

# Return of Organization Exempt From Income Tax

**2017**

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

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>NATIONAL BREAST CANCER FOUNDATION, INC.<br>Doing business as |  |   | <b>D</b> Employer identification number<br>75-2391148 |  |
|   | Number and street (or P.O. box if mail is not delivered to street address)                    |  | Room/suite  | <b>E</b> Telephone number<br>(972) 248-9200           |  |
|   | 2600 NETWORK BLVD STE. 300  |  |   |   |  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>FRISCO, TX 75034  |  |   | <b>G</b> Gross receipts \$ <u>14,895,209.</u>         |  |
| <b>F</b> Name and address of principal officer: REBECCA BUELL<br>2600 NETWORK BLVD STE. 300 FRISCO, TX 75034  |   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |   |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |  | <b>H(c)</b> Group exemption number ▶  |   |  |
| <b>J</b> Website: ▶ WWW.NBCF.ORG  |   |  |   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   |  | <b>L</b> Year of formation: 1991 <b>M</b> State of legal domicile: TX   |   |  |

**Part I Summary**

|                                    |   |   |                                  |                     |
|------------------------------------|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | 1 Briefly describe the organization's mission or most significant activities: <u>HELPING WOMEN NOW. TO PROVIDE HELP AND INSPIRE HOPE TO THOSE AFFECTED BY BREAST CANCER THROUGH EARLY DETECTION, EDUCATION, AND SUPPORT SERVICES.</u> |   |                                  |                     |
|                                    | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                                  |                     |
|                                    | 3   | Number of voting members of the governing body (Part VI, line 1a)                 | 3 6.                             |                     |
|                                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b)     | 4 5.                             |                     |
|                                    | 5   | Total number of individuals employed in calendar year 2017 (Part V, line 2a)      | 5 61.                            |                     |
|                                    | 6   | Total number of volunteers (estimate if necessary)                                | 6 4,662.                         |                     |
|                                    | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12              | 7a 0.                            |                     |
|                                    | b Net unrelated business taxable income from Form 990-T, line 34  | 7b 2,450.   |                                  |                     |
| <b>Revenue</b>                     |   |   | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | 8   | Contributions and grants (Part VIII, line 1h)                                     | 12,492,893.                      | 14,697,817.         |
|                                    | 9   | Program service revenue (Part VIII, line 2g)                                      | 0.                               | 0.                  |
|                                    | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 99,855.                          | 96,899.             |
|                                    | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -194,603.                        | 49,523.             |
|                                    | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 12,398,145.   | 14,844,239.                      |                     |
| <b>Expenses</b>                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 1,936,273.                       | 2,058,104.          |
|                                    | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                     | 0.                               | 0.                  |
|                                    | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,972,974.                       | 4,044,156.          |
|                                    | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)                     | 317,112.                         | 0.                  |
|                                    |   | b Total fundraising expenses (Part IX, column (D), line 25) ▶                     | 1,444,720.                       |                     |
|                                    | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 6,081,144.                       | 9,771,525.          |
|                                    | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 12,307,503.                      | 15,873,785.         |
|                                    | 19 Revenue less expenses. Subtract line 18 from line 12   | 90,642.   | -1,029,546.                      |                     |
| <b>Net Assets or Fund Balances</b> |   |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | 20  | Total assets (Part X, line 16)  | 8,106,850.                       | 6,703,152.          |
|                                    | 21  | Total liabilities (Part X, line 26)   | 1,807,484.                       | 1,412,154.          |
|                                    | 22 Net assets or fund balances. Subtract line 21 from line 20   | 6,299,366.  | 5,290,998.                       |                     |

**Part II Signature Block**

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

|                  |   |  |                    |
|------------------|---|--|--------------------|
| <b>Sign Here</b> |   |  | 03/30/2019<br>Date |
|                  | REBECCA BUELL CFO<br>Type or print name and title |  |                    |

|                               |   |  |                          |                 |  |
|-------------------------------|---|--|--------------------------|-----------------|--|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>BRUCE E BERNSTIEN                       |  | Preparer's signature<br> | Date<br>3/29/19 | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN<br>P01424343 |
|                               | Firm's name ▶ BRUCE E BERNSTIEN & ASSOCIATES                          |  |                          |                 | Firm's EIN ▶   |
|                               | Firm's address ▶ 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231 |  |                          |                 | Phone no. 214-706-0840   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NATIONAL BREAST CANCER FOUNDATION'S MISSION IS TO HELP WOMEN NOW BY PROVIDING HELP AND INSPIRING HOPE TO THOSE AFFECTED BY BREAST CANCER THROUGH EARLY DETECTION, EDUCATION AND SUPPORT SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 2,945,658. including grants of \$ 1,120,000. ) (Revenue \$ ) NBCF PARTNERS WITH MEDICAL FACILITIES ACROSS THE COUNTRY TO PROVIDE SCREENING, DIAGNOSTIC, AND PATIENT NAVIGATION SERVICES. ALL OF THE PARTNER MEDICAL FACILITIES ARE COMMITTED TO PROVIDING PATIENTS WITH THE CARE THEY NEED FROM THEIR DIAGNOSIS THROUGH SURVIVORSHIP. THE PATIENT NAVIGATORS GUIDE PATIENTS THROUGH AND AROUND THE BARRIERS OF COST, FEAR, AND MISINFORMATION IN THE COMPLEX CANCER CARE SYSTEM, DELIVERING TIMELY DIAGNOSIS, TREATMENT, AND SUPPORT. NBCF HAS A MEDICAL FACILITY NETWORK OF 85 PARTNERS, AND THIS YEAR 89,148 SERVICES WERE PROVIDED THROUGH 26 OF THOSE PARTNERS. (CONTINUED IN SCHEDULE O, PAGE 2)

4b (Code: ) (Expenses \$ 9,321,859. including grants of \$ 528,104. ) (Revenue \$ 350. ) NBCF DESIGNED AND DELIVERED EDUCATIONAL AND AWARENESS MATERIALS UTILIZED BY OVER 83,441,261 BREAST CANCER PATIENTS AND SUPPORTERS. ONE OF THE MAIN RESOURCES, BEYOND THE SHOCK, IS A FREE AND COMPREHENSIVE ONLINE GUIDE TO UNDERSTANDING BREAST CANCER AND HELPS THOSE DIAGNOSED WITH BREAST CANCER TO BETTER UNDERSTAND THE DISEASE. NBCF ALSO PARTNERS WITH CONVOY OF HOPE TO PROVIDE VITAL BREAST HEALTH EDUCATION TO COMMUNITIES IN NEED. THESE OUTREACHES REPRESENT ONE VERY VITAL PART OF NBCF'S LARGER COMMITMENT TO ADVANCING BREAST HEALTH EDUCATION ACROSS THE COUNTRY. (CONTINUED IN SCHEDULE O, PAGE 2)

4c (Code: ) (Expenses \$ 1,085,823. including grants of \$ 410,000. ) (Revenue \$ ) NBCF IS INVESTING IN A HIGHLY TARGETED BREAST CANCER RESEARCH EFFORT THROUGH MD ANDERSON'S MOON SHOTS PROGRAM. THE TEAM, LED BY DR. MIEN-CHIE HUNG, IS FOCUSED ON IDENTIFYING PERSONALIZED TREATMENT OPTIONS FOR PATIENTS WITH TRIPLE-NEGATIVE BREAST CANCER (TNBC), A LESS COMMON, BUT MORE AGGRESSIVE FORM OF THE DISEASE.

