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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 7/01 , 2025, and ending 6/30 , 20 2026

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
NATIONAL BREAST CANCER FOUNDATION, INC.
7460 WARREN PKWY #150
FRISCO, TX 75034

D Employer identification number
75-2391148

E Telephone number
972-248-9200

G Gross receipts $ 40,654,466.

F Name and address of principal officer: REBECCA BUELL
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

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

J Website: WWW.NBCF.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1991

M State of legal domicile: TX

Part I Summary

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2025 (Part V, line 2a)	**5**	76
6	Total number of volunteers (estimate if necessary)	**6**	9,798
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	28,970,970.	28,245,341.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	873,458.	2,231,097.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,201.	52,015.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,928,629.	30,528,453.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,777,573.	9,090,015.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,371,899.	6,768,298.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	94,000.	146,884.
b	Total fundraising expenses (Part IX, column (D), line 25) 2,527,729.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,874,344.	9,735,000.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,117,816.	25,740,197.
19	Revenue less expenses. Subtract line 18 from line 12	2,810,813.	4,788,256.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	26,336,298.	30,502,275.
21	Total liabilities (Part X, line 26)	1,369,085.	1,056,023.
22	Net assets or fund balances. Subtract line 21 from line 20	24,967,213.	29,446,252.

Part II Signature Block

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

Sign Here

Signature of officer — Date

REBECCA BUELL — CFO & COO
Type or print name and title

Paid Preparer Use Only

Preparer's name: ILEANA GAMILLO ESPARZA	Preparer's signature	Date: 11/11/2026	Check ☐ if self-employed; PTIN: P02424259
Firm's name: SUTTON FROST CARY LLP			
Firm's address: 200 E FRONT ST, SUITE 200 ARLINGTON, TX 76011			Firm's EIN: 75-2593210 Phone no. (817) 649-8083

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

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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 8,409,944. including grants of $ 4,881,015.) (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. 30,445 HOPE KITS AND 233 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 53 SUPPORT GROUPS THROUGHOUT THE YEAR. NBCF FACILITATED 22 METASTATIC BREAST CANCER RETREATS SERVING 182 METASTATIC PATIENTS (STAGE 4 BREAST CANCER) AND 62 CAREGIVERS. CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses $ 6,994,911. including grants of $ 30,000.) (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 188,038,048 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, EDUCATING EMPLOYEES ABOUT BREAST HEALTH AND EARLY DETECTION AND EQUIPPING EMPLOYERS HOW TO SUPPORT PATIENTS AND SURVIVORS IN THE WORKPLACE. CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses $ 5,237,775. including grants of $ 4,179,000.) (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. 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. CONTINUED ON SCHEDULE O.

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

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

4e Total program service expenses 20,642,630.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
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? *If "Yes," complete Schedule C, Part II*	4		X
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? If "Yes," complete Schedule C, Part III	5		X
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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
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? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
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? *If "Yes," complete Schedule D, Part VIII*	11c		X
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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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? *If "Yes," complete Schedule G, Part I*. See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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** 76			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**3b**		
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)?	**4a**		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?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
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?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
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?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		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?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
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?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
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?	**12a**		
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?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*	**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.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, 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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	**1a** 6		
b	Enter the number of voting members included on line 1a, above, who are independent	**1b** 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O	**2**	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		X
6	Did the organization have members or stockholders?	**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	**9**		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* . . . SEE SCHEDULE O	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . SEE SCHEDULE O	**15a**	X	
b	Other officers or key employees of the organization	**15b**	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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.

X Own website X Another's website X Upon request X Other *(explain on Schedule O)* SEE SCH. O

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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

KIMBERLY GRIMES 7460 WARREN PKWY, #150 FRISCO TX 75034 (972) 248-9200

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN HAIL CEO & PRESIDENT	40 0			X				283,352.	0.	29,682.
(2) JANELLE HAIL STRAT ADV.	40 0	X						262,962.	0.	16,255.
(3) REBECCA BUELL CFO & COO	40 0			X				194,806.	0.	36,519.
(4) DOUGLAS FEIL CPO	40 0				X			171,645.	0.	36,793.
(5) AMANDA O'NEILL SR VP DEVELOPMENT	40 0					X		171,163.	0.	8,039.
(6) CAMILLA PAYNE VP MARKETING	40 0					X		145,849.	0.	26,893.
(7) MARK GOMEZ SR CREATIVE DIRECT	40 0					X		133,773.	0.	35,003.
(8) EMILY HANCOCK DIR DONOR ENGAGEME	40 0					X		115,730.	0.	32,988.
(9) KIMBERLY GRIMES SR DIR FIN. & ACCT	40 0					X		116,947.	0.	25,788.
(10) LANCE HAMILTON TREASURER	2 0	X		X				0.	0.	0.
(11) GABI BARBARENA SECRETARY	2 0	X		X				0.	0.	0.
(12) STEVE ENGLE DIRECTOR	2 0	X						0.	0.	0.
(13) HAL DONALDSON DIRECTOR	2 0	X						0.	0.	0.
(14) BRYAN FLANAGAN DIRECTOR	2 0	X						0.	0.	0.

