost associated with all SJMMW events. Once all

fees are paid for the event's production, any remaining proceeds will go back to the hospital. The best way to contribute money to St. Jude is to raise funds as a St. Jude Hero<sup>20</sup> (St. Jude marathon FAQ, 2014).

The Association of Fundraising Professionals (AFP), an international organization focused on continuing education and ethical development for fundraising professionals, sets general, industry-wide fundraising standards for nonprofit organizations' efforts. AFP suggests that it is difficult to measure a nonprofit's fundraising effectiveness using a one-size-fits-all model like cost to raise a dollar or return on investment (Association of Fundraising Professionals, 2014), though it also notes that cost to raise a dollar and return on investment measurements are the standards that most consumers and donors understand. AFP regularly notes that when evaluating fundraisers, an organization must consider other factors besides the financial return; perhaps a fundraiser generates enough local, regional, or national interest and attention for the organization that it justifies a high cost per dollar raised. Despite this, the generally agreed-upon guidelines suggest that nonprofit organizations should consider an event fundraiser successful if it spends no more than 50 cents per each dollar raised. Most fundraising events struggle to meet this 50-cent standard, though many are able to hit the standard of no more than 75 cents spent per each dollar raised (Supporting Advancement, 2014).

Early in the research process, my own background in fundraising and events – and experiences gained as a governing member of the Board of Directors for an active nonprofit organization – piqued my curiosity regarding how much the *26.2 with Donna* marathon actually cost to produce. Over the next year, I became frustrated with the lack of information available. Through the use of GuideStar.org, an online resource that aims to help donors make informed decisions concerning their giving by providing transparent information on nonprofits and their mission, impact, governance, and finances, I easily

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<sup>20</sup> A St. Jude Hero is a marathon runner who commits to raising money for the hospital at the St. Jude Marathon. There is no fundraising requirement for this designation – the donation can be as small as \$5.

found the Donna Foundation's IRS-form 990s from 2010 and 2011.<sup>21</sup> However, even after searches on the IRS website, I was unable to find the 26.2 with Donna foundation's IRS-form 990s. Early in 2014, one day away from calling the 26.2 with Donna race offices to request a copy, I found the 2013 IRS-form 990 on GuideStar.

In recent years, the 26.2 with Donna foundation has struggled to meet most public financial standards for nonprofit organizations. In 2011, the 26.2 with Donna foundation reported revenue of \$2,672,620 and expenses of \$2,701,479, which resulted in a net loss of \$28,859 (IRS-form 990, 2013). The IRS counts grant contributions – in this case, the monies donated to the Mayo Clinic-Jacksonville and the Donna Foundation – as part of an organization's total expenses. In 2011, the 26.2 with Donna foundation reported \$2.7 million in expenses. Of the total expenses, 30% (\$821,197) were grant contributions, with \$575,838 given to the Mayo Clinic and \$246,359 given to the Donna Foundation. Event operations, as listed on form IX of the IRS-form 990, accounted for \$1,042,040 of the 26.2 with Donna foundation's expenses. Therefore, in 2011, 70% of the 26.2 with Donna nonprofit's reported expenses were related to functional expenses including salaries, travel, advertising, rent, and race costs. For a team that raised slightly more than \$3,000 like Dawn, Patricia, and Natalie's did, only \$900 was donated to research and the Donna Foundation.

On the whole, 2012 was a difficult year for the 26.2 with Donna nonprofit. It reported revenue of \$2,179,894 and expenses of \$2,444,120, a net loss of \$264,226. Of the \$2.4 million in expenses in 2012, 18% (\$433,580) were grant contributions, with \$300,258 given to the Mayo Clinic for research and \$133,322 given to the Donna Foundation (IRS-form 990, 2013). Event operations, a category that includes salaries,

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<sup>21</sup> The most recent years for which the Donna Foundation's IRS form 990 was available were 2010 and 2011. In 2010, the Donna Foundation itself gave away \$114,206 in grants, accounting for 44% of its expenses. The Foundation finished the year with a net income of \$58,678. In 2011, the Donna Foundation gave away \$130,877 in grants, which accounted for 47% of the organization's expenses, and finished the year with a net income of \$33,078.

travel, advertising, rent, and race costs, among other things, accounted for \$1,150,280 (82%) of the marathon's expenses (IRS-form 990, 2013). Therefore, a donation of \$3,000 from a team like Dawn, Patricia, and Natalie's would have resulted in \$540 given to the Mayo Clinic and the Donna Foundation.

It is difficult to tell from the IRS-form 990, but it appears that the 26.2 with Donna foundation truly is donating 100% of its proceeds from the race to the Mayo Clinic-Jacksonville and the Donna Foundation. Regardless, the current fundraising structure does not lend itself to long-term sustainability. My immediate reaction was a feeling of deep disappointment for the women who participated in my project. The women I talked to all had much faith and confidence in the Donna Foundation. Though many were skeptical of Komen for the Cure or American Cancer Society, they trust the Donna nonprofits to do exactly what they say they will. I believe this trusts largely results from the grassroots, transparent image the pair of nonprofits has crafted and has continued to maintain. And personally, when I read the IRS-form 990 forms for the 26.2 with Donna nonprofit, I was surprised to see that only 18% of the organization's 2012 expenses were dollars given to the Donna Foundation. I had expected the figure to be low, but I thought at the very least, the organization would have donated 25% to both the Mayo Clinic and the Donna Foundation.

When I attended the 2012 *26.2 with Donna*, the race was smoothly executed, with one exception. From its inception, the race had provided runner and spectator transportation from the host hotels to the start line at the Mayo Clinic. In 2012, the organization apparently did not contract enough charter buses to take runners from their hotels to the starting line. Along with 10 other spectators and about 40 runners, I climbed off the last bus from my hotel to the start line about 25 minutes after the race's delayed start; it had to be a terribly nerve-wracking experience for the runners. However, aside from the bus issues and missing the rituals that took place as the race began, my 2012

impression was that the *26.2 with Donna* was a well-executed event whose leaders seemed to have everything under control.

In 2013, the year I ran the marathon, my impression was similar – getting to the start line of the *26.2 with Donna* was again a nightmare, though this time there were no buses to blame. In 2013, nearly all runners were responsible for their own arrivals at the start. I climbed into a cab outside of my hotel at 4:45 a.m., nearly three hours before the gun. I expected that ride to take 15 to 30 minutes. Instead, it turned into a 75-minute creep at two miles per hour for the last two miles of the trip. A car accident, along with a traffic jam outside the starting gate and parking area, meant the marathon began 30 minutes after its scheduled start time of 7:30 a.m.; the race course used that road as part of its first mile, so until traffic cleared, there was nowhere for runners to go.

Beyond the transportation issues, just as in 2012, the 2013 *26.2 with Donna* itself seemed to be smoothly executed. The race packet pickup at the expo was well-organized, with friendly volunteers, an easy activation of my timing chip, and many informed people available to answer questions. My goodie bag, a black running shoe bag with the pink *26.2 with Donna* marathon logo screen-printed on it, was full of fun things, and the vendors at the expo gave away good swag, including food samples, reusable shopping bags, T-shirts, and samples of Kinesio-tape and Bio-Freeze. The race course itself was beautiful, clearly marked, with friendly volunteers at water stops and first-aid tents. Bands and DJs kept the course lively, and there were a wide variety of items and stations at the post-race party: food, massages, a bouncy castle for kids, first-aid, and drinks. During my time on the course, it seemed like a great race that the runners really enjoyed.

In retrospect, the *26.2 with Donna* felt like a much bigger event than a race that attracts 6,380 runners for its distance events. The amenities, the swag, the presentation of the course felt suited for the nearly 17,500 runners at the Medtronic Twin Cities Marathon and its associated events, or the 39,000 at the Chicago Marathon. Certainly, any marathon that expects to keep growing must not only retain runners, but also must



continually attract new runners. To this end, the make-or-break details that runners discuss on message boards are the things at which the *26.2 with Donna* excels, and a race organizer could reasonably expect an eventual payoff, both in terms of an increased field of runners and in donations, for investing in these details.

Now, having seen the organization's financial statements from 2011 and 2012, I wonder if all of those niceties were necessary, and as I finished writing my dissertation, I found myself questioning the leadership of the *26.2 with Donna* nonprofit. From a public relations standpoint, I wonder why they do not note that race expenses must be paid before donations can be made, as the St. Jude Marathon does. As any public relations or crisis communications professional will say, being upfront and honest alleviates many issues in the end. Beyond the public's lack of understanding of how the *26.2 with Donna* nonprofit uses its funds, I wonder about the financial aspects of the organization. How can costs be trimmed? Are the sponsorship levels appropriate, or are they leaving money on the table with their sponsors, simply by not asking enough? How can they encourage more and larger donations from runners, encourage more runners to form fundraising teams, or find more corporations or individuals willing to participate in matching donations? And perhaps most disturbing to me, how has the Board of Directors, the individuals who bear the weight of the fiduciary responsibility of a nonprofit organization, allowed this kind of seemingly irresponsible fundraising ratio to happen? Of course, without seeing a budget breakdown or a sponsorship packet, there is no way for me to know the answers. But they are valid questions, and they are questions that all donors have a right to ask.

#### Reactions From the *26.2 with Donna* Runners

My dissertation writing was nearly complete when I found the *26.2 with Donna* foundation's 2012 IRS-form 990 for fiscal years 2011 and 2012. I knew I needed to talk to my participants to learn whether this newly unearthed financial information affected

their perception of the race experiences – and the extent to which it potentially affected the meanings that they had created about the *26.2 with Donna* marathon. The question was whether that supplemental work would happen prior to my dissertation defense or after. It was soon obvious that the work needed to be done immediately.

I felt as if the final conversation with my participants reinforced the power dynamic I had worked so hard to manage throughout the research process: Suddenly, instead of working with the participants to learn together, I was the authoritative researcher calling with information to show the participant that her perceptions of the Donna nonprofits were wrong. As a result, I was nervous as I considered how I would approach this final conversation. I had come to really enjoy my conversations with these women, and they are people I truly like. No one wants to be the bearer of bad news, and I did not want these women to feel as if I was attempting to “ruin” the *26.2 with Donna* experience for them. After all, earlier in the interview process, Dawn had said that even though she did not plan to continue running for others, she would consider returning to the *26.2 with Donna* because of its reputation. Dawn said,

But I'd still like to go back and do it again, because part of your entry fee – or your whole entry fee does go to the charity, but... You know, I think I'm just one of those: I'm going to run if I want to run. I'm going to donate to who I want. And I don't usually get the two of them mixed up.

And Brooke mentioned in a previous conversation that she took a long view toward the *26.2 with Donna*, and its meaning for her, her sister Rachel, and their friends.

You know, I want to be like 60 years old, no matter where I'm living, and come back and meet my friends, who we always run the race together. This race, with my friends, is just so special to me. It's really exciting, and it's something I... I *love* this race. I look forward to it every year. And I'm so excited about it (*emphasis original*).

So as I considered how I would present the financial information, I felt as if the immediate emotion they would convey in our final conversations had the potential to go a few different ways. First, I thought at least two women would be furious that 82% of the

nonprofit's revenues were spent on functional expenses in 2012. Second, I thought some of the women would feel betrayed by the information, but eventually would find themselves supporting the race again. Third, I believed that for a few of these women, this information would not affect their decisions to be involved with this particular charity; they would likely continue their affiliation with *26.2 with Donna*. I anticipated that they would take the position that the *26.2 with Donna*'s "heart" was in the right place – indeed, there is no denying that the organization does good work for people who need that work to be done. Further, the emotional impact and the feeling of sisterhood that surround the *26.2 with Donna* itself, along with the meaning that they each have accorded this weekend event, may have been enough to keep them coming back, contributing, and fundraising, regardless of what the financial documents show.

However, I had previously promised to send each participant a PDF copy of my completed dissertation, and the financial information obviously would be included in that document. I did not want that to be how they learned this information. After everything they had done for me, I felt I owed these women the courtesy of answering their questions, providing explanation about the IRS-form 990s, and giving them space to consider their thoughts and reactions. And so I made the phone calls.

When I shared the financial information with my participants, they expressed a range of emotions: disappointment, anger, surprise, and betrayal. Lisa, Melanie, and Patricia each initially seemed to be a bit jaded; they said they were disappointed, but not surprised. They implied that the nature of the nonprofit "business" was such that they had almost expected this kind of information to appear eventually. Melanie cited recent volunteer experiences with a local nonprofit board as crucial to her understanding of the information.

