

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024

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.		D Employer identification number 75-2391148
	Doing Business As		E Telephone number (972) 248-9200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	7460 WARREN PKWY, STE 150		
	City or town, state or province, country, and ZIP or foreign postal code FRISCO, TX 75034		G Gross receipts \$ 35,307,712.
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: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.NBCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HELPING WOMEN NOW BY PROVIDING HELP AND INSPIRING HOPE TO THOSE AFFECTED BY BREAST CANCER THROUGH EARLY DETECTION, EDUCATION, AND SUPPORT SERVICES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	64
	6 Total number of volunteers (estimate if necessary)	6	8,808
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 23,078,360.	Current Year 33,894,751.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	363,597.	714,664.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,972.	93,593.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,460,929.	34,703,008.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,651,520.	10,113,807.
	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)	4,908,042.	5,883,064.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	139,422.	80,051.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,017,074.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,078,616.	11,665,923.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,777,600.	27,742,845.
19 Revenue less expenses. Subtract line 18 from line 12	3,683,329.	6,960,163.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 15,798,945.	End of Year 22,970,784.
	21 Total liabilities (Part X, line 26)	1,669,694.	1,338,030.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,129,251.	21,632,754.

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 <i>Rebecca Buell</i>	Date 11/13/2024
	Type or print name and title Rebecca Buell CFO	

Paid Preparer Use Only	Print/Type preparer's name BRUCE E BERNSTIEN	Preparer's signature <i>Bruce E Bernstein</i>	Date 11/13/24	Check <input type="checkbox"/> if self-employed	PTIN P01424343
	Firm's name ▶ BRUCE E BERNSTIEN & ASSOCIATES	Firm's EIN ▶			
	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** (2023)

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 \$ 10,619,724. including grants of \$ 110,000.) (Revenue \$)

NBCF EDUCATES HOW TO REDUCE THE RISK OF DEVELOPING BREAST CANCER, DETECT BREAST CANCER EARLY, AND ACCESS SCREENING PROGRAMS AND REMOVE BARRIERS TO QUALITY TREATMENT IF DIAGNOSED. NBCF CREATES AND DELIVERS EDUCATIONAL AND AWARENESS MATERIALS UTILIZED BY OVER 387,299,234 PEOPLE. 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)

4b (Code:) (Expenses \$ 7,051,360. including grants of \$ 6,482,418.) (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)

4c (Code:) (Expenses \$ 5,321,941. including grants of \$ 3,521,390.) (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. 22,403 HOPE KITS AND 108 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 37 SUPPORT GROUPS THROUGHOUT THE YEAR. (CONTINUED IN SCHEDULE O, PAGE 2)

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

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

4e Total program service expenses 22,993,025.

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 Schedule B, Schedule of Contributors? 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. See instructions</i>	<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?		<input checked="" type="checkbox"/>
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, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 64		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?	X	
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? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
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>		
	14b		
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? 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.		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			
	17		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
KIMBERLY GRIMES 7460 WARREN PKWY, STE 150 FRISCO, TX 75034

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANELLE HAIL CEO / CHAIRMAN OF BOD	40.00 NONE	X		X				286,191.	NONE	23,567.
(2) KEVIN HAIL COO / PRESIDENT	40.00 NONE			X				250,443.	NONE	24,411.
(3) REBECCA BUELL CFO	40.00 NONE			X				168,944.	NONE	30,754.
(4) DOUGLAS FEIL CPO	40.00 NONE				X			162,480.	NONE	30,890.
(5) AMANDA O'NEILL SR VP, DEVELOPMENT	40.00 NONE					X		170,290.	NONE	7,958.
(6) CAMILLA PAYNE VP, MARKETING	40.00 NONE					X		141,983.	NONE	23,425.
(7) MARK GOMEZ SR CREATIVE DIRECTOR	40.00 NONE					X		125,180.	NONE	29,285.
(8) BROOKE ADAMS SR DIRECTOR STRATEGIC PARTNERS	40.00 NONE					X		102,436.	NONE	28,180.
(9) KIMBERLY GRIMES SR DIRECTOR FINANCE&ACCOUNTING	40.00 NONE					X		104,338.	NONE	21,861.
(10) STEVE ENGLE DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(11) GABRIELA BARBARENA SECRETARY OF BOD	2.00 NONE	X		X				NONE	NONE	NONE
(12) LANCE HAMILTON TREASURER OF BOD	2.00 NONE	X		X				NONE	NONE	NONE
(13) HAL DONALDSON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) BRYAN FLANAGAN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals and totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: MARTINA M WITHROW 8020 TULANE DR ROWLETT, TX 75088, SUPPORT GROUP, 107,100.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