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

4e Total program service expenses 13,353,340.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>   |     | X  |
| 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>   |     | 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? <i>If "Yes," complete Schedule D, Part I.</i>  |     | 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? <i>If "Yes," complete Schedule D, Part II.</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IV.</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>   | X   |    |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>   | X   |    |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>   |     | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   |     | 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>  |     | 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? <i>If "Yes," complete Schedule G, Part II.</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>   | X   |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>   | 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? <i>If "Yes," complete Schedule J.</i>  | X   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>                                 |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>  | X   |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  |     | 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? <i>If "Yes," complete Schedule R, Part I.</i>  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KIMBERLY GRIMES 2600 NETWORK BLVD STE. 300 FRISCO, TX 75034 972-248-9200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JANELLE HAIL<br>CEO / CHAIRMAN OF BOD | 40.00<br>0.  | X  |                       | X       |              |                              |        | 218,329.   | 0.  | 47,084.   |
| (2) STEVE ENGLE<br>DIRECTOR               | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) GABRIELA BARBARENA<br>DIRECTOR        | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) LANCE HAMILTON<br>TREASURER OF BOD    | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) HAL DONALDSON<br>DIRECTOR             | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) KEN RAMIREZ<br>DIRECTOR               | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) KEVIN HAIL<br>COO / PRESIDENT         | 40.00<br>0.  |  |                       | X       |              |                              |        | 195,020.   | 0.  | 51,788.   |
| (8) JOHN REECE<br>CFO / CSO               | 40.00<br>0.  |  |                       | X       |              |                              |        | 172,900.   | 0.  | 55,926.   |
| (9) DOUGLAS FEIL<br>VP, PROGRAMS          | 40.00<br>0.  |  |                       |         |              | X                            |        | 110,771.   | 0.  | 42,994.   |
| (10) CAMILLA PAYNE<br>VP, MARKETING       | 40.00<br>0.  |  |                       |         |              | X                            |        | 107,457.   | 0.  | 37,917.   |
| (11)                                      |  |  |                       |         |              |                              |        |  |   |   |
| (12)                                      |  |  |                       |         |              |                              |        |  |   |   |
| (13)                                      |  |  |                       |         |              |                              |        |  |   |   |
| (14)                                      |  |  |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |

|  |          |    |          |
|--|----------|----|----------|
| <b>1b Sub-total</b>  | 804,477. | 0. | 235,709. |
| <b>c Total from continuation sheets to Part VII, Section A</b> | 0.       | 0. | 0.       |
| <b>d Total (add lines 1b and 1c)</b>                           | 804,477. | 0. | 235,709. |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|--|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |  |   |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |  |   |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            | 77,090.  |   |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>            |  |   |  |
|  | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>            |  |   |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .  | <b>1f</b>            | 14,620,727.  |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .  |                      | 7,560,009.   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 14,697,817.  |   |  |
| <b>Program Service Revenue</b>   | <b>2a</b> _____   | <b>Business Code</b> |  |   |  |
|  | <b>b</b> _____  |                      |  |   |  |
|  | <b>c</b> _____  |                      |  |   |  |
|  | <b>d</b> _____  |                      |  |   |  |
|  | <b>e</b> _____  |                      |  |   |  |
|  | <b>f</b> All other program service revenue . . . . .  |                      |  |   |  |
|  | <b>g Total.</b> Add lines 2a-2f . . . . .   |                      | 0.   |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . .   |                      | 103,367.   |   | 103,367.   |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |                      | 0.   |   |  |
|  | <b>5</b> Royalties . . . . .  |                      | 0.   |   |  |
|  |   | (i) Real             | (ii) Personal                                      |   |  |
|  | <b>6a</b> Gross rents . . . . .   |                      |  |   |  |
|  | <b>b</b> Less: rental expenses . . . . .  |                      |  |   |  |
|  | <b>c</b> Rental income or (loss) . . . . .  |                      |  |   |  |
|  | <b>d</b> Net rental income or (loss). . . . .   |                      |  | 0.                                      |  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .   | (i) Securities       | (ii) Other   |   |  |
|  |   | -6,468.              |  |   |  |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .  |                      |  |   |  |
|  | <b>c</b> Gain or (loss) . . . . .   | -6,468.              |  |   |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |                      |  | -6,468.                                 | -6,468.  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ 77,090.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                      | ATCH 3<br>25,135.                                  |   |  |
|  | <b>b</b> Less: direct expenses . . . . .  |                      | 50,970.  |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |   | ATCH 4               | -25,835.   | -25,835.                                |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . |   |                      |  |   |  |
| <b>b</b> Less: direct expenses . . . . .   |   |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                   |   |                      | 0.   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    |   |                      |  |   |  |
| <b>b</b> Less: cost of goods sold . . . . .                                      |   |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                  |   |                      | 350.   | 350.                                    |  |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b> |  |   |  |
| <b>11a</b> GRANTS REFUNDED . . . . .   |   |                      | 75,008.  |   | 75,008.  |
| <b>b</b> _____   |   |                      |  |   |  |
| <b>c</b> _____   |   |                      |  |   |  |
| <b>d</b> All other revenue . . . . .   |   |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |   |                      | 75,008.  |   |  |
| <b>12 Total revenue.</b> See instructions. . . . .                               |   |                      | 14,844,239.  | 350.                                    | 146,072.   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 1,926,001.            | 1,926,001.                      |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 132,103.              | 132,103.                        |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 694,809.              | 559,683.                        | 62,821.                                | 72,305.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 2,433,284.            | 1,448,137.                      | 484,501.                               | 500,646.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 71,050.               | 41,780.                         | 14,548.                                | 14,722.                     |
| 9 Other employee benefits . . . . .   | 614,396.              | 367,987.                        | 114,930.                               | 131,479.                    |
| 10 Payroll taxes . . . . .  | 230,617.              | 140,386.                        | 47,005.                                | 43,226.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management . . . . .  | 0.                    |                                 |  |                             |
| b Legal . . . . .   | 14,461.               | 4,420.                          | 3,625.                                 | 6,416.                      |
| c Accounting . . . . .  | 20,956.               |                                 | 20,956.                                |                             |
| d Lobbying . . . . .  | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.  | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .  | 24,839.               |                                 | 27,162.                                | -2,323.                     |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 77,241.               | 14,596.                         | 5,780.                                 | 56,865.                     |
| 12 Advertising and promotion . . . . .  | 7,680,115.            | 7,623,416.                      | 2,907.                                 | 53,792.                     |
| 13 Office expenses . . . . .  | 274,617.              | 177,275.                        | 42,232.                                | 55,110.                     |
| 14 Information technology . . . . .   | 606,141.              | 267,469.                        | 62,546.                                | 276,126.                    |
| 15 Royalties . . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .  | 541,631.              | 344,256.                        | 79,911.                                | 117,464.                    |
| 17 Travel . . . . .   | 80,194.               | 53,465.                         | 4,455.                                 | 22,274.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 17,220.               | 10,561.                         | 3,792.                                 | 2,867.                      |
| 20 Interest . . . . .   | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 205,380.              | 91,402.                         | 59,628.                                | 54,350.                     |
| 23 Insurance . . . . .  | 38,037.               | 26,660.                         | 5,926.                                 | 5,451.                      |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| a GIK EVENT   | 60,495.               | 51,263.                         | 631.                                   | 8,601.                      |
| b EVENT EXPENSE   | 55,050.               | 54,319.                         | 508.                                   | 223.                        |
| c OTHER   | 75,148.               | 18,161.                         | 31,861.                                | 25,126.                     |
| d   |                       |                                 |  |                             |
| e All other expenses  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 15,873,785.           | 13,353,340.                     | 1,075,725.                             | 1,444,720.                  |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year  |
|--|--|--------------------------|------------|---------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing   | 2,403,883.               | <b>1</b>   | 1,086,993.          |
|  | <b>2</b> Savings and temporary cash investments  | 14,001.                  | <b>2</b>   | 0.                  |
|  | <b>3</b> Pledges and grants receivable, net  | 0.                       | <b>3</b>   | 0.                  |
|  | <b>4</b> Accounts receivable, net  | 1,248,048.               | <b>4</b>   | 1,203,224.          |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                       | <b>5</b>   | 0.                  |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0.                       | <b>6</b>   | 0.                  |
|  | <b>7</b> Notes and loans receivable, net   | 0.                       | <b>7</b>   | 0.                  |
|  | <b>8</b> Inventories for sale or use   | 149,735.                 | <b>8</b>   | 240,334.            |
|  | <b>9</b> Prepaid expenses and deferred charges   | 163,079.                 | <b>9</b>   | 168,504.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 2,105,553.    |            |                     |
|  | <b>b</b> Less: accumulated depreciation.   | <b>10b</b> 1,751,652.    | 496,696.   | <b>10c</b> 353,901. |
|  | <b>11</b> Investments - publicly traded securities   | 0.                       | <b>11</b>  | 0.                  |
|  | <b>12</b> Investments - other securities. See Part IV, line 11   | 3,362,228.               | <b>12</b>  | 3,643,342.          |
|  | <b>13</b> Investments - program-related. See Part IV, line 11  | 0.                       | <b>13</b>  | 0.                  |
|  | <b>14</b> Intangible assets  | 0.                       | <b>14</b>  | 0.                  |
|  | <b>15</b> Other assets. See Part IV, line 11   | 269,180.                 | <b>15</b>  | 6,854.              |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 8,106,850.   | <b>16</b>                | 6,703,152. |                     |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  | 423,857.                 | <b>17</b>  | 195,069.            |
|  | <b>18</b> Grants payable   | 1,189,000.               | <b>18</b>  | 1,042,778.          |
|  | <b>19</b> Deferred revenue   | 0.                       | <b>19</b>  | 0.                  |
|  | <b>20</b> Tax-exempt bond liabilities  | 0.                       | <b>20</b>  | 0.                  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                       | <b>21</b>  | 0.                  |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0.                       | <b>22</b>  | 0.                  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0.                       | <b>23</b>  | 0.                  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                       | <b>24</b>  | 0.                  |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 194,627.                 | <b>25</b>  | 174,307.            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25  | 1,807,484.               | <b>26</b>  | 1,412,154.          |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                     |
|  | <b>27</b> Unrestricted net assets  | 5,372,391.               | <b>27</b>  | 4,613,367.          |
|  | <b>28</b> Temporarily restricted net assets  | 926,975.                 | <b>28</b>  | 677,631.            |
|  | <b>29</b> Permanently restricted net assets  | 0.                       | <b>29</b>  | 0.                  |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                     |
|  | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>  |                     |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>  |                     |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>  |                     |
| <b>33</b> <b>Total net assets or fund balances</b>                         | 6,299,366.   | <b>33</b>                | 5,290,998. |                     |
| <b>34</b> <b>Total liabilities and net assets/fund balances.</b>           | 8,106,850.   | <b>34</b>                | 6,703,152. |                     |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 14,844,239. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 15,873,785. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -1,029,546. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 6,299,366.  |
| 5  | Net unrealized gains (losses) on investments   | 5  | 21,178.     |
| 6  | Donated services and use of facilities   | 6  | 0.          |
| 7  | Investment expenses  | 7  | 0.          |
| 8  | Prior period adjustments   | 8  | 0.          |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,290,998.  |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .
  - g Provide the following information about the supported organization(s).

