

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Form **990**

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL BREAST CANCER FOUNDATION, INC. Doing Business As	D Employer identification number 75-2391148
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7460 WARREN PKWY, STE 150	E Telephone number (972) 248-9200
	City or town, state or province, country, and ZIP or foreign postal code FRISCO, TX 75034	G Gross receipts \$ <u>22,176,952.</u>
	F Name and address of principal officer: REBECCA BUELL 7460 WARREN PKWY, STE 150, FRISCO, TX 75034	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NBCF.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1991 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: HELPING WOMEN NOW BY PROVIDING HELP AND INSPIRING HOPE TO THOSE AFFECTED BY BREAST CANCER THROUGH EARLY DETECTION, EDUCATION, AND SUPPORT SERVICES.

2 Check this box 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	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	5,793
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	19,281,658.	21,946,355.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	153,253.	173,475.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-67,131.	33,856.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,367,780.	22,153,686.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,503,470.	5,386,425.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,935,119.	4,370,104.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	89,645.	186,585.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,767,655.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,631,137.	8,848,179.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,159,371.	18,791,293.
19 Revenue less expenses. Subtract line 18 from line 12	2,208,409.	3,362,393.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,230,938.	10,826,696.
	21 Total liabilities (Part X, line 26)	1,068,784.	272,968.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,162,154.	10,553,728.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/10/2022
	Type or print name and title Rebecca W. Buell CFO	

Paid Preparer Use Only	Print/Type preparer's name BRUCE E. BERNSTIEN	Preparer's signature 	Date 11/9/22	Check <input type="checkbox"/> if self-employed	PTIN P01424343
	Firm's name ▶ BRUCE E BERNSTIEN & ASSOCIATES	Firm's EIN ▶ 47-5532055			
	Firm's address ▶ 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231	Phone no. 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** (2021)

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 \$ 8,503,237. including grants of \$ 2,735,696.) (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. 16,380 HOPE KITS AND 46 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 GROUP MEETINGS THROUGHOUT THE YEAR. (CONTINUED IN SCHEDULE O, PAGE 2)

4b (Code:) (Expenses \$ 3,306,777. including grants of \$ 53,500.) (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 216,993,947 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)

4c (Code:) (Expenses \$ 3,044,915. including grants of \$ 2,597,229.) (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)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,854,929.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		<input checked="" type="checkbox"/>
10 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>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?.		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
15 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>		<input checked="" type="checkbox"/>
16 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>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 56		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	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? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 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

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, 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				247,735.	NONE	21,724.
(2) KEVIN HAIL COO / PRESIDENT	40.00 NONE			X				217,987.	NONE	23,706.
(3) REBECCA BUELL CFO	40.00 NONE			X				145,039.	NONE	29,736.
(4) DOUGLAS FEIL CPO	40.00 NONE			X				140,046.	NONE	24,384.
(5) AMANDA O'NEILL SR VP, DEVELOPMENT	40.00 NONE					X		141,119.	NONE	6,653.
(6) CAMILLA PAYNE VP, MARKETING	40.00 NONE					X		124,113.	NONE	22,145.
(7) MARK GOMEZ SR CREATIVE DIRECTOR	40.00 NONE					X		106,595.	NONE	21,521.
(8) STEVE ENGLE DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(9) GABRIELA BARBARENA SECRETARY OF BOD	2.00 NONE	X		X				NONE	NONE	NONE
(10) LANCE HAMILTON TREASURER OF BOD	2.00 NONE	X		X				NONE	NONE	NONE
(11) HAL DONALDSON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(12) BRYAN FLANAGAN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13)										
(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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	645,139.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	21,301,216.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 8,983,384.				
	h	Total. Add lines 1a-1f ▶		21,946,355.				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		171,009.			171,009.	
	4	Income from investment of tax-exempt bond proceeds . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	NONE	NONE				
	d	Net rental income or (loss) ▶			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	2,012.	1,385.			
			7b	931.				
	c	Gain or (loss)	1,081.	1,385.				
	d	Net gain or (loss) ▶			2,466.		2,466.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		NONE				
			8a					
8b								
c	Net income or (loss) from fundraising events ▶			NONE				
9a	Gross income from gaming activities. See Part IV, line 19		NONE					
		9a						
		9b						
c	Net income or (loss) from gaming activities ▶			NONE				
10a	Gross sales of inventory, less returns and allowances		56,191.					
		10a						
		10b	22,335.					
c	Net income or (loss) from sales of inventory ▶			33,856.	33,856.			
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			NONE			
12	Total revenue. See instructions ▶			22,153,686.	33,856.		173,475.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Payroll, Fees, Advertising, Office, Travel, Conferences, Interest, Payments, Depreciation, Insurance, and Total functional expenses.