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	14,760.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	33,879,991.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,901,013.					
	h Total. Add lines 1a-1f			33,894,751.				
Program Service Revenue				Business Code				
	2a _____							
	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)			659,272.			659,272.	
	4 Income from investment of tax-exempt bond proceeds . . .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c	NONE	NONE		
	d Net rental income or (loss)				NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b	606,640.			
			c Gain or (loss)	7c	551,248.	55,392.		
	d Net gain or (loss)				55,392.		55,392.	
	8a Gross income from fundraising events (not including \$ <u>14,760.</u> of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b	2,880.	10,165.		
			c Net income or (loss) from fundraising events				-7,285.	
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b	NONE	NONE			
c Net income or (loss) from gaming activities						NONE		
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b	101,994.	43,291.			
		c Net income or (loss) from sales of inventory				58,703.	58,703.	
Miscellaneous Revenue				Business Code				
	11a MISCELANEOUS INCOME			42,175.	42,175.			
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				42,175.				
12 Total revenue. See instructions				34,703,008.	100,878.		707,379.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,043,181.	7,043,181.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,070,626.	3,070,626.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,017,385.	737,672.	208,987.	70,726.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,635,184.	1,425,052.	1,247,672.	962,460.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	186,353.	69,570.	68,519.	48,264.
9 Other employee benefits	711,668.	304,325.	262,571.	144,772.
10 Payroll taxes	332,474.	144,529.	110,566.	77,379.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	1,805.		1,805.	
c Accounting	25,022.		25,022.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	80,051.			80,051.
f Investment management fees	58,396.		58,396.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	488,550.	265,123.	72,387.	151,040.
12 Advertising and promotion	6,798,197.	6,549,898.	12,981.	235,318.
13 Office expenses	527,180.	423,693.	75,327.	28,160.
14 Information technology	535,804.	159,334.	302,843.	73,627.
15 Royalties	NONE			
16 Occupancy	321,456.	174,065.	102,718.	44,673.
17 Travel	119,948.	68,503.	20,155.	31,290.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	17,987.	5,215.	7,081.	5,691.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	43,648.	22,019.	11,927.	9,702.
23 Insurance	60,729.	35,274.	16,989.	8,466.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GIK EVENT	2,510,713.	2,479,016.	12,951.	18,746.
b BAD DEBT EXPENSE	77,302.		77,302.	
c EMP APPRECIATION	30,267.	946.	29,230.	91.
d EVENT EXPENSE	28,037.	21,241.		6,796.
e All other expenses	20,882.	-6,257.	7,317.	19,822.
25 Total functional expenses. Add lines 1 through 24e	27,742,845.	22,993,025.	2,732,746.	2,017,074.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,149,507.	1	10,895,643.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	1,224,107.	3	2,516,292.
	4 Accounts receivable, net	703,751.	4	527,112.
	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	114,850.	8	1,029,416.
	9 Prepaid expenses and deferred charges	301,538.	9	294,794.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,112,057.		
	b Less: accumulated depreciation	10b 1,025,251.		
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	5,849,871.	12	6,585,796.
	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	1,365,675.	15	1,034,925.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,798,945.	16	22,970,784.	
Liabilities	17 Accounts payable and accrued expenses	262,638.	17	214,827.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	25.	19	48,971.
	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	1,407,031.	25	1,074,232.
	26 Total liabilities. Add lines 17 through 25	1,669,694.	26	1,338,030.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	13,242,263.	27	18,854,163.
	28 Net assets with donor restrictions	886,988.	28	2,778,591.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	14,129,251.	32	21,632,754.
33 Total liabilities and net assets/fund balances	15,798,945.	33	22,970,784.	

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	34,703,008.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,742,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,960,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,129,251.
5	Net unrealized gains (losses) on investments	5	551,696.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-8,356.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,632,754.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
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

2023

**Open to Public
Inspection**

Name of the organization NATIONAL BREAST CANCER FOUNDATION, INC.	Employer identification number 75-2391148
--	---