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

(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								1,596,227.	0.	247,960.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,596,227.	0.	247,960.

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 14

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

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	196,946.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,048,395.				
	g Noncash contributions included in lines 1a-1f	1g	14,997,631.				
	h **Total.** Add lines 1a-1f			28,245,341.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			574,501.			574,501.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	11628704.					
	b Less: cost or other basis and sales expenses 7b	9,972,108.					
	c Gain or (loss) 7c	1,656,596.					
	d Net gain or (loss)			1,656,596.			1,656,596.
	8a Gross income from fundraising events (not including $ 196,946. of contributions reported on line 1c). See Part IV, line 18 8a	23,338.					
	b Less: direct expenses 8b	105,417.					
	c Net income or (loss) from fundraising events			-82,079.			-82,079.
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a	133,804.					
	b Less: cost of goods sold 10b	48,488.					
	c Net income or (loss) from sales of inventory			85,316.	85,316.		
Miscellaneous Revenue		Business Code					
	11a MISCELANEOUS INCOME	900099		48,778.	48,778.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			48,778.			
	12 **Total revenue.** See instructions			30,528,453.	134,094.	0.	2,149,018.

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	4,894,402.	4,894,402.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,195,613.	4,195,613.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,275,809.	950,943.	246,821.	78,045.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,048,469.	1,785,877.	1,172,697.	1,089,895.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,655.	57,912.	41,175.	36,568.
9 Other employee benefits	953,773.	444,459.	285,108.	224,206.
10 Payroll taxes	354,592.	164,411.	102,024.	88,157.
11 Fees for services (nonemployees):				
a Management				
b Legal	17,513.		17,513.	
c Accounting	50,795.		50,795.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	146,884.			146,884.
f Investment management fees	73,618.		73,618.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	446,009.	242,681.	64,677.	138,651.
12 Advertising and promotion	3,963,701.	3,601,739.	4,176.	357,786.
13 Office expenses	495,038.	424,190.	51,455.	19,393.
14 Information technology	497,958.	167,729.	244,001.	86,228.
15 Royalties				
16 Occupancy	449,866.	286,715.	107,585.	55,566.
17 Travel	103,716.	44,503.	22,041.	37,172.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,114.	8,745.	7,251.	3,118.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,942.	24,469.	8,791.	9,682.
23 Insurance	56,567.	30,966.	15,920.	9,681.
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 MATERIALS	3,249,908.	3,144,526.	900.	104,482.
b EVENT EXPENSES	99,687.	97,999.	29.	1,659.
c ALLOWANCE	60,271.	60,271.		
d AWARDS/RECOGNITION	40,397.	5,853.	1,831.	32,713.
e All other expenses	67,900.	8,627.	51,430.	7,843.
25 **Total functional expenses.** Add lines 1 through 24e	25,740,197.	20,642,630.	2,569,838.	2,527,729.
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 ☐ 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		13,188,482.	1	4,947,465.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,514,333.	3	6,145,070.
	4	Accounts receivable, net		252,684.	4	316,499.
	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			5	
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,471,560.	8	1,900,182.
	9	Prepaid expenses and deferred charges		522,058.	9	611,959.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,173,173.			
	b	Less: accumulated depreciation	10b 1,092,795.	84,229.	10c	80,378.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11		7,422,850.	12	16,065,546.
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		880,102.	15	435,176.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		26,336,298.	16	30,502,275.
Liabilities	17	Accounts payable and accrued expenses		394,185.	17	252,270.
	18	Grants payable			18	
	19	Deferred revenue		41,310.	19	21,313.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		933,590.	25	782,440.
	26	**Total liabilities.** Add lines 17 through 25		1,369,085.	26	1,056,023.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.** X				
	27	Net assets without donor restrictions		22,203,049.	27	22,780,752.
	28	Net assets with donor restrictions		2,764,164.	28	6,665,500.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		24,967,213.	32	29,446,252.
	33	Total liabilities and net assets/fund balances		26,336,298.	33	30,502,275.

