** PUBLIC DISCLOSURE COPY **

Form 990			Return of Organization Exempt Fron		OMB No. 1545-0047		
Forr	n 93	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	ns)	2021		
Depa	rtment of	the Treasury	Do not enter social security numbers on this form as it m		Open to Public		
Intern	al Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUN 1, 2021 and ending				Inspection
Bc	heck if	C Name of	organization	I II.	D Employer identifi	catior	number
	A alahaa						
X	change Name	BREA	STCANCER.ORG		22 20020	E 1	
	change Initial		usiness as		23-30828		
	return Final		and street (or P.0. box if mail is not delivered to street address) Room/s • MONTGOMERY AVE 4TH		E Telephone numbe 610-642-		0
	return/ termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		6,872,056.
	Amend return		ORE, PA 19003		H(a) Is this a group re		, , , , , , , , , , , , , , , , , , , ,
	Applica tion	F Name a	nd address of principal officer: HOPE WOHL		for subordinates		Yes 🚺 No
	pending	SAME .	AS C ABOVE		H(b) Are all subordinates in	ncluded?	Yes No
		mpt status:		527	If "No," attach a		
					H(c) Group exemption		
		organization: <u></u> Summary	X Corporation Trust Association Other ► L	Year o	of formation: 2001	M State	e of legal domicile: PA
			e the organization's mission or most significant activities: PROVIDE	TH	E MOST RELT	ABL	र
ce			E & UP-TO-DATE BREAST CANCER & BREAST	HE	ALTH INFORM	ATI	ON
Activities & Governance	-	Check this bo					
ver			ing members of the governing body (Part VI, line 1a)				15
ŝ			ependent voting members of the governing body (Part VI, line 1b)				13
کہ د			of individuals employed in calendar year 2021 (Part V, line 2a)				27
itie			of volunteers (estimate if necessary)				50
ctiv			d business revenue from Part VIII, column (C), line 12				0.
Ă			business taxable income from Form 990-T, Part I, line 11				0.
					Prior Year		Current Year
•	8 (Contributions	and grants (Part VIII, line 1h)		2,780,284.		4,281,454.
nue			ce revenue (Part VIII, line 2g)		2,148,191.		1,904,474.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		1,088.		313.
Ĕ	11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		388.		529,379.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,929,951.		6,715,620.
	13 (Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.		0.
	1 4 E	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.		0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)		2,775,631.		3,181,739.
nse	16a I	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.		0.
Expens	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 972,991.				
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,889,735.		3,001,975.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,665,366.		6,183,714.
		Revenue less	expenses. Subtract line 18 from line 12		264,585.		531,906.
Net Assets or Fund Balances				Beç	ginning of Current Year		End of Year
sset 3alaı	20		Part X, line 16)		6,438,341.		8,271,153.
et A:	21		(Part X, line 26)		2,270,410.		3,571,316.
	22 rt	Vet assets or t Signature	fund balances. Subtract line 21 from line 20		4,167,931.		4,699,837.
		-		tama	nto and to the heat of m	. In our	adaa and haliaf it ia
			l declare that I have examined this return, including accompanying schedules and sta device the second state of the s Declaration of preparer (other than officer) is based on all information of which prep			y know	ledge and beller, it is
uue,	COTTECT	Hope W			4/11/202	3	
Ciar			bat officer		Date		
Sigr Her			WOHL, CEO				
ner			rint name and title				
		Print/Type prep		D	ate Check		PTIN
Paid			E NIHILL DANIELLE NIHILL	0	4/11/23 if self-employ	ved P	01350943
Prep	F		▶ CLIFTONLARSONALLEN LLP				0746749
Use	- F	Firm's address					
	-		QUINCY, MA 02169		Phone no. (7	81)	982-1001
May	the IR	S discuss this	s return with the preparer shown above? See instructions	<u></u>			X Yes No
-)1 12-09		or Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2021)

Cinck if Schedule Ocenative a response on ote to any line in this Part III IX OUR MISSION IS TO HELP PEOPLE MAKE SENSE OF THE COMPLEX MEDICAL AND PERSONAL INFORMATION ABOUT BREAST HEALTH AND BREAST CANCER, SO THEY CAN MAKE THE BEST DECISIONS FOR THEIR LIVES. Did the organization undertake any significant program services during the year which were not listed on the pror form field or WoLE2? Iven [X] NN Iven (Schedule Ocenative Schedule O. Did the organization undertake any significant program services during the year which were not listed on the pror form field or WoLE2? Iven [X] NN Iven (Schedule Ocenative Schedule Ocen			age
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PERSONAL INFORMATION ABOUT BREAST HEALTH AND BREAST CANCER, SO THEY CAN MAKE THE BEST DECISIONS FOR THEIR LIVES. Did the organization undertake any significant program services during the year which were not listed on the prior form 300 or 900-E2? If "tog," describe these new services on Schedule O. Did the organization or program service accomplishments for each of its three largest program services, as measured by expenses. Section for each 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 meaning, for each program service expont. (acc:::::::::::::::::::::::::::::::::::	1		
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<pre>prior Form 980 or 990-E27</pre>		CAN MAKE THE BEST DECISIONS FOR THEIR LIVES.	
<pre>prior Form 980 or 990-E27</pre>			
<pre>if 'Yes' describe these new services on Schedule 0. Dd the organization cases conducting, or make significant changes in how it conducts, any program services?</pre>	2		
De the organization cases conducting. or make significant changes in how it conducts, any program services?			
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Form 990 (2021) BREASTCANCER.ORG 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		Х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	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			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		<u></u>
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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			
124	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		х
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		Х
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		Х
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		Х
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Form		82851	Р	age 4
Pa	rt 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	х	
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?			
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
L		254		
D	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	0.5%		x
	Schedule L, Part I	25b		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28 a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	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 non-cash contributions? If "Yes," complete Schedule M	29	Х	
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			
- 1	Part V, line 1	34		x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	<u> </u>
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	<u> </u>
30				x
97	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	1
Pa	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		27	Yes	No
		37		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 C	0000	L
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Form	990 (2021) BREASTCANCER.ORG 2	<u>23-30828</u>	851	P	_{age} 5
Par	t 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	27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	r			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	ſ	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		00		<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	If "Yes," enter the name of the foreign country		та		
D					
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	· .	F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	l l l l l l l l l l l l l l l l l l l	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	r	5b		<u> </u>
	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				
	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		L
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided t	to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	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				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forn	ſ	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.				
			9a		
			9b		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
			14a		X
	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?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.		-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
			17		
10000	If "Yes," complete Form 6069.	I	Form	990	(2021)
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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	d for a "I	Vo" r	espon	se
	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
Sec	tion 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 1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
L		13			
	Enter the number of voting members included on line 1a, above, who are independent 1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		-		v
	officer, director, trustee, or key employee?	····· -	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?	L	5		X
6	Did the organization have members or stockholders?	L	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?	L	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	х	
	Each committee with authority to act on behalf of the governing body?		8b	X	
		····· -	on	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		•		- -
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	<u></u>	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		Г		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Ľ	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?	L'	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	m? 📘	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b		······ ⊢	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	····· -			
·			12c	х	
40	on Schedule O how this was done	····· ⊢		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	~	
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?				
	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization	Ľ	15b	Х	
	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		
Soc	tion C. Disclosure	·····			
	List the states with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CA, CO, CT, FL	<u> </u>	ит	тт	vc
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501	1(c)(3)s c	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	cy, and f	inano	cial	
19	Describe on Schedule O whether (and it so, now) the organization made its governing documents, connict or interest point				
19	statements available to the public during the tax year.				
	statements available to the public during the tax year.				
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright MANAGEMENT - 610-642-6550				
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright MANAGEMENT - 610-642-6550		Form	990	(202