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,532,224.	19,281,658.	21,946,355.	23,081,597.	33,894,751.	114,736,585.
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.	16,532,224.	19,281,658.	21,946,355.	23,081,597.	33,894,751.	114,736,585.
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).						38,747,918.
6 Public support. Subtract line 5 from line 4						75,988,667.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	16,532,224.	19,281,658.	21,946,355.	23,081,597.	33,894,751.	114,736,585.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	91,411.	117,754.	171,009.	371,844.	659,272.	1,411,290.
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.)	22,524.	24,007.	33,856.	51,904.	100,878.	233,169.
11 Total support. Add lines 7 through 10						116,381,044.
12 Gross receipts from related activities, etc. (see instructions)					12	248,310.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	65.29 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	67.40 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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.		
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 (explain in detail in Part VI):		
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 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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	2019	2020	2021	2022	2023	TOTAL
SALE OF INVENTORY	1,974.	24,007.	33,856.	50,941.	58,703.	169,481.
GRANTS REFUNDED	20,000.					20,000.
TAX REFUNDED	550.					550.
OTHER INCOME				963.	42,175.	43,138.
TOTALS	22,524.	24,007.	33,856.	51,904.	100,878.	233,169.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 <p style="text-align: center;">NATIONAL BREAST CANCER FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">75-2391148</p>
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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 <hr/> <hr/>	\$ 4,460,776.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 725,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 2,444,748.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 9,740,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 756,568.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 2,301,112.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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>
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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 	\$ 733,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	NONFINANCIAL ASSETS	\$ 4,460,776.	06/30/2024
3	GOODS	\$ 2,444,748.	01/08/2024
5	GOODS	\$ 756,568.	09/20/2023
6	NONFINANCIAL ASSETS	\$ 2,301,112.	06/30/2024
7	GOODS	\$ 276.	04/01/2024
		\$	

Name of organization NATIONAL BREAST CANCER FOUNDATION, INC.	Employer identification number 75-2391148
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

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? Yes No

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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		85,408.	69,042.	16,366.
d Equipment		606,267.	544,233.	62,034.
e Other		420,382.	411,976.	8,406.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				86,806.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) LARGE CAP MUTUAL FUNDS	2,827,500.	FMV
(B) EQUITIES & OPTIONS	2,384,792.	FMV
(C) FIXED INCOME MUTUAL FUNDS	1,373,504.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	6,585,796.	

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, line 13, col. (B)) . . .		

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, line 15, col. (B)).	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LIABILITY-OPERATI	1,074,232.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	1,074,232.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	35,220,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	551,696.
b	Donated services and use of facilities	2b	32,045.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	71.
e	Add lines 2a through 2d	2e	583,812.
3	Subtract line 2e from line 1	3	34,636,256.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,396.
b	Other (Describe in Part XIII.)	4b	8,356.
c	Add lines 4a and 4b	4c	66,752.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,703,008.

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

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

1	Total expenses and losses per audited financial statements	1	27,716,565.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	32,045.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	71.
e	Add lines 2a through 2d	2e	32,116.
3	Subtract line 2e from line 1	3	27,684,449.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,396.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	58,396.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,742,845.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

FIN 48 (ASC-740)

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

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), EXCEPT TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. THE ORGANIZATION DID NOT HAVE A MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY AS OF JUNE 30, 2024 AND 2023. 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, 2024 AND 2023, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

OTHER INCOME INCLUDED ON THE BOOKS BUT NOT ON RETURN

SCHEDULE D, PART XI, LINE 2D

SPECIAL EVENTS INDIRECT COSTS \$71

OTHER INCOME INCLUDED ON RETURN BUT NOT ON THE BOOK

SCHEDULE D, PART XI, LINE 4B

SPECIAL EVENTS DONATED INKIND GOODS \$8,356

OTHER EXPENSE INCLUDED ON THE BOOKS BUT NOT ON RETURN

FORM 990, PART XII, LINE 2D

SPECIAL EVENTS INDIRECT COSTS \$71

**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.

2023

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				170,703.	73,712.	

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GUYS FOR GOOD (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	17,640.		17,640.
	2	Less: Contributions	14,760.		14,760.
	3	Gross income (line 1 minus line 2)	2,880.		2,880.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	3,824.		3,824.
	8	Entertainment			
	9	Other direct expenses	6,341.		6,341.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			10,165.
11	Net income summary. Subtract line 10 from line 3, column (d)			-7,285.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	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:

GOODUNITED

ACTIVITY :

ONLINE FB FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 140,429.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 33,690.

NAME:

STREAMWORKS

ACTIVITY :

DIRECT MAIL SERVICES

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 30,274.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 40,022.