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2013    | (b) 2014    | (c) 2015    | (d) 2016    | (e) 2017    | (f) Total   |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 10,796,673. | 13,660,532. | 10,296,924. | 12,495,143. | 14,697,817. | 61,947,089. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             | 0.          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             | 0.          |
| 4 Total. Add lines 1 through 3 . . . . .   | 10,796,673. | 13,660,532. | 10,296,924. | 12,495,143. | 14,697,817. | 61,947,089. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |             |             |             |             |             | 2,988,721.  |
| 6 Public support. Subtract line 5 from line 4  |             |             |             |             |             | 58,958,368. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2013    | (b) 2014    | (c) 2015    | (d) 2016    | (e) 2017    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4. . . . .   | 10,796,673. | 13,660,532. | 10,296,924. | 12,495,143. | 14,697,817. | 61,947,089.              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 149,994.    | 63,230.     | 122,308.    | 99,703.     | 103,367.    | 538,602.                 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |             |             |             |             |             | 0.                       |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1 . . . . .   | 369.        | 31,261.     | 40,273.     | 45,279.     | 75,358.     | 192,540.                 |
| 11 Total support. Add lines 7 through 10 . . . . .   |             |             |             |             |             | 62,678,231.              |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .   |             |             |             | 12          |             | 17,076.                  |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |             |             |             |             |             | <input type="checkbox"/> |

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

|  |    |                                     |
|--|----|-------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .   | 14 | 94.07%                              |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .  | 15 | 91.07%                              |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .  |    | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .  |    | <input type="checkbox"/>            |
| 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .     |    | <input type="checkbox"/>            |
| b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |    | <input type="checkbox"/>            |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |    | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                     |          |          |          |          |          |           |
| c Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| 8 Public support. (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . . .  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .       |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

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

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

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . . | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .                     | 16 | % |

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

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |   |    |  |
|---|---|----|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |    |  |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |    |  |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |    |  |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |    |  |
| 2 | Activities Test. Answer (a) and (b) below.  |    |  |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. | 2a |  |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |  |
| 3 | Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.  | 3a |  |
| 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.   | 3b |  |

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

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

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

| Section B - Minimum Asset Amount  |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |   |                |                             |
| a   | Average monthly value of securities   | 1a             |                             |
| b   | Average monthly cash balances   | 1b             |                             |
| c   | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d   | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e   | <b>Discount</b> claimed for blockage or other factors (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 1-1/2% 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 .035.  | 6              |                             |
| 7   | Recoveries of prior-year distributions  | 7              |                             |
| 8   | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1.  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4                         | Amounts paid to acquire exempt-use assets  |              |
| 5                         | Qualified set-aside amounts (prior IRS approval required)  |              |
| 6                         | Other distributions (describe in Part VI). See instructions.   |              |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9                         | Distributable amount for 2017 from Section C, line 6   |              |
| 10                        | Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2017   |                             |  |   |
| a   |   |                             |  |   |
| b   | From 2013 . . . . .   |                             |  |   |
| c   | From 2014 . . . . .   |                             |  |   |
| d   | From 2015 . . . . .   |                             |  |   |
| e   | From 2016 . . . . .   |                             |  |   |
| f   | <b>Total of lines 3a through e</b>  |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2017 distributable amount  |                             |  |   |
| i   | Carryover from 2012 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4   | Distributions for 2017 from Section D, line 7: \$   |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2017 distributable amount  |                             |  |   |
| c   | Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   | Excess from 2013 . . . . .  |                             |  |   |
| b   | Excess from 2014 . . . . .  |                             |  |   |
| c   | Excess from 2015 . . . . .  |                             |  |   |
| d   | Excess from 2016 . . . . .  |                             |  |   |
| e   | Excess from 2017 . . . . .  |                             |  |   |