Form 990 (2	2021) BREASTCANCER.ORG	23-3082851	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year endin	ig with or within the organization's	s tax year.
	Il of the organization's current officers, directors, trustees (whether individuals or organizations), I columns (D), (E), and (F) if no compensation was paid.	regardless of amount of compens	ation.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per hours per below Description model Description below Description form below Peoptable compensation from the address organization Estimated compensation from the address organization Estimated compensation from the address organization Estimated compensation Estimated compensation (1) More MolL, MEA 35.00 X X 256,174. 0. 14,077. (2) Marias MEISS, M.D. 25.00 X X 256,174. 0. 14,077. (3) Lica KLINE 35.00 X X 219,354. 0. 7,129. (4) RITA LUSEN 35.00 X X 209,425. 0. 6,806. (3) Lica KLINE 35.00 X X 190,502. 0. 6,191. (4) RITA LUSEN 35.00 X X 127,914. 0. 11,508. (7) LAUREN HOURES 35.00 X 126,821. 0. 10,649. (3) MARTA LERENCE 35.00 X 126,821. 0.	(A)	(B)		(C)		(D)	(E)	(F)			
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132007 12-09-21

Form 990 (2021)

Form 990 (2021) BREASTCAN	ICER . ORG	ł							23-308	2851	Р	age 8
Part VII Section A. Officers, Directors, Trust			000	and	1 Hi	ahos	t C	omnensated Employee		1051		uge e
(A)	(B)		 ,		2 mių C)	ynes		(D)	<u>s (continuea)</u> (E)		(F)	
(A) Name and title	Average			Pos		ı					(r) stimate	ad
Name and the	hours per					than c is both		Reportable compensation	Reportable compensation		mount	
	week					or/trust		from	from related	a	other	01
	(list any	tor						the	organizations	con	npensa	ation
	hours for	direc				g		organization	(W-2/1099-MISC/		from th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	org	ganizat	ion
	organizations	trust	al tru		yee	ompe		1099-NEC)		ar	nd relat	ed
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner			org	anizati	ons
	line)	Indiv	Insti	Officer	Key (High emp	Former					
(18) DAVID KOPP	1.00											
DIRECTOR		Х						0.	0	•		0.
(19) KIM KUBEK, M.D.	1.00											
DIRECTOR		Х						0.	0	•		Ο.
(20) EBONNE LEAPHART	1.00											
DIRECTOR		x						0.	0			0.
(21) ALICE LIMKAKENG	1.00											
DIRECTOR		x						0.	0			Ο.
(22) DONNA-MARIE MANASSEH	1.00											
DIRECTOR		x						0.	0			0.
(23) LISA PETKUN	1.00											
DIRECTOR		x						0.	0			0.
(24) NANCY RUBNER FRANDSEN	1.00								•			
DIRECTOR		x						0.	0			Ο.
(25) RICHY GLASSBERG	1.00											
DIRECTOR- LEFT 5/31/22		x						0.	0			0.
(26) SUSAN HERTZBERG	1.00											
DIRECTOR- LEFT 5/31/22		x						0.	0			Ο.
1b Subtotal								1,879,655.	0	. 8	7,7	93.
c Total from continuation sheets to Part VI								0.	0			0.
· - · · · · · · · · · · · · · · · · · · ·								1,879,655.	0	. 8	7,7	93.
2 Total number of individuals (including but no						e) wh	o re		000 of reportable		<u> </u>	
compensation from the organization						,						13
											Yes	No
3 Did the organization list any former officer,	director trust	ee k	ev e	mol	ove	e or	hia	hest compensated empl	ovee on			
line 1a? If "Yes." complete Schedule J for su			-	•	-		Ŭ			3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										5		х
Section B. Independent Contractors	olete Schedule	<u> </u>	or su	ICH I	oers	011 .						
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) (B) (C)												
אן Name and business	address							Description of s	ervices	Compe		n
WORK & CO., 231 FRONT STREET, 5TH FLOOR,												
BROOKLYN, NY 11021	шц, Л			50	,			WEB DESIGN		1 / 5	4 6	48
BROOKLYN, NY 11021 WEB DESIGN 1,454,648. SHIFT LAB, LLC												
	ם.זקדקק	C	ጥ	በፍ	ຂາ	5		WEB DEVELOPMI	איזעי	1,12	2 8	56
1495 BLACK ROCK TPKE, FAIRFIELD, CT 06825WEB DEVELOPMENT1,12TW LRW HOLDINGS. LLC. 1900 AVENUE OF THE										2,0		