**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

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A SILVER LINING FOUNDATION 134 N LA SALLE ST CHICAGO, IL 60602	90-0097495	501(C)(3)	50,000.				SCREENING & DIAGNOST
(2) ADVENTIST HEALTH WHITE MEMORIAL 1720 CESAR E. CHAVEZ AVE	95-3760201	501(C)(3)	292,418.				SCREENING & DIAGNOST PATIENT NAVIGATION
(3) ADVENTIST MEDICAL CENTER-PORTLAND 10123 SE MARKET ST, #144 PORTLAND, OR 97216	93-0429015	501(C)(3)	20,000.				SCREENING & DIAGNOST
(4) AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71 ST, #2B NEW YORK, NY 10021	13-3035711	501(C)(3)	155,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(5) ARKANSAS CANCER COALITION 10825 FINANCIAL CENTRE PKWY #425	20-5154377	501(C)(3)	100,000.				SCREENING & DIAGNOST
(6) ASCENSION ST. VINCENT BREAST CENTER 8550 NAAB RD, #300 INDIANAPOLIS, IN 46260	35-6088862	501(C)(3)	25,000.				SCREENING & DIAGNOST
(7) AVERA HEALTH 3900 W AVERA DRIVE SIOUX FALLS, SD 57108	46-0422673	501(C)(3)	20,000.				SCREENING & DIAGNOST
(8) BANNER HEALTH 2901 N. CENTRAL AVE, #160 PHOENIX, AZ 85012	94-2545356	501(C)(3)	100,000.				SCREENING & DIAGNOST
(9) BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DR	23-7169407	501(C)(3)	120,000.				PATIENT NAVIGATION
(10) BATON ROUGE GENERAL MEDICAL CENTER FOUNDATI 8595 PICARDY AVE., BOX 410	74-0801335	501(C)(3)	50,000.				PATIENT NAVIGATION
(11) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	22,500.				METASTATIC RETREAT
(12) BETHESDA NORTH HOSPITAL 10500 MONTGOMERY ROAD CINCINNATI, OH 45242	31-0537122	501(C)(3)	15,000.				SCREENING & DIAGNOST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 75

3 Enter total number of other organizations listed in the line 1 table 2

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

Schedule I (Form 990) 2023

**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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2023

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Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BISMARCK CANCER CENTER FOUNDATION 500 NORTH 8TH STREET BISMARCK, ND 58501	26-0466647	501(C)(3)	25,000.				PATIENT NAVIGATION
(2) BON SECOURS HEALTH SYSTEM, INC 131 COMMONWEALTH DRIVE GREENVILLE, SC 29615	58-2504528	501(C)(3)	60,000.				SCREENING & DIAGNOST
(3) BREAST AND GYN HEALTH PROJECT 987 8TH STREET ARCATA, CA 95521	65-1205183	501(C)(3)	30,000.				PATIENT NAVIGATION
(4) BREAST CANCER DETECTION CENTER OF ALASKA 1905 COWLES STREET FAIRBANKS, AK 99701	92-0055382	501(C)(3)	50,000.				SCREENING & DIAGNOST
(5) BRIDGE BREAST NETWORK 4000 JUNIUS STREET DALLAS, TX 75246	75-2436606	501(C)(3)	80,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(6) CANCER CARE SERVICES 623 SOUTH HENDERSON ST FORT WORTH, TX 76104	75-1025511	501(C)(3)	50,000.				PATIENT NAVIGATION
(7) CASTING FOR RECOVERY, INC. 108 EAST OAK STREET BOZEMAN, MT 59715-2962	03-0354382	501(C)(3)	153,090.				METASTATIC RETREAT
(8) CHEYENNE REGIONAL CANCER CENTER 214 E. 23RD ST. CHEYENNE, WY 82001	83-0236858	501(C)(3)	30,000.				PATIENT NAVIGATION
(9) CLEVELAND CLINIC 9500 EUCLID AVENUE, DV1 CLEVELAND, OH 44195	34-0714585	501(C)(3)	105,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(10) CONVOY OF HOPE 330 S. PATTERSON AVE. SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	110,000.				EDUCATION AND OUTREACH
(11) COREWELL HEALTH FOUNDATION WEST MICHIGAN 25 MICHIGAN ST. NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	60,000.				PATIENT NAVIGATION SCREENING & DIAGNOST
(12) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	140,000.				PATIENT NAVIGATION 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) 2023