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
Assets	1 Cash - non-interest-bearing	2,372,933.	1	4,297,503.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	1,618,689.	3	1,638,950.
	4 Accounts receivable, net	778,443.	4	823,730.
	5 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	5	NONE
	6 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	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	37,933.	8	42,145.
	9 Prepaid expenses and deferred charges	206,717.	9	215,793.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,037,375.		
	b Less: accumulated depreciation	10b 932,849.		
		134,472.	10c	104,526.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	3,081,751.	12	3,704,049.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	NONE	15	NONE	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,230,938.	16	10,826,696.	
Liabilities	17 Accounts payable and accrued expenses	269,381.	17	235,843.
	18 Grants payable	127,041.	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 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	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	672,362.	25	37,125.
	26 Total liabilities. Add lines 17 through 25	1,068,784.	26	272,968.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,767,369.	27	9,016,538.
	28 Net assets with donor restrictions	1,394,785.	28	1,537,190.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,162,154.	32	10,553,728.
33 Total liabilities and net assets/fund balances	8,230,938.	33	10,826,696.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,153,686.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,791,293.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,362,393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,162,154.
5	Net unrealized gains (losses) on investments	5	-436,803.
6	Donated services and use of facilities	6	465,984.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,553,728.

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 Single Audit Act and OMB Circular A-133?
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization NATIONAL BREAST CANCER FOUNDATION, INC.	Employer identification number 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)							
Total							

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,697,817.	13,663,520.	16,532,224.	19,281,658.	21,946,355.	86,121,574.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	14,697,817.	13,663,520.	16,532,224.	19,281,658.	21,946,355.	86,121,574.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						29,864,127.
6 Public support. Subtract line 5 from line 4						56,257,447.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	14,697,817.	13,663,520.	16,532,224.	19,281,658.	21,946,355.	86,121,574.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	103,367.	122,810.	91,411.	117,754.	171,009.	606,351.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,358.	1,917.	22,524.	24,007.	33,856.	157,662.
11 Total support. Add lines 7 through 10						86,885,587.
12 Gross receipts from related activities, etc. (see instructions)					12	97,795.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	64.75 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	62.62 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on line 11a above?		
c 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
1 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>		
2 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
1 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
1 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?		
2 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>		
3 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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	Total annual distributions. 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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	2017	2018	2019	2020	2021	TOTAL
SALE OF INVENTORY	350.	1,917.	1,974.	24,007.	33,856.	62,104.
GRANTS REFUNDED	75,008.		20,000.			95,008.
TAX REFUNDED			550.			550.
TOTALS	75,358.	1,917.	22,524.	24,007.	33,856.	157,662.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 5,730,894.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,430,748.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 465,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 2,217,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 705,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 579,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATIONAL BREAST CANCER FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">75-2391148</p>
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 470,179.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	N/A <hr/> <hr/> <hr/>	\$ 616,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	N/A <hr/> <hr/> <hr/>	\$ 645,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	GOODS	\$ 5,730,894.	06/30/2022
2	NONFINANCIAL ASSETS	\$ 1,430,748.	06/30/2022
7	NONFINANCIAL ASSETS	\$ 470,179.	06/30/2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and Yes/No questions.