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	30,528,453.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,740,197.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,788,256.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,967,213.
5	Net unrealized gains (losses) on investments	5	-309,217.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,446,252.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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?	3a		X
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	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

2025

Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL BREAST CANCER FOUNDATION, INC.	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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21946355.	23081597.	33894751.	28970970.	28245341.	136139014.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	21946355.	23081597.	33894751.	28970970.	28245341.	136139014.
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)						38,708,716.
6 **Public support.** Subtract line 5 from line 4						97,430,298.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	21946355.	23081597.	33894751.	28970970.	28245341.	136139014.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	171,009.	371,844.	659,272.	872,229.	574,501.	2,648,855.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI		963.	42,175.	39,769.	48,778.	131,685.
11 **Total support.** Add lines 7 through 10						138919554.

12 Gross receipts from related activities, etc. (see instructions) **12** 402,552.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 70.13 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 66.13 %

16a **33-1/3% support test—2025.** 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 ☒

b **33-1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2025.** 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 ☐

b **10%-facts-and-circumstances test—2024.** 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 ☐

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

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

(Complete only if you checked the box on line 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2025.** 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—2024.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
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? *If "Yes," provide detail in **Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	**11a**	
b	A family member of a person described on line 11a above?	**11b**	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**	

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? *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.	**1**	
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? *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.*	**2**	

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)? *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).*	**1**	

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?	**1**	
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**	

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

		Yes	No
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 its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
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? *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.*	**2b**	
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI.***	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," *describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3c**	

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 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required – *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2025	2024	2023	2022	2021
GRANTS REFUNDED		$ 39,769.			
OTHER INCOME	$ 48,778.		$ 42,175.	$ 963.	
TOTAL	$ 48,778.	$ 39,769.	$ 42,175.	$ 963.	$ 0.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

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

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	Employer identification number
NATIONAL BREAST CANCER FOUNDATION, INC.	75-2391148

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,811,898.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 850,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,263,549.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 918,859.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 5,325,906.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 2,712,662.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number: 75-2391148

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 1,224,643.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8		$ 660,000.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
NATIONAL BREAST CANCER FOUNDATION, INC.	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	$ 1,811,898.	VARIOUS
3	PROGRAMS ITEMS/EDUC TRNG PROG	$ 1,083,126.	VARIOUS
4	PROGRAMS ITEMS/EDUC TRNG PROG	$ 918,859.	VARIOUS
5	PROGRAMS ITEMS/EDUC TRNG PROG	$ 5,310,906.	VARIOUS
7	PROGRAMS ITEMS/EDUC TRNG PROG	$ 1,224,643.	VARIOUS
8	PROGRAMS ITEMS/EDUC TRNG PROG	$ 660,000.	VARIOUS

Name of organization NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number 75-2391148

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.) . . . . . $ N/A

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
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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.

b 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 $ _____

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		88,038.	73,799.	14,239.
d Equipment		663,553.	605,249.	58,304.
e Other		421,582.	413,747.	7,835.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				80,378.

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 LARGE CAP MUTUAL FUNDS	4,102,533.	COST
(A) FIXED INCOME MUTUAL FUNDS	6,089,734.	COST
(B) STOCKS AND ETFS	5,084,317.	COST
(C) BEN. INT. IN ASSETS HELD BY OTHERS	788,962.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, column (B))*	16,065,546.	

Part VIII Investments — Program Related

N/A

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, column (B))*		

Part IX Other Assets

N/A

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, column (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) DEFERRED COMPENSATION PLAN LIABILITY	319,681.
(3) OPERATING LEASE LIABILITY	462,759.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, column (B))*	782,440.

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 . . . . . SEE PART XIII. [X]

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	30,884,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-309,217.		
b	Donated services and use of facilities	2b	738,926.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	429,709.
3	Subtract line **2e** from line **1**			3	30,454,835.
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	73,618.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	73,618.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	30,528,453.

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	26,405,505.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	738,926.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	738,926.
3	Subtract line **2e** from line **1**			3	25,666,579.
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	73,618.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	73,618.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	25,740,197.

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.

PART X - FASB ASC 740 FOOTNOTE

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, 2026 AND 2025. ACCORDINGLY, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

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, 2026 AND 2025, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number
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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [ ] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] Solicitation of government grants
- **g** [X] 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? ..... [X] **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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	STREAMWORKS, LLC 3640 PHEASANT RIDGE DR NE BLAINE MN 55449	DIRECT MAIL SERVICE		X	48,557.	65,882.	
2	MISSION ADVANCEMENT, INC, 7300 SH 121 SB STE 410 MCKINNEY TX 75070	CONSULTING		X		48,500.	
3	GOOD UNITED 804 MEETING ST, STE 101 CHARLESTON SC 29403	ONLINE FUNDRAISING		X	112,147.	27,428.	84,719.
4	CREATING HEALTHIER COMMUN 1199 N. FAIRFAX ST, #600 ALEXANDRIA VA 22314	CHC & CFC-EMPLOYEE GIVING		X	22,117.	5,074.	17,043.
5							
6							
7							
8							
9							
10							
Total					182,821.	146,884.	101,762.