 FRESH FLY, LLC, 421 NORTH 7TH STREET,

 SUITE 200, PHILADELPHIA, PA 19123

 TEN35, LLC, 444 NORTH MICHIGAN AVENUE,

 SUITE 650, CHICAGO, IL 60611

 PR & MARKETING

 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 ▶

STARS, 16TH FLOOR, LOS ANGELES, CA 90067

Form 990 (2021)

378,500.

213,335.

127,320.

132008 12-09-21

9

MARKET RESEARCH

BREASTCANCER.ORG 23-3082851											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours	Average Pos hours (check all					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pen sated em ployee		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(27) JANE HOLLINGSWORTH	1.00										
DIRECTOR- LEFT 5/31/22		X						0.	0.	0.	
Total to Part VII, Section A, line 1c											

132201 04-01-21

Part VIII Statement of Revenue Check if Schedule Q contains a response or note to any line in this Part VIII (A) (C)			(2021) BREASTCANCER.	ORG			23-3082	851 Page 9
Total sevenue Polated or example function revenue Officience of example function revenue Officience of example function revenue Officience of example function revenue Officience of example function revenue Officience of the officience offici	Pa	rt VI	II Statement of Revenue					
Total revenue Petetted or exempt Unction evenue Petetted or exe			Check if Schedule O contains a response	or note to any lin	((=)	(-)	
and the federated campaigns to to <thto< th=""> to to <t< th=""><th></th><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td></t<></thto<>					1			
and Pederated campaigns 1a					l otal revenue			
Box Membership dues Ib c Pointraing events It 415, 763. d Baladed organizations It 3, 865, 691. g Hermits amounts on include dave It 3, 865, 691. g Hermits contributions pits, parts, and similar amounts on include dave It 3, 865, 691. g Hermits control/orgit ordered in the 't' It 5, 26, 782. d It 3, 865, 691. It 900099 I. 904, 474. 904, 474. d Interpretation of the								sections 512 - 514
Box Membership dues Ib c Pointraing events It 415, 763. d Baladed organizations It 3, 865, 691. g Hermits amounts on include dave It 3, 865, 691. g Hermits contributions pits, parts, and similar amounts on include dave It 3, 865, 691. g Hermits control/orgit ordered in the 't' It 5, 26, 782. d It 3, 865, 691. It 900099 I. 904, 474. 904, 474. d Interpretation of the	ts s	1 a	Federated campaigns 1a					
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Form 990 (2021) Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respon	se or note to any line in t (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	1 100 115			146 000
	trustees, and key employees	1,198,145.	999,123.	52,995.	146,027.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1,639,777.	934,661.	208,563.	496,553.
7	Other salaries and wages Pension plan accruals and contributions (include	1,039,111.	<u> </u>	200,000.	490,000.
8	section 401(k) and 403(b) employer contributions)	28,587.	15,822.	3 797	8 968
9	Other employee benefits	114,549.	75,546.	3,797. 11,379.	<u>8,968.</u> 27,624.
10	Payroll taxes	200,681.	136,284.	18,691.	45,706.
11	Fees for services (nonemployees):				
	Management				
b	Legal	16,521.	11,705.	2,391.	2,425.
с	Accounting	144,403.	49,594.	88,938.	2,425. 5,871.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,664,716.	1,656,393.		8,323. 103,481.
12	Advertising and promotion	154,628.	49,695.	1,452.	
13	Office expenses	33,746.	10,343.	2,061.	21,342.
14	Information technology	303,425.	253,662.	9,077.	40,686.
15	Royalties	166,846.	118,209.	24,149.	24,488.
16		5,739.	5,553.	57.	129.
17 10	Travel Payments of travel or entertainment expenses	5,159.	5,555.	J7•	149.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,487.	5,549.	66.	5,872.
20	Interest	48,676.	34,487.	7,045.	7,144.
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	341,617.	326,392.	7,559.	7,666.
23	Insurance	19,250.	15,759.	1,733.	1,758.
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 0.)				
а	SERVICE CHARGES	48,883.	35,149.	6,804.	6,930.
b	MEMBERSHIP/DUES/SUBSCRI	29,763.	17,493.	1,261.	11,009.
с	STAFF RECRUITMENT	2,514.	1,781.	364.	369.
d					
е	All other expenses	9,761.	8,859.	282.	620.
25	Total functional expenses. Add lines 1 through 24e	6,183,714.	4,762,059.	448,664.	972,991.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
10004	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021)
13201	0 12-09-21	10			