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 rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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 rows for art/historical treasures held for public service and those received for financial gain.

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

Schedule D (Form 990) 2021

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	1,102,312.	FMV
(B) EQUITIES & OPTIONS	1,042,715.	FMV
(C) FIXED INCOME MUTUAL FUNDS	1,559,022.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	3,704,049.	

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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) DEFERRED RENT	37,125.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,125.

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 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, 2022 AND 2021. 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, 2022 AND 2021, 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.

**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.

2021

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 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						
Total				978,280.	183,801.	

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.

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,

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

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))
		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	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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).

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

=====

NAME:

ALLEGIANT DIRECT

ADDRESS:

278 FRANKLIN ROAD
BRENTWOOD, TN 37027

ACTIVITY :

DIRECT MAIL SERVICES

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 34,932.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 62,584.

NAME:

GOODUNITED

ADDRESS:

796 MEETING STREET
CHARLESTON, SC 29403

ACTIVITY :

ONLINE FB FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 705,325.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 77,679.

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

NAME:

DENISE MURPHY

ADDRESS:

3821 HUNT CHASE DRIVE
GREENBORO, NC 27407

ACTIVITY :

CONSULTING SERVICES

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 238,023.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 43,538.

**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

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to 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

- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK RD ABINGTON, PA 19001	23-1352152	501(C)(3)	11,000.				METASTATIC RETREAT
(2) ADVENTIST HEALTH WHITE MEMORIAL 1720 CESAR E. CHAVEZ AVE. LOS ANGELES, CA	95-3760201	501(C)(3)	114,240.				PATIENT NAVIGATION
(3) ADVENTIST MEDICAL CENTER-PORTLAND 10123 SE MARKET ST #144 PORTLAND, OR 97216	93-0429015	501(C)(3)	15,000.				SCREENING & DIAGNOST
(4) AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71 STREET NEW YORK, NY 10021	13-3035711	501(C)(3)	99,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(5) AMITA HEALTH RESURRECTION MEDICAL CENTER CH 2601 NAVISTAR DR, BLDG 4 LISLE, IL 60631	36-3260495	501(C)(3)	10,000.				SCREENING & DIAGNOST
(6) ASCENSION MEDICAL GROUP 4220 HARDING RD NASHVILLE, TN 37205	58-1663055	501(C)(3)	30,000.				SCREENING & DIAGNOST
(7) ASCENSION ST. VINCENT BREAST CENTER 8550 NAAB RD, #300 INDIANAPOLIS, IN 46260	35-6088862	501(C)(3)	20,000.				SCREENING & DIAGNOST
(8) BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DR LITTLE ROCK, AR 72205	23-7166407	501(C)(3)	84,800.				SCREENING & DIAGNOST PATIENT NAVIGATION
(9) BETHESDA NORTH HOSPITAL 10500 MONTGOMERY ROAD CINCINNATI, OH 45242	23-7374129	501(C)(3)	10,000.				SCREENING & DIAGNOST
(10) BON SECOURS HEALTH SYSTEM, INC. 131 COMMONWEALTH DRIVE GREENVILLE, SC 29615	58-2504528	501(C)(3)	60,000.				SCREENING & DIAGNOST
(11) BREAST AND GYN HEALTH PROJECT HUMBOLDT COMM 987 8TH STREET ARCATA, CA 95521	65-1205183	501(C)(3)	45,258.				PATIENT NAVIGATION
(12) BRIDGE BREAST NETWORK 4000 JUNIUS STREET DALLAS, TX 75246	75-2436606	501(C)(3)	40,000.				SCREENING & DIAGNOST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 50