I am not all that surprised. I definitely wish it was better. I'm doing some work with a nonprofit right now, and I have been surprised at the number of them who have similar situations going on with their fundraising. I didn't realize how inefficient a lot of

these organizations are. So my initial reaction is that I'm not all that surprised.

Rachel was clearly disappointed in the news, though she also explained that she had understood that "100% of proceeds" did, in fact, mean net profit. Thus, she was not surprised at the information.

I guess I'm not surprised, really. I understand that things aren't 100% free. You can't put a race on for free. I knew it wasn't 100% that would go back, even though it's advertised as that. I'm not angry. People have to make a living, and events cost a lot of money to put on. I just wish they said it differently.

Rachel went on to explain that she wished the Donna had been more transparent in its messaging about the financial impact of the race.

Patricia seemed to spend the majority of our conversation processing the information I shared with her. She declined when I offered her the opportunity to consider the information over the course of a week and talk later. Initially, Patricia said,

It just doesn't surprise me. I was hopeful that this was not a Susan G. Komen or an American Cancer Society. I mean, I already know those places are big businesses.

So I guess the lesson is that this is the way nonprofits are run: It's a business. And I know you have to do this, to call. But you know, I still think her heart's in it... I mean it's hard not to be disappointed by this information. But it doesn't sour me at all. It's sad, but it is what it is.

I then expressed my own disappointment to Patricia, and told her my disappointment stemmed from two places: First, for these nine women and their emotional connection to the race, and second, a result of the dismay we feel when we discover we have been betrayed. In response, Patricia continued,

Honestly, I'm not disappointed at all. I'm not the least bit deterred in her vision. I think it's all very positive, despite your information. Despite your information, I'm still a believer in what she is doing. It's a big business, but no, I'm not deterred. I think it's all very positive. It's just how it is and I'm not surprised.

Brooke, Karolina, and Tami seemed shaken when they initially heard the financial figures, and each asked very detailed questions about the information. As a result, I offered to send both the PDFs of the IRS-form 990s and a separate analysis of the

information they could find on the forms, and to give them a week to consider how they felt. Each of these three women wanted an opportunity to look more closely at the financial information and to think about their responses. When we reconnected a week later, though they understood the information better, their feelings, it seemed, still centered on frustration and disappointment. Karolina's initial reaction was disappointment, but rather pragmatically, she said,

I hear about the *26.2 with Donna*, and I'm excited about the prospect of a foundation that is working to help women, anyone with breast cancer, and helping a community, and raising awareness. You know, it's kind of a blow to hear that even with all of your hard work and all of your effort, only a small fraction is going back.

The thing is, if it's something you believe in, you're still going to fundraise for that cause. Because even if it's eight cents out of every dollar, it's still eight cents that goes to help someone. At least something is going back to help.

Karolina went on to mention she felt the Donna's choice to promote its fundraising as "100% of proceeds" instead of something more forthcoming that acknowledged that "proceeds" actually means "net income," influenced her overall perception of the *26.2 with Donna* foundation. She told the story of three friends who ran the *26.2 with Donna* in 2014. It was the group's first marathon, and two of the women opted to fundraise for people they loved who either had breast cancer or had died from complications of breast cancer. She said,

I'm sure that they're [her friends] not aware that it's only a small fraction that's going back to help people. It says 100% goes back. They decided to fundraise, and that was part of the whole thing, 100% of the proceeds are going toward research and helping people. So in a sense, my friends were lying to raise money. They didn't know this information, but if they had, they could have just said, "Funds are used for research and for cancer care." That would feel more honest.

So if they [the *26.2 with Donna* foundation] were a little more forthcoming on what the percentage is that's going back, I would feel a little better. And whether it's 50% to administrative costs and 50% goes to helping women, then they need to do that. I really believe people will fundraise for the Donna regardless. But they don't want to be lied to.

In other words, the 26.2 with Donna nonprofit's ambiguous disclosure of "100% of proceeds" donated to cancer research and care is potentially more devastating than if the organization were explicit about the use of its monies. Brooke, the older of the sisters who lost their mother in 2006, agreed with much of what Karolina said, and added,

I wish it was different. I thought it would be more profitable – or true to what they said they are doing. They say they are raising so much money and doing so much for the community, and that is absolutely false advertising. When they are \$200,000 in the negative in 2012, and they are only donating 18% to people who really need it, well, that is just a lot of money...

So much more could have been given to people who actually need help. Chemotherapy is not cheap.

Natalie, who hosts her own race in memory of her sister and in honor of her mother, with proceeds sent to her state Komen for the Cure office, said that she was surprised and disappointed.

Because we're doing this thing that we love and believe in, this is so disappointing and disillusioning for me. If I'd known it was only 30% of what I raised that was going to help someone... I thought it was 100%, and I always thought to myself, "How great is that?" If I'd known it was only 30%, I might not have done this. I didn't raise a lot of money, but what I did raise, I felt like, "Well, that's something, and it's all going to help someone." I raised that money doing something I love, and then there's the tie that I feel to my mom and my sister with this race.

Had I known this, I would have donated money directly to a family or a hospital or something (laughs). I could've just gone for a run and donated what I spent on airfare and a five-star hotel to somebody I know and had a bigger effect (laughs).

The issue, of course, is that many of the women I talked with interpreted "100% of proceeds" as "all of my entry fee." It seems they stopped at "100%," not moving on to process "proceeds" as "net profit." However, to some extent, the *26.2 with Donna* website seems to have been written carefully, perhaps to capitalize upon this sort of a response from its runners and supporters. In fact, there is only one place on the website where I found the words "100% of net race proceeds,"

*26.2 with Donna* is the only marathon in the world that donates 100% of net race proceeds and raised funds to breast cancer

research at Mayo Clinic and care through the Donna Foundation. Directly impact our mission for groundbreaking research and empowering those living with breast cancer. Fundraising is not required! Your registration alone is a great contribution to the cause (26.2 with Donna Run, 2014).

Of course, it is also possible that the directors of the 26.2 with Donna foundation trust that the individuals who are visiting their website will interpret the statement of “100% of proceeds” at face value, understanding that it automatically means 100% of race income less race expenses.

However, in the face of the IRS-form 990, all of these women agreed that the notion that “100% of proceeds” are donated to help fund cancer care and research is misleading at best. And while the women were upset by this lack of transparency – Brooke said she felt that she’d been lied to – ultimately, the affection they feel for the experience of the *26.2 with Donna* race weekend seemed to outweigh those major concerns for many. After learning about the financial state, the women who declared that they would not run in the *26.2 with Donna* again were runners who previously had shared with me that they had decided not to participate in the race again in the near future. These women generally fell into two camps: Either they were not interested in training for and running another marathon, or they felt that they had gained the healing that they needed from the *26.2 with Donna*. And on the other hand, the runners who had previously said they were looking forward to running the *26.2 with Donna* again in the future said they were still looking forward to participating.

Brooke was the exception. In earlier conversations, she said she wanted to be able to run the marathon with her girlfriends for decades to come, enjoying their friendship and supporting women with breast cancer. In our third conversation, she mentioned that while her current schedule did not allow her time to train for the 2014 marathon, she had planned to register for the 2015 *26.2 with Donna* within the first week or two that registration was open. During our fifth conversation, Brooke said,

I would be much more willing to do this again if the Donna [marathon] turned their finances around. I just don’t understand

how an organization could mismanage their money that badly and do it again the next year. I'm hoping that 2013 looks a lot better for them. Because I already signed up to run 2015 (laughs), and I don't want to be a part of this race, at least not the way it is now.

However, Brooke's sister Rachel was not fazed by the financial information. She registered for the 2015 event just a few days after she ran the 2014 marathon, and said,

I'm still willing to support them 100% going forward. I think the experience means more to me than the money. I pay my entry fee, I get a hotel room, I go with friends, and I have the best experience of my life. I look forward to this weekend for 51 weekends a year. *It is the experience that matters to me*, and I guess I'm not as worried about the money (*emphasis added*).

Lisa, who does not plan to run another marathon, said that she thought the personal connection women had to the *26.2 with Donna* would trump the disappointing financial information for many runners. She said,

And I think that's what it's all about. It's the experience that you have while you're running it in front of all these people who are lining the streets, thanking you. It just becomes very personal. It's about breast cancer and doing *this* race for a specific person (*emphasis original*).

Tami took it a step further, saying that she may still feel compelled to fundraise if she ran the *26.2 with Donna* again,

Even though I'm fully aware that it isn't a great fundraiser, I would still run it. And you know what? Because it's the only breast cancer marathon out there, I might fundraise, too. Knowing the foundation is not in great financial shape is disappointing, but there's still that little bit of money that goes to care and research. And that really matters to me.

Patricia, too, said she believes that the personal touches that are ingrained within the *26.2 with Donna* – marathon founder Donna Deegan is readily accessible to runners, thousands of spectators line the streets wearing pink, the entire city of Jacksonville feels as if it supports the *26.2 with Donna* – will help the marathon foundation overcome its current financial situation. Patricia said, "It's very important that Donna Deegan is still involved. There's a face to this. She's doing a fabulous thing, and as long as she's a part of it, they will be able to overcome this."



I believe that the cozy pink bubble that surrounds the *26.2 with Donna* race weekend reinforces this outlook. The non-confrontational, accepting, supportive environment makes it easy for the race's participants to relax and let down their guards. The warmth that founder Donna Deegan, the volunteers, the Jacksonville community, and the other runners exude reinforce the pink bubble, and make it difficult to challenge or question not only the information shared during the race weekend, but also any information learned outside of that pink bubble of the race weekend. The atmosphere of the pink bubble does not just encompass the race weekend. It goes a step further and influences the reputation and image of the *26.2 with Donna* and the Donna Foundation themselves, perhaps coloring these women's responses to this financial information.

Again, it is difficult to be skeptical inside the pink bubble. For example, in an early conversation, Karolina noted that if she were to find out an organization was spending what she deemed to be an inordinate amount of money on its overhead expenses, she would not donate to that organization. But by the end of our final conversation, she had softened her stance regarding the *26.2 with Donna*, saying she would consider running the race again, despite this financial information. Her rationale is that even a small contribution was helpful for Jacksonville-area women who received assistance from the Donna Foundation.

The generosity that the Donna Foundation and the *26.2 with Donna* show toward the women of Jacksonville and the larger breast cancer community through the Mayo Clinic's research is compelling to these women, and it feeds the space of the larger pink bubble. However, I believe the most compelling aspect of the notion that "100% of proceeds" go to cancer research and care is the emphasis that the Donna Foundation puts on cancer care. These runners understand their own involvement with the *26.2 with Donna* as being about others. However, they do not simply run for the person in their lives who has been affected by breast cancer. They also run for other women with breast cancer – women they do not know who receive financial assistance from the Donna

Foundation, women who find themselves in situations that any one of these runners could also experience.

In this way, Berlant's (2008) women's culture adds another layer of intimacy to the act of running the *26.2 with Donna*. The women of Jacksonville who benefit from the Donna Foundation are largely nameless and faceless, until one is on the *26.2 with Donna* course. In the streets near the beach, as a runner moves past spectators who repeatedly say thank you and shout words of encouragement, it becomes easy to imagine that this woman here – as well as the one on the next corner wearing a pink headscarf, and the woman three blocks down wearing a pink shirt and cropped haircut – are beneficiaries of the work of the Donna Foundation. And so, at least in a runner's imagination, the spectators who seem to exhibit tell-tale signs of cancer treatment and survivorship are also beneficiaries of the work that the runner herself is doing on the marathon course. These spectators make the runner's time, effort, energy, and pain worthwhile.

Rachel, who said that the *26.2 with Donna* experience means more to her than the money raised does, ended our final conversation saying, "The good that they do outweighs this. The money is important, but it's the motivation and the encouragement and the passion that people have for this race and breast cancer. And that will forever be more important to me."

#### Meaning-Making and Financial Reality

It is important to remember that the *26.2 with Donna* nonprofit and the Donna Foundation are not scams. Patricia's observation that Komen for the Cure and American Cancer Society are not Ponzi schemes applies just as clearly to the Donna Foundation and the *26.2 with Donna* foundation. The marathon has committed to transforming itself into a national force and a major destination marathon – the *26.2 with Donna*'s web address is [www.breastcancer-marathon.com](http://www.breastcancer-marathon.com), and the organization's information proclaims it is the "National Marathon to Finish Breast Cancer." So, in one view, the *26.2 with Donna*

nonprofit, as of its 2013 IRS-form 990, could be simply a legitimate nonprofit organization that finds itself in an unfortunate financial situation. It is possible that the 26.2 with Donna nonprofit's financial documents from 2011 and 2012 are simply bumps in the road, the growing pains that happen when an organization works to move from a regional entity to a national one. If this is the case, perhaps a year or two of scary, seemingly irresponsible financial figures are not the worst thing in the world. If, by 2015, the 26.2 with Donna nonprofit spends closer to 60% on the Mayo Clinic and the Donna Foundation and only 40% on expenses, it will be viewed as a successful nonprofit organization, and few will question its decisions in 2011 and 2012. However, if it continues on its current path, not only is its fundraising model unsustainable, but it likely will encounter significant donor pushback.