orm 990 (Part X	990 (2021) BREASTCANCER.ORG					3082851 Page 11
uit X	Check if Schedule O contains a response or not	e to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			157,965.	1	217,076.
2	Savings and temporary cash investments		3,918,853.	2	3,709,287	
3	Pledges and grants receivable, net			414,186.	3	314,983
4	Accounts receivable, net			301,297.	4	265,066
5	Loans and other receivables from any current or				-	,
ľ	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of these				5	
6	Loans and other receivables from other disqualit				-	
	under section 4958(f)(1)), and persons described				6	
σ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
8 9	_			28,146.	9	13,536
	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	6,188,025.			
b	Less: accumulated depreciation	10b	2,455,528.	1,604,694.	10c	3,732,497
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		13,200.	15	18,708.	
16	Total assets. Add lines 1 through 15 (must equa	al line 33)	6,438,341.	16	8,271,153
17	Accounts payable and accrued expenses			305,497.	17	349,135
18	Grants payable				18	
19	Deferred revenue			791,180.	19	944,402
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
_ช 22	Loans and other payables to any current or form					
Ĩ.	trustee, key employee, creator or founder, subst					
Liabilities	controlled entity or family member of any of thes				22	1 000 040
23	Secured mortgages and notes payable to unrela			375,344.	23	1,898,242
24	Unsecured notes and loans payable to unrelated			740,367.	24	379,537
25	Other liabilities (including federal income tax, pa	-				
	parties, and other liabilities not included on lines	-				0
	of Schedule D			<u>58,022.</u> 2,270,410.	25 26	0. 3,571,316.
26	Total liabilities. Add lines 17 through 25	<u></u>	▶ ▼	2,270,410.	26	5,571,510
ŝ	Organizations that follow FASB ASC 958, che	ck nere				
<u>ё</u>	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			3,500,114.	27	4 267 405
27 28 28	Net assets without donor restrictions Net assets with donor restrictions			667,817.	28	4,267,405. 432,432.
20 2	Organizations that do not follow FASB ASC 9				20	101,101
<u>ה</u>	and complete lines 29 through 33.	00, 01100				
ਠੋ 29	Capital stock or trust principal, or current funds				29	
5 20 12	Paid-in or capital surplus, or land, building, or ec				30	
Se 31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances 5 1 0 6 8 25 8 25	Total net assets or fund balances			4,167,931.	32	4,699,837.
2 33	Total liabilities and net assets/fund balances			6,438,341.	33	8,271,153
					-	Form 990 (202

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Form	BREASTCANCER.ORG	23-30	82851	Pag	_{je} 12
Pa	rt 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	6,715	6,62	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,183,714		
3	Revenue less expenses. Subtract line 2 from line 1	3	531	.,9()6.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,167	, 93	31.
5	Net unrealized gains (losses) on investments	5			
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	4,699	, 83	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A (Form 990)			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.						OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service					► Attach to Form 990 or Form 990-EZ. w.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
		the organization	on BREA	STCANCER.0	RG				2	identification number 3 – 3082851
Pa	rt I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2		A school dese	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		-	-		anization described in se			-		
4			-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5		city, and state An organization		or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
_		-		omplete Part II.)						
8		-			(1)(A)(vi). (Complete Parl					
9		-	-		in section 170(b)(1)(A)(i		-		-	-
		university:	or a non-iano-g	frant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10			on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d gross receipts from
		-		•	t to certain exceptions; a				-	•
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section &	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		-	-		vely for the benefit of, to				-	
					d in section 509(a)(1) o					Check the box on
-		-	-	• •	f supporting organization				-	- i. i
а				-	upervised, or controlled gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se		majonty o				ipporting
b		¬ ~			or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
				-	anization vested in the sa			-		-
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
			•	.,.). You must complete F			-		
d		_ ,,	-	•	orting organization oper				0	
					ation generally must sati				I an attentiv	/eness
		7			nplete Part IV, Sections written determination from					
е			•		nally integrated supportir			турет, туре	п, туре п	
f	Ente	er the number of								
g				about the supporte						
		i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	ni									

		REASTCANC		Continue 170/		23-308	2851 Page 2	
Pa	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 failed to qualify under the tests listed below, please complete Part III.)							
80	Section A. Public Support							
	••	() 0017	(1) 0010	() 0010	(1) 0000	() 0001	(0 T)	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")	3122881.	3725398.	2999492.	2780284.	1281151	16909509.	
~	• • • • • • • • • • • • • • • • • • • •	5122001.	5725590.	2999492.	2700204.	4201454.	10909509.	
2	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
~								
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4		3122881.	3725398.	2999492.	2780284.	1281151	16909509.	
4 5	Total. Add lines 1 through 3 The portion of total contributions	5122001.	5725550.	2)))4)2.	2700204.	4201454.	10505505.	
5	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)						4024506.	
6	Public support. Subtract line 5 from line 4.						12885003.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	3122881.	3725398.	2999492.	2780284.	4281454.	16909509.	
8	Gross income from interest,							
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,728.	3,553.	4,855.	1,616.	1,753.	14,505.	
9	Net income from unrelated business	-	-	-				
	activities, whether or not the							
	business is regularly carried on		62,905.				62,905.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,272.	2,685.	2,638.	388.	614,333.	622,316.	
11	Total support. Add lines 7 through 10						17609235.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 8	,512,552.	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section /	01(c)(3)		
	organization, check this box and stop							
See	ction C. Computation of Publi							
14	Public support percentage for 2021 (I					14	73.17 %	
15	Public support percentage from 2020					15	74.95 %	
16 a	33 1/3% support test - 2021. If the o							
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	33 1/3% support test - 2020. If the o	-						
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the fact			-	-	VI how the organiz	ation	
	meets the facts-and-circumstances te	-		• • • •	-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
40	organization meets the facts-and-circu		•					
10	Private foundation. If the organization	л аю посспеска		a, 100, 178, 011/10	, CHECK THIS DOX a	nu see instructions	> P	

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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

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(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.)

Sec	ction A. Public Support			_	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
	Amounts from line 6						
	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						
	Add lines 10a and 10b						
	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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
	check this box and stop here				-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
						18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	83 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	-	•				▶∟
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	23 01-04-22		17	7		Scheo	dule A (Form 990) 2021

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

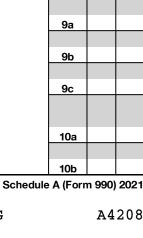
Schedule A (Form 990) 2021 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 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.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- **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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 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).
- 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).
- 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.
- 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.
- c Did a disgualified 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.
- 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.
- 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.)