**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

2023

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Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEACONESS HOSPITAL FOUNDATION 600 MARY STREET EVANSVILLE, IN 47747	35-0593390	501(C)(3)	25,000.				SCREENING & DIAGNOST
(2) DELAWARE BREAST CANCER COALITION 100 W. 10TH STREET WILMINGTON, DE 19801	52-2045298	501(C)(3)	145,000.				PATIENT NAVIGATION SCREENING & DIAGNOST
(3) DIGNITY HEALTH - ST. ROSE DOMINICAN HOSPITA 8280 WEST WARM SPRINGS RD	94-1196203	501(C)(3)	45,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(4) FORGE SURVIVORSHIP CENTER 1321 19TH STREET SOUTH BIRMINGHAM, AL 35205	84-2441327	501(C)(3)	130,000.				PATIENT NAVIGATION
(5) FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	91-1935159	501(C)(3)	155,000.				PATIENT NAVIGATION SCREENING & DIAGNOST
(6) GLORIA GEMMA BREAST CANCER FOUNDATION 249 ROOSEVELT AVE, #201 PAWTUCKET, RI 02860	13-4283582	501(C)(3)	153,303.				METASTATIC RETREAT PATIENT NAVIGATION
(7) H. LEE MOFFITT CANCER CENTER & RESEARCH INS 12902 MAGNOLIA DR. TAMPA, FL 33612	59-2451713	501(C)(3)	245,000.				PATIENT NAVIGATION SCREENING & DIAGNOST
(8) JOHN STODDARD CANCER CENTER 1415 WOODLAND AVENUE DES MOINES, IA 50309	42-1189791	501(C)(3)	50,000.				PATIENT NAVIGATION
(9) JOHNS HOPKINS BREAST CENTER 201 N. BROADWAY BALTIMORE, MD 21287	52-0595110	501(C)(3)	171,350.				PATIENT NAVIGATION METASTATIC RETREAT
(10) JPS FOUNDATION 1223 S. MAIN ST. FORT WORTH, TX 76104	75-2717782	501(C)(3)	110,000.				PATIENT NAVIGATION
(11) KARMANOS CANCER INSTITUTE AT MCLAREN FLINT 4100 BEECHER ROAD FLINT, MI 48532	38-1358053	501(C)(3)	100,000.				PATIENT NAVIGATION
(12) LORETTO HOSPITAL 645 S CENTRAL AVE CHICAGO, IL 60644	36-2200248	501(C)(3)	15,000.				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) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

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Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LOUISIANA BREAST AND CERVICAL HEALTH PROGRA 2020 GRAVIER STREET NEW ORLEANS, LA 70112	72-1115391	501(C)(3)	45,000.				PATIENT NAVIGATION
(2) MAGEE-WOMEN HOSPITAL OF UPMC 300 HALKET STREET PITTSBURGH, PA 15213-3180	25-1462312	501(C)(3)	80,000.				PATIENT NAVIGATION
(3) HEALTH-SYNC 8020 TULANE DR ROWLETT, TX 75088	28-4625971	OTHER	105,000.				PATIENT NAVIGATION
(4) MD ANDERSON CANCER CENTER AT COOPER 3 COOPER PLAZA, SUITE 310 CAMDEN, NJ 08103	21-0634462	501(C)(3)	45,000.				PATIENT NAVIGATION
(5) MERCY HEALTH FOUNDATION 14528 S. OUTER 40 #100 ST. LOUIS, MO 63128	43-0980256	501(C)(3)	50,000.				SCREENING & DIAGNOST
(6) METHODIST HEALTH SYSTEM FOUNDATION 1441 N. BECKLEY AVE DALLAS, TX 75203	75-1548343	501(C)(3)	150,000.				SCREENING & DIAGNOST
(7) METHODIST RICHARDSON MEDICAL CENTER FOUNDAT 1977 N COLLINS BLVD RICHARDSON, TX 74080	75-1788520	501(C)(3)	35,000.				SCREENING & DIAGNOST
(8) MSK RALPH LAUREN CENTER 1275 YORK AVE NEW YORK, NY 10035	13-1924236	501(C)(3)	180,000.				PATIENT NAVIGATION
(9) NEVADA HEALTH CENTERS 3325 RESEARCH WAY CARSON CITY, NV 89703	94-3199117	501(C)(3)	65,000.				SCREENING & DIAGNOST
(10) NORTHEAST HOSPITAL FOUNDATION 18960 N MEMORIAL DR HUMBLE, TX 77338	76-0224541	501(C)(3)	50,000.				SCREENING & DIAGNOST
(11) NORTHWESTERN MEMORIAL HEALTHCARE 251 E HURON ST CHICAGO, IL 60611	36-4724966	501(C)(3)	100,000.				SCREENING & DIAGNOST
(12) OHIOHEALTH FOUNDATION 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202	23-7446919	501(C)(3)	75,000.				SCREENING & DIANOSTI

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) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