Of course, for many of the women, disappointment was an initial, significant part of the comparison between the meaning they have created about this race and the financial situation shown on the 26.2 with Donna nonprofit's financial documents. By the time our conversations ended, many of my participants indicated that they were moving past that feeling of disappointment – or at least that they would be able to reconcile the meaning they had previously created about the *26.2 with Donna* with the evidence that the IRS-form 990 showed.

Even those who believe they practiced due diligence prior to donating to the *26.2 with Donna* were not able not understand the entire financial picture before our final conversations – the information was simply not available to them. I do not fault their ignorance; they have done the best that they could to seek out the information they required to decide whether to support this nonprofit. And in this case, until recently, the only information available included promotional pieces produced by the Donna nonprofit organizations and adoring media accounts produced by local and regional media outlets. No matter how savvy one is about the backend process of a nonprofit, relying upon these two sources rarely will provide a full understanding of a nonprofit's financial status.

Finally, most Americans are unaware that the IRS-form 990 exists. They are unaware of exactly what kind of information it provides, unaware that it is a document that even private organizations must make public, unaware that it is perfectly within their rights to request a copy before they donate anything to a nonprofit organization. Few Americans know how to interpret an IRS-form 990; after all, it is a tax document written by and for tax accountants. Even as someone fairly knowledgeable about the process, it was difficult for me to locate the document. Once I did, I enlisted the help of nonprofit professionals and an accountant with nonprofit tax expertise in order to ensure my interpretations of the organizations' financial status were accurate.

I do not believe that any of the women I talked with willfully disregarded information about the *26.2 with Donna* that should have been taken into consideration; I believe that they all sought the most information they could find from the most trusted sources they could access, and then acted upon that information. They did just what any average American would do. Indeed, in some cases, these women likely did more work: They searched out a nonprofit organization that fits their personal interests and seems as if it does its work in reputable ways. Unlike the **LIVESTRONG** information that Tami and her husband found or recent accounts of Komen for the Cure, the popular press coverage of the *26.2 with Donna* is highly positive. Donna Deegan has not found herself at the center of a scandal that revolves around her work performance, nor has anyone publicly questioned the work that her foundation does. The reputation of the Donna Foundation and the *26.2 with Donna* marathon is intact, and most media coverage of the nonprofits is nothing by complimentary. In fact, until I found the organizations' IRS-form 990s, there was no significant, easily discoverable reason for a donor to question the organization's intent or use of its funds.

However, despite the *26.2 with Donna*'s language referring to "race proceeds" and donations, I am surprised that many of the women did not understand that "race proceeds" did not include race expenses. Many of them were under the impression that

“race proceeds” meant “gross revenues” rather than “net income.” On some level, this suggests a naïve ignorance of how nonprofits and businesses operate from these otherwise intelligent and sophisticated individuals. Perhaps it is our cultural belief that nonprofits do not need to operate as for-profit businesses do, or perhaps it is our human desire to believe that our own best efforts have an important and lasting impact on the lives of others. Regardless, I expected at least one of the women I talked with to have articulated concerns about what the total dollar amount of “net proceeds” was. No one did, at least not until I talked to them about the financial information.

And while the women’s lack of awareness may not have resulted from ignoring easily-found information or a refusal to seek out information that may have been damaging, it does carry an element of wishful thinking – wishing that the organization was as good as it seemed, wishing that all of the money they donated to the Donna would be passed on to a patient or research. They assumed they could rely upon the 26.2 with Donna foundation’s implied goodness, simply because it is a nonprofit. I do not think this is a different response than most Americans would have had, if they found themselves personally, emotionally connected to an organization within the intimate public of breast cancer.

### Bringing It All Together

The pink bubble, especially when considered within a neoliberal culture with a specific notion of a moral citizen, has a low tolerance for questions about breast cancer. Thus, it creates a restrictive intimate public where the notion that running for someone is the right thing to do, it is the moral choice, and the decision to do so sets these runners apart from other runners. The notions of moral citizenship – health, self-sufficiency, a willingness to care for those who cannot care for themselves, a generous heart, and an open pocket book – provide an environment primed for the creation of the intimate public of women’s culture, especially one that works with breast cancer. The embodiment of

the women's culture of breast cancer within the pink bubble repeatedly reassures runners that by supporting breast cancer, they are doing the right thing, and in fact, this (in this case, the *26.2 with Donna*) is the right nonprofit organization to support. It becomes extremely difficult to be skeptical in this pink bubble, as the bubble renders moot any questions about the reproduction of ideologies of gender, race, class, citizenship, or health. Therefore, any resistance that these women may have is slowly stripped away as they experience the race weekend within the atmosphere of the pink bubble. The notion that their efforts within this weekend are just, right, and moral are continually reinforced within this space. The space for questions regarding the worthiness of the organization or the cause shrinks as the women are immersed within the race atmosphere, and further shrinks as each woman continually creates and recreates personal meaning about the *26.2 with Donna* and the Donna Foundation. As the space for questioning shrinks, the location of the pink bubble as a sacred place for those who have had a deeply personal connection to breast cancer grows.

Of course, these marathoner-fundraisers have agency. They have the right and the ability to question the nonprofit organization to which they are donating their time and money, and they have the right and ability to investigate exactly how that time and money is used. They have opted to enact their own power through running, to alleviate the sense of powerlessness they felt upon learning of a cancer diagnosis, to find connections with others, or to undertake a physical challenge for a "good cause." However, they are exercising their power within the restrictive space of the intimate public of women's breast cancer culture. In doing so, they are contributing to a cause they believe in, and they are doing so in the best way that they know how, in the best way that it is possible for them to work within this created community.

Indeed, at the most basic level, questioning breast cancer culture – particularly within the pink bubble itself – is often publicly interpreted as questioning why we feel compelled to find an answer to this disease. It is simply not allowed. This cultural

inability to interrogate breast cancer culture is an important part of why corporations find the disease so attractive as a cause-related marketing tactic, why so many join the intimate public of breast cancer culture, and why it is difficult to be skeptical of certain types of breast cancer nonprofit organizations: In the end, after all, who can be *for* breast cancer?

## CHAPTER 6

## LONG MAY YOU RUN: CONCLUDING THOUGHTS

From the American Freedom From Hunger's first fundraising walk in 1968 to the hundreds of run/walks that will take place in the United States this weekend, the advent of the philanthropic fitness event has altered how Americans experience our national lived culture as related to health and fitness, philanthropy and voluntarism. This project has been a study grounded in the collision of the opportunities that simultaneously appeared in the philanthropic, running, and illness communities in the United States in the late twentieth and early twenty-first centuries. As the fitness boom exploded and Americans became more willing to discuss cancer more publicly, consumer products labeled with pink ribbons began promising a feeling of community through their purchase, and shifts in government forced a national understanding that nonprofit organizations are necessary to take care of the less fortunate in our society.

Instead of serving as a challenge for a few thousand men to attempt each year, the marathon is now a cultural location where ultra-fit and healthy men and women run (and walk) to raise funds for those who live with disease. The shifting meaning of the marathon has taken place within a changing context of Americans' understandings of health, fitness, voluntarism, philanthropy, and illness. Many running Americans – from 5% to 20% of marathoners, novice or experienced, in any given weekend marathon – do not choose to run long distances solely for themselves. Now, they run long distances for others – to raise funds, create awareness, and belong to a larger community. These shifting cultural circumstances have allowed space to examine the rise and entrenchment of the intimate public of breast cancer, the philanthropic fitness event as a site of healing, and the intense connections that runners feel tie them to a specific nonprofit entity or race.



Further, clever nonprofit organizations have capitalized upon these changing conditions to strengthen connections between their causes and citizens. Each year, greater numbers of physically active Americans sign up to run marathons and half-marathons than the year before. Cancer diagnoses are on the rise in the United States and show no sign of slowing; as a result, the number of Americans who personally have dealt with this disease, whether through a personal diagnosis or a family member or friend's diagnosis, continually increases. And since the decline in governmental support for social programs began in earnest during President Reagan's administration in the 1980s, Americans have been encouraged to care for their communities through nonprofit organizations. Taken together, these conditions provide a space for the rise of the philanthropic fitness event intended to raise funds for a nonprofit organization.

A philanthropic fitness event focused specifically on a cancer nonprofit organization capitalizes upon these cultural developments, and provides three general benefits for a marathoner-fundraiser. It allows a runner to use her physicality, to push her physical, mental, and emotional limits. It provides a ready-made emotional connection to a group of people with whom a runner believes she already has something in common. It does not matter whether those individuals are other runners or other individuals who have had cancer barge into their own lives. And finally, it creates a way for a runner to talk about, to think about, to publicly acknowledge a person in her life who has experienced cancer. The actions of running a philanthropic fitness event in honor or in memory of someone reinforces not only the runner's commitment to her own health, but also her commitment to the health of those who may not be able to be physically active. On the surface, it is an unselfish act.

However, in purely practical terms, based upon the time that it takes from one's daily life, the process of training for a marathon is a selfish exercise. In my own experiences, on my long run day each week, I awake a little before 5 a.m. so that I can stretch, eat breakfast and drink some coffee, get my Gatorade-water mix for my fuel belt,

and mentally prepare for a run that will last anywhere from 12 to 20 miles. Out the door about an hour after awakening, the next two to four hours are spent running outside, no matter what the weather conditions. As I trained for the 2013 *26.2 with Donna* in Iowa between October 2012 and February 2013, this generally meant braving below-zero wind chills, trudging through inches of fresh snow, trying to drink half-frozen Gatorade, and thinking about my writing, my family and friends, my life. At the end of each long run, I spent about 20 minutes stretching, eating a snack, and drinking water, followed by a 5-minute ice bath and a long, hot shower. On my long run days, I often do not begin the real obligations of my life until 10:30 a.m. or later, very late by my usual standards, and by that point, I have run further than many people in Iowa City will drive that day. When I am in the midst of the most demanding six-week training period, I eat at least five times a day and need at least nine hours of sleep each night. In my efforts to stay healthy, training for a marathon becomes a lifestyle that dictates the activities of the rest of my life. In talking with other runners, I know I am not alone in this.

The marathon training process consumes even more time for those who decide to fundraise in conjunction with their participation in a philanthropic fitness event. Leukemia and Lymphoma Society's Team in Training fundraising plan strongly suggests its runners send letters to nearly everyone they know. These letters are to explain why a runner has chosen to run a specific event, and share information about the "honored teammate" in whose honor she will run 13.1 or 26.2 miles. Most organizations have online donation options, making it easier both to share information on social media websites and to ask friends to share the donation information with their own friends. However, these requests for support still take time, and in the end, the most successful marathoner-fundraisers are those who concentrate on making face-to-face asks for funds. For the philanthropic fitness event participant who raises money online, the various identities of runner, volunteer, moral citizen, and donor are literally written all over her public image. For these women, however, it is entirely possible that it is, instead, a labor

of love, an act that is far from selfish. They begin the marathon training intending that it will honor and remember someone else's life, someone else's experiences. In doing so, perhaps it is not conceived of as selfish, but instead, selfless.

My purpose in this work was to learn about the meanings these nine women make of the race, their participation, philanthropy, and breast cancer culture as a whole. Ultimately, three main themes emerged from my project. First, participation in philanthropic fitness events provides an opportunity and a location for healing for those runners who have been affected by breast cancer in a deeply personal way. Second, though none of my participants named it as such, our conversations represented a near-continual reinforcement of Berlant's notion of the intimate public of women's culture; their stories and explanations for their affection toward the *26.2 with Donna* were overlain with the sense of belonging through consumption, mediated identities, and broadly common life experiences. Finally, these women indicated that the attachment to a nonprofit organization's reputation and the perceived good works that organization contributes to our society generally trumps disappointing news about the nonprofit.

Those who raise funds for breast cancer while running philanthropic fitness events find themselves not just at the nexus of health, illness, and philanthropy, but also are beckoned into Lauren Berlant's (2008) notion of an intimate public. Berlant's intimate public is an imagined community of people who have a shared emotional worldview as a result of generally similar life experiences who are linked by mediated consumption. This intimate public of breast cancer culture encompasses the cultural understandings of what it means to receive a breast cancer diagnosis, to be declared breast cancer-free, to be a sister or daughter of one who has died from breast cancer, to be a woman who may be the one woman out of eight who contracts breast cancer.