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) 2021

**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

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CLEVELAND CLINIC 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	70,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(2) CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	53,500.				EDUCATION & OUTREACH
(3) DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST BROOKLINE, MA 02445	04-2263040	501(C)(3)	60,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(4) DELAWARE BREAST CANCER COALITION 100 W. 10TH STREET WILMINGTON, DE 19801	52-2045298	501(C)(3)	19,250.				PATIENT NAVIGATION
(5) DIGNITY HEALTH - ST. ROSE DOMINICAN HOSPITA 8280 W WARM SPRINGS RD LAS VEGAS, NV 89113	94-1196203	501(C)(3)	20,000.				SCREENING & DIAGNOST
(6) H. LEE MOFFITT CANCER CENTER & RESEARCH INS 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	130,163.				SCREENING & DIAGNOST PATIENT NAVIGATION
(7) JOHN STODDARD CANCER CENTER 1415 WOODLAND AVENUE DES MOINES, IA 50309	42-1189791	501(C)(3)	50,000.				PATIENT NAVIGATION
(8) JOHNS HOPKINS BREAST CENTER 201 N. BROADWAY BALTIMORE, MD 21287	52-0595110	501(C)(3)	111,176.				PATIENT NAVIGATION
(9) KARMANOS CANCER INSTITUTE AT MCLAREN FLINT 4100 BEECHER ROAD FLINT, MI 48532	38-1358053	501(C)(3)	75,000.				PATIENT NAVIGATION
(10) MAGEE-WOMENS HOSPITAL OF UPMC 300 HALKET STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	53,000.				PATIENT NAVIGATION
(11) MD ANDERSON CANCER CENTER AT COOPER 3 COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501(C)(3)	25,685.				PATIENT NAVIGATION
(12) MEMORIAL HOSPITAL AT GULFPORT FOUNDATION 4500 13TH STREET GULFPORT, MS 39501	20-4535203	501(C)(3)	20,000.				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) 2021

**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

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) METHODIST RICHARDSON MEDICAL CENTER FOUNDAT 1977 N COLLINS BLVD RICHARDSON, TX 75080	75-1788520	501(C)(3)	10,000.				SCREENING & DIAGNOST
(2) MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 39216	64-6000775	170(C)(1)	100,000.				SCREENING & DIAGNOST
(3) NEBRASKA MEDICINE 987421 NEBRASKA MEDICAL CTR OMAHA, NE 68198	91-1858433	501(C)(3)	40,000.				SCREENING & DIAGNOST
(4) PARKLAND FOUNDATION 1341 W. MOCKINGBIRD LN #1100E DALLAS, TX	75-2089180	501(C)(3)	306,750.				SCREENING & DIAGNOST PATIENT NAVIGATION
(5) PRESBYTERIAN HOSPITAL FOUNDATION 200 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	30,000.				SCREENING & DIAGNOST
(6) RALPH LAUREN CANCER CENTER 855 2ND AVE., 7TH FL NEW YORK, NY 10017	13-1924236	501(C)(3)	143,869.				PATIENT NAVIGATION
(7) SAINT LUKE'S HOSPITAL 901 E 104TH STREET KANSAS CITY, MO 64131	43-0652680	501(C)(3)	45,252.				METASTATIC RETREAT
(8) SEATTLE CANCER CARE ALLIANCE 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	85,640.				SCREENING & DIAGNOST PATIENT NAVIGATION
(9) SIBLEY MEMORIAL HOSPITAL 5255 LOUGHBORO RD, NW WASHINGTON, DC 20016	53-0196602	501(C)(3)	50,000.				PATIENT NAVIGATION
(10) SOUTH DAKOTA DEPARTMENT OF HEALTH 615 EAST 4TH STREET PIERRE, SD 57501	46-6000364	501(C)(3)	25,000.				SCREENING & DIAGNOST
(11) SPECTRUM HEALTH FOUNDATION 25 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	44,843.				SCREENING & DIAGNOST PATIENT NAVIGATION
(12) ST. ANTHONY'S MEDICAL CENTER - MERCY HEALTH 10010 KENNERLY ROAD ST. LOUIS, MO 63128	43-0980256	501(C)(3)	25,000.				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 ▶ _____