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION       | 2013        | 2014           | 2015           | 2016           | 2017           | TOTAL           |
|-------------------|-------------|----------------|----------------|----------------|----------------|-----------------|
| SALE OF INVENTORY | 369.        | 1,720.         | 4,187.         | 1,811.         | 350.           | 8,437.          |
| GRANTS REFUNDED   |             | 29,541.        | 36,086.        | 43,468.        | 75,008.        | 184,103.        |
| <b>TOTALS</b>     | <u>369.</u> | <u>31,261.</u> | <u>40,273.</u> | <u>45,279.</u> | <u>75,358.</u> | <u>192,540.</u> |

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |   |
|--|---|
| <b>Name of the organization</b><br>NATIONAL BREAST CANCER FOUNDATION, INC. | <b>Employer identification number</b><br>75-2391148 |
|--|---|

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(<sup>3</sup>) (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**

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 or 990-EZ), 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, II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number  
75-2391148

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 951,536.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 334,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          |                                   | \$ 350,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          |                                   | \$ 5,932,040.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 333,001.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 300,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **NATIONAL BREAST CANCER FOUNDATION, INC.**

Employer identification number  
75-2391148

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 375,952.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number  
75-2391148

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

| (a) No. from Part I | (b) Description of noncash property given      | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|--|---|-------------------|
| 1                   | NONFINANCIAL ASSETS<br>_____<br>_____<br>_____ | \$ 951,536.                               | VAR               |
|                     |  |   |                   |
| 4                   | NONFINANCIAL ASSETS<br>_____<br>_____<br>_____ | \$ 5,932,040.                             | VAR               |
|                     |  |   |                   |
| 5                   | NONFINANCIAL ASSETS<br>_____<br>_____<br>_____ | \$ 333,001.                               | VAR               |
|                     |  |   |                   |
|                     | _____<br>_____<br>_____                        | \$ _____                                  | _____             |
|                     | _____<br>_____<br>_____                        | \$ _____                                  | _____             |
|                     | _____<br>_____<br>_____                        | \$ _____                                  | _____             |
|                     | _____<br>_____<br>_____                        | \$ _____                                  | _____             |



|  |  |
|--|--|
| Name of organization NATIONAL BREAST CANCER FOUNDATION, INC. | Employer identification number<br>75-2391148 |
|--|--|

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed status.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 887,088.                        | 755,250.                     | 131,838.       |
| d Equipment  |                                      | 627,499.                        | 555,549.                     | 71,950.        |
| e Other  |                                      | 590,966.                        | 440,853.                     | 150,113.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 353,901.       |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                     |                |  |
| (2) Closely-held equity interests . . . . .                             |                |  |
| (3) Other   |                |  |
| (A) LARGE CAP MUTUAL FUNDS  | 1,707,351.     | FMV  |
| (B) EQUITIES & OPTIONS  | 219,538.       | FMV  |
| (C) FIXED INCOME MUTUAL FUNDS   | 1,716,453.     | FMV  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    | 3,643,342.     |  |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability                                      | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) DEFERRED RENT  | 174,307.       |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 174,307.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and amounts. Total revenue is 14,886,990.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and amounts. Total expenses are 15,895,358.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

Large empty table area for providing supplemental information descriptions.

**Part XIII** Supplemental Information (continued)

FIN 48 (ASC-740)

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

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), EXCEPT TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. FOR THE YEARS ENDED JUNE 30, 2018 AND 2017, THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURN AND RECOGNITION OF A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2018 AND 2017, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

OTHER REVENUE INCLUDED ON RETURN, NOT ON BOOKS

FORM 990, SCHEDULE D, PART XI, LINE 4B:

FUNDRAISING EXPENSES \$5,343

**Part XIII** Supplemental Information *(continued)*

---

OTHER EXPENSE INCLUDED ON BOOKS, NOT ON RETURN

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

FUNDRAISING EXPENSES \$5,343

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

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

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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



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

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events                |          |
|-----------------|--|---|--------------|------------------|---------------------------------|----------|
|                 |  | WOMEN OF HOPE   |              |                  | (add col. (a) through col. (c)) |          |
| Revenue         |  | (event type)  | (event type) | (total number)   |                                 |          |
| Revenue         | 1  | Gross receipts . . . . .  | 102,225.     |                  | 0.                              | 102,225. |
|                 | 2  | Less: Contributions . . . . .   | 77,090.      |                  | 0.                              | 77,090.  |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            | 25,135.      |                  | 0.                              | 25,135.  |
| Direct Expenses | 4  | Cash prizes . . . . .   |              |                  | 0.                              |          |
|                 | 5  | Noncash prizes . . . . .  | 16,045.      |                  | 0.                              | 16,045.  |
|                 | 6  | Rent/facility costs . . . . .   | 900.         |                  | 0.                              | 900.     |
|                 | 7  | Food and beverages . . . . .  | 10,944.      |                  | 0.                              | 10,944.  |
|                 | 8  | Entertainment . . . . .   |              |                  | 0.                              |          |
|                 | 9  | Other direct expenses . . . . .   | 23,081.      |                  | 0.                              | 23,081.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  |                                 |          |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |              |                  |                                 | -25,835. |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

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

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

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

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

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

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

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

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance         |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|--|
| (1) CLEVELAND CLINIC<br>9500 EUCLID AVENUE CLEVELAND, OH 44195                                | 34-0714585 | 501 (C) (3)                     | 35,000.                  |                                   |   |  | SCREENING & DIAGNOST<br>PATIENT NAVIGATION |
| (2) FRED HUTCHINSON CANCER RESEARCH CENTER<br>1100 FAIRVIEW AVE N, SEATTLE, WA 98109          | 23-7156071 | 501 (C) (3)                     | 116,238.                 |                                   |   |  | SCREENING & DIAGNOST<br>PATIENT NAVIGATION |
| (3) MAD RIVER COMMUNITY<br>3800 JAMES ROAD ARCATA, CA 95521                                   | 94-1698406 | 501 (C) (3)                     | 20,000.                  |                                   |   |  | SCREENING & DIAGNOST                       |
| (4) NOFFITT CANCER CENTER<br>12902 MAGNOLIA DRIVE TAMPA, FL 33612                             | 59-3238636 | 501 (C) (3)                     | 40,000.                  |                                   |   |  | SCREENING & DIAGNOST                       |
| (5) PARKLAND FOUNDATION<br>2777 N STEMMONS FRY, #1700   | 75-2089180 | 501 (C) (3)                     | 196,900.                 |                                   |   |  | SCREENING & DIAGNOST<br>PATIENT NAVIGATION |
| (6) SWEDISH COVENANT HOSPITAL<br>5145 N. CALIFORNIA AVENUE CHICAGO, IL 60625                  | 36-2179813 | 501 (C) (3)                     | 65,000.                  |                                   |   |  | SCREENING & DIAGNOST                       |
| (7) UNIVERSITY OF TEXAS M. D. ANDERSON CANCER C<br>6900 FANNIN, STE. 6.1000 HOUSTON, TX 77030 | 74-6001118 | 501 (C) (3)                     | 425,000.                 |                                   |   |  | SCREENING & DIAGNOST<br>RESEARCH           |
| (8) WHITE MEMORIAL MEDICAL CENTER<br>1720 CESAR E. CHAVEZ AVE.                                | 95-3760201 | 501 (C) (3)                     | 145,000.                 |                                   |   |  | SCREENING & DIAGNOST                       |
| (9) JOHNS HOPKINS KIMMEL CANCER CENTER<br>1 CHARLES CENTER 100 N. CHARLES ST., STE 23         | 52-0595110 | 501 (C) (3)                     | 166,960.                 |                                   |   |  | PATIENT NAVIGATION &<br>METASTATIC RETREAT |
| (10) MAGEE WOMEN'S FOUNDATION<br>300 HALKET STREET PITTSBURGH, PA 15213                       | 25-1462312 | 501 (C) (3)                     | 35,272.                  |                                   |   |  | PATIENT NAVIGATION                         |
| (11) RALPH LAUREN CENTER<br>1919 MADISON AVENUE NEW YORK, NY 10035                            | 02-0597827 | 501 (C) (3)                     | 50,000.                  |                                   |   |  | PATIENT NAVIGATION                         |
| (12) CONVOY OF HOPE<br>330 S. PATTERSON AVE. SPRINGFIELD, MO 65802                            | 68-0051386 | 501 (C) (3)                     | 396,000.                 |                                   |   |  | BREAST HEALTH EDUCAT                       |

