Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

▶ Do not enter social security numbers on this form as it may be made public. nstructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for in							
A For the 2020 calendar year, or tax year beginning								

B c a	heck if	le: C Name of organization		D Employer identifie	cation number
X	Addr				
	Name Chan			23-26933	72
	Initia	•	Room/suite	E Telephone number	
	 Final returr		500	202-296-	
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	276,515.
	Amer			H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: FRANCES M. VISCO		for subordinates	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
IT	ax-e>	empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) o	or 🗌 527		list. See instructions
J۷	Vebs	te: ▶ WWW.STOPBREASTCANCER.ORG		H(c) Group exemptio	n number 🕨
ΚF	orm o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other ►	L Year	of formation: 1992	State of legal domicile: PA
	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: $\underline{NBCC'}$	'S MIS	SION IS "TO	END BREAST
Activities & Governance		CANCER THROUGH THE POWER OF ACTION AND ADV	VOCACY	". NBCC HAS	А
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20
s S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
vitie	6	Total number of volunteers (estimate if necessary)		6	0
kcti	7 a				0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		382,630.	276,515.
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		382,630.	276,515.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		148,359.	99,295.
sue		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 30,23		0.01 (5.0	110 000
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		221,658.	110,872.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		370,017.	210,167.
	19	Revenue less expenses. Subtract line 18 from line 12		12,613.	66,348.
s or			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		29,195.	50,156.
~~		Total liabilities (Part X, line 26)		58,323.	12,936.
Inc	22	Net assets or fund balances. Subtract line 21 from line 20		-29,128.	37,220.
	nrt II	Signature Block			

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

Sign		Signature of officer			I	Date		
Here		FRANCES M. VISCO, PRES	SIDENT					
		Type or print name and title						
	Prin	nt/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	HO	LLY CAPORALE	HOLLY CAPORALE	1	L0/18/	/21 self-employed	P00235685	
Preparer	Firm	n's name 🕒 COUNCILOR, BUCHA	ANAN & MITCHELL,	P.C.		Firm's EIN 52	-1711839	
Use Only	Firm	n's address 7910 WOODMONT AV	VE. STE. 500			-		
	BETHESDA, MD 20814 Phone no. (301) 986-0600							
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	3-20	LHA For Paperwork Reduction Act Noti	tice, see the separate instructi	ions.			Form 990 (2020)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	identificati	on number (TIN)	
print	NATIONAL BREAST CANCER COALITION				23-2693372		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 2001 L STREET, NW, NO. 500					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
return. See instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036	oreign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			01	
Applicatio	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	T (trust other than above) THE ORGANIZATI	06	Form 8870			12	
 If this is box ▶ [1 I reaction the ▶ [quest an automatic 6-month extension of time until organization named above. The extension is for the org \underline{X} calendar year $\underline{2020}$ or	Group Exe and atta NOVEN panization's , an	mption Number (GEN), . ch a list with the names and TINs of <u>IBER 15, 2021</u> , to file return for: d ending	If this is fo all memb	r the whole ers the exte npt organiza	group, check this nsion is for.	
	is application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year over			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	l (direct det	bit) with this Form 8868, see Form 84	453-EO an		9-EO for payment 8868 (Rev. 1-2020)	

	990 (2020) NATIONAL BREAST CANCER COALITION t III Statement of Program Service Accomplishments	23-2693372	Page 2
1 ai			X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: NBCC'S MISSION IS "TO END BREAST CANCER THROUGH THE POWN		[A]
	AND ADVOCACY". NBCC HAS A STRATEGIC PLAN OF ACTION TO AC	CHIEVE THE	
	MISSION. THE PLAN FOCUSES ON PRIMARY PREVENTION, STOPPIN		
	GETTING BREAST CANCER, AND UNDERSTANDING AND PREVENTING	METASTASIS	
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
2	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
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 othe revenue, if any, for each program service reported.	ers, the total expenses, ar	ıd
4a	(Code:) (Expenses \$149,854. including grants of \$) (Reve	enue \$)
	PUBLIC INFORMATION & PUBLIC POLICY PROGRAMS - NBCC FOCUS	SES ITS PUBLIC	2
	POLICY ADVOCACY ON LEGISLATIVE PRIORITIES THAT ARE MOST	LIKELY TO	
	FURTHER THE MISSION OF ENDING BREAST CANCER THROUGH THE	POWER OF	
	ADVOCACY. SPECIFIC AREAS OF FOCUS INCLUDE LEGISLATION AN	ID POLICIES TH	TAT
	WILL INCREASE FUNDING FOR BREAST CANCER RESEARCH; PROVID		
	HIGH QUALITY HEALTH CARE AND CLINICAL TRIALS; AND EXPANI		
	OF BREAST CANCER ADVOCATES EVERYWHERE BREAST CANCER DEC.		
	NBCC SELECTS ITS LEGISLATIVE PRIORITIES AFTER EXTENSIVE		
	ENSURE THAT SCIENTIFIC EVIDENCE IS INTEGRATED INTO PUBLE	C POLICY WITH	H
	THE GOAL OF ENDING BREAST CANCER.		
4b	(Code:) (Expenses \$) (Reverses \$)	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe on Schodulo O)		
÷υ	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses ► 149,854.)	
		Form 9	90 (2020)
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	3		