The intimate public also underscores what it means to be a moral citizen, to be one who is living her life in such a way that others view her as healthy, fit, and self-sufficient. She also reaches out to support others who may not be able to support

themselves. Because Americans understand moral citizenship largely through a lens of individualism, cultural understandings of voluntarism have shifted to create an empowered, self-governing political subject. The decision to support a nonprofit organization is a private action that takes place within a public sphere; it is an inherently political action that is rarely interpreted – or encouraged – as such. Together, voluntarism and service have come to represent civic work that is taken for granted as imperative and good in order to maintain a functional society. As a result, the role that cultural notions of citizenship play within the act of running for others is overarching and nearly all-encompassing, much like the role that the pink bubble plays in the *26.2 with Donna* race weekend. Though my participants did not recognize moral citizenship as a part of their actions, it is a very real part of Americans' cultural experiences in the late twentieth and early twenty-first centuries. As such, it provides both the foundation for and the umbrella under which all of their activities took place.

As Barbara Ehrenreich (2001) discusses, cultural understandings of breast cancer teach Americans how they should think about the disease. These cultural understandings teach Americans that breast cancer prevention relies upon a woman's personal responsibility to do self-exams and get annual mammograms. They teach Americans that living with breast cancer means wearing pink clothing and accepting that this life event will change her for the better. And they teach Americans that mourning those who die from breast cancer means that our largest national breast cancer nonprofits rarely acknowledge and admit losses. The intimate public of breast cancer, then, is a relentlessly cheerful space that holds up survivors, encourages emotional connections with those whom we may not actually have anything in common with, and urges the consumption of pink-ribboned products so that others know one belongs within the community.

To my knowledge, prior to this work, no one previously has recognized the deep centrality of the role of the philanthropic fitness event as a significant, popular place of

healing for its participants. The rituals of the race and the remembrances of those who have had breast cancer and those who have died as a result of the disease are immensely important to the women who run these kinds of marathons. This conception of the philanthropic fitness event as a site of healing, however, opened up an entirely new field of literature that I was not prepared to explore for my dissertation. The relationship that a runner has with a philanthropic fitness event can help her move through her worry or profound sadness, and it can provide a dedicated place and exercise that is reserved for honoring and remembering someone she loves.

At the end of our four conversations, a number of the women I spoke with talked about being ready to move on from the *26.2 with Donna*. In particular, Natalie mentioned feeling as if she had “outgrown” the race, while Patricia said she felt she had done what she needed to with this marathon. Both women were a few years out from the time when cancer really shook their worlds. Patricia’s best friend died from colon cancer in 2011, and Katie, her co-worker, is years beyond her last breast cancer treatment. Natalie’s mother died from breast cancer in 2009, while her sister Erin’s fatal car accident was in 2011. It seems as if these two runners have made their peace with these significant changes in their lives, and their stories indicated that *26.2 with Donna* was a necessary part of that healing process.

In another respect, continued participation with the *26.2 with Donna* also serves as a source of comfort and continued healing. Brooke and Rachel’s mother died from breast cancer in 2006, and neither sister ran the *26.2 with Donna* until 2011. Rachel, especially, discusses her participation in the *26.2 with Donna* in a way that seems intended to celebrate her mom’s life, and offers Rachel a time to dedicated time to connect with both her memories of her mom and the role that those memories play in her life on a daily basis. Lisa, who does not plan to run another marathon, uses her work with Relay for Life in a very similar manner. Lisa mentioned multiple times that she

feels her Relay for Life experiences help her to honor and connect with her father who died from complications of bone marrow cancer.

Finally, the feeling of disappointment and disillusionment that the women expressed when I shared the 26.2 with Donna foundation's financial status for 2011 and 2012 eventually was tempered by their established connections to the race. Many of them indicated that, in the future, they would support the *26.2 with Donna* anyway. Their personal ties to the race and the overwhelming sense that the good that the 26.2 with Donna foundation outweighs the organization's current financial standing. As a result, they want to make sure that they are still providing assistance to the women of Jacksonville, Florida, who need help as they undergo breast cancer treatment. These runners want to see even a few dollars from their \$100 to \$130 marathon entry fees go to support cancer research at Mayo Clinic-Jacksonville; despite early assertions that they would stop supporting the race, the notion that it is *the* breast cancer marathon is an overriding factor. There is a strong impulse to hang onto the bonds they have previously forged with the *26.2 with Donna*, and to trust that the Donna nonprofits will eventually be in a position to contribute much more than 30% of their dollars to cancer care and research.

My work uses Samantha King's *Pink Ribbons, Inc.* (2006) as its foundation. She focuses on the 1999 Susan G. Komen National Race for the Cure (now the Global Race for the Cure) in Washington, D.C., to begin an examination of cause-related marketing and media messages about breast cancer. King used the ethnographic methods of participant and nonparticipant observation at the 1999 National Race for the Cure to consider breast cancer's cultural impact. This project was intended to take a different direction; in addition to utilizing participant and nonparticipant observation, I conducted multiple interviews with a group of nine women who participated in the 2012 and/or 2013 *26.2 with Donna*, the National Breast Cancer Marathon. The addition of a year-long series of interviews provided an opportunity to delve into the multiple layers of

meaning that the women attach to their work as marathoners running the *26.2 with Donna*. Choosing to focus on the “National Breast Cancer Marathon” instead of a 5-kilometer walk/run resulted in participants who largely were not only long-term runners, but were committed to running for this cause.

Utilizing King’s (2006) work and concentrating on the stories and meanings that these nine women shared gave me the basis for an examination of cultural attitudes about consumerism, fitness, giving, morality, and the feeling of fondness that one can develop toward a philanthropic fitness event. Looking to Lauren Berlant (2008), Margaret Carlisle Duncan (1994), and Alan Ingham (1985) for theoretical contexts allowed me to conceptualize a space in which I could examine a running public that is created by philanthropy and cause-related marketing and is largely focused on women. Ingham’s work on a cultural shift to a society that centers on individualism and personal responsibility can be seen in dialogue with Berlant’s (1997, 2008) ideas of identification, citizenship, and womanhood. Duncan’s (1994) notions of the surveillance of women’s fitness complicate the first two as she works with notions of an unrealistic female body. All three rely upon a culture that celebrates individualism, and mediates communal connections through the consumption of goods and services that are intended to improve individuals’ physical bodies. Together, they helped me understand the meanings that these nine women made from their participation in the *26.2 with Donna*, the relationships that were underscored by breast cancer, and the role that both moral citizenship and the intimate public of breast cancer play in their lives. Further, King’s (2006) work on breast cancer campaigns relies on the beliefs in voluntarism, philanthropy, normative femininity, and individualism – concepts that Ingham (1985), Berlant (2008), and Duncan (1994) variously entertain in their work.

So in the end, how do those who run marathons and raise funds for breast cancer make sense of their participation? And to what extent do the notions of a moral citizen and philanthropy shape the meanings that they make of philanthropic fitness events?

Within the context of this work, the most basic answers are that the meanings that these women take from their own participation in the *26.2 with Donna* largely center on their feelings of personal connection to the race's cause. While the notions of moral citizenship and health may have influenced their decisions to participate, the women spoke most often and most fondly of the feeling of closeness and community that the *26.2 with Donna* creates. They chose to run the "breast cancer marathon" because the *26.2 with Donna* reinforces a connection to a woman (or women) in their lives who had experienced breast cancer. In this way, the race may have been an opportunity to support a sister, honor a friend, or remember a mother. For those who do not have a specific woman who has experienced breast cancer in their own lives, the *26.2 with Donna* reinforces the notion that helping a group of nameless, faceless women through the Donna Foundation may serve as connection enough to gain access to an intimate public.

Even for Melanie, whose connections to breast cancer were more distant – her mother once had a breast cancer scare, and a few friends' mothers were diagnosed, but are currently living cancer-free – it seems the intimate public of breast cancer culture was an influence in her decision. It may not have been a conscious factor in Melanie's choice to participate in this race in this way at this time in her life, but her stories underscored the sense of belonging she felt at the *26.2 with Donna*, while they also underscored her belief in the necessary existence of events like this one in the United States. Melanie's sense of belonging stems from the outer-most circle of the breast cancer intimate public, the one that interpolates her just because she is a woman who may get breast cancer.

I believe that the philanthropic fitness event would not have had the opportunity to explode into Americans' cultural consciousness if not for the intimate public that surrounds each and every fundraising event. The changing context in which our cultural understandings of conceptions of health, fundraising, and voluntarism is key to the creation and recreation of the intimate public centered on breast cancer. Leukemia and Lymphoma Society's Team in Training is constructed so that participants experience



their races alongside others who are also committed to raising thousands of dollars for the parent nonprofit, and hopeful about what their running and fundraising will achieve. The runners train together, travel to races together, and often run the marathon together.

Likewise, the *26.2 with Donna* offers women a hopeful way to raise funds for the organization. The marathon itself creates the space of its own intimate public, which is accessed through the women's culture of breast cancer, in that it offers a place in which women can participate in activities that it is assumed they will enjoy. It is also assumed that within that space, women have the freedom to make connections with those they believe have similar life stories and experiences.

The intimate public, remember, is intended to mollify those who do not traditionally have access to power. As a result, it occasionally becomes involved in the political arena, but generally the intimate public accepts an emotional response as work enough from its participants (Berlant, 2008). In this way, for most women, breast cancer remains largely apolitical; it is, Berlant (2008) says, in a juxtapolitical space, *proximate* to the political arena. The intimate public's juxtapolitical location trusts that a woman will not want to take up the mantle of breast cancer activist. An individual within the intimate public of breast cancer can participate in philanthropic fitness events. She can purchase pink-ribboned goods. She can find a community of individuals who have similar life experiences online, and she can make friends in local support groups, if she has been diagnosed with breast cancer. Therefore, the options within this sphere are limited for the individual who wants to become involved in breast cancer activism.

A pillar of the intimate public is the notion that most women will not take political action; it trusts that those who ultimately decide to become politically invested will rarely have political involvement deeper than a signature on an online, pre-populated letter to their members of Congress. The actual politics, the negotiations of funding for research and early detection, and the attempts to continually elevate breast cancer's profile among all cancers are left to the leaders of the large, well-organized nonprofit

organizations. In fact, Komen for the Cure encourages its volunteers to let paid staff members handle the political involvement; those who do lobby for Komen for the Cure are put through extensive training before contacting any political representatives (Blackstone, 2004, 2009). And anecdotally, in four years of receiving at least monthly emails from the 26.2 with Donna nonprofit, I have never received one that encouraged me to contact a state or federal representative about breast cancer. Berlant (2008) argues that the intimate public itself is intended to simply placate its members. In this way, connections with other women in similar situations, whether real or imagined, are encouraged. Attempts to mobilize for change utilizing those connections are not.

Thankfully, I have not had personal reasons to make connections of my own within the breast cancer intimate public; my maternal grandmother was diagnosed at age 69, an age old enough that my doctors have never seen it as a reason for me to undergo additional screening prior to my own 40th birthday. My grandmother opted for a mastectomy, and that was that. So as I considered running the 2013 *26.2 with Donna*, I had conflicting feelings. Part of me felt a bit disingenuous, as I knew I would run this marathon skeptically, without a personal connection to the cause. I also felt significant pressure to undertake the task as a result of my committee's suggestion that the act would enhance my work. They were right, and my participation was worth the time, energy, and money spent, as running the marathon certainly added a layer of complexity. The process enhanced my own meaning-making about the *26.2 with Donna*, and gave me a deeper understanding of the marathon that my participants experienced. However, my decision did not feel as if it was one I made entirely of my own volition. In the end, my personal reasons for running the marathon were vastly different than the reasons that my participants gave when asked why they wanted to run the *26.2 with Donna*. Unlike the majority of women I talked with, I was not running this race to connect with someone in my life who had been touched by breast cancer.

While on the marathon course, my personal connections were Patricia and Tami, with whom I had spoken prior to the marathon, and the spectators. However, for the marathoners I spoke with, the personal connection to an individual who had experienced breast cancer served as the overwhelming impetus for their participation. Soon, though, it also became apparent that finding connections with women whom they did not know – those who are helped by the Donna Foundation, or the women alongside the race route – was also important to these women. Many of my runners talked of their experiences running the race, feeling love and support from the crowd. It is easy to imagine that the marathon spectators who stand in 30- to 47-degree weather with a 25-mile-per-hour ocean wind at their backs for the better part of seven hours on a Sunday in February, simply so they can yell “thank you” to runners, are the same women who the Donna Foundation has helped. Therefore, the women on the sidelines represent the immediate, physical reason that one is running the *26.2 with Donna*.