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 ROLLERTOWN (event type)	(b) Event #2 GUYS FOR GOOD (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	127,955.	92,329.		220,284.
	2 Less: Contributions	112,367.	84,579.		196,946.
	3 Gross income (line 1 minus line 2)	15,588.	7,750.		23,338.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	14,580.	1,038.		15,618.
	8 Entertainment				
	9 Other direct expenses	63,046.	26,753.		89,799.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				105,417.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-82,079.

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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ 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:

10 a 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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

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? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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 LASALLE ST, STE 2050 CHICAGO, IL 60602	90-0097495	501(C)(3)	20,000.	0.			SCREENING & DIAGNOSTICS
(2) ADVENTIST HEALTH WHITE MEMORI 1720 EAST CESAR E. CHAVEZ AVE LOS ANGELES, CA 90033	95-3760201	501(C)(3)	240,000.	0.			SCREENING & DIAGNOSTICS, PAT NAV
(3) AMERICAN-ITALIAN CANCER FOUND 112 EAST 71ST STREET, 2B NEW YORK, NY 10021	13-3035711	501(C)(3)	96,000.	0.			SCREENING & DIAGNOSTICS, PAT NAV
(4) ARKANSAS CANCER COALITION 10825 FINANCIAL CENTRE PARKWA LITTLE ROCK, AR 72211	20-5154377	501(C)(3)	35,000.	0.			SCREENING & DIAGNOSTICS
(5) ASCENSION SAINT THOMAS MEDICA 102 WOODMONT BLVD., SUITE 800 NASHVILLE, TN 37205	62-1529858	501(C)(3)	25,000.	0.			SCREENING & DIAGNOSTICS
(6) BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DR. LITTLE ROCK, AR 72205	23-7169407	501(C)(3)	125,000.	0.			SCREENING & DIAGNOSTICS, PAT NAV
(7) BAYHEALTH FOUNDATION 640 SOUTH STATE STREET DOVER, DE 19901	22-2559843	501(C)(3)	15,000.	0.			SCREENING & DIAGNOSTICS, PAT REL
(8) BREAST AND GYN HEALTH PROJECT 987 8TH ST ARCATA, CA 95521	65-1205183	501(C)(3)	80,000.	0.			PATIENT NAVIGATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 73

3 Enter total number of other organizations listed in the line 1 table 7

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	HOPE KITS	30,445	253,570.	3,863,146.	FMV	PATIENT KITS
2	METASTATIC HOPE KITS	233	10,691.	53,177.	FMV	STAGE 4 KITS
3	PATIENT NAVIGATION	1	200,000.			
4	PATIENT RELIEF	3	21,500.			
5	METASTATIC RETREAT	1	10,000.			
6						
7						

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

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 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 AND MRI'S (ONLY A LIMITED NUMBER OF WHICH ARE COVERED BY NBCF), AND SURGICAL AND CANCER TREATMENT AS NEEDED (WHICH ARE NOT COVERED BY NBCF. THE PATIENT NAVIGATION PROGRAM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

REQUIRES GRANTEE ORGANIZATIONS TO FOCUS ON SERVING BREAST CANCER PATIENTS. FOCUS CAN RANGE FROM OUTREACH AND EDUCATION ABOUT CANCER AND CANCER SCREENING THROUGH DIAGNOSIS, TREATMENT, AND SURVIVORSHIP. PATIENT NAVIGATORS ELIMINATE BARRIERS TO CARE, AND ENSURE 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. THE APPLICATION FORM IS DESIGNED TO IDENTIFY THOSE MEDICAL FACILITIES AND NONPROFIT ORGANIZATIONS 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 GRANTEE IS SUCCESSFUL IN FULFILLING THE NBCF MISSION WHILE COMPLYING WITH THE ESTABLISHED FACILITY CRITERIA, AND NEEDS ADDITIONAL FUNDS FOR THEIR PROGRAM, NBCF WILL ENCOURAGE THEM TO APPLY FOR ADDITIONAL GRANTS. IN THE RARE EVENT THAT A GRANTEE 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 ORGANIZATION 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 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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

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 GRANT PARTNERS RECEIVING HOPE INNOVATION LAB GRANTS TO CONFIRM THE GRANTS ARE FURTHERING PROJECTS WHICH ARE FOCUSED ON EARLY DETECTION, MEDICAL AND/OR HOLISTIC TREATMENT, AND THE 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 GRANT PARTNER ORGANIZATIONS 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 PROVIDED. THE TYPES OF SERVICES PROVIDED MUST ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING ECONOMIC STABILITY AND HEALTH CARE ACCESS AND QUALITY.

