

# Return of Organization Exempt From Income Tax

**2022**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NATIONAL BREAST CANCER FOUNDATION, INC.		<b>D</b> Employer identification number 75-2391148
	Doing business as		<b>E</b> Telephone number (972) 248-9200
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7460 WARREN PKWY, STE 150		
	City or town, state or province, country, and ZIP or foreign postal code FRISCO, TX 75034		<b>G</b> Gross receipts \$ 24,997,540.
	<b>F</b> Name and address of principal officer: REBECCA BUELL 7460 WARREN PKWY, STE 150, FRISCO, TX 75034		
<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>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>J</b> Website: WWW.NBCF.ORG		<b>H(c)</b> Group exemption number	
<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: 1991 <b>M</b> State of legal domicile: TX	

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>HELPING WOMEN NOW BY PROVIDING HELP AND INSPIRING HOPE TO THOSE AFFECTED BY BREAST CANCER THROUGH EARLY DETECTION, EDUCATION, AND SUPPORT SERVICES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	58
	6	Total number of volunteers (estimate if necessary)	6	7,633
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	21,946,355.	23,078,360.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,475.	363,597.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,856.	18,972.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,153,686.	23,460,929.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	5,386,425.	9,651,520.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,370,104.	4,908,042.
		b Total fundraising expenses (Part IX, column (D), line 25)	186,585.	139,422.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,868,656.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,848,179.	5,078,616.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	18,791,293.	19,777,600.
	20	Total assets (Part X, line 16)	3,362,393.	3,683,329.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	10,826,696.	15,798,944.
		272,968.	1,669,694.	
		10,553,728.	14,129,250.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		11/10/2023
	Signature of officer	Date
	Rebecca Buell / CFO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRUCE E BERNSTIED	Bruce E Bernstied	11/8/2023		P01424343
	Firm's name	Firm's EIN	Firm's address	Phone no.	
	BRUCE E BERNSTIED & ASSOCIATES		10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231	214-706-0840	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

HELPING WOMEN NOW® BY PROVIDING HELP AND INSPIRING HOPE TO THOSE AFFECTED BY BREAST CANCER THROUGH EARLY DETECTION, EDUCATION, AND SUPPORT SERVICES.

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

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

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 \$ 7,328,791. including grants of \$ 6,839,575. ) (Revenue \$ ) NBCF PARTNERS WITH MEDICAL FACILITIES ACROSS THE UNITED STATES TO PROVIDE SCREENING, DIAGNOSTIC, AND PATIENT NAVIGATION SERVICES. PARTNER MEDICAL FACILITIES ARE COMMITTED TO PROVIDING BREAST CANCER PATIENTS WITH THE CARE THEY NEED AT EACH STEP OF THE JOURNEY - EARLY DETECTION EDUCATION, DIAGNOSIS, AND SURVIVORSHIP. FINDING BREAST CANCER EARLY IS CRITICAL TO SURVIVAL, BUT MANY PATIENTS CAN'T AFFORD THE COST OF SCREENING OR DIAGNOSTIC TESTS. BY PROVIDING THESE SERVICES THROUGH OUR NETWORK OF MEDICAL FACILITIES, NBCF HELPS PROVIDE EQUAL ACCESS TO EARLY DETECTION SERVICES FOR UNINSURED OR UNDERINSURED PATIENTS. (CONTINUED IN SCHEDULE O, PAGE 2)

4b (Code: ) (Expenses \$ 4,632,816. including grants of \$ 2,811,945. ) (Revenue \$ ) NBCF OFFERS SUPPORT SERVICES THAT HELP PATIENTS NOW AND INSPIRE HOPE TO THOSE AFFECTED BY BREAST CANCER. NBCF PROVIDES HOPE KITS, A TANGIBLE EXPRESSION OF HOPE, TO COMFORT BREAST CANCER PATIENTS IN THEIR TIME OF NEED. 18,255 HOPE KITS AND 80 METASTATIC HOPE KITS WERE SENT THIS YEAR. NBCF'S HOPE KITS ARE PACKED BY VOLUNTEERS AND FILLED WITH THOUGHTFUL ITEMS KNOWN TO SOOTHE THE SIDE EFFECTS FROM TREATMENTS, SUCH AS CHEMOTHERAPY AND RADIATION. NBCF OFFERS SUPPORT GROUPS FOR PATIENTS IN NEED OF PSYCHOSOCIAL AND EMOTIONAL SUPPORT BEFORE, DURING, AND AFTER BREAST CANCER TREATMENT. NBCF HELD 35 SUPPORT GROUPS THROUGHOUT THE YEAR. (CONTINUED IN SCHEDULE O, PAGE 2)

4c (Code: ) (Expenses \$ 3,482,486. including grants of \$ 94,000. ) (Revenue \$ ) NBCF EDUCATES HOW TO REDUCE THE RISK OF DEVELOPING BREAST CANCER, DETECT BREAST CANCER EARLY, AND ACCESS SCREENING PROGRAMS AND REMOVE BARRIERS TO QUALITY TREATMENT IF DIAGNOSED. NBCF CREATES AND DELIVERS EDUCATIONAL AND AWARENESS MATERIALS UTILIZED BY OVER 122,784,517 INDIVIDUALS. THE "ABOUT BREAST CANCER" SECTION OF NBCF'S WEBSITE, WWW.NBCF.ORG, IS AN ONLINE GUIDE TO UNDERSTANDING BREAST CANCER AND HELPS THOSE DIAGNOSED WITH BREAST CANCER UNDERSTAND THE DISEASE. NBCF ALSO PARTNERS WITH COMPANIES NATIONWIDE TO STRENGTHEN THEIR WOMEN'S WELLNESS PROGRAMS BY INCREASING USE OF BASIC SCREENING BENEFITS, (CONTINUED IN SCHEDULE O, PAGE 2)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 15,444,093.