At mile 20 during my own *26.2 with Donna* experience, my energy was flagging, I was famished, my plantar fasciitis made my left foot feel as if I was being stabbed with a thousand knives with every footfall, and I am sure I looked absolutely miserable at the prospect of literally limping 6.2 miles to the finish line. At that moment, a short, tanned woman in her 70s stepped off the curb toward me as I rounded a corner. In a Boston accent, she yelled at me with an urgency in her voice I had not heard from anyone else. “Come on, honey!” she implored. “You can do it! Thanks for running! I beat cancer, I know you can finish this race! Thanks for running!” What could my response be at that point, except to pick up my pace, stabbing pain or not? This woman had beaten cancer. My burden was finishing a marathon. There was clearly no comparison, and no reason to feel sorry for myself.

And if it was hard to resist that woman demanding that I finish, it was even more difficult to avoid being interpolated into the intimate public of breast cancer culture of the 2013 *26.2 with Donna* race expo and marathon. I believe my attempts to resist the pink

bubble that I felt at the expo and on the day of the marathon made my own experience of the *26.2 with Donna* different than the experience of most of the women with whom I spoke. In fact, there is a part of me that wishes I simply could have told the cultural critic in my brain to go away so I could luxuriate inside the pink bubble. I wanted to take in the scene, relax, and enjoy myself, feeling mentally wrapped in a pink angora sweater inside the safe, comfortable space of the *26.2 with Donna*.

And though I tried to avoid spending too long in the space of the pink bubble, I felt that fuzzy pink sweater covering my shoulders throughout the weekend. It was a disconcerting feeling. When I noticed it, I immediately checked my level of acceptance of the intimate public at that moment. In the end, this may be the most insidious part of the intimate public of breast cancer. While it creates a safe space where women can discuss breast cancer and its effects on their lives, that space is required to be happy, positive, and pink. There is no place within this intimate sphere for cynicism, worry, or dissatisfaction, the very feelings that often motivate or accompany political change, or even more simply, political involvement. In denying basic human emotions that would be expected from a woman who has just been diagnosed with breast cancer, or expected from those who have lost a loved one to breast cancer, the breast cancer intimate public remains juxtapolitical (Berlant, 2008); there is no way to move to the political. Instead, involvement in the political is limited to the purchase of the cause-related marketing item or participation in a philanthropic fitness event.<sup>22</sup> As a result, the intimate public of breast cancer culture keeps its women within a traditionally hegemonic feminine box.

It seems easy to justify the security of the intimate public of breast cancer culture from within. After all, breast cancer, as Karolina told me in four of our conversations, does not discriminate. It is an unwelcome intruder that affects 1-in-8 American women in their lifetimes. The disease does not just strike middle- and upper-class, educated,

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<sup>22</sup> For more information on this, see King, 2006.

White women in their 30s and 40s who are mothers; in fact, the women most likely to be diagnosed with breast cancer are in their late 50s and older who have not had children. It affects women of all ages, races, ethnicities, social classes, and sexualities. To reiterate: the two biggest risk factors for contracting the disease are being a woman and getting older. The women I spoke with were aware of the risk factors they faced when it comes to breast cancer, and some were keenly aware that their mothers' and their grandmothers' health histories meant constant vigilance for the disease in their own lives. These women, who so far are among the 7-in-8 American women who have not been diagnosed with breast cancer, want to do their part to help those who already have been affected.

For many of these women, running has long been an important, healing action that they turn to when their life is upended in one way or another. It is an emotional, mental, and physical release that comforts them. As a result, the *26.2 with Donna* has become an immediate outlet for a woman whose friend's life has just been turned upside down by the words "breast cancer." The marathon is important to these runners' relationships with breast cancer – breast cancer the disease, breast cancer the concept, breast cancer the identity. For the women who needed it, the *26.2 with Donna* itself provided opportunity to do something, anything, in the face of a breast cancer diagnosis for their friends, sisters, and mothers.

Most of the women I interviewed believe that their best option to create a better life for those with breast cancer is the *26.2 with Donna* and the Donna Foundation. The physical challenge of the marathon and their understandings of moral citizenship were small parts of their rationale for running the *26.2 with Donna*. Though nearly everyone spoke of the importance of living a healthy life, none spoke of attempting to ward off or inoculate herself from the disease. Instead, their focus was on the Jacksonville area women whom the Donna Foundation would help as a result of their participation in the *26.2 with Donna*. As one probably would expect with the intimate public of breast

cancer, their focus was on a happy future for others, perhaps even a future in which breast cancer no longer exists.

To its participants with a connection to breast cancer – and indeed, to those without a personal connection to breast cancer – the *26.2 with Donna* offers comfort, camaraderie, a place to feel connected and loved. It is a place where it is possible avoid scary questions, and the discussion between strangers and friends centers nearly exclusively on positive outcomes. The marathon continues to provide that cozy pink bubble to its participants for as long as they need, whether that is for the rest of their lives or for a shorter period of a few years. The *26.2 with Donna* is a healing space, as the pink bubble envelops its participants and tells them everything is going to be ok. And once those participants experience this feeling of healing, and feel strong enough to survive outside of the pink bubble, they are free to go, taking their running and fundraising efforts to another marathon, another cause.

I did not expect to find a sense of healing as such an important part of the women's experiences with the *26.2 with Donna*. The literature I read prior to starting my interviews argued that the connections that individuals feel with other participants at a race are key to establishing individuals' attachment to a philanthropic fitness event (Filo, Funk, & O'Brien, 2009). Piecing together other literature led me to believe that moral citizenship would present itself as a larger, more obvious component than it did (Gillick, 1984; Blackstone, 2008, 2009; Isin, 2009). However, in the end, it seems the personal connection forged through a grueling endurance event has the potential to heal, to help us feel as if we belong, to celebrate those we know and those we do not know, and to feel hopeful and happy.

From my own position within the intimate public of breast cancer – which, to this point in my life, results from simply being a woman who may contract the disease one day – I found that these marathoners' stories of the healing that they gain from the *26.2 with Donna* resonated with my own understandings of the marathon. I can imagine the

emotional necessity of a space like the one the marathon provides, where it is easy to believe that everyone at the starting line has a similar story and a similar drive to deal with this disease. I understand the feeling of being enveloped by the feeling of sisterhood that the intimate public of breast cancer promises at the *26.2 with Donna*, at the race expo on marathon weekend in Jacksonville, or as I read women's health information.

And as a researcher who is highly skeptical of any of the breast cancer charities, I was disheartened when I discovered the comparatively small size of the donation that the *26.2 with Donna* made to both the Donna Foundation and Mayo Clinic. My participants are women who have counted on the *26.2 with Donna* as a touchstone for parts of their lives. Initially, most of them also felt some degree of disappointment and disillusionment, though many of them ultimately said they would continue to support the *26.2 with Donna* foundation. In the end, they have made a significant emotional investment in a worthy cause. However, I wonder if the marathon, as currently managed, is actually worthy of their investment.

The personal meanings these runners create about the *26.2 with Donna* reinforce that helper's high that is associate with all philanthropic fitness events. Nearly every one of these women creates a personal meaning about this race that includes very intimate connections with important people in her life. In some cases, the race has been a source of healing after loss. In other cases, the race has tightened the bonds of personal relationships. It has been a place where she has stood amongst thousands of other runners and felt a belonging and a sisterhood that she may not feel elsewhere in her life. She has felt the love and support of spectators she does not know while she runs through the streets of the beach neighborhoods of Jacksonville. The meanings that she has created surrounding the *26.2 with Donna* – highly personal, rarely discussed – have been shaped by these intimate experiences she has had while participating in the *26.2 with Donna*.

While most of America associates Komen for the Cure with breast cancer culture, for many of these women, it is Donna Deegan and her Donna Foundation that are interchangeable with breast cancer culture. Together, the race and its associated Foundation represent hope for and action taken against the disease that has taken away their mothers and friends and threatened their mothers and sisters. It seems the emotional ties that they have to this race skew the reality that its presenting nonprofit organization is just like any other nonprofit organization.

It seems to be a human impulse to give the “good” things in our lives the benefit of the doubt. These marathoners all are proud of the work that they do for the breast cancer movement, particularly for breast cancer research and breast cancer care. Their running, their fundraising, their honoring, and their remembering have become a part of who they are and what they do. And in the end, they are helping the women of Jacksonville – indeed, the women of the world – with their donations to cancer care and research.

These runners carried a general lack of skepticism about the nonprofit organizations that they had previously formed attachments to, perhaps because the Donna Foundation and the work of the 26.2 with Donna foundation seem so earnest and good. In tandem, the public image of these foundations makes it difficult to question the work that they are doing, particularly when that work is examined within the pink bubble of the intimate public of breast cancer. As a result, the women I spoke with wholeheartedly bought into the promise that the *26.2 with Donna* and the Donna Foundation promote through the intimate public of breast cancer: With enough of us doing the right thing – in this case, running and raising money for breast cancer research and support – one day, this disease will not claim the women closest to us. One day, the *26.2 with Donna* and the Donna Foundation promise, it will become one woman in every 10 or 20 or 30 women who hears the words, “You have breast cancer.” When executed within a sacred space that allows for personal connections, mourning, and celebration, and layered upon



cultural messages about moral citizenship, the importance of fitness and health, and the necessity of helping others who cannot help themselves, these are promises that are hard to resist.

## APPENDIX A

### INTERVIEW SCHEDULE

#### **Opening Questions**

- Can you tell me a little bit about yourself?
- Where are you originally from?
- Where do you live now?
- Did you attend college?
  - Where?
- Can you tell me a bit about your job?
- Could you please tell me a bit about your family and friends?
  - Do they live close by?
  - Do you see them often?
  - How long have you known your close friends?
  - What kinds of things do you do as a group?
- Do you have kids?
  - How many do you have?
  - How old are they?
- Is there anything you'd like to ask me before we begin?

#### **Personal Running Story**

- Can you please tell me your running story?
  - How long have you been running?
  - What started you running?
  - How often do you run?
  - What kinds of distances and races do you run?
  - What is your proudest moment as a runner?
  - What is your lowest moment as a runner?
  - Where do you get your information about running?
  - How do you find out about the races you participate in?

#### **Personal History with Cancer**

- Have there been significant individuals in your life who've had experiences with cancer?
  - Can you tell me those stories, please?
    - How did you respond?
    - How did you feel?
  - Did you feel compelled to take action in any way?
    - When?
    - What did you do?
- Do you remember when you first became aware of the breast cancer awareness and research movement?
  - How did that awareness come about?
  - Can you remember what your reaction to the movement at that time was?

#### **History with Philanthropic Fitness Events**

- Have you gotten involved in the movement where you run to raise money for others beyond *26.2 with Donna*?
  - What led to your decision to get involved?
  - Why have you chosen to be involved with the events that you've chosen?
  - How many times have you run in charitable races like this?

- What do you like about events like this?
- What don't you like about events like this?
- Are there specific people who have helped you become further involved or who have really made your involvement feel worthwhile?
  - Do you participate with friends? With family?
  - What kinds of feelings does that involvement create for you?
  - Generally, what is it that makes you feel as if you're involved with something that's worth your time, effort, and loyalty?
  - What could an organization or an event do to further engage you?
- What is it that really pushed you to make the leap to get involved with *26.2 with Donna*?
  - Will you participate in the future?
  - Why/Why not?
  - What have been the best things about your experience with *26.2 with Donna*?
  - What parts of your experience have you not enjoyed?
- What is the experience of running *26.2 with Donna* like for you?
  - How did you feel when you're running the race itself?
  - Did you interact much with other runners?
    - What kinds of conversations did you have?
  - How did you deal with those low moments that happen during most long runs?
  - The course has so many reminders of why people are running, including the big boards that are signed with all kinds of messages at the race expo. Was that a motivator for you?
    - How so?
  - How would you sum up your *26.2 with Donna* experience? (*as compared to other races, if applicable*)

### **Breast Cancer Movement as a Whole**

- If I use the phrase “breast cancer movement,” what does that mean to you?
- Using that definition, would you say that you support the breast cancer movement?
  - How do you support it?
    - What is it that compels you to take those actions?
  - So you think these campaigns are (helpful? Important? Word they use...)? Can you expand on that a bit, please?/Why not?
    - What is it about the campaign that you're (Word they use here...) with?
  - So you think these campaigns are (harmful, complicated Word they use...)? Can you expand on that a bit, please?
  - What do you believe the breast cancer movement does well?
  - What do you believe the breast cancer movement needs to improve on?