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Schedule I (Form 990) 2021

**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

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. JOSEPH'S WOMENS HEALTH SERVICES CENTER 124 WEST THOMAS RD, #250 PHOENIX, AZ 85013	94-2941245	501(C)(3)	50,000.				SCREENING & DIAGNOST
(2) ST. JOSEPH'S/CANDLER 5353 REYNOLDS STREET SAVANNAH, GA 31405	58-2288758	501(C)(3)	10,000.				SCREENING & DIAGNOST
(3) ST. LUKE'S HOSPITAL 232 S WOODS MILL RD CHESTERFIELD, MO 63017	43-0652680	501(C)(3)	25,000.				SCREENING & DIAGNOST
(4) ST. VINCENT'S MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	83-2550272	501(C)(3)	20,000.				SCREENING & DIAGNOST
(5) SWEDISH COVENANT HOSPITAL 5145 N. CALIFORNIA AVENUE CHICAGO, IL 60625	36-2179813	501(C)(3)	100,000.				SCREENING & DIAGNOST
(6) TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD ARLINGTON, TX 76011	75-2022128	501(C)(3)	10,000.				SCREENING & DIAGNOST
(7) TEXAS TECH UNIVERSITY HEALTH SCIENCE 1414 N. OREGON STREET EL PASO, TX 79902	75-6043842	501(C)(3)	15,000.				SCREENING & DIAGNOST
(8) THOMAS JEFFERSON UNIVERSITY HOSPITAL 125 S. 9TH ST., #600 PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	27,488.				PATIENT NAVIGATION
(9) UNIVERSITY OF NEW MEXICO HOSPITAL 2211 LOMAS BLVD NE ALBUQUERQUE, NM 87106	85-6003005	501(C)(3)	75,000.				SCREENING & DIAGNOST
(10) UNIVERSITY OF TENNESSEE MEDICAL CENTER 1926 ALCOA HWY #310 KNOXVILLE, TN 37920	31-1626179	501(C)(3)	25,000.				SCREENING & DIAGNOST
(11) UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CE 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	170(C)(1)	25,000.				SCREENING & DIAGNOST
(12) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE INSTI	121,067.				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 ▶

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

Schedule I (Form 990) 2021

**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.

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WELLSTAR FOUNDATION 805 SANDY PLAINS ROAD MARIETTA, GA 30066	58-1649541	501(C)(3)	30,000.				SCREENING & DIAGNOST
(2) WVU FOUNDATION, INC PO BOX 9350 MORGANTOWN, WV 26506	55-5017181	501(C)(3)	40,000.				SCREENING & DIAGNOST
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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) 2021

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	16,380	116,612.	2,460,430.	FMV	PATIENT KITS
2 METASTATIC HOPE KIT	46	27,824.	24,320.	FMV	STAGE 4 KITS
3					
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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:

THE NATIONAL MAMMOGRAPHY PROGRAM (NMP) NETWORK PARTNER-MEDICAL FACILITY PROVIDER GRANT APPLICATION 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.

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					
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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 FUNDING IS RESTRICTED EXCLUSIVELY FOR SCREENING AND DIAGNOSTIC MAMMOGRAMS AND 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 APPLICATION FORM IS DESIGNED TO IDENTIFY THOSE MEDICAL FACILITIES THAT PROVIDE THE SERVICES NEEDED TO THE POPULATION TARGETED BY THE NBCF MISSION, AND ALSO, COMPLY WITH ESTABLISHED FACILITY CRITERIA.

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.

NATIONAL MAMMOGRAPHY PROGRAM

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

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.