**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)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	X	
<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? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
<b>4</b> <b>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? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		X
<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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		X
<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? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
<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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		X
<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? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	X	
<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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	X	
<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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		X
<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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	X	
<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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
<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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	X	
<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? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<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. <span style="float:right">2a 58</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<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)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</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? . . . . .		X
<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? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<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.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<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 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<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.) <span style="float:right">11b</span>		
<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>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<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>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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (6), 1b (5), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records

KIMBERLY GRIMES 7460 WARREN PKWY, STE 150 FRISCO, TX 75034 972-248-9200

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JANELLE HAIL CEO / CHAIRMAN OF BOD	40.00 NONE	X		X				257,581.	NONE	36,239.
(2) KEVIN HAIL COO / PRESIDENT	40.00 NONE			X				228,302.	NONE	37,028.
(3) REBECCA BUELL CFO	40.00 NONE			X				150,988.	NONE	39,610.
(4) DOUGLAS FEIL CPO	40.00 NONE				X			144,369.	NONE	38,948.
(5) AMANDA O'NEILL SR VP, DEVELOPMENT	40.00 NONE					X		153,757.	NONE	14,243.
(6) CAMILLA PAYNE VP, MARKETING	40.00 NONE					X		128,220.	NONE	30,155.
(7) MARK GOMEZ SR CREATIVE DIRECTOR	40.00 NONE					X		113,130.	NONE	30,566.
(8) CAROLYN HAYS DIRECTOR DONOR ENGAGEMENT	40.00 NONE					X		103,753.	NONE	6,062.
(9) STEVE ENGLE DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(10) GABRIELA BARBARENA SECRETARY OF BOD	2.00 NONE	X		X				NONE	NONE	NONE
(11) LANCE HAMILTON TREASURER OF BOD	2.00 NONE	X		X				NONE	NONE	NONE
(12) HAL DONALDSON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) BRYAN FLANAGAN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14)										





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<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>	86,222.				
	<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>	22,992,138.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 4,630,929.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		23,078,360.				
	<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</b>		<b>Total.</b> Add lines 2a-2f . . . . .		NONE				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		371,844.			371,844.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		NONE				
	<b>5</b>	Royalties . . . . .		NONE				
	<b>6a</b>	Gross rents . . . . .	(i) Real					
			(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .		NONE				
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				1,447,118.	1,000.			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	1,456,365.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	-9,247.	1,000.			
	<b>d</b>	Net gain or (loss) . . . . .		-8,247.			-8,247.	
<b>8a</b>	Gross income from fundraising events (not including \$ 86,222. of contributions reported on line 1c). See Part IV, line 18 . . . . .							
			10,225.					
		<b>8a</b>		43,157.				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .		-32,932.			-32,932.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .							
			NONE					
		<b>9a</b>		NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
			88,030.					
		<b>10a</b>		37,089.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		50,941.	50,941.				
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISCELANEOUS INCOME	Business Code					
	<b>b</b>			963.	963.			
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		963.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		23,460,929.	51,904.		330,665.		

**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 or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,839,575.	6,839,575.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,811,945.	2,811,945.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	955,485.	682,390.	206,069.	67,026.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	2,995,992.	1,147,772.	1,068,387.	779,833.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	95,522.	35,229.	37,197.	23,096.
9 Other employee benefits . . . . .	578,783.	248,340.	220,911.	109,532.
10 Payroll taxes . . . . .	282,260.	122,858.	95,993.	63,409.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	174.		174.	
c Accounting . . . . .	24,546.		24,546.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	139,422.			139,422.
f Investment management fees . . . . .	41,226.		41,226.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	775,292.	608,741.	70,407.	96,144.
12 Advertising and promotion . . . . .	2,326,801.	1,975,525.	7,262.	344,014.
13 Office expenses . . . . .	409,876.	313,657.	68,155.	28,064.
14 Information technology . . . . .	436,820.	150,632.	205,966.	80,222.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	350,201.	186,913.	115,513.	47,775.
17 Travel . . . . .	86,650.	38,070.	18,306.	30,274.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	21,725.	6,733.	8,349.	6,643.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	56,799.	29,753.	15,067.	11,979.
23 Insurance . . . . .	56,925.	32,920.	16,263.	7,742.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GIK EVENT . . . . .	217,471.	201,600.	2,134.	13,737.
b EVENT EXPENSE . . . . .	15,828.	14,419.	140.	1,269.
c OTHER . . . . .	258,282.	-2,979.	242,786.	18,475.
d _____ . . . . .				
e All other expenses _____ . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	19,777,600.	15,444,093.	2,464,851.	1,868,656.
<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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	4,297,503.	<b>1</b>	6,149,507.	
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE	
	<b>3</b> Pledges and grants receivable, net . . . . .	1,638,950.	<b>3</b>	1,224,107.	
	<b>4</b> Accounts receivable, net . . . . .	823,730.	<b>4</b>	703,751.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE	
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE	
	<b>8</b> Inventories for sale or use . . . . .	42,145.	<b>8</b>	114,850.	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	215,793.	<b>9</b>	301,538.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,072,429.			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 982,783.			
			104,526.	<b>10c</b>	89,646.
	<b>11</b> Investments - publicly traded securities . . . . .	NONE	<b>11</b>	NONE	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	3,704,049.	<b>12</b>	5,849,871.	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE	
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	1,365,675.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	10,826,696.	<b>16</b>	15,798,945.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	235,843.	<b>17</b>	262,638.	
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE	
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	25.	
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE	
	<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 . . . . .	37,125.	<b>25</b>	1,407,031.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	272,968.	<b>26</b>	1,669,694.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>				
	<b>27</b> Net assets without donor restrictions . . . . .	9,016,538.	<b>27</b>	13,242,263.	
	<b>28</b> Net assets with donor restrictions . . . . .	1,537,190.	<b>28</b>	886,988.	
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>		
	<b>32</b> Total net assets or fund balances . . . . .	10,553,728.	<b>32</b>	14,129,251.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	10,826,696.	<b>33</b>	15,798,945.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,460,929.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,777,600.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,683,329.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	10,553,728.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	178,338.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-286,144.
<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 on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	14,129,251.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> NATIONAL BREAST CANCER FOUNDATION, INC.	<b>Employer identification number</b> 75-2391148
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**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