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

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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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PARKLAND HEALTH FOUNDATION ON BEHALF OF PAR 1341 W. MOCKINGBIRD LN. #1100EAST	75-2089180	501(C)(3)	610,000.				PATIENT NAVIGATION SCREENING & DIAGNOST
(2) PRESBYTERIAN HOSPITAL FOUNDATION D/B/A NOVA 130 MOCKSVILLE AVENUE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	40,000.				SCREENING & DIAGNOST
(3) PROJECT PINK'D 11405 DAVENPORT ST. OMAHA, NE 68154	45-5212995	501(C)(3)	50,000.				PATIENT NAVIGATION
(4) PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, F 1400 N.W. NORTH RIVER DR MIAMI, FL 33136	59-1713947	501(C)(3)	50,000.				SCREENING & DIAGNOST
(5) RADIANT HEALING TOGETHER 5901-J WYOMING BLVD NE	99-1668290	OTHER	118,754.				METASTATIC RETREAT PATIENT NAVIGATION
(6) SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 N. CURTIS RD. BOISE, ID 83706	82-0200895	501(C)(3)	50,000.				SCREENING & DIAGNOST
(7) SAINT LUKE'S FOUNDATION 901 E. 104TH STREET KANSAS CITY, MO 64111	44-6014699	501(C)(3)	30,548.				METASTATIC RETREAT
(8) SIBLEY MEMORIAL HOSPITAL 5255 LOUGHBORO RD NW WASHINGTON, DC 20016	53-0196602	501(C)(3)	115,000.				PATIENT NAVIGATION
(9) ST. JOSEPH'S/CANDLER 5356 REYNOLDS ST #400 SAVANNAH, GA 31405	58-2288758	501(C)(3)	70,000.				SCREENING & DIAGNOST PATIENT NAVIGATION
(10) ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER 124 W. THOMAS ROAD PHOENIX, AZ 85013	94-2941245	501(C)(3)	100,000.				SCREENING & DIAGNOST
(11) SUNRISE COMMUNITY HEALTH CENTER 2930 11TH AVENUE EVANS, CO 80620	84-0613289	501(C)(3)	20,000.				SCREENING & DIAGNOST
(12) SVMC HOLDINGS, INC. D/B/A ST. VINCENT'S MED 2800 MAIN STREET BRIDGEPORT, CT 06606	83-2550272	501(C)(3)	45,000.				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) 2023

**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

2023

**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

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SWEDISH HOSPITAL 5145 N CALIFORNIA AVE CHICAGO, IL 60625	36-2179813	501(C)(3)	125,000.				SCREENING & DIAGNOST
(2) TEXAS HEALTH RESOURCES FOUNDATION 612 E. LAMAR BLVD. ARLINGTON, TX 76011	75-2022128	501(C)(3)	40,000.				SCREENING & DIAGNOST
(3) TEXAS TECH FOUNDATION, INC. (ON BEHALF OF T 1414 N. OREGON LUBBOCK, TX 79409	75-6043842	501(C)(3)	30,000.				SCREENING & DIAGNOST
(4) THE JOY TO LIFE FOUNDATION 2350 FAIRLANE DRIVE MONTGOMERY, AL 36116	63-1271088	501(C)(3)	75,000.				SCREENING & DIAGNOST
(5) THE QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	99-0073524	501(C)(3)	40,650.				METASTATIC RETREAT
(6) THE ROSE 12700 N FEATHERWOOD DR HOUSTON, TX 77034	76-0193812	501(C)(3)	100,000.				SCREENING & DIAGNOST
(7) THE UNIVERSITY OF TEXAS MD ANDERSON CANCER 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	OTHER	60,000.				SCREENING & DIAGNOST
(8) THOMAS JEFFERSON UNIVERSITY HOSPITAL 125 S. 9TH ST, #600 PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	140,000.				PATIENT NAVIGATION SCREENING & DIAGNOST
(9) UNIVERSITY HEALTH FOUNDATION 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	74-6002164	OTHER	100,000.				SCREENING & DIAGNOST
(10) UNIVERSITY OF CO HOSPITAL AUTHORITY 1635 AURORA COURT AURORA, CO 80045	84-1179794	501(C)(3)	30,000.				SCREENING & DIAGNOST
(11) UNIVERSITY OF LOUISVILLE FOUNDATION ON BEHA 529 S JACKSON ST LOUISVILLE, KY 40202	23-7078461	501(C)(3)	235,000.				PATIENT NAVIGATION
(12) UNIVERSITY OF MIAMI SYLVESTER COMPREHENSIVE 1120 NW 14TH STREET (M867) MIAMI, FL 33136	59-0624458	501(C)(3)	175,000.				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) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NEW MEXICO HOSPITAL 2211 LOMAS BLVD NE ALBUQUERQUE, NM 87106	85-6003005	501(C)(3)	85,000.				SCREENING & DIAGNOST
(2) UNIVERSITY OF TENNESSEE MEDICAL CENTER, CAN 1926 ALCOA HWY, #310 KNOXVILLE, TN 37920	31-1626179	501(C)(3)	45,000.				SCREENING & DIAGNOST
(3) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	OTHER	180,569.				SCREENING & DIAGNOST PATIENT NAVIGATION
(4) WELLSTAR FOUNDATION 1800 PARKWAY PLACE MARIETTA, GA 30067	58-1649541	501(C)(3)	55,000.				SCREENING & DIAGNOST
(5) WYOMING DEPARTMENT OF HEALTH 122 WEST 25TH STREET CHEYENNE, WY 82002	83-0208667	OTHER	35,000.				SCREENING & DIAGNOST
(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) 2023