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
BREAST CANCER DETECTION CENTE 1905 COWLES STREET FAIRBANKS, AK 99701	92-0055382	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS
BRIDGE BREAST NETWORK 4000 JUNIUS DALLAS, TX 75246	75-2436606	501(C)(3)	45,000.				SCREENING & DIAGNOSTICS, PAT REL
CASTING FOR RECOVERY INC 109 EAST OAK ST., STE. 1G BOZEMAN, MT 59715	03-0354382	501(C)(3)	49,900.				METASTATIC RETREAT
CLEVELAND CLINIC FOUNDATION 9500 ELUCID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	85,000.				SCREENING & DIAGNOSTICS, PAT NAV
COREWELL HEALTH FOUNDATION WE 100 MICHIGAN ST NE, MC004 GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	51,000.				SCREENING & DIAGNOSTICS
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02445	04-2263040	501(C)(3)	155,000.				SCREENING & DIAGNOSTICS, PAT NAV
DEACONESS HOSPITAL 600 MARY STREET EVANSVILLE, IN 47747	35-0593390	501(C)(3)	10,000.				SCREENING & DIAGNOSTICS
DELAWARE BREAST CANCER COALIT 100 W. 10TH STREET, SUITE 209 WILMINGTON, DE 19801	52-2045298	501(C)(3)	112,000.				PAT RELIEF, PAT NAV, SCREEN & DIAG
FORGE BREAST CANCER SURVIVOR 1321 19TH STREET SOUTH BIRMINGHAM, AL 35205	84-2441327	501(C)(3)	123,000.				PATIENT NAV & PATIENT RELIEF
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVENUE NORTH, Y SEATTLE, WA 98109	91-1935159	501(C)(3)	50,000.				SCREENING & DIAGNOSTICS

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
GLORIA GEMMA BREAST CANCER RE 11A BLACKSTONE VALLEY PLACE LINCOLN, RI 02865	13-4283582	501(C)(3)	81,500.				METASTATIC RETREAT & PAT RELIEF
HHM HEALTH 5750 PINELAND DRIVE, STE 349A DALLAS, TX 75231	65-1259379	501(C)(3)	15,000.				SCREENING & DIAGNOSTICS
HUMBOLDT TRINITY HEALTHCARE 3800 JANES RD ARCATA, CA 95521	45-2037128	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS
IMAGE REBORN FOUNDATION 5445 S. HIGHLAND DRIVE, STE 5 SALT LAKE CITY, UT 84117	87-0664958	501(C)(3)	27,500.				METASTATIC RETREAT
INOVA HEALTH CARE SERVICES 8095 INNOVATION PARK DRIVE FAIRFAX, VA 22031	54-1071867	501(C)(3)	40,000.				SCREENING & DIAGNOSTICS
JOHN STODDARD CANCER CENTER 1415 WOOD LANE AVE, STE E200 DES MOINES, IA 50309	42-1467682	501(C)(3)	50,000.				PATIENT NAVIGATION
JOHNS HOPKINS 201 N. BROADWAY, SKIP VIRAGH BALTIMORE, MD 21287	52-0595110	501(C)(3)	18,750.				PATIENT NAVIGATION & METASTATIC RET
JPS FOUNDATION 1223 SOUTH MAIN ST FORT WORTH, TX 76104	75-2717782	501(C)(3)	145,000.				PAT RELIEF, PAT NAV, SCREEN & DIAG
KARMANOS CANCER INSTITUTE AT 401 S. BALLENGER HWY FLINT, MI 48532	38-1358053	501(C)(3)	105,000.				PATIENT RELIEF & PATIENT NAV
LSU HSC FOUNDATION 200 CANAL STREET NEW ORLEANS, LA 70112	72-1115391	501(C)(3)	59,000.				PATIENT NAVIGATION