132024 01-04-21



Sign	Envelope ID: 68E67512-D6DD-491E-88F3-76AC60A37DF4			
Sche	dule A (Form 990) 2021 BREASTCANCER • ORG 23	8-308285	1 р	age 5
	t IV Supporting Organizations (continued)			0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	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		
Sec	tion 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 offic			
	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 suppor			
	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.	e 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		
Sec	tion 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		100	
•	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		
Sec	tion D. All Type III Supporting Organizations			I
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3				
	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			

- how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over 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. 132025 01-04-22

Зb Schedule A (Form 990) 2021

2a

2b

3a

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Sche	dule A (Form 990) 2021 BREASTCANCER • ORG			23-3082851 Page
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Sect	ion 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		
ect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
ect	ion 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).

Schedule A (Form 990) 2021

132026 01-04-22

Sche Par	dule A (Form 990) 2021 BREASTCANCER. (t V Type III Non-Functionally Integrated 509(nizations (3-3082851	Page 7
		allo Supporting Orga	nizations _{(continue}	<u>əa)</u>	Ourse and Ma	
	on D - Distributions			-	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	i purposes or supported		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		2		
4	Amounts paid to acquire exempt-use assets	,	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
U	(provide details in Part VI). See instructions.	le organization le responsive		8		
9	Distributable amount for 2021 from Section C, line 6			9		
	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	b From 2017					
с	From 2018					
d	d From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2017					
b	Excess from 2018					
	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

BREASTCANCER.ORG

MISCELLANEOUS	
2017 AMOUNT: \$	2,272.
2018 AMOUNT: \$	2,685.
2019 AMOUNT: \$	2,638.
2020 AMOUNT: \$	388.
2021 AMOUNT: \$	614,333.
132028 01-04-22	Schedule A (Form 990) 2021
	22

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

23-3082851

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 $e_{XClusively}$ 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 $e_{XClusively}$ 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 \dots \blacktriangleright \$______

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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	(Earm 000)	(2021)
Schedule B	(Form 990)) (2021)

BREASTCANCER.ORG

Name of organization

Employer identification number

23-3082851

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$446,270.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$361,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>100,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$103,313.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page
vame of or	rganization		Employer identification number
	TCANCER.ORG		23-3082851
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_	

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Schedule B (Form 990) (2021)

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	3 (Form 990) (2021)			Page
Name of or	rganization			Employer identification number
BREAST	CANCER.ORG			23-3082851
Part III	from any one contributor. Complete columns ((a) through (e) and the following charitable, etc., contributions of \$1,0	line entry. For ora	c)(7), (8), or (10) that total more than \$1,000 for the year anizations year. (Enter this info. once.) \triangleright \$
(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	Rel	ationship 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	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
F		(e) Transfer	of gift	
-	Transferee's name, address,	and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
F		(e) Transfer	of gift	
	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee

Schedule B (Form 990) (2021)

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SCHEDULE D Supplemental Financial Statements						OMB No. 1545-0047	
(Form 990) ► 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.							
	ment of the Treasury Revenue Service		Attach to Form 990	D.	n.	Open to Public Inspection	
	e of the organization					r identification number	
_		BREASTCANCER.ORG				3-3082851	
Pa		ntions Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		er Similar Funds or <i>I</i>	Accounts.	Complete if the	
	organization			dvised funds	(b) Funds ar	d other accounts	
1	Total number at en	d of year			(17) - 11/10/04		
2		contributions to (during year)					
3		f grants from (during year)					
4		end of year					
5	Did the organizatio	n inform all donors and donor advisors in v	writing that the asse	ets held in donor advised fu	inds		
	are the organizatio	n's property, subject to the organization's	exclusive legal cont	rol?		Yes No	
6	•	n inform all grantees, donors, and donor a	•	•			
		oses and not for the benefit of the donor o			•		
Pa	impermissible priva	ate benefit?				Yes No	
1		ervation easements held by the organization					
•		of land for public use (for example, recrea	· ·	Preservation of a hi	storically impo	rtant land area	
		f natural habitat	,	Preservation of a ce			
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation co	ntribution in the form of a	conservation e	asement on the last	
	day of the tax year	•			Held	at the End of the Tax Year	
а	Total number of co	onservation easements			2a		
b	-						
c		vation easements on a certified historic stru			. <u>2</u> c		
d		vation easements included in (c) acquired a					
3		al Register /ation easements modified, transferred, rel				a the tax	
Ū	year ►			, or terminated by the orga		g the tax	
4		where property subject to conservation easily as a subject to c	sement is located				
5		ion have a written policy regarding the per					
	violations, and enfo	prcement of the conservation easements it	holds?			Yes No	
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violatior	ns, and enforcing conserva	tion easement	s during the year	
	▶						
7		es incurred in monitoring, inspecting, hand	lling of violations, an	nd enforcing conservation	easements dur	ing the year	
•	►\$						
8		vation easement reported on line 2(d) abov				Yes No	
9		(4)(B)(ii)? he how the organization reports conservation					
Ŭ		I include, if applicable, the text of the footn		•		the	
	organization's acco	ounting for conservation easements.	-				
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical	Treasures, or Other	Similar As	sets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement and b	alance sheet v	vorks	
		asures, or other similar assets held for put			rance of public	:	
	••	Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		ures, or other similar assets held for public	exhibition, education	on, or research in furtherar	ice of public se	ervice,	
	-	ng amounts relating to these items: ded on Form 990, Part VIII, line 1			► \$		
	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ▶ \$ 						
2							
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included	on Form 990, Part VIII, line 1			► \$		
	b Assets included in Form 990, Part X 🕨 \$						
	-	eduction Act Notice, see the Instructions	s for Form 990.		Sche	edule D (Form 990) 2021	
13205	1 10-28-21		27				