Schedule A (Form 990) 2022

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	13,663,520.	16,532,224.	19,281,658.	21,946,355.	23,081,597.	94,505,354.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	13,663,520.	16,532,224.	19,281,658.	21,946,355.	23,081,597.	94,505,354.
<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). . . . .						30,129,481.
<b>6 Public support.</b> Subtract line 5 from line 4						64,375,873.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	13,663,520.	16,532,224.	19,281,658.	21,946,355.	23,081,597.	94,505,354.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	122,810.	91,411.	117,754.	171,009.	371,844.	874,828.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,917.	22,524.	24,007.	33,856.	51,904.	134,208.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						95,514,390.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	149,349.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	67.40 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	64.75 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 VI 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 - 2021.</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 VI 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 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
SALE OF INVENTORY	1,917.	1,974.	24,007.	33,856.	50,941.	112,695.
GRANTS REFUNDED		20,000.				20,000.
TAX REFUNDED		550.				550.
OTHER INCOME					963.	963.
<b>TOTALS</b>	<b>1,917.</b>	<b>22,524.</b>	<b>24,007.</b>	<b>33,856.</b>	<b>51,904.</b>	<b>134,208.</b>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and reporting.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2022

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 make 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 program
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?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) LARGE CAP MUTUAL FUNDS	2,431,385.	FMV
(B) EQUITIES & OPTIONS	1,820,340.	FMV
(C) FIXED INCOME MUTUAL FUNDS	1,598,146.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	5,849,871.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF USE ASSETS-OPERATING	1,365,675.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	1,365,675.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LIABILITY-OPERATING LE	1,407,031.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	1,407,031.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	23,798,771.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	178,338.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	199,525.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,205.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	379,068.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	23,419,703.
<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>	41,226.
<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>	41,226.
<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>	23,460,929.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	20,223,248.
<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>	484,293.
<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>	2,581.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	486,874.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	19,736,374.
<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>	41,226.
<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>	41,226.
<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>	19,777,600.

**Part XIII Supplemental Information.**

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.

SEE SUPPLEMENTAL PAGE



**Part XIII** Supplemental Information (continued)

FIN 48 (ASC-740)

FORM 990, SCHEDULE D, PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), EXCEPT TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. THE ORGANIZATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY AS OF JUNE 30, 2023 AND 2022. ACCORDINGLY, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURN AND RECOGNITION OF A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2023 AND 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

OTHER INCOME INCLUDED ON RETURN BUT NOT ON BOOKS

SCHEDULE D, PART XI, LINE 4B

SPECIAL EVENTS INDIRECT COSTS \$2581

SPECIAL EVENTS INKIND SERVICE DONATION (\$1175)

TOTAL \$1206

OTHER EXPENSE INCLUDED ON THE BOOKS BUT NOT ON RETURN

SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENTS INDIRECT COSTS \$2,581

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				360,221.	137,328.	

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
		30TH ANNIVERSAR (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	96,447.		96,447.
	2	Less: Contributions . . . . .	86,222.		86,222.
	3	Gross income (line 1 minus line 2) . . . . .	10,225.		10,225.
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .	1,206.		1,206.
	6	Rent/facility costs . . . . .	2,000.		2,000.
	7	Food and beverages . . . . .	15,432.		15,432.
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	24,519.		24,519.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			43,157.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			-32,932.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</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 ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

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FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES  
=====

NAME:

GOODUNITED

ADDRESS:

804 MEETING ST STE 101  
CHARLESTON, SC 29403

ACTIVITY :

ONLINE FB FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 349,699.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 89,018.

NAME:

STREAMWORKS

ADDRESS:

3640 PHEASANT RIDGE DRIVE NE  
BLAINE, MN 55449

ACTIVITY :

DIRECT MAIL SERVICES

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 10,522.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 48,310.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK RD ABINGTON, PA 19001	23-1352152	501(C)(3)	16,000.				METASTATIC RETREAT
<b>(2)</b> ADVENTIST HEALTH WHITE MEMORIAL 1720 CESAR E. CHAVEZ AVE.	95-3760201	501(C)(3)	192,271.				PATIENT NAVIGATION
<b>(3)</b> ADVENTIST MEDICAL CENTER-PORTLAND 10123 SE MARKET ST #144 PORTLAND, OR 97216	93-0429015	501(C)(3)	70,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(4)</b> AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71 STREET NEW YORK, NY 10021	13-3035711	501(C)(3)	140,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(5)</b> ASCENSION FOUNDATIONS OF WISCONSIN 2320 N LAKE DR MILWAUKEE, WI 53211	39-1494981	501(C)(3)	145,013.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(6)</b> ASCENSION VIA CHRISTI 3600 E HARRY STREET WICHITA, KS 67216	48-1172106	501(C)(3)	58,174.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(7)</b> ASCENSION ST. VINCENT BREAST CENTER 8550 NAAB RD, #300 INDIANAPOLIS, IN 46260	35-6088862	501(C)(3)	66,114.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(8)</b> AVERA HEALTH 3900 W AVERA DR SIOUX FALLS, SD 57108	46-0422673	501(C)(3)	35,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(9)</b> BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DR	23-7169407	501(C)(3)	105,330.				PATIENT NAVIGATION
<b>(10)</b> BON SECOURS HEALTH SYSTEM, INC. 131 COMMONWEALTH DRIVE GREENVILLE, SC 29615	58-2504528	501(C)(3)	59,953.				SCREENING & DIAGNOST
<b>(11)</b> BREAST AND GYN HEALTH PROJECT HUMBOLDT COMM 987 8TH STREET ARCATA, CA 95521	65-1205183	501(C)(3)	54,380.				PATIENT NAVIGATION
<b>(12)</b> BRIDGE BREAST NETWORK 4000 JUNIUS STREET DALLAS, TX 75246	75-2436606	501(C)(3)	32,200.				SCREENING & DIAGNOST PATIENT NAVIGATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 80