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL BREAST CANCER FOUNDATION, INC.

75-2391148

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

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

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

| 1 (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) BAYLOR COLLEGE OF MEDICINE<br>1 BAYLOR PLAZA, MS: BCM600                       | 74-1613878 | 501 (C) (3)                     | 15,000.                  |                                   |   |  | METASTATIC RETREAT                 |
| (2) DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE BOSTON, MA 02215          | 04-2263040 | 501 (C) (3)                     | 40,000.                  |                                   |   |  | SCREENING & DIAGNOST               |
| (3) TEXAS HEALTH RESOURCES FOUNDATION<br>612 E LAMAR BLVD ARLINGTON, TX 76011      | 75-2022128 | 501 (C) (3)                     | 25,000.                  |                                   |   |  | SCREENING & DIAGNOST               |
| (4) THOMAS JEFFERSON UNIVERSITY HOSPITAL<br>1015 CHESTNUT STREET SUITE 617         | 23-2829095 | 501 (C) (3)                     | 13,596.                  |                                   |   |  | SCREENING & DIAGNOST               |
| (5) ACADEMY OF ONCOLOGY NURSE NAVIGATOR<br>1249 SOUTH RIVER RD, STE 202A           | 80-0586847 | 501 (C) (6)                     | 25,000.                  |                                   |   |  | PATIENT NAVIGATION                 |
| (6) BREAST AND GYN HEALTH PROJECT HUMBOLDT COMM<br>987 8TH STREET ARCATA, CA 95521 | 65-1205183 | 501 (C) (3)                     | 35,000.                  |                                   |   |  | PATIENT NAVIGATION                 |
| (7) SIBLEY MEMORIAL HOSPITAL<br>5255 LOUGHBORO ROAD, NW                            | 45-0562642 | 501 (C) (3)                     | 50,000.                  |                                   |   |  | PATIENT NAVIGATION                 |
| (8) QUANTUM LEAP HEALTHCARE COLLABORATIVE LLC<br>3450 CALIFORNIA STREET            | 20-4284925 | 501 (C) (3)                     | 10,000.                  |                                   |   |  | RESEARCH                           |
| (9) DEEP SOUTH CANCER FOUNDATION<br>P.O.BOX 43884 BIRMINGHAM, AL 35243             | 46-5320268 | 501 (C) (3)                     | 15,000.                  |                                   |   |  | METASTATIC RETREAT                 |
| (10) ST. LUKES HOSPITAL<br>232 SOUTH WOODS MILL ROAD                               | 43-0652680 | 501 (C) (3)                     | 31,306.                  |                                   |   |  | METASTATIC RETREAT                 |
| (11)   |            |                                 |                          |                                   |   |  |                                    |
| (12)   |            |                                 |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 22.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 HOPE KITS                     | 1,112.                   |                          | 132,103.                          | FMV   | PATIENT KITS                           |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND GOVERNMENTS

PART I, LINE 2:

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

MAMMOGRAMS AND ULTRASOUNDS, CLINICAL BREAST EXAMS, CAD READINGS, AND

LIMITED BIOPSIES. GRANTEE ORGANIZATIONS ARE ENCOURAGED TO DEVELOP A

PROCESS FOR A FULL CONTINUUM OF BREAST CARE NEEDS, INCLUDING BIOPSIES

(THAT ARE NOT COVERED BY NBCF), MRI'S AND SURGICAL AND CANCER TREATMENT

AS NEEDED. THE APPLICATION FORM IS DESIGNED TO IDENTIFY THOSE MEDICAL

FACILITIES THAT PROVIDE THE SERVICES NEEDED TO THE POPULATION TARGETED BY

THE NBCF MISSION, AND ALSO, COMPLY WITH ESTABLISHED FACILITY CRITERIA.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

NATIONAL MAMMOGRAPHY PROGRAM

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

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



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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

THE HOPE KIT

THE HOPE KIT PROGRAM REQUIRES WOMEN TO REQUEST A HOPE KIT FOR THEMSELVES OR A LOVED ONE THROUGH NBCF'S WEBSITE. IN DOING SO, THEY MUST COMPLETE A FORM THAT REQUIRES THEM TO PROVIDE THEIR INFORMATION, INCLUDING A CONFIRMATION THAT THEY ARE A BREAST CANCER PATIENT OR THEIR LOVED ONE IS A BREAST CANCER PATIENT. ALL HOPE KIT SUBMISSIONS ARE STORED IN A DATABASE FOR RECORD KEEPING. EACH REQUEST IS FILTERED THROUGH TO ENSURE THERE ARE NO DUPLICATE REQUESTS.

EACH HOPE KIT IS SHIPPED TO THE RECIPIENT BASED OFF THE INFORMATION

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

PROVIDED BY THE REQUESTOR. THE HOPE KITS ARE SHIPPED NATIONWIDE INCLUDING ALASKA AND HAWAII. ADDITIONALLY, HOPE KITS ARE SHIPPED IN BULK TO HOSPITALS WITH BREAST CANCER CENTERS THAT MEET NBCF'S GUIDELINES. THESE HOSPITALS PROVIDE NBCF WITH THE DATE THE HOPE KIT IS DISTRIBUTED AND THE RECIPIENT'S CITY, STATE AND ZIP CODE. THIS INFORMATION IS THEN ADDED TO OUR HOPE KIT DISTRIBUTION LOG/DATABASE ALONG WITH THE INDIVIDUAL REQUEST INFORMATION ABOVE.