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	22,403	115,021.	2,871,649.	FMV	PATIENT KITS
2 METASTATIC HOPE KIT	108	57,436.	26,520.	FMV	STAGE 4 KITS
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

FORM 990, SCHEDULE I, LINE 2

NBCF REQUIRES THE GRANTEE ORGANIZATIONS TO DOCUMENT THEIR QUALIFICATION

FOR AN NMP GRANT (REFERRED TO AS SCREENING & DIAGNOSTICS IN PART II).

AMONG OTHER CRITERIA, THE FACILITIES MUST BE CAPABLE TO DELIVER

MAMMOGRAMS, HAVE THE CAPACITY TO RUN A NBCF MAMMOGRAPHY PROGRAM, AND HAVE

A POTENTIAL POOL OF RECIPIENTS CONSISTENT WITH THE NBCF TARGET

DEMOGRAPHIC OF UNDERSERVED WOMEN UNDER MEDICARE AGE. OUR FUNDING IS

RESTRICTED EXCLUSIVELY FOR SCREENING AND DIAGNOSTIC MAMMOGRAMS AND

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

GRANTS. IN THE RARE EVENT THAT A MEDICAL PROVIDER FINDS THEY ARE UNABLE TO USE THE GRANT PER THE GRANT RESTRICTIONS, NBCF HAS THE GRANT REFUNDED TO NBCF AND RE-DISTRIBUTES THE FUNDS TO ANOTHER MEDICAL PROVIDER THROUGH THE APPLICATION PROCESS. GRANTEE ORGANIZATIONS RECEIVING 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. AS PATIENT NAVIGATION CONTINUES TO EVOLVE, NBCF IS RE-EVALUATING HOW OUR OUTCOMES AND IMPACT ARE MEASURED. HISTORICALLY, NBCF HAS MEASURED THE NUMBER OF PATIENTS SERVED AND THE NUMBER OF

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

PROVIDED. THE TYPES OF SERVICES PROVIDED MUST ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING ECONOMIC STABILITY AND HEALTH CARE ACCESS AND QUALITY.

**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

2023

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
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) 2023

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)	267,658.	18,533.	NONE	11,421.	12,146.	309,758.	NONE
	(ii)							
2 KEVIN HAIL COO / PRESIDENT	(i)	233,798.	16,645.	NONE	NONE	24,411.	274,854.	NONE
	(ii)							
3 AMANDA O'NEILL SR VP, DEVELOPMENT	(i)	150,138.	20,152.	NONE	6,801.	1,157.	178,248.	NONE
	(ii)							
4 DOUGLAS FEIL CPO	(i)	151,717.	10,763.	NONE	6,633.	24,257.	193,370.	NONE
	(ii)							
5 CAMILLA PAYNE VP, MARKETING	(i)	132,707.	9,276.	NONE	5,717.	17,708.	165,408.	NONE
	(ii)							
6 REBECCA BUELL CFO	(i)	157,353.	11,591.	NONE	6,440.	24,314.	199,698.	NONE
	(ii)							
7 MARK GOMEZ SR CREATIVE DIRECTOR	(i)	116,908.	8,272.	NONE	5,097.	24,188.	154,465.	NONE
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

COMPENSATION CONTINGENT ON THE REVENUES OF ORGANIZATION WAS PAID

FORM 990, SCHEDULE J, LINE 5A

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1,526	286,699.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	15	6,699.	
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)		698,890.	13,901,014.	
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 3 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	7,275,215.	FMV
FUNDRAISING ITE	X	20,870	12,235.	FMV
PROGRAMS ITEMS	X	670,520	6,557,316.	FMV
OTHER ASSETS	X	7,495	56,248.	FMV
TOTALS		698,890.	13,901,014.	