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BAYHEALTH FOUNDATION 640 S STATE ST DOVER, DE 19901	22-2559843	501(C)(3)	20,000.				SCREENING & DIAGNOST
<b>(2)</b> BETHESDA NORTH HOSPITAL 10500 MONTGOMERY RD CINCINNATI, OH 45242	31-0537122	501(C)(3)	14,768.				SCREENING & DIAGNOST
<b>(3)</b> CENTRAL VERMONT MEDICAL CENTER PO BOX 547 BARRE, VT 05641	22-2547186	501(C)(3)	10,000.				PATIENT NAVIGATION
<b>(4)</b> CHEYENNE REGIONAL CANCER CENTER 214 E 23RD ST CHEYENNE, WY 82009	83-0236858	501(C)(3)	30,000.				PATIENT NAVIGATION
<b>(5)</b> CLEVELAND CLINIC 9500 EUCLID AVENUE, UA3 CLEVELAND, OH 44195	34-0714585	501(C)(3)	150,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(6)</b> COALITION TO TRANSFORM ADVANCED CARE PO BOX 34364 WASHINGTON, DC 20043	45-2604332	501(C)(3)	10,000.				METASTATIC RETREAT
<b>(7)</b> CONCORD HOSPITAL TRUST 250 PLEASANT STREET CONCORD, NH 03301	26-0378710	501(C)(3)	8,500.				PATIENT NAVIGATION
<b>(8)</b> CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	94,000.				EDUCATION & OUTREACH
<b>(9)</b> COREWELL HEALTH FOUNDATION WEST MICHIGAN 25 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	45,000.				PATIENT NAVIGATION SCREENING&DIAGNOSTIC
<b>(10)</b> DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST BOSTON, MA 02445	04-2263040	501(C)(3)	155,000.				PATIENT NAVIGATION SCREENING&DIAGNOSTIC
<b>(11)</b> DEACONESS HOSPITAL FOUNDATION 600 MARY STREET EVANSVILLE, IN 47747	35-0593390	501(C)(3)	24,111.				SCREENING & DIAGNOST
<b>(12)</b> DELAWARE BREAST CANCER COALITION 100 W 10TH ST WILMINGTON, DE 19801	52-2045298	501(C)(3)	72,500.				PATIENT NAVIGATION

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

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

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> DIGNITY HEALTH-ST ROSE DOMINICAN HOSPITALS 8280 W WARM SPRING RD LAS VEGAS, NV 89113	94-1196203	501(C)(3)	70,303.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(2)</b> FORGE BREAST CANCER SURVIVOR CENTER 1321 19TH ST SOUTH BIRMINGHAM, AL 35205	84-2441327	170(C)(1)	40,025.				PATIENT NAVIGATION
<b>(3)</b> FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	91-1935159	501(C)(3)	123,194.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(4)</b> GLORIA GEMMA BREAST CANCER 249 ROOSEVELT AVE SUITE 201	13-4283592	501(C)(3)	40,000.				PATIENT NAVIGATION
<b>(5)</b> H. LEE MOFFITT CANCER CENTER&RESEARCH INSTI 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	329,132.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(6)</b> HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVE MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	12,500.				PATIENT NAVIGATION
<b>(7)</b> HHM HEALTH 5750 PINELAND DR DALLAS, TX 75231	65-1259379	501(C)(3)	9,888.				SCREENING & DIAGNOST
<b>(8)</b> INOVA HEALTHCARE SERVICES 8095 INNOVATION PARK DR FAIRFAX, VA 22031	54-0620889	501(C)(3)	30,660.				SCREENING & DIAGNOST
<b>(9)</b> JOHN STODDARD CANCER CENTER 1415 WOODLAND AVE DES MOINES, IA 50309	42-1189791	501(C)(3)	80,000.				PATIENT NAVIGATION
<b>(10)</b> JOHN HOPKINS BREAST CENTER 201 N BROADWAY BALTIMORE, MD 21287	52-0595110	501(C)(3)	206,895.				PATIENT NAVIGATION METASTATIC RETREAT
<b>(11)</b> JPS FOUNDATION 1223 S MAIN ST FORT WORTH, TX 76104	75-2717782	501(C)(3)	141,175.				PATIENT NAVIGATION
<b>(12)</b> KARMANOS CANCER INSTITUTE AT MCLAREN FLINT 4100 BEECHER RD FLINT, MI 48532	38-1358053	501(C)(3)	128,000.				PATIENT NAVIGATION

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
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Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> LOGAN HEALTH MEDICAL CENTER 310 SUNNYVIEW LANE KALISPELL, MT 59901	31-1703013	501(C)(3)	40,030.				PATIENT NAVIGATION
<b>(2)</b> LOUISIANA BREAST AND CERVICAL HEALTH PROGRAM 2020 GRAVIER ST NEW ORLEANS, LA 70112	72-1115391	501(C)(3)	38,813.				PATIENT NAVIGATION
<b>(3)</b> MAGEE-WOMEN HOSPITAL OF UPMC 300 HALKET ST PITTSBURGH, PA 15213	25-1462312	501(C)(3)	91,089.				PATIENT NAVIGATION
<b>(4)</b> MAINE MEDICAL CENTER CANCER INSTITUTE 100 CAMPUS DR, #111 SCARBOROUGH, ME 04074	01-0238552	501(C)(3)	35,320.				SCREENING & DIAGNOST
<b>(5)</b> MD ANDERSON CANCER CENTER AT COOPER 3 COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501(C)(3)	59,601.				PATIENT NAVIGATION
<b>(6)</b> MEMORIAL HOSPITAL AT GULFPORT FOUNDATION 4500 13TH STREET GULFPORT, MS 39501	20-4535203	501(C)(3)	18,265.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(7)</b> MERCY HEALTH FOUNDATION 10050 KENNERLY RD ST LOUIS, MO 63128	43-0980256	501(C)(3)	73,039.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(8)</b> METHODIST HEALTH SYSTEM FOUNDATION 1441 N BECKLEY AVE DALLAS, TX 75203	75-1548343	501(C)(3)	190,032.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(9)</b> METHODIST RICHARDSON MEDICAL CENTER FOUNDAT 1977 N COLLINS BLVD RICHARDSON, TX 75080	75-1788520	501(C)(3)	40,097.				SCREENING & DIAGNOST
<b>(10)</b> MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 39216	64-6000775	170(C)(1)	100,000.				SCREENING & DIAGNOST
<b>(11)</b> MSK RALPH LAUREN CENTER 885 2ND AVE, 7TH FLOOR NEW YORK, NY 10017	13-1924236	501(C)(3)	231,731.				PATIENT NAVIGATION
<b>(12)</b> THE NEBRASKA MEDICAL CENTER 986895 NEBRASKA MEDICAL CEN OMAHA, NE 68198	91-1858433	STATE INSTI	30,000.				SCREENING & DIAGNOST