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
LIBBY'S LEGACY BREAST CANCER 112 ANNIE STREET ORLANDO, FL 32806	11-3812766	501(C)(3)	35,000.				SCREENING & DIAGNOSTICS
MAGEE WOMEN'S FOUNDATION 300 HALKET STREET PITTSBURGH, PA 15213	25-0965420	501(C)(3)	83,000.				PATIENT NAV & PATIENT RELIEF
MAPLE TREE CANCER ALLIANCE 425 N FINDLAY ST, SUITE 16 DAYTON, OH 45404	27-4113397	501(C)(3)	40,000.				SURVIVORSHIP
MD ANDERSON CANCER CENTER AT 2 COOPER PLAZA CAMDEN, NJ 08103	21-0634462	501(C)(3)	83,000.				PATIENT RELIEF & PATIENT NAV
MEMORIAL SLOAN KETTERING CANC 1275 YORK AVE NEW YORK, NY 10065	13-1924236	501(C)(3)	200,000.				PATIENT NAVIGATION
MERCY HEALTH FOUNDATION SOUTH 10010 KENNERLY RD ST. LOUIS, MO 63128	26-1516789	501(C)(3)	30,000.				SCREENING & DIAGNOSTICS, PAT REL
METHODIST HEALTH SYSTEM FOUND 1441 N. BECKLEY AVE. DALLAS, TX 75203	75-1548343	501(C)(3)	50,000.				SCREENING & DIAGNOSTICS
METHODIST RICHARDSON MEDICAL 401 W CAMPBELL RD RICHARDSON, TX 75080	75-1788520	501(C)(3)	15,000.				SCREENING & DIAGNOSTICS
MISSISSIPPI STATE DEPARTMENT 570 WOODROW WILSON AVE., JACKSON, MS 39215	64-6000775	GOVT.	40,000.				SCREENING & DIAGNOSTICS
NEBRASKA MEDICINE 505 S 45TH ST OMAHA, NE 68105	91-1858433	501(C)(3)	45,000.				SCREENING & DIAGNOSTICS, PAT REL

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS
NEWYORK-PRESBYTERIAN 506 6TH STREET, KP 4 BROOKLYN, NY 11215	13-3160356	501(C)(3)	29,000.				PATIENT NAVIGATION
OHIOHEALTH FOUNDATION 3430 OHIOHEALTH PARKWAY, 3FL COLUMBUS, OH 43202	23-7446919	501(C)(3)	35,000.				SCREENING & DIAGNOSTICS
ORLANDO HEALTH INC 1414 KUHL AVENUE, SUITE 50 ORLANDO, FL 32806	59-1726273	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS
OU HEALTH 825 NE 10TH ST, SUITE 3E OKLAHOMA CITY, OK 73104	82-1883948	501(C)(3)	10,000.				SCREENING & DIAGNOSTICS
PARKLAND FOUNDATION 1341 W. MOCKINGBIRD LN. DALLAS, TX 75247	75-2089180	501(C)(3)	318,000.				PAT RELIEF, PAT NAV, SCREEN & DIAG
PUBLIC HEALTH TRUST OF MIAMI 1611 NW 12TH AVENUE, - MIAMI, FL 33136	59-1713947	501(C)(3)	55,000.				SCREENING & DIAGNOSTICS, PAT REL
RADIANT HEALING TOGETHER 5901-J WYOMING BLVD NE, 0390 ALBUQUERQUE, NM 87109	85-0311210	OTHER	104,100.				METASTATIC RETREAT
SAINT ALPHONSUS REGIONAL MEDI 1055 N. CURTIS RD. BOISE, ID 83706	82-0200895	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS
SIBLEY FOUNDATION 5255 LOUGHBORO RD NW, - WASHINGTON, DC 20016	45-0562642	501(C)(3)	135,000.				PATIENT NAVIGATION

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
SOUTH DAKOTA DEPARTMENT OF HE 615 E. 4TH ST. PIERRE, SD 57501	46-6000364	GOVT.	15,000.				SCREENING & DIAGNOSTICS
ST JOSEPH'S HOSPITAL AND MEDI 124 W. THOMAS RD, SUITE 250 PHOENIX, AZ 85013	94-2941245	501(C)(3)	42,000.				SCREENING & DIAGNOSTICS, PAT REL
ST ROSE DOMINICAN HEALTH FOUN 102 E. LAKE MEAD PARKWAY, - HENDERSON, NV 89015	88-0349432	501(C)(3)	30,000.				SCREENING & DIAGNOSTICS, PAT REL
SUNRISE COMMUNITY HEALTH 2930 11TH AVE EVANS, CO 80620	84-0613289	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS
SWEDISH HOSPITAL FOUNDATION 5145 N CALIFORNIA AVE CHICAGO, IL 60625	20-5055155	501(C)(3)	50,000.				SCREENING & DIAGNOSTICS
TEXAS HEALTH RESOURCES FOUNDA 612 E. LAMAR BLVD, SUITE 300 ARLINGTON, TX 76011	75-2022128	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS
TEXAS TECH UNIVERSITY HEALTH PO BOX 45025 LUBBOCK, TX 79409	75-6043842	501(C)(3)	15,000.				SCREENING & DIAGNOSTICS
THE ROSE 12700 N FEATHERWOOD DRIVE, SU HOUSTON, TX 77034	76-0193812	501(C)(3)	40,000.				SCREENING & DIAGNOSTICS
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET, 22ND FLOO PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	105,000.				PATIENT NAV & PATIENT RELIEF
UNIVERSITY HEALTH FOUNDATION 4502 MEDICAL DR SAN ANTONIO, TX 78229	74-2335396	501(C)(3)	35,000.				SCREENING & DIAGNOSTICS