### Experience with Nonprofit Organizations

- In these next few questions, I'd like you to think about your own involvement in nonprofit organizations, whether as a volunteer, runner, recipient of an organization's assistance (directly or indirectly), Board member, or the like.
- How would you describe your involvement in non-profit organizations?
  - Is that something that has changed over time for you?
    - How so?
  - How do you expect that involvement to change in the future?
- Do you attend social fundraising events (dinners, silent auctions, et cetera)?
  - How likely are you to purchase something beyond the ticket to the event or to give an additional donation prior to leaving the event?
  - Do you bid on silent auction items?
  - How do you respond to direct, group asks at events like this?
  - How much of your charitable giving does this comprise throughout a year?
  - Do you consider this as the same category of giving as a direct donation to a charity?
- A lot of people have a financial plan for the non-profit organizations that they will contribute to throughout the year, or even over the course of the next five to 10 years. Are there specific kinds of organizations you find yourself more willing to financially support?
  - How do you determine if an organization is worth giving money to?
  - How does making that donation feel?
- How do you feel when you give to charity, whether that is through volunteerism or financial support?
  - What do you see as the perks of giving to charity?
  - What do you see as the downfalls of giving to charity?
  - Do you see that feeling as a part of what encourages you to continue giving?
    - Why?
- Does something like your participation in something like 26.2 with Donna "count" as a form of charitable giving?
  - Why/Why not?
- Have you ever been the recipient of the support of a charitable organization?
  - What form did that support take?
  - How did it help you?
- Do support that organization now?
  - In what way?
- Do you think that your previous involvement with (ORGANIZATION) has impacted your involvement now?

### Cause-Related Marketing

- Have you noticed the products in stores that are clearly marked as giving money to a non-profit if you purchase that product?
- What is your opinion of this kind of product/non-profit partnership?
- Do you actively seek these products that are labeled as helping a charity?
  - Why?/Why not?
  - Can you please give me examples of the charity-identified products you remember purchasing in the past?
  - If there are identical products that you've decided to buy, and one has an identifier that it's affiliated with a non-profit, which would you generally purchase?

- How often do you read the fine print on these products to see what the purchase actually does for the charity?
  - If a product requires further action – Yoplait’s pink yogurt lids, for example – do you think you are more or less likely to complete all the steps that you need to so that the charity gets the funds?
- Do products that link corporations and non-profit organizations together change your opinion of either the corporation or the non-profit?
  - Why?/Why not?
- If you were to purchase something that gives to a non-profit because you bought it, would you consider that part of your charitable giving for the year?
  - *Probes:*
  - Why?/Why not?

#### **Financial Information Follow-Up**

- I know you **raised money/didn’t raise** money for the race, **and/but** you talked about how important that component – of having your race entry go to research was. So I guess my first question is what your initial reaction to that information is.
- I want to give you some time to think about this, and talk again in a week or so. Would it be possible to talk for 10 minutes or so next weekend?

APPENDIX B  
INFORMED CONSENT DOCUMENT

Project Title: **Outrunning Cancer: Marathons, Money, and Morality**

**Principal Investigator:** Elisabeth Erickson

**Research Team Contact:** Elisabeth Erickson  
Phone: 319-230-1203  
Email: elisabeth-erickson@uiowa.edu

This consent form describes the research study to help you decide if you want to participate. This form provides important information about what you will be asked to do during the study, about the risks and benefits of the study, and about your rights as a research subject.

- If you have any questions about or do not understand something in this form, you should ask the research team for more information.
- You should discuss your participation with anyone you choose such as family or friends.
- Do not agree to participate in this study unless the research team has answered your questions and you decide that you want to be part of this study.

**WHAT IS THE PURPOSE OF THIS STUDY?**

This is a research study. We are inviting you to participate in this research study because you are fundraising for and participating in the 2013 26.2 with Donna marathon and/or you participated in the same marathon last year.

The purpose of this research study is to learn more about how Americans think about morality, philanthropy, activity, and cancer. When finished, we hope to have more information about how marathon runners who raise money for breast cancer charities expect their running to make a difference in the world around them, and how the disciplines of running, fitness, and philanthropy affect runners' lives.

**HOW MANY PEOPLE WILL PARTICIPATE?**

Approximately 9-20 people will take part in this study at the University of Iowa.

**HOW LONG WILL I BE IN THIS STUDY?**

If you agree to take part in this study, your involvement will last for about nine months, and will include a total of four interviews. Two of the interviews will last between 90-120 minutes, and two will take between 30-45 minutes. The final contact is optional, and will provide you with the opportunity to review our interpretations of the meanings of your stories. There will be approximately two months between contacts with the researcher.

### **WHAT WILL HAPPEN DURING THIS STUDY?**

After agreeing to take part in this study, you will participate in four interviews. The first interview will take place within a week of your agreement to participate in December 2012. The second interview will take place in January 2013. The third interview will take place within three weeks of the 2013 26.2 with Donna in late November or early December 2013, and the final interview will take place in May 2013/January 2014.

In the first interview, a series of open-ended questions will be asked. The questions will be mostly about your overall understanding of running and philanthropic fitness events. In addition, you will be asked about your experiences with marathoning. The second interview will be constructed from the findings of the first interview. Additional questions to complement the first interview will be asked.

The third interview will include a different series of open-ended questions, mostly about your experience running 26.2 with Donna. The final interview will be constructed from the findings of the first, second, and third interviews. Additional questions to complement previous interviews will be asked.

The interview site and time will be your decision. None of the interviews need to be held at the same site or time. You will have an option in how our conversations take place, whether in-person, through Skype, or over the telephone. If you choose a Skype or telephone interview, the interviewer will contact you from a private place, i.e.: when no one else is present in the room. In-person interviews will be conducted at a location of your choosing. You are always free to skip any question that you would prefer not to answer.

### **Audio/Video Recording or Photographs**

One aspect of this study involves making audio recordings of you in order to obtain the most accurate representation of your story. These audio recordings will only be accessible to the Principal Investigator, and will be destroyed upon completion of the project.

If you would like to participate, but do not want an audio recording to be made of our conversations, you may still enroll in the study.

### **WHAT ARE THE RISKS OF THIS STUDY?**

You may experience one or more of the risks indicated below from being in this study. In addition to these, there may be other unknown risks, or risks that we did not anticipate, associated with being in this study. You may experience emotional discomfort (embarrassment, sadness) as a result of sharing personal stories. You may experience fatigue during the interview process.

**WHAT ARE THE BENEFITS OF THIS STUDY?**

We don't know if you will benefit from being in this study.

However, we hope that, in the future, other people might benefit from this study because our goal is to better explain the role of fitness, philanthropy and health in our society, as well as the disciplines of running, fitness, and philanthropy.

**WILL IT COST ME ANYTHING TO BE IN THIS STUDY?**

You will not have any additional costs being in this research study.

**WILL I BE PAID FOR PARTICIPATING?**

You will not be paid for being in this research study.

**WHO IS FUNDING THIS STUDY?**

The University and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

**WHAT ABOUT CONFIDENTIALITY?**

We will keep your participation in this research study confidential to the extent permitted by law. However, it is possible that other people such as those indicated below may become aware of your participation in this study and may inspect and copy records pertaining to this research. Some of these records could contain information that personally identifies you.

- federal government regulatory agencies,
- auditing departments of the University of Iowa, and
- the University of Iowa Institutional Review Board (a committee that reviews and approves research studies)

To help protect your confidentiality, we will use a pseudonym to identify your data throughout the research process. The file that will link your real name and contact information with your pseudonym will be stored on an external hard drive kept in a locked filing cabinet. All records will be stored in a locked filing cabinet or on a password protected computer. If we write a report or article about this study, or share the study data set with others, we will do so in such a way that you cannot be directly identified.

**IS BEING IN THIS STUDY VOLUNTARY?**

Taking part in this research study is completely voluntary. You may choose not to take part at all. If you decide to be in this study, you may stop participating at any time. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify

**Will I Receive New Information About the Study while Participating?**

If we obtain any new information during this study that might affect your willingness to continue participating in the study, we'll promptly provide you with that information.



**WHAT IF I HAVE QUESTIONS?**

We encourage you to ask questions. If you have any questions about the research study itself, please contact: Elisabeth Erickson at 319-230-1203. If you experience a research-related injury, please contact Elisabeth Erickson at 319-230-1203 or Dr. Susan Birrell at 319-335-9337.

If you have questions, concerns, or complaints about your rights as a research subject or about research related injury, please contact the Human Subjects Office, 105 Hardin Library for the Health Sciences, 600 Newton Rd, The University of Iowa, Iowa City, IA 52242-1098, (319) 335-6564, or e-mail [irb@uiowa.edu](mailto:irb@uiowa.edu). General information about being a research subject can be found by clicking “Info for Public” on the Human Subjects Office web site, <http://research.uiowa.edu/hso>. To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above.

APPENDIX C  
PHONE SCRIPT TO OBTAIN CONSENT

[Greeting]. I am from the University of Iowa and would like to talk to you about running, fundraising, and illness. We are working to see how Americans think about morality, philanthropy, activity, and cancer. We ask you to help in this work because you fundraised and ran the 2012 26.2 with Donna and are fundraising and running this year's marathon/are fundraising and running this year's 26.2 with Donna. You do not have to help, as this is your choice.

If you say yes, we will ask you to talk with us during a series of email and Skype/phone/in person interviews. It will take four meetings, and approximately seven hours of your time between now and May 2013. You may be uncomfortable. You do not have to answer all the questions we ask, and you may stop an interview at any time.

In order to ensure the accuracy of our conversation today, I would like to make an audio recording. Do you agree to allow an audio recording of today's talk?

There is a risk that someone outside the study will see your information. We will do our best to keep your information safe by using a special code, assigning you a pseudonym, and locking up the information gained from our conversations.

There are no direct benefits from this study for you. We will use the information learned in our interview conversations to find out about how women consider running, fundraising, and illness. You will have the opportunity to review parts of this research that include your responses prior to the conclusion of the research. Compensation is not provided. Do you have any questions?

You may contact [me], Elisabeth Erickson, at (319) 230-1203, about your questions or problems with this work. You may also contact the University of Iowa's Human Subjects Office that approved this study about any problems or concerns at (319) 335-6564.

APPENDIX D  
PHONE SCRIPT TO RECRUIT PARTICIPANTS

[Greeting]. We met at the 26.2 with Donna last February, and I am contacting you regarding a study about running, fundraising, and illness. I am working to see how Americans think about morality, philanthropy, activity, and cancer. I ask you to help in this work because you fundraised and ran the 2012 26.2 with Donna and are fundraising and running this year's marathon/are fundraising and running this year's 26.2 with Donna. You do not have to help, as this is your choice.

If you say yes, I will ask you to participate in a series of email and Skype/phone/in-person interviews. It will take four meetings, and approximately seven hours of your time between now and May 2013. You may be uncomfortable. You do not have to answer all the questions I ask, and you may stop an interview at any time.

Do you have any questions?

There are no direct benefits from this study for you. I will use the information learned in your interview conversations to find out about how women think about running, fundraising, and illness. You will have the opportunity to review parts of this research that include your responses prior to the conclusion of the research. Compensation is not provided. Risks include the unintentional disclosure of your identity, though appropriate steps will be taken to ensure your identity is not shared.

Again, do you have any questions?

Are you interested in participating?

May I contact you by telephone or Skype?

You may contact me, Elisabeth Erickson, at (319) 230-1203, about your questions or problems with this work. You may also contact the University of Iowa's Human Subjects Office that approved this study about any problems or concerns at (319) 335-6564. Thank you for your time [and your willingness to participate in this study].