ONE WEEK AFTER THE HOPE KIT IS SHIPPED, AN EMAIL SURVEY IS SENT TO THE RECIPIENT TO COLLECT FEEDBACK. THE FEEDBACK SURVEY SUBMISSIONS ARE STORED

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

IN A DATABASE AND INFORMATION IS USED TO CONTINUALLY IMPROVE THE HOPE KIT PROGRAM.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2017

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

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

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

| (A) Name and Title      |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Non-taxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------|------|--|-------------------------------------|-------------------------------------|--|--------------------------|---------------------------------|---|
|                         |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                          |                                 |   |
| JANELLE HAIL            | (i)  | 216,134.   | 2,195.                              | 0.                                  | 26,601.  | 20,483.                  | 265,413.                        | 0.  |
| 1 CEO / CHAIRMAN OF BOD | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                       | 0.                              | 0.  |
| KEVIN HAIL              | (i)  | 193,264.   | 1,756.                              | 0.                                  | 19,914.  | 31,874.                  | 246,808.                        | 0.  |
| 2 COO / PRESIDENT       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                       | 0.                              | 0.  |
| JOHN REECE              | (i)  | 170,929.   | 1,971.                              | 0.                                  | 23,337.  | 32,589.                  | 228,826.                        | 0.  |
| 3 CFO / CSO             | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                       | 0.                              | 0.  |
| DOUGLAS FEIL            | (i)  | 109,351.   | 1,420.                              | 0.                                  | 11,388.  | 31,606.                  | 153,765.                        | 0.  |
| 4 VP, PROGRAMS          | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                       | 0.                              | 0.  |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 5                       | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 6                       | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 7                       | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 8                       | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 9                       | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 10                      | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 11                      | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 12                      | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 13                      | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 14                      | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 15                      | (ii) |  |                                     |                                     |  |                          |                                 |   |
|                         | (i)  |  |                                     |                                     |  |                          |                                 |   |
| 16                      | (ii) |  |                                     |                                     |  |                          |                                 |   |

**Part III Supplemental Information**

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

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART 1, LINE 1A: TRAVELERS ARE REQUIRED TO PURCHASE ECONOMY CLASS FARES FOR ALL TRAVEL. SPOUSES MAY ACCOMPANY EMPLOYEES DURING SPECIFIC TRAVEL, BASED ON BUSINESS NEED. THE SPOUSE IS REQUIRED TO ACT AS A REPRESENTATIVE OF THE ORGANIZATION THE DURATION OF THE TRAVEL.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     | (1)                                   |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶      |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person           | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|---|---|---------------------------|--------------------------------|---|----|
|   |   |                           |                                | Yes                                     | No |
| (1) GABRIELA BARBARENA, DR OF WHITE MMC | DIRECTOR OF NBCF  | 145,000.                  | S&D GRANT/ PATIENT NAV GRANT   |   | X  |
| (2) HAL DONALDSON, CEO/PRESIDENT OF COH | DIRECTOR OF NBCF  | 396,000.                  | BREAST HEALTH EDUCATION GRANT  |   | X  |
| (3)                                     |   |                           |                                |   |    |
| (4)                                     |   |                           |                                |   |    |
| (5)                                     |   |                           |                                |   |    |
| (6)                                     |   |                           |                                |   |    |
| (7)                                     |   |                           |                                |   |    |
| (8)                                     |   |                           |                                |   |    |
| (9)                                     |   |                           |                                |   |    |
| (10)                                    |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 156.   | 4,520.   | FMV  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( ATCH 1 )  |                               | 57,626.  | 7,540,489.   |  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

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

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

**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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u>  | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|---------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| NONFINANCIAL ASSETS | X                | 5.                                 | 7,281,176.                   | FMV                              |
| FUNDRAISING ITEMS   | X                | 126.                               | 5,545.                       | FMV                              |
| PROGRAMS ITEMS      | X                | 57477.                             | 229,423.                     | FMV                              |
| LUNCHEON EVENT      | X                | 18.                                | 24,345.                      | FMV                              |
| TOTALS              |                  | <u>57,626.</u>                     | <u>7,540,489.</u>            |                                  |

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

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

OMB No. 1545-0047

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

**2017**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

NATIONAL BREAST CANCER FOUNDATION, INC.

Employer identification number

75-2391148

THE OFFICERS HAVE A FAMILY RELATIONSHIP

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

THE PRESIDENT/COO IS THE SON OF THE CEO.

RETURN REVIEW PROCESS

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

A DRAFT OF THE TAX RETURN IS PROVIDED TO THE ORGANIZATION BY THE CPA FIRM. THE TAX RETURN IS REVIEWED BY THE DIRECTOR OF FINANCE AND ACCOUNTING, THE COMPLIANCE MANAGER, AND THE CPO, COO AND CEO IN DETAIL AFTER THE CFO IS SATISFIED WITH IT. ONCE THE CPO, COO, CEO AND CFO HAVE APPROVED IT, THE RETURN IS FORWARDED TO ALL OF THE BOARD MEMBERS ELECTRONICALLY. COMMENTS ARE SUBMITTED AND IF ANY CHANGES ARE MADE THE REVIEW PROCESS IS REPEATED UNTIL THERE ARE NO CHANGES. A BOARD CONFERENCE CALL IS OFTEN CONVENED TO FINALIZE AND ACCEPT ALL CHANGES AND TO MOVE FORWARD WITH FILING.

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY

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

NBCF ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING EACH MEMBER OF THE BOARD READ THE DOCUMENT ANNUALLY AND RESPOND IN WRITING AS TO WHETHER OR NOT THERE ARE CONFLICTS. EACH BOARD MEMBER SIGNS THE DOCUMENT STATING THAT THEY HAVE READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY AND AGREE TO BE BOUND BY THE POLICY. IN ADDITION, THE IMPORTANCE OF THE CONFLICT OF INTEREST POLICY IS OPENLY DISCUSSED IN THE

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

BOARD MEETINGS AND BOARD MEMBERS ARE ASKED IF THEY HAVE ANY ACTIVITIES FOR WHICH THEY NEED TO CONFIRM WHETHER A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST IS FOUND TO EXIST, APPROPRIATE ACTION IS TAKEN SUCH AS THE CONFLICTED BOARD MEMBER NOT PARTICIPATING IN DISCUSSIONS OR VOTING ON RELATED ISSUES. DEPENDENT ON THE NATURE OF THE CONFLICT, THE NON-CONFLICTED BOARD MEMBERS MAY PROPOSE AND VOTE ON A MOTION CONCERNING THE RESOLUTION OF CONFLICT.

#### PROCESS FOR DETERMINING COMPENSATION

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

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

#### PUBLIC DISCLOSURE

FORM 990, PART VI, LINE 19:

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

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

## PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4A:

NBCF ALSO FUNDED 3 METASTATIC BREAST CANCER RETREATS WHERE 48 METASTATIC PATIENTS (STAGE 4 BREAST CANCER) AND CAREGIVERS RECEIVED RENEWED HOPE, INCREASED KNOWLEDGE, AND THE REMINDER THAT THEY ARE NOT ALONE.

## PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4B:

ADDITIONALLY, THE HOPE KIT PROGRAM WAS CREATED TO COMFORT BREAST CANCER PATIENTS IN THEIR TIME OF NEED. THROUGH THE HOPE KITS, NBCF IS ABLE TO PROVIDE SUPPORT TO WOMEN CURRENTLY UNDERGOING BREAST CANCER TREATMENT. THE HOPE KIT IS A TANGIBLE EXPRESSION OF HOPE. IT IS FILLED WITH THOUGHTFUL ITEMS WHICH ARE KNOWN TO SOOTHE SOME OF THE SIDE EFFECTS FROM TREATMENTS, SUCH AS CHEMOTHERPHY AND RADIATION. OUR HOPE KITS EXPRESS THAT NBCF IS THERE FOR PATIENTS THROUGHOUT THEIR WHOLE BREAST CANCER JOURNEY.