PER THE GRANT RESTRICTIONS, NBCF HAS THE GRANT REFUNDED TO NBCF AND RE-DISTRIBUTES THE FUNDS TO ANOTHER MEDICAL PROVIDER THROUGH THE APPLICATION PROCESS. GRANTEE ORGANIZATIONS RECEIVING NMP PATIENT NAVIGATION PROGRAM GRANTS MUST REPORT THE FOLLOWING TO NBCF: PROGRAM COORDINATOR ACTIVITIES, PROCESSES, TYPES OF SERVICES PROVIDED, NUMBER OF WOMEN SERVICED THROUGH NAVIGATION, TIMELINESS OF CARE, AND THE AMOUNT OF GRANT FUNDS USED TO-DATE. NBCF STAYS IN CLOSE CONTACT WITH FACILITIES RECEIVING BREAST CANCER RESEARCH GRANTS TO CONFIRM THE GRANTS ARE FURTHERING RESEARCH PROJECTS WHICH ARE FOCUSED ON EARLY DETECTION, TREATMENT, OR CURE OF BREAST CANCER.

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 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 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.

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.

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 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

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					
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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.

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.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public 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 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
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a	<input checked="" type="checkbox"/>	
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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)	242,891.	4,844.	NONE	9,882.	11,842.	269,459.	NONE
	(ii)							
2 KEVIN HAIL COO / PRESIDENT	(i)	213,636.	4,351.	NONE	NONE	23,706.	241,693.	NONE
	(ii)							
3 DOUGLAS FEIL CPO	(i)	137,233.	2,813.	NONE	1,013.	23,371.	164,430.	NONE
	(ii)							
4 REBECCA BUELL CFO	(i)	142,009.	3,030.	NONE	6,140.	23,596.	174,775.	NONE
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(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)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ 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 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	34	2,017.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		374,270.	8,981,367.	
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	5	2,060,953.	FMV
FUNDRAISING ITE	X	21	602.	FMV
PROGRAMS ITEMS	X	373,894	6,900,327.	FMV
OTHER ASSETS	X	350	19,485.	FMV
TOTALS		374,270.	8,981,367.	

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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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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. NBCF'S FORM 990 IS AVAILABLE ON THE WEBSITE WWW.GUIDESTAR.ORG. FINANCIAL AND OTHER INFORMATION ABOUT NBCF IS AVAILABLE ON THE WEBSITE WWW.CHARITYNAVIGATOR.ORG.

PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4A:

NBCF FACILITATED 4 METASTATIC BREAST CANCER RETREATS SERVING 20 METASTATIC PATIENTS (STAGE 4 BREAST CANCER) AND THEIR CAREGIVERS.

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

PATIENTS AND CAREGIVERS ATTENDING THE METASTATIC BREAST CANCER RETREATS
RECEIVE RENEWED HOPE, INCREASED KNOWLEDGE, AND THE REMINDER THAT THEY ARE
NOT ALONE.

PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4B:

EDUCATING EMPLOYEES ABOUT BREAST HEALTH AND EARLY DETECTION AND EQUIPPING
EMPLOYERS ON HOW TO SUPPORT PATIENTS AND SURVIVORS IN THE WORKPLACE. THIS
YEAR, NBCF PRESENTED 26 BREAST CANCER IN THE WORKPLACE PRESENTATIONS AND
PROVIDED 2,018 BREAST HEALTH EDUCATION SERVICES. NBCF'S COMMUNITY
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 60 COMMUNITY AMBASSADORS WERE FULLY TRAINED.

PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4C:

PATIENT NAVIGATORS GUIDE PATIENTS THROUGH AND AROUND THE BARRIERS OF
COST, FEAR, AND MISINFORMATION IN THE COMPLEX CANCER CARE SYSTEM,
DELIVERING TIMELY DIAGNOSIS, TREATMENT, AND SUPPORT. NBCF'S MEDICAL
FACILITY NETWORK INCLUDES 91 PARTNERS. THIS YEAR, NBCF PROVIDED 143,391
SERVICES THROUGH 42 OF THOSE PARTNERS.

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

FORM 990, PART VI, LINE 17 - STATES

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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,