APPENDIX E

26.2 WITH DONNA IRS-FORM 990 2012

efile GRAPHIC print - DO NOT PROCESS As Filed Data -		DLN: 93493210003403
Form <b>990</b> Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <b>2012</b> Open to Public Inspection
The organization may have to use a copy of this return to satisfy state reporting requirements		
<b>A For the 2012 calendar year, or tax year beginning 04-01-2012, 2012, and ending 03-31-2013</b>		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 262 WITH DONNA THE NATIONAL MARATHON TO FINISH BREAST CANCER Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11762 MARCO BEACH DR NO 6 City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32224	D Employer identification number 26-2736601 E Telephone number (904) 838-5012 G Gross receipts \$ 2,225,325
F Name and address of principal officer CHARLYN BARRETT 11762 MARCO BEACH DR JACKSONVILLE, FL 32224		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: BREASTCANCERMARATHON.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2008 M State of legal domicile FL
<b>Part I Summary</b>		
1 Briefly describe the organization's mission or most significant activities TO RAISE FUNDS TO SUPPORT THE DONNA FOUNDATION, INC A CHARITABLE ORGANIZATION DEDICATED TO FUNDING THE CRITICAL NEEDS OF UNDERSERVED WOMEN WITH BREAST CANCER AND TO FUND ORGANIZATIONS DEDICATED TO RESEARCH AND ERADICATION OF BREAST CANCER		
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	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4
6 Total number of volunteers (estimate if necessary)	6	450
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
<b>Revenue</b>	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,634,514	2,174,046
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,339	713
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,767	5,135
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,672,620	2,179,894
<b>Expenses</b>	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	821,197	441,542
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)	277,651	287,631
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
16b Total fundraising expenses (Part IX, column (D), line 25)	1,609,516	1,609,516
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,602,631	1,714,947
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,701,479	2,444,120
19 Revenue less expenses Subtract line 18 from line 12	-28,859	-264,226
<b>Net Assets or Fund Balances</b>	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	950,992	362,876
21 Total liabilities (Part X, line 26)	832,046	508,156
22 Net assets or fund balances Subtract line 21 from line 20	118,946	-145,280
<b>Part II Signature Block</b>		
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 CHARLYN BARRETT TREASURER Type or print name and title	2013-07-23 Date
Paid Preparer Use Only	Print/Type preparer's name GARY M HUGGETT CPA Preparer's signature Date Firm's name MASTERS SMITH & WISBY PA Firm's address 5210 BELFORT ROAD SUITE 225 JACKSONVILLE, FL 32256	Check <input type="checkbox"/> if self-employed PTIN P00070976 Firm's EIN 59-1466001 Phone no (904) 396-2202
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

TO RAISE FUNDS TO SUPPORT THE DONNA FOUNDATION, INC A CHARITABLE ORGANIZATION DEDICATED TO FUNDING THE CRITICAL NEEDS OF UNDERSERVED WOMEN WITH BREAST CANCER AND TO FUND ORGANIZATIONS DEDICATED TO RESEARCH AND ERADICATION OF BREAST CANCER

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

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

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

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 \$ 441,542 including grants of \$ 441,542 ) (Revenue \$ )  
SUPPORT OF ORGANIZATION DEDICATED TO RESEARCH AND ERADICATION OF BREAST CANCER AND ORGANIZATIONS THAT PROVIDE FUNDING FOR THE CRITICAL NEEDS OF UNDERSERVED WOMEN

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 441,542



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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 <input type="checkbox"/>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II <input type="checkbox"/>		No
<b>5</b> 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? If "Yes," complete Schedule C, Part III <input type="checkbox"/>		No
<b>6</b> 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? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b> 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? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI <input checked="" type="checkbox"/>	Yes	
<b>b</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? If "Yes," complete Schedule D, Part VII <input checked="" type="checkbox"/>		No
<b>c</b> 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? If "Yes," complete Schedule D, Part VIII <input checked="" type="checkbox"/>		No
<b>d</b> 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? If "Yes," complete Schedule D, Part IX <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>	Yes	
<b>f</b> 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)? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E <input type="checkbox"/>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? <input type="checkbox"/>		No
<b>b</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? If "Yes," complete Schedule F, Parts I and IV <input type="checkbox"/>		No
<b>15</b> 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? If "Yes," complete Schedule F, Parts II and IV <input type="checkbox"/>		No
<b>16</b> 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? If "Yes," complete Schedule F, Parts III and IV <input type="checkbox"/>		No
<b>17</b> 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? If "Yes," complete Schedule G, Part I (see instructions) <input checked="" type="checkbox"/>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II <input checked="" type="checkbox"/>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H <input type="checkbox"/>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input type="checkbox"/>		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	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> . . . . .	<input checked="" type="checkbox"/>	Yes	
<b>22</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>23</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>24a</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input checked="" type="checkbox"/>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input checked="" type="checkbox"/>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input checked="" type="checkbox"/>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<input checked="" type="checkbox"/>		No
<b>b</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> . . . . .	<input checked="" type="checkbox"/>		No
<b>26</b>	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> . . . . .	<input checked="" type="checkbox"/>	Yes	
<b>27</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input checked="" type="checkbox"/>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input checked="" type="checkbox"/>		No
<b>c</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<input checked="" type="checkbox"/>		No
<b>32</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>33</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>34</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>		No
<b>b</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> . . . . .	<input checked="" type="checkbox"/>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input checked="" type="checkbox"/>		No
<b>37</b>	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> . . . . .	<input checked="" type="checkbox"/>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	Yes	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</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)?		No
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		No
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		11
	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		11
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>b</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 ▶ \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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  
 ▶ AMANDA NAPOLITANO 11762 MARCO BEACH DR JACKSONVILLE, FL (904) 551-0732



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA DEEGAN PRESIDENT	1.00	X		X				0	0	0
(2) JIM GILMORE VICE PRESIDENT	1.00	X		X				0	0	0
(3) KEITH BRANTLEY DIRECTOR	1.00	X						0	0	0
(4) DAWN HAGEL DIRECTOR	1.00	X						0	0	0
(5) CHRIS TWIGGS SECRETARY	1.00	X		X				0	0	0
(6) JUDY HABERKORN DIRECTOR	1.00	X						0	0	0
(7) JONI FAUSSETT DIRECTOR	1.00	X						0	0	0
(8) MARK WOODS DIRECTOR	1.00	X						0	0	0
(9) KIRSTEN SABIA DIRECTOR	1.00	X						0	0	0
(10) DONNA ORENDER DIRECTOR	1.00	X						0	0	0
(11) CHARLYN BARRETT TREASURER	1.00			X				0	0	0





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . . <b>1c</b> 2,174,046				
	<b>d</b> Related organizations . . . . . <b>1d</b> _____				
	<b>e</b> Government grants (contributions) <b>1e</b> _____				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	2,174,046			
<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code _____				
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	713	713		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶				
	<b>5</b> Royalties . . . . . ▶				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal		
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▶				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	<b>b</b> Less cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▶				
	<b>8a</b> Gross income from fundraising events (not including \$ 2,174,046 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 0			
	<b>b</b> Less direct expenses . . . . . <b>b</b> 0				
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶	0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____			
<b>b</b> Less direct expenses . . . . . <b>b</b> _____					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 50,566				
<b>b</b> Less cost of goods sold . . . . . <b>b</b> 45,431					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶	5,135	5,135			
<b>Miscellaneous Revenue</b>					
<b>11a</b> _____ Business Code _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶					
<b>12 Total revenue.</b> See Instructions . . . . . ▶	2,179,894	5,848	0	0	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	441,542	441,542		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	251,525		251,525	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	16,208		16,208	
<b>10</b> Payroll taxes . . . . .	19,898		19,898	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	4,853		3,575	1,278
<b>12</b> Advertising and promotion . . . . .	278,480			278,480
<b>13</b> Office expenses . . . . .	114,605		5,286	109,319
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	35,689		35,689	
<b>17</b> Travel . . . . .	28,233		6,494	21,739
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	4,973		4,973	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	13,181		13,181	
<b>23</b> Insurance . . . . .	11,074			11,074
<b>24</b> 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 )				
<b>a</b> EVENT OPERATIONS	1,150,280			1,150,280
<b>b</b> SUPPLIES	44,767		12,949	31,818
<b>c</b> REPAIRS & MAINTENANCE	9,342		9,342	
<b>d</b> POSTAGE & SHIPPING	8,707		3,179	5,528
<b>e</b> All other expenses	10,763		10,763	
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,444,120	441,542	393,062	1,609,516
<b>26</b> 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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	790,721	<b>1</b>	235,152
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	9,564	<b>4</b>	958
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	57,000	<b>5</b>	42,819
	<b>6</b> 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 instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	38,099	<b>8</b>	35,978
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,934	<b>9</b>	2,600
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 94,178		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 48,809	50,674	<b>10c</b> 45,369
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	950,992	<b>16</b>	362,876	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	832,046	<b>17</b>	497,813
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	0	<b>25</b>	10,343
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	832,046	<b>26</b>	508,156
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	118,946	<b>27</b>	-145,280
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	118,946	<b>33</b>	-145,280	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	950,992	<b>34</b>	362,876	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,179,894
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,444,120
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-264,226
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	118,946
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-145,280

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>b</b>	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>c</b>	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	Yes	
<b>3a</b>	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?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990EZ)**

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

**2012**

**Open to Public Inspection**

**Name of the organization**  
262 WITH DONNA THE NATIONAL MARATHON  
TO FINISH BREAST CANCER

**Employer identification number**  
26-2736601

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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





**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.)

<b>Section A. Public Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,270,380	2,115,312	1,938,064	2,634,514	2,174,046	11,132,316
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,270,380	2,115,312	1,938,064	2,634,514	2,174,046	11,132,316
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						11,132,316
<b>Section B. Total Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	2,270,380	2,115,312	1,938,064	2,634,514	2,174,046	11,132,316
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,310	4,450	11,769	1,339	713	27,581
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	110,740	28,683	32,518	36,767	5,135	213,843
<b>11 Total support</b> (Add lines 7 through 10)						11,373,740
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ▶						
<b>Section C. Computation of Public Support Percentage</b>						
<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	97.880 %
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>						
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**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

**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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test
Explanation

**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**  
262 WITH DONNA THE NATIONAL MARATHON  
TO FINISH BREAST CANCER

**Employer identification number**

26-2736601

**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 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 ▶ \$ \_\_\_\_\_

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

Cat No 52283D Schedule D (Form 990) 2012

**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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	94,178		48,809	45,369
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				45,369





**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,338,176
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	158,282
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	158,282
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,179,894
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	2,179,894

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	2,602,402
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	158,282
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	158,282
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,444,120
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	2,444,120

**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

Identifier	Return Reference	Explanation
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**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
		<b>26.2 MARATHON</b> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	2,174,046			2,174,046
	<b>2</b> Less Contributions . . . . .	2,174,046			2,174,046
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( )
	<b>11</b> 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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**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 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).

Identifier	Return Reference	Explanation
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**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

Identifier	Return Reference	Explanation
PART 1 LINE 2		A SEGREGATED BANK ACCOUNT IS MAINTAINED. THE ACTIVITY IN THIS ACCOUNT IS MONITORED AND REVIEWED ON A WEEKLY BASIS. IN ADDITION, THIS ACCOUNT IS INCLUDED IN THE ACTIVITY EXAMINED BY THE EXTERNAL AUDITORS ON AN ANNUAL BASIS.

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**

Name of the organization  
262 WITH DONNA THE NATIONAL MARATHON  
TO FINISH BREAST CANCER

Employer identification number

26-2736601

**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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DONNA DEEGAN INC PUBLISH MANUSCRIPT				X	88,000	42,819		No	Yes	No	Yes	
Total						▶ \$	42,819					

**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 of assistance	(d) Type of assistance	(e) Purpose 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

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

<b>efile GRAPHIC print - DO NOT PROCESS</b>		<b>As Filed Data -</b>	<b>DLN: 93493210003403</b>
<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b>  <b>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</b> <b>▶ Attach to Form 990 or 990-EZ.</b>		OMB No 1545-0047  <b>2012</b>  <b>Open to Public Inspection</b>
	Name of the organization 262 WITH DONNA THE NATIONAL MARATHON TO FINISH BREAST CANCER		<b>Employer identification number</b>  26-2736601

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE TREASURER IS RESPONSIBLE FOR REVIEW OF FORM 990 BEFORE PRESENTATION TO THE FULL BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCUSSION IS ADDED TO THE AGENDA AT ONE BOARD MEETING ANNUALLY EACH DIRECTOR ADDRESSES AND DISCUSSES ANY BUSINESS DEALINGS WITH THE ORGANIZATION ANY MEMBER WITH A POTENTIAL CONFLICT LEAVES THE ROOM BEFORE A DISCUSSION AND VOTE ON THE RESPECTIVE ISSUES
	FORM 990, PART VI, SECTION B, LINE 15	BUDGET AND SALARY RECOMMENDATIONS ARE MADE BY THE FINANCE COMMITTEE PERSONNEL COMMITTEE REVIEWS THE STAFF RECOMMENDATIONS AND REVIEWS COMPENSATION RANGES IN COMPARISON TO STATISTICAL MARKET INFORMATION RECOMMENDATIONS FROM THE COMMITTEES ARE REVIEWED AND APPROVED BY THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	FLORIDA NOT-FOR-PROFIT ORGANIZATIONS MUST OBTAIN AN ANNUAL SOLICITATIONS LICENSE FROM THE STATE OF FLORIDA, DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES INCLUDED WITH THIS FILINGS IS FINANCIAL INFORMATION AND CONTACT INFORMATION FOR THE ORGANIZATION THIS INFORMATION IS AVAILABLE FOR PUBLIC REVIEW ON THE DEPARTMENT WEBSITE GOVERNING DOCUMENTS AND POLICY INFORMATION IS MADE AVAILABLE UPON REQUEST TO ANY INTERESTED PARTIES
		THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS FROM PREVIOUS YEARS