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|-------------------------|--------------------------------|---------------------|
| NEXT AFTER LLC          | CONSULTING                     | 187,000.            |

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

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| 6175 MAIN STREET, STE 385<br>FRISCO, TX 75034                     |                                |                     |
| BOOMERANG SUPPORT<br>315 COLE STREET, STE 160<br>DALLAS, TX 75207 | IT                             | 135,865.            |

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u>          | <u>AMOUNT</u>  |
|-----------------------------|----------------|
| NBCF WOMEN OF HOPE LUNCHEON | 77,090.        |
| TOTAL                       | <u>77,090.</u> |

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u>          | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|-----------------------------|---------------------|------------------------|-------------------|
| NBCF WOMEN OF HOPE LUNCHEON | 25,135.             | 50,970.                | -25,835.          |
| TOTALS                      | <u>25,135.</u>      | <u>50,970.</u>         | <u>-25,835.</u>   |

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

**2017**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| <input type="checkbox"/> Check box if address changed   |  | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>NATIONAL BREAST CANCER FOUNDATION, INC.</b> |   | D Employer identification number (Employees' trust, see instructions.)<br><b>75-2391148</b> |   |
| B Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) |  | Print or Type  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2600 NETWORK BLVD STE. 300</b>   |   | E Unrelated business activity codes (See instructions.) |
| C Book value of all assets at end of year<br><b>6,703,152.</b>  |  |  | City or town, state or province, country, and ZIP or foreign postal code<br><b>FRISCO, TX 75034</b>   |   |   |
| F Group exemption number (See instructions.) ▶  |  |  | G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |   |   |

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **KIMBERLY GRIMES** Telephone number ▶ **972-248-9200**

| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| 1a  | Gross receipts or sales  |            |              |         |
| b   | Less returns and allowances  |            |              |         |
| c Balance ▶                               |  | 1c         |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)  | 2          |              |         |
| 3   | Gross profit. Subtract line 2 from line 1c   | 3          |              |         |
| 4a  | Capital gain net income (attach Schedule D)  | 4a         |              |         |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     | 4b         |              |         |
| c   | Capital loss deduction for trusts  | 4c         |              |         |
| 5   | Income (loss) from partnerships and S corporations (attach statement)                | 5          |              |         |
| 6   | Rent income (Schedule C)   | 6          |              |         |
| 7   | Unrelated debt-financed income (Schedule E)  | 7          |              |         |
| 8   | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8          |              |         |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     | 9          |              |         |
| 10  | Exploited exempt activity income (Schedule I)  | 10         |              |         |
| 11  | Advertising income (Schedule J)  | 11         |              |         |
| 12  | Other income (See instructions; attach schedule)                                     | 12         | 3,450.       | 3,450.  |
| 13  | Total. Combine lines 3 through 12.   | 13         | 3,450.       | 3,450.  |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) |   |     |        |
|--|---|-----|--------|
| 14   | Compensation of officers, directors, and trustees (Schedule K)  | 14  |        |
| 15   | Salaries and wages  | 15  |        |
| 16   | Repairs and maintenance   | 16  |        |
| 17   | Bad debts   | 17  |        |
| 18   | Interest (attach schedule)  | 18  |        |
| 19   | Taxes and licenses  | 19  |        |
| 20   | Charitable contributions (See instructions for limitation rules)  | 20  |        |
| 21   | Depreciation (attach Form 4562)   | 21  |        |
| 22   | Less depreciation claimed on Schedule A and elsewhere on return   | 22a | 22b    |
| 23   | Depletion   | 23  |        |
| 24   | Contributions to deferred compensation plans  | 24  |        |
| 25   | Employee benefit programs   | 25  |        |
| 26   | Excess exempt expenses (Schedule I)   | 26  |        |
| 27   | Excess readership costs (Schedule J)  | 27  |        |
| 28   | Other deductions (attach schedule)  | 28  |        |
| 29   | Total deductions. Add lines 14 through 28.  | 29  |        |
| 30   | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  | 30  | 3,450. |
| 31   | Net operating loss deduction (limited to the amount on line 30)   | 31  |        |
| 32   | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  | 32  | 3,450. |
| 33   | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)   | 33  | 1,000. |
| 34   | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. | 34  | 2,450. |

Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for Foreign tax credit (41a-41d), Total credits (41e), Subtract line 41e from line 40 (42), Other taxes (43), Total tax (44), Payments (45a-45g), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Enter the amount of line 49 you want (50).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions 51, 52, and 53 regarding foreign interest, foreign trusts, and tax-exempt interest.

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

Signature and preparer information section. Includes fields for Sign Here, Signature of officer (Bruce E Bernstien), Date (03/30/2019), Title (CFO), Preparer's signature (Bruce E Bernstien), Date (3/29/19), Firm's name (BRUCE E BERNSTIEN & ASSOC), Firm's address (10440 N CENTRAL EXPRESSWAY STE 1040, DALLAS, TX 75231), and PTIN (P01424343).



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.                                 | 7   |    |
| 3  | Cost of labor                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |  |     |    |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     | X  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | Total   |   |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| Totals . . . . . ▶  |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | Enter here and on page 1, Part I, line 7, column (B).               |
| Total dividends-received deductions included in column 8 . . . . . ▶                              |   |   |  |   |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 6. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income         | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |
|---------------------------|---|-------------------------------------|--|---|
| (1)                       |   |                                     |  |   |
| (2)                       |   |                                     |  |   |
| (3)                       |   |                                     |  |   |
| (4)                       |   |                                     |  |   |
|                           |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> . . . . . ▶ |   |                                     |  |   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

| 1. Description of income  | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---------------------------|---------------------|---|---------------------------------|---|
| (1)                       |                     |   |                                 |   |
| (2)                       |                     |   |                                 |   |
| (3)                       |                     |   |                                 |   |
| (4)                       |                     |   |                                 |   |
|                           |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b> . . . . . ▶ |                     |   |                                 |   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b> . . . . . ▶            |   |   |  |   |                                      |  |

**Schedule J - Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                              | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> . . . ▶ |                             |                             |  |                       |                     |   |

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                 | 2. Gross advertising income                         | 3. Direct advertising costs                         | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---------------------------------------|---|---|--|-----------------------|---------------------|---|
| (1)                                   |   |   |  |                       |                     |   |
| (2)                                   |   |   |  |                       |                     |   |
| (3)                                   |   |   |  |                       |                     |   |
| (4)                                   |   |   |  |                       |                     |   |
| Totals from Part I. . . . . ▶         |   |   |  |                       |                     |   |
| Totals, Part II (lines 1-5) . . . . ▶ | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

| 1. Name   | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|--|--|
| (1)   |          | %                                      |  |
| (2)   |          | %                                      |  |
| (3)   |          | %                                      |  |
| (4)   |          | %                                      |  |
| Total. Enter here and on page 1, Part II, line 14 . . . . . ▶ |          |  |  |

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

DISALLOWED FRINGE BENEFIT

3,450.

PART I - LINE 12 - OTHER INCOME

3,450.