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NEVEDA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY, NV 89703	94-3199117	501(C)(3)	61,204.				SCREENING & DIAGNOST
<b>(2)</b> OHIO HEALTH FOUNDATION 180 E BOARD ST, 31ST FL COLUMBUS, OH 43215	23-7446919	501(C)(3)	50,700.				SCREENING & DIAGNOST
<b>(3)</b> OU BREAST HEALTH NETWORK 825 N.E. 10TH ST, OUPB 3E	82-1883948	501(C)(3)	93,030.				SCREENING & DIAGNOST
<b>(4)</b> PARKLAND FOUNDATION ON BEHALF OF PARKLAND H 1341 W MOCKINGBIRD LN #1100E	75-2089180	501(C)(3)	637,800.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(5)</b> PINK REVOLUTION BREAST CANCER ALLIANCE OF N PO BOX 578 BROOKLINE, NV 03033	86-3155107	501(C)(3)	40,000.				PATIENT NAVIGATION
<b>(6)</b> PRESBYTERIAN HOSPITAL FOUNDATION 200 HAWTHORNE LN CHARLOTTE, NC 28204	58-1413074	501(C)(3)	45,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(7)</b> SAINT ALPHONSUS HEALTH FOUNDATION 6200 WEST EMERALD BOISE, ID 83706	82-0200895	501(C)(3)	49,888.				SCREENING & DIAGNOST
<b>(8)</b> SAINT LUKE'S FOUNDATION 901 E 104TH ST KANSAS CITY, MO 64131	44-6014699	501(C)(3)	25,336.				METASTATIC RETREAT
<b>(9)</b> SIBLEY MEMORIAL HOSPITAL 5255 LOUGHBORO RD NW WASHINGTON, DC 20016	53-0196602	501(C)(3)	127,000.				PATIENT NAVIGATION
<b>(10)</b> ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER 124 W. THOMAS RD PHOENIX, AZ 85044	94-2941245	501(C)(3)	115,155.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(11)</b> ST. JOSEPH'S/CANDLER 5353 REYNOLDS ST SAVANNAH, GA 31405	58-2288758	501(C)(3)	106,001.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(12)</b> ST. VICENT'S MEDICAL CENTER 2800 MAIN ST BRIDGEPORT, CT 06606	83-2550272	501(C)(3)	57,629.				SCREENING & DIAGNOST

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

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Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> STATE OF ALASKA BREAST AND CERVICAL SCREENI 3601 C STREET, #322 ANCHORAGE, AK 99503	92-6001185	501(C)(3)	10,000.				PATIENT NAVIGATION
<b>(2)</b> STEPHENSON CANCER CENTER AT OU MEDICINE 800 NE 10TH ST, ROOM 6046	73-1563627	115(A)	40,000.				PATIENT NAVIGATION
<b>(3)</b> SUNRISE COMMUNITY HEALTH CENTER 2930 11TH AVE EVANS, CO 80620	84-0613289	501(C)(3)	39,421.				SCREENING & DIAGNOST
<b>(4)</b> SWEDISH HOSPITAL 5145 N CALIFORNIA AVE CHICAGO, IL 60625	36-2179813	501(C)(3)	165,060.				
<b>(5)</b> TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD ALINGTON, TX 76011	75-2022128	501(C)(3)	41,179.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(6)</b> TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTE 1414 N OREGON ST EL PASO, TX 79902	75-6043842	501(C)(3)	87,652.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(7)</b> THE QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL ST HONOLULU, HI 96813	99-0073524	501(C)(3)	40,000.				PATIENT NAVIGATION
<b>(8)</b> THE UNIVERSITY OF TEXAS MD ANDERSON CANCER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	15,000.				SCREENING & DIAGNOST
<b>(9)</b> THOMAS JEFFERSON UNIVERISTY HOSPITAL 125 S 9TH ST PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	125,906.				PATIENT NAVIGATION
<b>(10)</b> UNIVERSITY OF CO HOSPITAL 1665 AURORA COURT AURORA, CO 80045	84-1179794	501(C)(3)	30,837.				SCREENING & DIAGNOST
<b>(11)</b> UNIVERSITY OF LOUISVILLE FOUNDATION HEART HOSPITAL, RUDD CENTER, 15TH FLOOR	23-7078461	501(C)(3)	194,716.				PATIENT NAVIGATION
<b>(12)</b> UNIVERSITY OF NEW MEXICO HOSPITAL 2211 LOMAS BLVD NE ALBUQUERQUE, NM 87106	85-6003005	501(C)(3)	121,893.				SCREENING & DIAGNOST PATIENT NAVIGATION

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

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Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF TENNESSEE MEDICAL CENTER, CAN 1926 ALCOA HWY, #310 KNOXVILLE, TN 37920	31-1626179	501(C)(3)	75,000.				SCREENING & DIAGNOST PTIENT NAVIGATION
<b>(2)</b> UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	170(C)(1)	85,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(3)</b> UNIVERSITY OF UTAH HOSPITAL AND CLINICS 1950 CIRCLE OF HOPE	87-6000525	501(C)(3)	21,859.				SCREENING & DIAGNOST
<b>(4)</b> UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE INSTI	377,200.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(5)</b> WELLSTAR FOUNDATION 805 SANDY PLAINS RD MARIETTA, GA 30066	58-1649541	501(C)(3)	99,899.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(6)</b> WVU BONNIE'S BUS PO BOX 9350 MORGANTOWN, WV 26506	55-6017181	501(C)(3)	23,165.				SCREENING & DIAGNOST
<b>(7)</b> BRATTLEBORO MEMORIAL HOSPITAL 17 BELMONT AVE BRATTLEBORO, VT 05301	03-0107300	501(C)(3)	11,500.				PATIENT NAVIGATION
<b>(8)</b> SPECTRUM HEALTH FOUNDATION 25 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	52,443.				SCREENING & DIAGNOST PATIENT NAVIGATION
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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

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

Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
1 HOPE KITS	18,255	203,672.	2,548,776.	FMV	PATIENT KITS
2 METASTATIC HOPE KIT	80	47,989.	11,507.	FMV	STAGE 4 KITS
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND GOVERNMENTS

PART I, LINE 2:

NBCF REQUIRES THE GRANTEE ORGANIZATIONS TO DOCUMENT THEIR QUALIFICATION FOR AN NMP GRANT (REFERRED TO AS SCREENING & DIAGNOSTICS IN PART II). AMONG OTHER CRITERIA, THE FACILITIES MUST BE CAPABLE TO DELIVER MAMMOGRAMS, HAVE THE CAPACITY TO RUN A NBCF MAMMOGRAPHY PROGRAM, AND HAVE A POTENTIAL POOL OF RECIPIENTS CONSISTENT WITH THE NBCF TARGET DEMOGRAPHIC OF UNDERSERVED WOMEN UNDER MEDICARE AGE. OUR FUNDING IS RESTRICTED EXCLUSIVELY FOR SCREENING AND DIAGNOSTIC MAMMOGRAMS AND

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ULTRASOUNDS, CLINICAL BREAST EXAMS, CAD READINGS, AND LIMITED BIOPSIES.

GRANTEE ORGANIZATIONS ARE ENCOURAGED TO DEVELOP A PROCESS FOR A FULL CONTINUUM OF BREAST CARE NEEDS, INCLUDING BIOPSIES (THAT ARE NOT COVERED BY NBCF), MRI'S AND SURGICAL AND CANCER TREATMENT AS NEEDED.

THE PATIENT NAVIGATION PROGRAM REQUIRES GRANTEE ORGANIZATIONS TO FOCUS ON OUTREACH AND EDUCATION ABOUT CANCER AND CANCER SCREENING, ELIMINATING BARRIERS TO CARE, AND ENSURING TIMELY DELIVERY OF SERVICES. NAVIGATORS ARE TO BE CREATIVE IN DISCOVERING AND DEVELOPING PROGRAMS AND RESOURCES TO DELIVER THIS CARE AND ARE TO ADHERE TO RELEVANT UPDATES REGARDING PATIENT NAVIGATION BEST PRACTICES.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE APPLICATION FORM IS DESIGNED TO IDENTIFY THOSE MEDICAL FACILITIES THAT PROVIDE THE SERVICES NEEDED TO THE POPULATION TARGETED BY THE NBCF MISSION AND COMPLY WITH ESTABLISHED FACILITY CRITERIA.

REPORTING THE RESULTS FROM THE SUBMISSION FORM IS A REQUIREMENT OF GRANT RECIPIENTS FOR SEMI-ANNUAL MONITORING OF GRANTS AWARDED FOR THE NATIONAL MAMMOGRAPHY PROGRAM. GRANTEE ORGANIZATIONS ARE REQUIRED TO REPORT THE AMOUNT OF GRANT FUNDS USED TO-DATE, AND THE NUMBER OF PATIENTS SERVED. IF THE MEDICAL PROVIDER IS SUCCESSFUL IN FULFILLING THE NBCF MISSION WHILE COMPLYING WITH THE ESTABLISHED FACILITY CRITERIA, AND NEEDS ADDITIONAL FUNDS FOR THEIR PROGRAM, NBCF WILL ENCOURAGE THEM TO APPLY FOR ADDITIONAL



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS. IN THE RARE EVENT THAT A MEDICAL PROVIDER FINDS THEY ARE UNABLE TO USE THE GRANT PER THE GRANT RESTRICTIONS, NBCF HAS THE GRANT REFUNDED TO NBCF AND RE-DISTRIBUTES THE FUNDS TO ANOTHER MEDICAL PROVIDER THROUGH THE APPLICATION PROCESS. GRANTEE ORGANIZATIONS RECEIVING PATIENT NAVIGATION PROGRAM GRANTS MUST REPORT THE FOLLOWING TO NBCF: PROGRAM COORDINATOR ACTIVITIES, PROCESSES, TYPES OF SERVICES PROVIDED, NUMBER OF WOMEN SERVICED THROUGH NAVIGATION, TIMELINESS OF CARE, AND THE AMOUNT OF GRANT FUNDS USED TO-DATE. AS PATIENT NAVIGATION CONTINUES TO EVOLVE, NBCF IS RE-EVALUATING HOW OUR OUTCOMES AND IMPACT ARE MEASURED. HISTORICALLY, NBCF HAS MEASURED THE NUMBER OF PATIENTS SERVED AND THE NUMBER OF

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SERVICES PROVIDED BY OUR FUNDED PATIENT NAVIGATOR PROGRAMS. THE ACADEMY OF ONCOLOGY AND NURSE NAVIGATORS (AONN) RECENTLY IDENTIFIED 35 EVIDENCE-BASED NAVIGATION METRICS THAT ARE RELEVANT TO CANCER CARE, AND DEMONSTRATE THE VALUE AND SUSTAINABILITY OF ONCOLOGY NAVIGATION. NBCF IS IN THE PROCESS OF ADOPTING THESE AONN MEASUREMENTS. ADOPTING AONN'S EVIDENCE-BASED METRICS WILL IMPACT NBCF'S PATIENT SERVICES NUMBERS. THIS TRANSITION WILL ALLOW NBCF TO MORE PRECISELY SHOW HOW PATIENT NAVIGATORS GUIDE PATIENTS THROUGH THE HEALTH CARE SYSTEM AND OVERCOME BARRIERS THAT PREVENT THEM FROM GETTING THE CARE THEY NEED. NBCF STAYS IN CLOSE CONTACT WITH FACILITIES RECEIVING BREAST CANCER RESEARCH GRANTS TO CONFIRM THE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS ARE FURTHERING RESEARCH PROJECTS WHICH ARE FOCUSED ON EARLY  
DETECTION, TREATMENT, OR CURE OF BREAST CANCER.