APPENDIX F

THE DONNA FOUNDATION IRS-FORM 990 2011

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493210003403																																																												
Form <b>990</b> Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)			OMB No 1545-0047 <b>2012</b> Open to Public Inspection																																																												
The organization may have to use a copy of this return to satisfy state reporting requirements																																																																
<b>A For the 2012 calendar year, or tax year beginning 04-01-2012, 2012, and ending 03-31-2013</b>																																																																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization 262 WITH DONNA THE NATIONAL MARATHON TO FINISH BREAST CANCER Doing Business As		<b>D</b> Employer identification number 26-2736601																																																												
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11762 MARCO BEACH DR NO 6		<b>E</b> Telephone number (904) 838-5012																																																												
		City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32224		<b>G</b> Gross receipts \$ 2,225,325																																																												
		<b>F</b> Name and address of principal officer CHARLYN BARRETT 11762 MARCO BEACH DR JACKSONVILLE, FL 32224		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶																																																												
<b>I</b> 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																																																																
<b>J</b> Website: ▶ BREASTCANCERMARATHON.COM																																																																
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation 2008 <b>M</b> State of legal domicile FL																																																												
<b>Part I Summary</b>																																																																
<b>1</b> Briefly describe the organization's mission or most significant activities TO RAISE FUNDS TO SUPPORT THE DONNA FOUNDATION, INC. A CHARITABLE ORGANIZATION DEDICATED TO FUNDING THE CRITICAL NEEDS OF UNDERSERVED WOMEN WITH BREAST CANCER AND TO FUND ORGANIZATIONS DEDICATED TO RESEARCH AND ERADICATION OF BREAST CANCER																																																																
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>3</b></td> <td style="width: 85%;">Number of voting members of the governing body (Part VI, line 1a)</td> <td style="width: 5%; text-align: center;"><b>3</b></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">11</td> </tr> <tr> <td><b>4</b></td> <td>Number of independent voting members of the governing body (Part VI, line 1b)</td> <td style="text-align: center;"><b>4</b></td> <td></td> <td style="text-align: right;">11</td> </tr> <tr> <td><b>5</b></td> <td>Total number of individuals employed in calendar year 2012 (Part V, line 2a)</td> <td style="text-align: center;"><b>5</b></td> <td></td> <td style="text-align: right;">4</td> </tr> <tr> <td><b>6</b></td> <td>Total number of volunteers (estimate if necessary)</td> <td style="text-align: center;"><b>6</b></td> <td></td> <td style="text-align: right;">450</td> </tr> <tr> <td><b>7a</b></td> <td>Total unrelated business revenue from Part VIII, column (C), line 12</td> <td style="text-align: center;"><b>7a</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>7b</b></td> <td>Net unrelated business taxable income from Form 990-T, line 34</td> <td style="text-align: center;"><b>7b</b></td> <td></td> <td style="text-align: right;">0</td> </tr> </table>						<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		11	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		11	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		4	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		450	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0																													
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		11																																																												
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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																																																																
<b>Sign Here</b> Signature of officer CHARLYN BARRETT TREASURER Type or print name and title		2013-07-23 Date																																																														
<b>Paid Preparer Use Only</b>		Print/Type preparer's name GARY M HUGGETT CPA Preparer's signature Date		Check <input type="checkbox"/> if self-employed PTIN P00070976 Firm's EIN ▶ 59-1466001 Phone no (904) 396-2202																																																												
		Firm's name ▶ MASTERS SMITH & WISBY PA Firm's address ▶ 5210 BELFORT ROAD SUITE 225 JACKSONVILLE, FL 32256																																																														
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)



**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission:

TO RAISE FUNDS TO SUPPORT THE DONNA FOUNDATION, INC A CHARITABLE ORGANIZATION DEDICATED TO FUNDING THE CRITICAL NEEDS OF UNDERSERVED WOMEN WITH BREAST CANCER AND TO FUND ORGANIZATIONS DEDICATED TO RESEARCH AND ERADICATION OF BREAST CANCER

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
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 \$ 441,542 including grants of \$ 441,542 ) (Revenue \$ )  
SUPPORT OF ORGANIZATION DEDICATED TO RESEARCH AND ERADICATION OF BREAST CANCER AND ORGANIZATIONS THAT PROVIDE FUNDING FOR THE CRITICAL NEEDS OF UNDERSERVED WOMEN

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 441,542



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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 <input type="checkbox"/>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II <input type="checkbox"/>		No
<b>5</b> 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? If "Yes," complete Schedule C, Part III <input type="checkbox"/>		No
<b>6</b> 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? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b> 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? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI <input checked="" type="checkbox"/>	Yes	
<b>b</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? If "Yes," complete Schedule D, Part VII <input checked="" type="checkbox"/>		No
<b>c</b> 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? If "Yes," complete Schedule D, Part VIII <input checked="" type="checkbox"/>		No
<b>d</b> 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? If "Yes," complete Schedule D, Part IX <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>	Yes	
<b>f</b> 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)? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E <input type="checkbox"/>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? <input type="checkbox"/>		No
<b>b</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? If "Yes," complete Schedule F, Parts I and IV <input type="checkbox"/>		No
<b>15</b> 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? If "Yes," complete Schedule F, Parts II and IV <input type="checkbox"/>		No
<b>16</b> 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? If "Yes," complete Schedule F, Parts III and IV <input type="checkbox"/>		No
<b>17</b> 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? If "Yes," complete Schedule G, Part I (see instructions) <input checked="" type="checkbox"/>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II <input checked="" type="checkbox"/>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H <input type="checkbox"/>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input type="checkbox"/>		

**Part IV Checklist of Required Schedules (continued)**

<b>21</b>	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>	<b>21</b>	Yes	
<b>22</b>	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>	<b>22</b>		No
<b>23</b>	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>	<b>23</b>		No
<b>24a</b>	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>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>		No
<b>b</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>	<b>25b</b>		No
<b>26</b>	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>	<b>26</b>	Yes	
<b>27</b>	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>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>		No
<b>c</b>	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>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>		No
<b>32</b>	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>	<b>32</b>		No
<b>33</b>	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>	<b>33</b>		No
<b>34</b>	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>	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</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>	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>		No
<b>37</b>	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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>38</b>	Yes	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</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)?		No
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		No
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		11
	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		11
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>b</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 ▶ \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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  
 ▶ AMANDA NAPOLITANO 11762 MARCO BEACH DR JACKSONVILLE, FL (904) 551-0732

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA DEEGAN PRESIDENT	1.00	X		X				0	0	0
(2) JIM GILMORE VICE PRESIDENT	1.00	X		X				0	0	0
(3) KEITH BRANTLEY DIRECTOR	1.00	X						0	0	0
(4) DAWN HAGEL DIRECTOR	1.00	X						0	0	0
(5) CHRIS TWIGGS SECRETARY	1.00	X		X				0	0	0
(6) JUDY HABERKORN DIRECTOR	1.00	X						0	0	0
(7) JONI FAUSSETT DIRECTOR	1.00	X						0	0	0
(8) MARK WOODS DIRECTOR	1.00	X						0	0	0
(9) KIRSTEN SABIA DIRECTOR	1.00	X						0	0	0
(10) DONNA ORENDER DIRECTOR	1.00	X						0	0	0
(11) CHARLYN BARRETT TREASURER	1.00			X				0	0	0





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . . <b>1c</b> 2,174,046				
	<b>d</b> Related organizations . . . . . <b>1d</b> _____				
	<b>e</b> Government grants (contributions) <b>1e</b> _____				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	2,174,046			
	<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code _____			
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	713	713	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶				
	<b>5</b> Royalties . . . . . ▶				
	<b>6a</b> Gross rents (i) Real (ii) Personal				
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▶				
	<b>7a</b> Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▶				
	<b>8a</b> Gross income from fundraising events (not including \$ 2,174,046 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> 0				
	<b>b</b> Less direct expenses . . . . . <b>b</b> 0				
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶	0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> _____				
	<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b> 50,566				
<b>b</b> Less cost of goods sold . . . . . <b>b</b> 45,431					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶	5,135	5,135			
<b>Miscellaneous Revenue</b> Business Code					
<b>11a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶					
<b>12 Total revenue.</b> See Instructions . . . . . ▶	2,179,894	5,848	0	0	





**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	441,542	441,542		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	251,525		251,525	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	16,208		16,208	
<b>10</b> Payroll taxes . . . . .	19,898		19,898	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	4,853		3,575	1,278
<b>12</b> Advertising and promotion . . . . .	278,480			278,480
<b>13</b> Office expenses . . . . .	114,605		5,286	109,319
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	35,689		35,689	
<b>17</b> Travel . . . . .	28,233		6,494	21,739
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	4,973		4,973	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	13,181		13,181	
<b>23</b> Insurance . . . . .	11,074			11,074
<b>24</b> 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 )				
<b>a</b> EVENT OPERATIONS	1,150,280			1,150,280
<b>b</b> SUPPLIES	44,767		12,949	31,818
<b>c</b> REPAIRS & MAINTENANCE	9,342		9,342	
<b>d</b> POSTAGE & SHIPPING	8,707		3,179	5,528
<b>e</b> All other expenses	10,763		10,763	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,444,120	441,542	393,062	1,609,516
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	790,721	<b>1</b>	235,152
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	9,564	<b>4</b>	958
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	57,000	<b>5</b>	42,819
	<b>6</b> 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 instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	38,099	<b>8</b>	35,978
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,934	<b>9</b>	2,600
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 94,178		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 48,809	50,674	<b>10c</b> 45,369
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	950,992	<b>16</b>	362,876	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	832,046	<b>17</b>	497,813
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	0	<b>25</b>	10,343
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	832,046	<b>26</b>	508,156
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	118,946	<b>27</b>	-145,280
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	118,946	<b>33</b>	-145,280	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	950,992	<b>34</b>	362,876	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,179,894
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,444,120
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-264,226
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	118,946
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-145,280

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>b</b>	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>c</b>	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	Yes	
<b>3a</b>	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?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Name of the organization**  
262 WITH DONNA THE NATIONAL MARATHON  
TO FINISH BREAST CANCER

**Employer identification number**  
26-2736601

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

**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.)

<b>Section A. Public Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,270,380	2,115,312	1,938,064	2,634,514	2,174,046	11,132,316
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,270,380	2,115,312	1,938,064	2,634,514	2,174,046	11,132,316
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						11,132,316

<b>Section B. Total Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	2,270,380	2,115,312	1,938,064	2,634,514	2,174,046	11,132,316
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,310	4,450	11,769	1,339	713	27,581
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	110,740	28,683	32,518	36,767	5,135	213,843
<b>11 Total support.</b> (Add lines 7 through 10)						11,373,740
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

<b>Section C. Computation of Public Support Percentage</b>						
<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	97.880 %
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>						
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ▶						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

- 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 ▶

**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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test
Explanation

**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**  
262 WITH DONNA THE NATIONAL MARATHON  
TO FINISH BREAST CANCER

**Employer identification number**

26-2736601

**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?  Yes  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?  Yes  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 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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
<b>3a(i)</b> unrelated organizations . . . . .		
<b>3a(ii)</b> related organizations . . . . .		
<b>3b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	94,178		48,809	45,369
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				45,369





<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>				
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,338,176
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	158,282	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	158,282
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,179,894
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	2,179,894
<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>				
<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,602,402
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	158,282	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	158,282
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,444,120
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	2,444,120

**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

Identifier	Return Reference	Explanation
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**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
		26.2 MARATHON (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	2,174,046		2,174,046
	2	Less Contributions . . . . .	2,174,046		2,174,046
	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))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash 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 lines 1 and 7 in column (d) . . . . . ▶				

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 \_\_\_\_\_



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

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**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 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).

Identifier	Return Reference	Explanation





**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

Identifier	Return Reference	Explanation
PART 1 LINE 2		A SEGREGATED BANK ACCOUNT IS MAINTAINED THE ACTIVITY IN THIS ACCOUNT IS MONITORED AND REVIEWED ON A WEEKLY BASIS IN ADDITION, THIS ACCOUNT IS INCLUDED IN THE ACTIVITY EXAMINED BY THE EXTERNAL AUDITORS ON AN ANNUAL BASIS



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