Amended Return - Section 512(a)(7) Repeal

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

**2017**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

|  |                      |  |  |   |
|--|----------------------|--|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)<br><br><b>C</b> Book value of all assets at end of year<br><br>6,703,152. | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><br>NATIONAL BREAST CANCER FOUNDATION, INC.  |  | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><br>75-2391148 |
|  |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><br>2600 NETWORK BLVD STE. 300   |  | <b>E</b> Unrelated business activity codes (See instructions.)                                  |
|  |                      | City or town, state or province, country, and ZIP or foreign postal code<br><br>FRISCO, TX 75034   |  |   |
| <b>F</b> Group exemption number (See instructions.) ▶  |                      | <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |  |   |

**H** Describe the organization's primary unrelated business activity. ▶

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ KIMBERLY GRIMES Telephone number ▶ 972-248-9200

| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| 1a  | Gross receipts or sales  |            |              |         |
| b   | Less returns and allowances  |            |              |         |
| c Balance ▶                               |  | 1c         |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)  | 2          |              |         |
| 3   | Gross profit. Subtract line 2 from line 1c   | 3          |              |         |
| 4a  | Capital gain net income (attach Schedule D)  | 4a         |              |         |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     | 4b         |              |         |
| c   | Capital loss deduction for trusts  | 4c         |              |         |
| 5   | Income (loss) from partnerships and S corporations (attach statement)                | 5          |              |         |
| 6   | Rent income (Schedule C)   | 6          |              |         |
| 7   | Unrelated debt-financed income (Schedule E)  | 7          |              |         |
| 8   | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8          |              |         |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     | 9          |              |         |
| 10  | Exploited exempt activity income (Schedule I)  | 10         |              |         |
| 11  | Advertising income (Schedule J)  | 11         |              |         |
| 12  | Other income (See instructions; attach schedule)                                     | 12         |              |         |
| 13  | <b>Total.</b> Combine lines 3 through 12   | 13         | 0.           |         |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|    |   |     |     |
|----|---|-----|-----|
| 14 | Compensation of officers, directors, and trustees (Schedule K)  | 14  |     |
| 15 | Salaries and wages  | 15  |     |
| 16 | Repairs and maintenance   | 16  |     |
| 17 | Bad debts   | 17  |     |
| 18 | Interest (attach schedule)  | 18  |     |
| 19 | Taxes and licenses  | 19  |     |
| 20 | Charitable contributions (See instructions for limitation rules)  | 20  |     |
| 21 | Depreciation (attach Form 4562)   | 21  |     |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return   | 22a | 22b |
| 23 | Depletion   | 23  |     |
| 24 | Contributions to deferred compensation plans  | 24  |     |
| 25 | Employee benefit programs   | 25  |     |
| 26 | Excess exempt expenses (Schedule I)   | 26  |     |
| 27 | Excess readership costs (Schedule J)  | 27  |     |
| 28 | Other deductions (attach schedule)  | 28  |     |
| 29 | <b>Total deductions.</b> Add lines 14 through 28  | 29  |     |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  | 30  |     |
| 31 | Net operating loss deduction (limited to the amount on line 30)   | 31  |     |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  | 32  |     |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)   | 33  |     |
| 34 | <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34  | 0.  |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [ ] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ [ ] (2) \$ [ ] (3) \$ [ ]
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ [ ]
(2) Additional 3% tax (not more than \$100,000) \$ [ ]
c Income tax on the amount on line 34. ATCH 1 [ ] 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041), [ ] 36
37 Proxy tax. See instructions [ ] 37
38 Alternative minimum tax [ ] 38
39 Tax on Non-Compliant Facility Income. See instructions [ ] 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies [ ] 40

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a [ ]
b Other credits (see instructions) 41b [ ]
c General business credit. Attach Form 3800 (see instructions) 41c [ ]
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d [ ]
e Total credits. Add lines 41a through 41d 41e [ ]
42 Subtract line 41e from line 40 42 [ ]
43 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 43 [ ]
44 Total tax. Add lines 42 and 43 44 [ ] 0.
45 a Payments: A 2016 overpayment credited to 2017 45a [ ]
b 2017 estimated tax payments 45b [ ]
c Tax deposited with Form 8868. 45c [ ]
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d [ ]
e Backup withholding (see instructions) 45e [ ]
f Credit for small employer health insurance premiums (Attach Form 8941) 45f [ ]
g Other credits and payments: [ ] Form 2439 [ ] ATCH 2
[ ] Form 4136 [X] Other 515. Total 45g [ ] 515.
46 Total payments. Add lines 45a through 45g 46 [ ] 515.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 47 [ ]
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 [ ]
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 [ ] 515.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax [ ] Refunded 50 [ ] 515.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [ ] Yes No X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . If YES, see instructions for other forms the organization may have to file. [ ] Yes No X
53 Enter the amount of tax-exempt interest received or accrued during the tax year [ ] \$

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

Sign Here REBECCA BUELL 02/20/2020 CFO
Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN
BRUCE E BERNSTIEN
Firm's name BRUCE E BERNSTIEN & ASSOC Firm's EIN 47-5532055
Firm's address 10440 N CENTRAL EXPRESSWAY STE 1040, DALLAS, TX 75231 Phone no. 214-706-0840

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

|   |           |  |  |          |                                     |
|---|-----------|--|--|----------|-------------------------------------|
| <b>1</b> Inventory at beginning of year . . . . .       | <b>1</b>  |  | <b>6</b> Inventory at end of year . . . . .            | <b>6</b> |                                     |
| <b>2</b> Purchases . . . . .                            | <b>2</b>  |  | <b>7</b> <b>Cost of goods sold.</b> Subtract line      |          |                                     |
| <b>3</b> Cost of labor . . . . .                        | <b>3</b>  |  | 6 from line 5. Enter here and in                       |          |                                     |
| <b>4a</b> Additional section 263A costs                 |           |  | Part I, line 2. . . . .                                | <b>7</b> |                                     |
| (attach schedule) . . . . .                             | <b>4a</b> |  |  |          |                                     |
| <b>b</b> Other costs (attach schedule) . . . . .        | <b>4b</b> |  | <b>8</b> Do the rules of section 263A (with respect to |          | <b>Yes</b> <b>No</b>                |
| <b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . . | <b>5</b>  |  | property produced or acquired for resale) apply        |          |                                     |
|   |           |  | to the organization? . . . . .                         |          | <input checked="" type="checkbox"/> |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

- (1)
- (2)
- (3)
- (4)

**2. Rent received or accrued**

|  |  |  |
|--|--|--|
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | <b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)  |  |  |
| (2)  |  |  |
| (3)  |  |  |
| (4)  |  |  |
| <b>Total</b>   | <b>Total</b>   |  |

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
|   |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | Enter here and on page 1, Part I, line 7, column (B).               |
| <b>Totals</b> . . . . . ▶   |   |   |  |   |
| <b>Total dividends-received deductions</b> included in column 8 . . . . . ▶                       |   |   |  |   |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals . . . . .

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals . . . . .

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals . . . . .

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5)) . . .



**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                          | 2. Gross advertising income                         | 3. Direct advertising costs                         | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|---|---|--|-----------------------|---------------------|---|
| (1)  |   |   |  |                       |                     |   |
| (2)  |   |   |  |                       |                     |   |
| (3)  |   |   |  |                       |                     |   |
| (4)  |   |   |  |                       |                     |   |
| <b>Totals from Part I. . . . .</b> ▶           |   |   |  |                       |                     |   |
|  | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II (lines 1-5) . . . . .</b> ▶ |   |   |  |                       |                     |   |

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14 . . . . .</b> ▶ |          |  |  |

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

- 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).
- 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX  
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....
- 3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....
- 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184  
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....
- 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181  
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....
- 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....
- 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....
- 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439  
FROM FORM 4136

TAX PAID ON ORIGINAL RETURN 515.

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TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS 515.

REASON OF AMENDED RETURN

LINE 12 DECREASED DUE TO REPEAL OF SECTION 512(a)(7).