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Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	⁻ Simila	r Assets	continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	t make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4											
5	· · · · · · · · · · · · · · · · · · ·										
Dar	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										
rai	reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
19	Is the organization an agent, trustee, custodi		liany for c	contribution	s or other as	sets not i	ncluded				
Ia	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XII							······ ∟		L	
			nowing a						Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes] No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two yea	irs back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr			g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
с		<u>%</u>									
2-	The percentages on lines 2a, 2b, and 2c sho	•	tion that	t are hold a	ad administa	rad far th		ation			
38	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are neid ar	iu auministe	red for th	e organiza	ation	Г	Yes	No
	by: (i) Unrelated organizations								3a(i)		
									3a(ii)	_	
h	(ii) Related organizations	ations listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate preciation		(d) Book	value	;
1 a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment				2,471.		295 , 4			,04	
	Other			5,87	5,554.	2,2	L60,1		3,715		
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	0c.)				3,732	,49	97.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 BREASTCANCER	ORG	23	-3082851 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n 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	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n 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-vear market value
(1)	(S) DOOR Value		i si your markot value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes" or (a) Description of liability	n Form 990, Part IV, line	11e or 11t. See Form 990, Part X, line 25.	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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

Schedule D (Form 990) 2021

132053 10-28-21

(8) (9)

X

	chedule D (Form 990) 2021 BREASTCANCER . ORG					Page 4		
Par	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.				— 100	0.2.0		
1				1	7,402	,939.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1						
а	Net unrealized gains (losses) on investments			-				
b	Donated services and use of facilities		593,665.					
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d			2e	593	,665.		
3	Subtract line 2e from line 1			3	6,809	,274.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b	-93,654.			_		
С	Add lines 4a and 4b			4c		,654.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,715,	,620.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per H	Retur	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	6,871,	,033.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	593,665.					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d	93,654.					
е	Add lines 2a through 2d			2e		,319.		
3	Subtract line 2e from line 1			3	6,183,	<u>,714.</u>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b			4c		0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,183,	,714.		
Pa	t 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, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), AS AN ORGANIZATION,
CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(C) OF THE IRC; AND
AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION
509(A) OF THE IRC. THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD FOR
UNCERTAIN TAX POSITIONS. THE APPLICATION OF THIS STANDARD HAD NO IMPACT ON
THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS

TAX-EXEMPT STATUS.

132054 10-28-21

Schedule D (Form 990) 2021 BREASTCANCER.ORG	23-3082851 Page 5
Schedule D (Form 990) 2021 BREASTCANCER.ORG Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENTS	-93,654.
DADE VIT I THE 2D OFFED ADTHCHMENTS.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS	93,654.
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury Internal Revenue Service	Sol y							Open to Public Inspection	
							entification number		
Part I Fundrais									
required to	complete this par	t.							
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a 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? 									
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursua organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e	
(i) Name and address of individual (vi) Amount paid					(vi) Amount paid to (or retained by) organization				
			Yes	No					
		n is registered or licensed to solicit c		utions	or has been notified	it is (exempt from re	egistration	
or licensing.									
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990) 2021									

23-3082851 Page 2 BREASTCANCER.ORG Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through MAY 22 EVENTGARDEN EVENT col. (c)) (event type) (event type) (total number) Revenue 286,614. 55,869. 342,483. Gross receipts 1 277,914. 55,869. 333,783. 2 Less: Contributions 8,700. 8,700. Gross income (line 1 minus line 2) 3 4 Cash prizes Noncash prizes 5 Direct Expense: 57,678. 57,678. Rent/facility costs 6 3,174. 3,174. 7 Food and beverages 22,795. 22,795. 8 Entertainment 9,037. 970. 10,007. Other direct expenses 9 93,654. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► -84,954. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990) 2021 132082 10-21-21

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Sch	edule G (Form 990) 2021	BREASTCANCER.ORG	23-3082851 Page 3
11	Does the organization conduct g	aming activities with nonmembers?	Yes No
12	Is the organization a grantor, ber	neficiary or trustee of a trust, or a member of a partnership or other entity formed	
13	Indicate the percentage of gamir		
а	The organization's facility		<u>13a</u> %
14	Enter the name and address of t	he person who prepares the organization's gaming/special events books and rec	cords:
	Name		
	Address ►		
15a	Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue?	Yes No
b		ning revenue received by the organization \blacktriangleright \$ and the a ne third party \blacktriangleright \$	amount
с	If "Yes," enter name and address		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name 🕨		
	Gaming manager compensation	► \$	
	Description of services provided	▶	
	Director/officer	Employee Independent contractor	
17			
а		er state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?		
a	organization's own exempt activ	s required under state law to be distributed to other exempt organizations or specifies during the tax year	int in the
Ра	rt IV Supplemental Info	rmation. Provide the explanations required by Part I, line 2b, columns (iii) and as applicable. Also provide any additional information. See instructions.	(v); and Part III, lines 9, 9b, 10b,
	····, ···, ···, ···, ·		
13208	33 10-21-21	34	Schedule G (Form 990) 2021

Schedule G	G (Form 990) BREASTCANCER.ORG	23-3082851 Page 4
Part IV	BREASTCANCER.ORG Supplemental Information (continued)	
		Cohedula O /Faun 000
		Schedule G (Form 990)