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF LOUISVILLE HEAL 529 S JACKSON STREET, - LOUISVILLE, KY 40202	23-7078461	501(C)(3)	111,000.				PATIENT NAV & PATIENT RELIEF
UNIVERSITY OF NM HOSPITAL 2211 LOMAS BLVD ALBUQUERQUE, NM 87106	85-6003005	OTHER	20,000.				SCREENING & DIAGNOSTICS
UNIVERSITY OF TENNESSEE MEDIC 1926 ALCOA HWY, SUITE 310 KNOXVILLE, TN 37920	31-1626179	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS
UT SOUTHWESTERN MEDICAL CENTE 400 W MAGNOLIA AVE, - FORT WORTH, TX 76104	75-6002868	OTHER	134,400.				SCREEN & DIAG, PAT NAV, MET RETREAT
VIA CHRISTI HOSPITAL 1100 N ST. FRANCIS, SUITE 100 WICHITA, KS 67214	48-1172106	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS
WELLSTAR FOUNDATION 1800 PARKWAY PLACE, 3 FL MARIETTA, GA 30067	58-1627413	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS, PAT REL
WVU FOUNDATION, INC/BONNIE W 1 WATERFRONT PLACE, 7TH FLOOR MORGANTOWN, WV 26501	55-6017181	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS
BETHESDA FOUNDATION 10500 MONTGOMERY ROAD CINCINNATI, OH 45242	23-7374129	501(C)(3)	10,000.				SCREENING & DIAGNOSTICS
COMMUNITY HEALTH SERVICES AS 405 CASTLE CREEK ROAD, 201 ASPEN, CO 81611	84-0609057	501(C)(3)	10,000.				SCREENING & DIAGNOSTICS
H. LEE MOFFITT CANCER CENTER 12092 USF MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
NATIVE HEALTHCARE CENTER 10485 NORTHWEST FREEWAY HOUSTON, TX 77092	88-0841552	501(C)(3)	10,000.				SCREENING & DIAGNOSTICS
PRESBYTERIAN HOSPITAL FND 220 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1413074	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS
ST. JOSEPH'S/CANDLER FDN 5653 REYNOLDS STREET, STE 400 SAVANNAH, GA 31405	58-1553254	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS, PAT REL
ST. VINCENT'S MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	83-2550272	501(C)(3)	20,000.				SCREENING & DIAGNOSTICS
TEMPLE UNIVERSITY HOSPITAL 3401 NORTH BROAD STREET, 9TH PHILADELPHIA, PA 19140	23-2825878	501(C)(3)	25,000.				SCREENING & DIAGNOSTICS
THE JOY TO LIFE FOUNDATION 2350 FAIRLANE DRIVE, STE 130 MONTGOMERY, AL 36116	63-1271088	501(C)(3)	30,000.				SCREENING & DIAGNOSTICS
UNIVERSITY OF TEXAS MD PO BOX 301407 HOUSTON, TX 77230	74-6001118	OTHER	50,000.				SCREENING & DIAGNOSTICS
WYOMING DEPARTMENT OF HEALTH 122 W. 25TH ST., HERSCHLER CHEYENNE, WY 82002	83-0208667	GOVT.	15,000.				SCREENING & DIAGNOSTICS
ABCD-AFTER BREAST CANCER DIAG 5775 N GLEN PARK ROAD MILWAUKEE, WI 53209	39-1967028	501(C)(3)	15,000.				SURVIVORSHIP
CENTER FOR RESTORATIVE BREAST 1717 ST CHARLES AVE NEW ORLEANS, LA 70130	87-0700574	OTHER	28,676.				PATIENT RELIEF

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
CONVOY OF HOPE - EVENT SUPPOR 330 S. PATTERSON AVE. SPRINGFIELD , MO 65802	68-0051386	OTHER	30,000.				EDUCATION AND OUTREACH (COH)
ASCENSION ST. VINCENT BREAST 250 W. 96TH STREET, SUITE 470 INDIANAPOLIS, IN 46260	35-6088862	501(C)(3)	10,000.				SCREENING & DIAGNOSTICS

SCHEDULE J
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number
75-2391148