**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

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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2023

**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

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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 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:

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

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EDUCATING EMPLOYEES ABOUT BREAST HEALTH AND EARLY DETECTION AND EQUIPPING EMPLOYERS HOW TO SUPPORT PATIENTS AND SURVIVORS IN THE WORKPLACE. THIS YEAR, NBCF PRESENTED 33 BREAST CANCER AWARENESS AND WOMEN'S HEALTH VIRTUAL AND IN-PERSON PRESENTATIONS, AND PROVIDED 2,206 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 42 COMMUNITY AMBASSADORS WERE FULLY TRAINED, SERVING 14,874 INDIVIDUALS THROUGH 95 EVENTS.

PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4B:

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 127 PARTNERS. THIS YEAR NBCF PROVIDED 144,338 SERVICES THROUGH 101 OF THOSE PARTNERS. AS A RESPONSE TO THE COVID-19 PANDEMIC, NBCF STARTED THE PATIENT RELIEF PROGRAM TO HELP OFFSET THE BURDEN OF COST AND LOSS OF INCOME AND INSURANCE. NBCF CONTINUES TO GRANT HOSPITAL PARTNERS ACROSS THE COUNTRY WITH FUNDING TO BE DISTRIBUTED TO PATIENTS TO HELP WITH ITEMS LIKE TREATMENT COSTS, PRESCRIPTIONS, TRANSPORTATION TO TREATMENT, GROCERIES, AND CHILDCARE. NBCF PARTNER HOSPITALS ASSESS THE NEED OF PATIENTS BASED ON PATIENT SURVEYING. THE HOSPITAL PARTNERS DISTRIBUTE, TRACK, AND REPORT THE IMPACT OF THESE FUNDS TO NBCF. THOUGH THE PANDEMIC ENDED, THE PROBLEM OF ECONOMIC DEVASTATION ON RECENTLY DIAGNOSED PATIENTS PERSISTED. AS A RESULT, NBCF CONTINUES TO

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SUPPORT AND BUILD THE PATIENT RELIEF FUND.

PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4C:

NBCF FACILITATED 8 METASTATIC BREAST CANCER RETREATS SERVING 68

METASTATIC PATIENTS (STAGE 4 BREAST CANCER) AND 30 CAREGIVERS. PATIENTS

AND CAREGIVERS ATTENDING THE METASTATIC BREAST CANCER RETREATS RECEIVE

RENEWED HOPE, INCREASED KNOWLEDGE, AND THE REMINDER THAT THEY ARE NOT

ALONE.

SIGNIFICANT CHANGES

FORM 990, PART VI, LINE 4

DURING THE TAX YEAR, NATIONAL BREAST CANCER FOUNDATION, INC. FILED A

RESTATED CERTIFICATE OF FORMATION WITH NEW AMENDMENTS WITH THE TEXAS

SECRETARY OF STATE, WHICH INCLUDED THE FOLLOWING SIGNIFICANT CHANGES FROM

ITS PREVIOUS ARTICLES OF INCORPORATION:

1. UPDATED THE PURPOSES OF THE CORPORATION TO INCLUDE CURRENT PROGRAMS AND
ACTIVITIES.

2. CLARIFIED THAT THE CORPORATION SHALL NOT HAVE MEMBERS.

3. CHANGED THE MINIMUM NUMBER OF DIRECTORS OF THE CORPORATION FROM FOUR
(4) TO THREE (3).

DURING THE TAX YEAR, NATIONAL BREAST CANCER FOUNDATION, INC. MADE THE

FOLLOWING SIGNIFICANT CHANGES TO ITS BYLAWS:

1. UPDATED THE PURPOSES OF THE CORPORATION TO INCLUDE CURRENT PROGRAMS AND
ACTIVITIES.

2. CLARIFIED THAT THE CORPORATION SHALL NOT HAVE MEMBERS.

3. ADDED PROVISIONS REGARDING THE NAMING OF THE CHAIRMAN OF THE BOARD AND

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

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THE REMOVAL OF THE CHAIRMAN OF THE BOARD.

4. ADDED AN ARTICLE REGARDING THE DISSOLUTION OF THE CORPORATION.

THE UPDATED ORGANIZATIONAL DOCUMENTS ALIGN WITH THE CORPORATION'S MISSION

AND ENSURE CONTINUED COMPLIANCE WITH APPLICABLE FEDERAL AND STATE

REQUIREMENTS.

COMPLETE COPIES OF THE RESTATED CERTIFICATE OF FORMATION WITH NEW

AMENDMENTS AND THE REVISED BYLAWS ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

SPECIAL EVENTS IN-KIND DONATED GOODS (\$8,356)

Name of the organization

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NATIONAL BREAST CANCER FOUNDATION, INC.

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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,