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SCI	HEDULE J	Compens	ation Information	1	OMB No. 1	1545-004	47	
(Foi	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Depar	tment of the Treasury		Open to Public Inspection					
Interna	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organizatior			Employer ic			mber	
De		BREASTCANCER.ORG		23-3	08285	L		
Pa		s Regarding Compensation						
4			Cherry College in the second	000		Yes	No	
а			of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any releve						
	First-class or c		Housing allowance or residence for perso					
	Travel for com	ation and gross-up payments	Payments for business use of personal re Health or social club dues or initiation fee					
		• • • •						
		pending account	Personal services (such as maid, chauffe	ir, chei)				
h	If any of the bayes	on line 1a are checked, did the organization	follow a written policy recording poyment or					
a	,				16			
0			ove? If "No," complete Part III to explain		<u>1b</u>			
			or allowing expenses incurred by all directors, arding the items checked on line 1a?		2			
	trustees, and onice	s, including the CEO/Executive Director, reg			🗲			
3	Indicate which if ar	w, of the following the organization used to	establish the compensation of the organization's					
U			boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but expl	, ,	51110				
	X Compensation	· · ·	X Written employment contract					
		ompensation consultant	X Compensation survey or study					
	X Form 990 of o	•	X Approval by the board or compensation of	ommittee				
				ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Sec	ction A, line 1a, with respect to the filing					
	organization or a re	• •						
а	Receive a severanc	e payment or change-of-control payment?			. 4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualif	ied retirement plan?		4b		X	
с	Participate in or rec	eive payment from an equity-based compens			4.		X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the app						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatic	n				
	contingent on the re	evenues of:						
а	The organization?				. 5a		X	
b	Any related organiz	ation?			. 5b		X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	n				
	contingent on the n	et earnings of:						
а	The organization?				. 6a		X	
							X	
		r 6b, describe in Part III.						
			the organization provide any nonfixed payments					
					7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accru	ed pursuant to a contract that was subject to the	ıe				
	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, d	d the organization also follow the rebuttable	presumption procedure described in					
	Regulations section	53.4958-6(c)?		<u></u>	9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions f	or Form 990.	Schedu	ule J (Forn	n 990)) 2021	

132111 11-02-21

Schedule J (Form 990) 2021

BREASTCANCER.ORG

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) HOPE WOHL, MBA	(i)	256,174.	0.	0.	5,123.	8,954.	270,251.	0.	
CEO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARISA WEISS, M.D.	(i)	259,027.	0.	0.	5,181.	3,238.	267,446.	0.	
PRESIDENT/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LISA KLINE	(i)	219,354.	0.	0.	4,387.	2,742.	226,483.	0.	
VP COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) RITA LUSEN	(i)	209,425.	0.	0.	4,188.	2,618.	216,231.	0.	
VP OF PARTNERSHIP & DEVELO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) PATTY EVANS	(i)	190,502.	0.	0.	3,810.	2,381.	196,693.	0.	
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Page 2

23-3082851

Schedul	<u>e</u> J (Form 990) 2021	BREASTCANCER.ORG	23-3082851	Page 3

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.

Schedule J (Form 990) 2021

	Nonc	ash Contri	ibutions		OMB No. 1			
			ganizations answered "Yes" on Form 990, Part IV, lines 29 or 30.					
partment of the Treasury ernal Revenue Service	Attach to Form 99					Open to Public Inspection		
ame of the organizatior		/Form990 to	r instructions and	the latest information.	Employ	er identificatio		
and of the organization	BREASTCANCE	R. ORG				23-3082		
Part I Types of	Property					25 50020	0.01	
		(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		od of determin contribution ar	•	
	sures							
	rests							
	tions							
	ehold goods							
	licles							
	у		-					
	y traded		6	62,782.	μ.WΛ			
	held stock							
Securities - Partner	ship, LLC, or							
	aneous							
3 Qualified conserva								
Historic structures								
	tion contribution - Other $_{\dots}$							
	ential							
	nercial							
	supplies							
	าร							
Archeological artifa	acts							
5 Other 🕨 ()							
6 Other ► ()							
7 Other 🕨 ()							
B Other ▶ ()							
	3283 received by the organ							
for which the orga	nization completed Form 8	283, Part V, D	onee Acknowledg	ement 29				
							Yes	
	-	-	•••••	orted in Part I, lines 1 throug				
				which isn't required to be us				
	or the entire holding period	d?				<u>30a</u>		
·	he arrangement in Part II.							
-			-	of any nonstandard contribut	tions?	31		
-	-		-	cit, process, or sell noncash				
contributions?						32a		
b If "Yes," describe i								
	didn't report an amount in	column (c) fo	r a type of property	r for which column (a) is cheo	cked,			
describe in Part II.								

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Schedule M (Form 990) 2021 BREASTCANCER.ORG

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

SCHEDULE M, PART I, COLUMN (B):

THE FIGURE IN THIS COLUMN IS THE NUMBER OF DONORS

Schedule M (Form 990) 2021

132142 11-17-21

23-3082851

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 23-3082851 BREASTCANCER.ORG FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WHO CAN'T WAIT FOR A CURE. THEY HAVE BREAST CANCER NOW, AND WE REACH THEM WITH THE INFORMATION AND SUPPORT THEY NEED IN CRITICAL WHEN THEY NEED THESE RESOURCES MOST. DECISION-MAKING MOMENTS, FOR THE YEAR ENDED MAY 31, 2022, BREASTCANCER.ORG'S MEDICALLY VETTED CORE CONTENT PAGES WERE VIEWED BY 16.3 MILLION USERS OVER 21.3 MILLION SESSIONS. WITH EXTENSIVE, EXPERT-VETTED CORE CONTENT, BREASTCANCER.ORG HELPS PEOPLE AFFECTED BY BREAST CANCER OBTAIN THE INFORMATION THEY NEED TO HELP THEM MAKE CRITICAL MEDICAL DECISIONS AND ACHIEVE THEIR BEST

HEALTH OUTCOMES. THIS INCLUDES INFORMATION ON DIAGNOSIS, TREATMENT

OPTIONS AND SIDE EFFECT MANAGEMENT, DAY-TO-DAY MATTERS, PSYCHOSOCIAL

ISSUES, AND RISK REDUCTION. BREASTCANCER.ORG PUBLISHES WRITTEN CONTENT,

VIDEOS, SPECIAL REPORTS, WEBINARS, AND PODCASTS. BREASTCANCER.ORG

PROVIDES A PERSONALIZATION TOOL WHERE USERS CAN CREATE AN INDIVIDUAL

PROFILE THAT MATCHES THEM WITH CONTENT THAT IS MOST RELEVANT TO THEIR

DIAGNOSIS, TREATMENT, AND PREFERENCES. THIS INFORMS THE DECISIONS THEY

CAN MAKE WITH THEIR HEALTHCARE PROVIDERS.