Part I Questions Regarding Compensation

		Yes	No
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.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ 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 **1b**		
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? **2**		
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.		
	☒ Compensation committee ☐ Written employment contract		
	☒ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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? **5a**	X	
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III. 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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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				
	REBECCA BUELL	(i)	182,891.	11,915.	0.	6,836.	29,683.	231,325.	0.
1	CFO & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	JANELLE HAIL	(i)	244,463.	18,499.	0.	6,115.	10,140.	279,217.	0.
2	STRAT ADV.	(ii)	0.	0.	0.	0.	0.	0.	0.
	KEVIN HAIL	(i)	266,660.	16,692.	0.	0.	29,682.	313,034.	0.
3	CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	DOUGLAS FEIL	(i)	161,139.	10,506.	0.	7,109.	29,684.	208,438.	0.
4	CPO	(ii)	0.	0.	0.	0.	0.	0.	0.
	AMANDA O'NEILL	(i)	161,382.	9,781.	0.	6,837.	1,202.	179,202.	0.
5	SR VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	CAMILLA PAYNE	(i)	137,209.	8,640.	0.	5,712.	21,181.	172,742.	0.
6	VP MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
	MARK GOMEZ	(i)	125,741.	8,032.	0.	5,457.	29,546.	168,776.	0.
7	SR CREATIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(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.

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION

DURING THE TAX YEAR, THE ORGANIZATION MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT FOR JANELLE HAIL. THE ORGANIZATION CONTRIBUTED $300,000 ON HER BEHALF, AND THE ARRANGEMENT EARNED $19,680 OF INTEREST DURING THE YEAR.

PART I, LINE 5 - COMPENSATION CONTINGENT ON REVENUES OR RELATED ORGANIZATION

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, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

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	12	3,340.	FMV
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous	X	118	32,382.	FMV
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 PART II)				
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 Acknowledgment	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?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.

SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
NONFINANCIAL ASSETS	X	1	$ 1,811,898.	FMV
PROGRAMS ITEMS/EDUC TRNG PROG	X	1	1,083,126.	FMV
PROGRAMS ITEMS/EDUC TRNG PROG	X	1	918,859.	FMV
PROGRAMS ITEMS/EDUC TRNG PROG	X	1	5,310,906.	FMV
PROGRAMS ITEMS/EDUC TRNG PROG	X	1	1,224,643.	OTHER
PROGRAMS ITEMS/EDUC TRNG PROG	X	1	660,000.	FMV
FUNDRAISING ITE	X	312	14,644.	FMV
PROGRAMS ITEMS	X	716,849	2,416,670.	FMV
NONFINANCIALS	X	8	1,521,163.	FMV

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number
75-2391148

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE PRESIDENT/CEO IS THE SON OF THE BOARD CHAIRWOMAN.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

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.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

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. THE INDEPENDENT COMPENSATION COMMITTEE (ICC) WILL REVIEW ANY OF THE FOLLOWING SALARY REQUESTS FOR:

-NEW OR CURRENT EMPLOYEES WHO WILL EXCEED $100,000 OF BASE LEVEL COMPENSATION

-HIGHLY COMPENSATED EMPLOYEES OVER A 15% INCREASE TO THEIR BASE COMPENSATION

AFTER THE REVIEW AND APPROVAL FROM THE ICC, THEY WILL RECOMMEND THE COMPENSATION TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

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

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

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.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VIII, INCOME FROM FUNDRAISING EVENT

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENTS IS CALCULATED AS FOLLOWS:

CONTRIBUTIONS FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 1C	$ 196,946
GROSS INCOME FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 8A	23,338
LESS: DIRECT COSTS OF EVENTS REPORTED ON PART VIII, LINE 8B	(105,417)
NET ECONOMIC BENEFIT OF FUNDRAISING EVENTS	$ 114,867

FORM 990, PART III, LINE 4A- PROGRAM SERVICE ACCOMPLISHMENT

PATIENTS AND CAREGIVERS ATTENDING THE METASTATIC BREAST CANCER RETREATS RECEIVE RENEWED HOPE, INCREASED KNOWLEDGE, AND THE REMINDER THAT THEY ARE NOT ALONE. AS A RESPONSE TO THE COVID-19 PANDEMIC, NBCF STARTED THE PATIENT RELIEF PROGRAM TO HELP OFFSET THE BURDEN OF COST AND LOSS OF INCOME AND INSURANCE. NBCF 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 SUPPORT AND BUILD THE PATIENT RELIEF FUND. THIS YEAR, NBCF PROVIDED 3,109 SERVICES THROUGH 43 OF THOSE PARTNERS.

FORM 990, PAT III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENT

THIS YEAR, NBCF PRESENTED 17 BREAST CANCER AWARENESS AND WOMEN'S HEALTH VIRTUAL AND IN-PERSON PRESENTATIONS, AND PROVIDED 972 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 102 COMMUNITY AMBASSADORS WERE FULLY TRAINED, SERVING 24,146 INDIVIDUALS THROUGH 240 EVENTS.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENT

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

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

NBCF'S PATIENT SERVICES PARTNER NETWORK INCLUDES 115 PARTNERS. THIS YEAR NBCF PROVIDED 108,661 SERVICES THROUGH 74 OF THOSE PARTNERS.