NBCF'S PATIENT RELIEF FUND ADDRESSES NON-MEDICAL FACTORS THAT INFLUENCE  
HEALTH OUTCOMES BY OFFERING PATIENT RELIEF FUNDS TO UNDERSERVED WOMEN  
THROUGH MEDICAL FACILITIES IN ITS NATIONAL NETWORK OF PROVIDERS. NBCF  
USES A SELECTION PROCESS TO QUALIFY AND CERTIFY THOSE FACILITIES THAT  
HAVE THE CAPACITY AND CAPABILITY OF UTILIZING FUNDS FOR UNDERSERVED  
WOMEN. NBCF REQUIRES GRANT RECIPIENTS TO SUBMIT A SEMI-ANNUAL OUTCOME  
REPORT. GRANTEE ORGANIZATIONS ARE REQUIRED TO REPORT THE AMOUNT OF GRANT  
FUNDS USED TO-DATE, NUMBER OF PATIENTS SERVED, AND TYPES OF SERVICES

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROVIDED. THE TYPES OF SERVICES PROVIDED MUST ADDRESS THE SOCIAL

DETERMINANTS OF HEALTH, INCLUDING ECONOMIC STABILITY AND HEALTH CARE

ACCESS AND QUALITY.

THE HOPE KIT

THE HOPE KIT PROGRAM REQUIRES WOMEN TO REQUEST A HOPE KIT FOR THEMSELVES

OR A LOVED ONE THROUGH NBCF'S WEBSITE. IN DOING SO, THEY MUST COMPLETE A

FORM THAT REQUIRES THEM TO PROVIDE THEIR INFORMATION, INCLUDING A

CONFIRMATION THAT THEY ARE A BREAST CANCER PATIENT OR THEIR LOVED ONE IS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

A BREAST CANCER PATIENT. ALL HOPE KIT SUBMISSIONS ARE STORED IN A DATABASE FOR RECORD KEEPING. EACH REQUEST IS FILTERED THROUGH TO ENSURE THERE ARE NO DUPLICATE REQUESTS.

EACH HOPE KIT IS SHIPPED TO THE RECIPIENT BASED OFF THE INFORMATION PROVIDED BY THE REQUESTOR. THE HOPE KITS ARE SHIPPED NATIONWIDE INCLUDING ALASKA AND HAWAII. ADDITIONALLY, HOPE KITS ARE SHIPPED IN BULK TO HOSPITALS WITH BREAST CANCER CENTERS THAT MEET NBCF'S GUIDELINES. THESE HOSPITALS PROVIDE NBCF WITH THE DATE THE HOPE KIT IS DISTRIBUTED AND THE RECIPIENT'S CITY, STATE AND ZIP CODE. THIS INFORMATION IS THEN ADDED TO

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OUR HOPE KIT DISTRIBUTION LOG/DATABASE ALONG WITH THE INDIVIDUAL REQUEST  
INFORMATION ABOVE.

ONE WEEK AFTER THE HOPE KIT IS SHIPPED, AN EMAIL SURVEY IS SENT TO THE  
RECIPIENT TO COLLECT FEEDBACK. THE FEEDBACK SURVEY SUBMISSIONS ARE STORED  
IN A DATABASE AND INFORMATION IS USED TO CONTINUALLY IMPROVE THE HOPE KIT  
PROGRAM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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**2022**

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Inspection**

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>	<input checked="" type="checkbox"/>	
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JANELLE HAIL CEO / CHAIRMAN OF BOD	(i)	254,963.	2,618.	NONE	22,870.	13,369.	293,820.	NONE
	(ii)							
2 KEVIN HAIL COO / PRESIDENT	(i)	225,951.	2,351.	NONE	11,309.	25,719.	265,330.	NONE
	(ii)							
3 AMANDA O'NEILL SR VP, DEVELOPMENT	(i)	142,900.	10,857.	NONE	13,213.	1,030.	168,000.	NONE
	(ii)							
4 DOUGLAS FEIL CPO	(i)	142,849.	1,520.	NONE	13,283.	25,665.	183,317.	NONE
	(ii)							
5 CAMILLA PAYNE VP, MARKETING	(i)	126,910.	1,310.	NONE	11,542.	18,613.	158,375.	NONE
	(ii)							
6 REBECCA BUELL CFO	(i)	149,351.	1,637.	NONE	13,988.	25,622.	190,598.	NONE
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION CONTINGENT ON THE REVENUES OF ORGANIZATION WAS PAID

FORM 990, SCHEDULE J, LINE 5A

A VARIABLE COMPENSATION PLAN WAS ESTABLISHED FOR THE DEVELOPMENT TEAM  
BASED ON ACHIEVEMENT OF INDIVIDUAL AND TEAM RELATED REVENUE GOALS. THE  
COMPENSATION IS FAIRLY MINIMAL, AND IS PAID OUT IN FLAT AMOUNTS BASED ON  
REACHING DIFFERENT PERCENTAGES AND ACHIEVING DIFFERENT TIERS OF GROWTH.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	11	3,160.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .	X	2	78.	
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (SEE SUPP PAGE ) . . . . .		321,813.	4,627,691.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
NONFINANCIAL AS	X	4	1,411,428.	FMV
FUNDRAISING ITE	X	566	7,222.	FMV
PROGRAMS ITEMS	X	311,804	3,148,819.	FMV
OTHER ASSETS	X	9,439	60,222.	FMV
TOTALS		321,813.	4,627,691.	

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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75-2391148

**THE OFFICERS HAVE A FAMILY RELATIONSHIP**

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

THE PRESIDENT/COO IS THE SON OF THE CEO.

**RETURN REVIEW PROCESS**

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE TAX RETURN IS PROVIDED TO THE ORGANIZATION BY THE CPA FIRM. A DETAILED REVIEW IS COMPLETED BY THE SR DIRECTOR OF FINANCE & ACCOUNTING, THE SR DIRECTOR OF RISK MANAGEMENT AND THE CFO. ANY ADDITIONAL UPDATES OR CHANGES ARE MADE AND SENT BACK TO THE CPA FIRM. ONCE SATISFIED WITH THE SECOND DRAFT, THE CPO, COO AND CEO REVIEW IN DETAIL. ONCE THE CPO, COO, CEO AND CFO HAVE APPROVED IT, THE RETURN IS FORWARDED TO ALL OF THE BOARD MEMBERS ELECTRONICALLY. COMMENTS ARE SUBMITTED AND IF ANY CHANGES ARE MADE THE REVIEW PROCESS IS REPEATED UNTIL THERE ARE NO CHANGES. A BOARD CONFERENCE CALL IS OFTEN CONVENED TO FINALIZE AND ACCEPT ALL CHANGES AND TO MOVE FORWARD WITH FILING.

**THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY**

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

NBCF ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING EACH MEMBER OF THE BOARD READ THE DOCUMENT ANNUALLY AND RESPOND IN WRITING AS TO WHETHER OR NOT THERE ARE CONFLICTS. EACH BOARD MEMBER SIGNS THE DOCUMENT STATING THAT THEY HAVE READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY AND AGREE TO BE BOUND BY THE POLICY. IN ADDITION, THE IMPORTANCE OF THE CONFLICT OF INTEREST POLICY IS OPENLY DISCUSSED IN THE BOARD MEETINGS AND BOARD MEMBERS ARE ASKED IF THEY HAVE ANY ACTIVITIES FOR WHICH THEY NEED TO CONFIRM WHETHER A CONFLICT OF INTEREST EXISTS. IF

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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75-2391148

A CONFLICT OF INTEREST IS FOUND TO EXIST, APPROPRIATE ACTION IS TAKEN SUCH AS THE CONFLICTED BOARD MEMBER NOT PARTICIPATING IN DISCUSSIONS OR VOTING ON RELATED ISSUES. DEPENDENT ON THE NATURE OF THE CONFLICT, THE NON-CONFLICTED BOARD MEMBERS MAY PROPOSE AND VOTE ON A MOTION CONCERNING THE RESOLUTION OF CONFLICT.

**PROCESS FOR DETERMINING COMPENSATION**

FORM 990, PART VI, LINE 15A&15B:

THE BOARD OF DIRECTORS APPROVE THE COMPENSATION FOR THE OFFICERS OF THE ORGANIZATION AFTER COMPARING THE SALARIES WITH OTHER ORGANIZATIONS, AS WELL AS COMPARISON WITH COMPENSATION SURVEYS AND STUDIES. THE ACTION OF THE BOARD OF DIRECTORS IS THEN DOCUMENTED IN THE BOARD MINUTES.

**PUBLIC DISCLOSURE**

FORM 990, PART VI, LINE 19:

NBCF MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT, FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THEY OFFER TO FAX, SEND BY U.S. FIRST CLASS MAIL, OR EMAIL THE DOCUMENTS TO INTERESTED PARTIES. NBCF'S ANNUAL REPORT, FORM 990, AND FINANCIAL STATEMENTS WITH INDEPENDENT AUDITOR'S REPORT ARE ALSO AVAILABLE ON NBCF'S WEBSITE, [WWW.NBCF.ORG](http://WWW.NBCF.ORG). NBCF'S FORM 990 IS AVAILABLE ON THE WEBSITE [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG). FINANCIAL AND OTHER INFORMATION ABOUT NBCF IS AVAILABLE ON THE WEBSITE [WWW.CHARITYNAVIGATOR.ORG](http://WWW.CHARITYNAVIGATOR.ORG).

**PROGRAM SERVICE ACCOMPLISHMENTS:**

FORM 990, PART III, LINE 4A:

PATIENT NAVIGATORS GUIDE PATIENTS THROUGH AND AROUND THE BARRIERS OF COST, FEAR, AND MISINFORMATION IN THE COMPLEX CANCER CARE SYSTEM,

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

DELIVERING TIMELY DIAGNOSIS, TREATMENT, AND SUPPORT. NBCF'S MEDICAL FACILITY NETWORK INCLUDES 101 PARTNERS, THIS YEAR, NBCF PROVIDED 68,892 SERVICES THROUGH 56 OF THOSE PARTNERS.

**PROGRAM SERVICE ACCOMPLISHMENTS:**

FORM 990, PART III, LINE 4B:

NBCF FACILITATED 4 METASTATIC BREAST CANCER RETREATS SERVING 25 METASTATIC PATIENTS (STAGE 4 BREAST CANCER) AND 26 CAREGIVERS. PATIENTS AND CAREGIVERS ATTENDING THE METASTATIC BREAST CANCER RETREATS RECEIVE RENEWED HOPE, INCREASED KNOWLEDGE, AND THE REMINDER THAT THEY ARE NOT ALONE. AS A RESPONSE TO THE COVID-19 PANDEMIC, NBCF STARTED THE PATIENT RELIEF PROGRAM TO HELP OFFSET THE BURDEN OF COST AND LOSS OF INCOME AND INSURANCE. NBCF GRANTS HOSPITAL PARTNERS ACROSS THE COUNTRY WITH FUNDING TO BE DISTRIBUTED TO PATIENTS TO HELP WITH ITEMS LIKE TREATMENT COSTS, PRESCRIPTIONS, TRANSPORTATION TO TREATMENT, GROCERIES, AND CHILDCARE. NBCF PARTNER HOSPITALS ASSESS THE NEED OF PATIENTS BASED ON PATIENT SURVEYING. THE HOSPITAL PARTNERS DISTRIBUTE, TRACK, AND REPORT THE IMPACT OF THESE FUNDS TO NBCF. THOUGH THE PANDEMIC ENDED, THE PROBLEM OF ECONOMIC DEVASTATION ON RECENTLY DIAGNOSED PATIENTS PERSISTED. AS A RESULT, NBCF CONTINUES TO SUPPORT AND BUILD THE PATIENT RELIEF FUND.

**PROGRAM SERVICE ACCOMPLISHMENTS:**

FORM 990, PART III, LINE 4C:

EDUCATING EMPLOYEES ABOUT BREAST HEALTH AND EARLY DETECTION AND EQUIPPING EMPLOYERS HOW TO SUPPORT PATIENTS AND SURVIVORS IN THE WORKPLACE. THIS YEAR, NBCF PRESENTED 62 BREAST CANCER IN THE WORKPLACE PRESENTATIONS AND PROVIDED 1,882 BREAST HEALTH EDUCATION SERVICES. NBCF'S COMMUNITY

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.

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NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

AMBASSADOR PROGRAM TRAINS AND EQUIPS COMMUNITY LEADERS TO SHARE BREAST  
HEALTH INFORMATION AND PROMOTE NBCF'S SCREENING AND NAVIGATION PROGRAMS  
TO THOSE IN NEED. THIS YEAR 61 COMMUNITY AMBASSADORS WERE FULLY TRAINED,  
SERVING 6,185 WOMEN THROUGH 30 EVENTS.

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AR, CA, CO, CT,  
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, TN, UT, VA, WA, WV, WI,