BREASTCANCER.ORG CREATED A VARIETY OF RESOURCES AND TOOLS TO ASSIST

PEOPLE WITH BREAST CANCER DURING THE COVID-19 PANDEMIC. AS ALL THE

RESOURCES BREASTCANCER.ORG PROVIDES ARE DIGITAL, ACCESS TO THEM WAS

UNINTERRUPTED DURING THE PANDEMIC

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN ADDITION TO THE PROGRAMS OFFERED ON OUR OWN DIGITAL PROPERTIES,

BREASTCANCER.ORG ALSO CONDUCTS EDUCATIONAL OUTREACH THROUGH 1)

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

Schedule O (Form 990) 2021	Page 2				
Name of the organization BREASTCANCER • ORG	Employer identification number 23-3082851				
PARTICIPATION IN CONFERENCES, SUCH AS THE SAN ANTONIO BREA	ST CANCER				
SYMPOSIUM, 2) A VARIETY OF SPEAKING ENGAGEMENTS NATIONWIDE	3)				
DISTRIBUTION OF INFORMATIONAL BOOKLETS AND 4) PARTICIPATIO	N ON SOCIAL				
MEDIA PLATFORMS SUCH AS FACEBOOK AND INSTAGRAM.					
EXPENSES \$ 2,217,849. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 836,955.				
FORM 990, PART VI, SECTION A, LINE 1A:					
THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD WHICH SHALL HAVE THE					
POWER TO TRANSACT ALL REGULAR BUSINESS OF THE BOARD DURING	THE PERIODS				
BETWEEN THE MEETINGS OF THE BOARD, EXCEPT THAT IT SHALL NO	T ALTER				
FUNDAMENTAL POLICIES OF THE BOARD OR EXERCISE POWERS WHICH	ARE EXPRESSLY				
RESERVED TO THE BOARD BY THE BYLAWS OR BY THE BOARD. ALL A	CTIONS TAKEN BY				
THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT	ITS NEXT MEETING.				
THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRPERSON O	F THE BOARD AND				
THE PRESIDENT, TOGETHER WITH THE CHAIRPERSONS OF THE REVEN	UE COMMITTEE, THE				
GOVERNANCE COMMITTEE, FINANCE AND COMPENSATION COMMITTEE A	ND THE STRATEGY				
COMMITTEE. THE CHAIRPERSON OF THE BOARD SHALL SERVE AS CHA	IRPERSON OF THE				
EXECUTIVE COMMITTEE.					

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO BEING FILED. IN ADDITION, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 VIA EMAIL PRIOR TO THE FORM BEING FILED.

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

THE CEO AND VP OF FINANCE REVIEW THE CONFLICT OF INTEREST STATEMENTS THAT 132212 11-11-21 Schedule O (Form 990) 2021 42

Schedule O (Form 990) 2021	Page 2		
Name of the organization BREASTCANCER • ORG	Employer identification number 23-3082851		
DITING LEVICEN ONG	25 5002051		
ARE REQUIRED TO BE SUBMITTED ANNUALLY. IN ADDITION, THE PO	LICY INCLUDES A		
DUTY TO TIMELY DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE.	ANY POTENTIAL		

CONFLICTS IN THESE STATEMENTS ARE FOLLOWED UP ON AND APPROPRIATE ACTION IS

TAKEN, AS NEEDED, TO RESOLVE THE CONFLICT. CONFLICT OF INTEREST STATEMENTS

ARE REQUIRED FOR ALL MEMBERS OF THE BOARD OF DIRECTORS, ANY NON-BOARD

COMMITTEE MEMBERS AND SENIOR MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS, MEETS REGULARLY TO REVIEW THE JOB DESCRIPTIONS, PERFORMANCE AND COMPENSATION OF SENIOR EXECUTIVES, INCLUDING THE PRESIDENT AND CEO. THE COMMITTEE REVIEWS BENCHMARK DATA, INCLUDING SALARIES REPORTED BY OTHER SIMILAR ORGANIZATIONS AND INDUSTRY COMPENSATION STUDIES AS PART OF ITS PROCESS. AFTER REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE, THE FINANCE COMMITTEE ALSO REVIEWS THE COMPENSATION WHEN APPROVING THE ANNUAL BUDGET. A FULL BOARD VOTE IS REQUIRED TO APPROVE THE ANNUAL BUDGET. THE DELIBERATION AND FINAL DETERMINATIONS ARE TIMELY DOCUMENTED.

FORM 990, PART VI, SECTION B, LINE 15B:

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE CEO AND APPROVED BY THE FINANCE AND COMPENSATION COMMITTEE AS PART OF THE ANNUAL BUDGET; FOR KEY EMPLOYEES THE VP FINANCE ALSO REVIEWS THE COMPENSATION. THE ORGANIZATION UTILIZES JOB DESCRIPTIONS AND PERFORMANCE REVIEWS FOR EACH EMPLOYEE ALONG WITH BENCHMARK COMPENSATION INFORMATION, INCLUDING SALARIES REPORTED BY OTHER SIMILAR ORGANIZATIONS AND INDUSTRY COMPENSATION STUDIES AS PART OF ITS PROCESS. AFTER REVIEW AND APPROVAL BY THE COMMITTEE, A FULL BOARD VOTE IS REQUIRED TO APPROVE THE ANNUAL BUDGET. THE DELIBERATION AND FINAL DETERMINATIONS ARE TIMELY DOCUMENTED. Schedule O (Form 990) 2021 132212 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
BREASTCANCER.ORG	23-3082851

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ,NM NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE

AND TO GUIDESTAR.COM. THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF

INTEREST POLICY AND GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,664,716.

PART XII, LINE 2C.

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

132212 11-11-21

1,656,393.

0.

8,323.

1,664,716.