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FOUL	990	(2020)	

Part IV Checklist of Required Schedules

NATIONAL BREAST CANCER COALITION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	┝───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		/	L
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	<u>A</u>
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? If "Yes," complete Schedule C, Part III	5	X	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
032003	12-23-20	Form	AAO ((2020)

032003 12-23-20

Form	990	(2020)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	LTU		<u> </u>
200		25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	zoa		- 23
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		,	<u> </u>
07		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	57		<u> </u>
30		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	23	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
032004	12-23-20			(2020)
552004	5			(_320)

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Form 990 (2020)				COALITION	
Part V Statement	s Regarding Othe	er IRS Filing	gs and Tax	Compliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•	v	
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0 1-	х	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). N/A	6b	~	
7	Organizations that may receive deductible contributions under section 170(c). N / A Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		
		7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? ${ m N/A}$	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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NATIONAL BREAST CANCER COALITION

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

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by the	e following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	/es." d	escribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, G	A,H	I,IL,K	S, KY	MA	MD,	M
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website Upon request Other (explain	n on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			olicy, and	financ	cial	
	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 boo	oks and	d records				
	THE ORGANIZATION - 202-296-7477						
	2001 L STREET, NW, NO. 500, WASHINGTON, DC 20036						
	SEE SCHEDULE O FOR FULL LIST OF STATES				-	990	(000

Form	990	(2020)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ted
	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.

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

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

(A) Name and title (B) Average (bours per mode week (Bit any) related organizations (bours per met and week week (Bit any) (Bit any) (Bi			T	mza			npen	Juic			
Number of the and the second construction of the second co	(A)	(B)		(C)			(E)	(F)			
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(17) JUDI HIRSHFIELD -BARTEK <u>1.00</u> TRUSTEE <u>1.00</u> X 0. 0. 0.	(16) FRANCESCA VOGEL	1.00									
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	(17) JUDI HIRSHFIELD -BARTEK										
632007 12-23-20 Form 990 (2020)	TRUSTEE	1.00	Х						0.	0.	

8

032007 12-23-20

Form 990 (2020)

Form 990 (2020) NATIONAL	BREAST	CA	NC	EΚ	C	<u>AO</u>	Ц	TION	23-265	133	12	Pa	ige Ö
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box,	not ch unles	(C Posi neck r is per	tion nore son is recto		one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	(F) simate ount o other oensat om the anization I relate nization	of ion e on ed
(18) ROSE MARIE SITKO	1.00	lnc	lns	1 6	Key	Hic em	Ē						
TRUSTEE	1.00	х						0.	ſ) .			Ο.
(19) CHRISTINE NORTON	1.00	~						0.		·			0.
TRUSTEE	1.00	х						0.	ſ).			Ο.
(20) ASTRID JIMENEZ	1.00									·			••
TRUSTEE	1000	х						0.	().			0.
(21) IVIS FEBUS-SAMPAYO	1.00												
TRUSTEE		х						0.	().			0.
(22) MARY LYNN FAUNDA DONOVAN	1.00												-
TRUSTEE		х						0.	().			0.
(23) JOY SIMHA	1.00												
TRUSTEE		Х						0.	().			0.
(24) VALENCIA ROBINSON	1.00												
TRUSTEE		Х						0.	().			0.
(25) MARYLINN MINOR	1.00												
TRUSTEE		Х						0.).			0.
								==		-			
1b Subtotal								75,226.	636,763		67	7,88	
c Total from continuation sheets to Part VII								0.).		,	0.
d Total (add lines 1b and 1c)								75,226.	636,763	5.	67	7,88	5/.
2 Total number of individuals (including but no	ot limited to the	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				^
compensation from the organization												Yes	0 No
										Г	_	res	NO
3 Did the organization list any former officer,				•				• •			•		х
line 1a? If "Yes," complete Schedule J for su										· -	3		<u> </u>
4 For any individual listed on line 1a, is the su	•		•						0		4	x	
and related organizations greater than \$1505 Did any person listed on line 1a receive or a										⊢	4		
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors	Diele Schedule	<u>; </u>	<u>)r su</u>	<u>cn p</u>	bers	<u>on</u> .					5		
1 Complete this table for your five highest cor	npensated ind	eper	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of compe	nsatio	on fro	m	
the organization. Report compensation for t													
(A)								(B)			(C)	
Name and business	address	NC	ONE]				Description of s	ervices	Co	mpen	satior	1
							\dashv						
							\neg						
							\dashv						
2 Total number of independent contractors (in	oluding but p	st lin	aitad	to t	hoo		tod	abova) who received me	are then				

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

Form 990 (2020)

032008 12-23-20

Contributions, Gifts, Grants and Other Similar Amounts			Check if Schedule O c	ontains a r	esponse	or note to any line	e in this Part VIII (A)	(B)	(0)	
s, Grants Amounts							(Δ)	· (K)		
s, Grants Amounts								Related or exempt	Unrelated	(D) Revenue excluded
s, Grants Amounts							Total revenue	function revenue	business revenue	from tax under
s, Grants Amounts										sections 512 - 514
s, Gran Amoun	1	а	Federated campaigns		1a					
S, G		b	Membership dues		1b					
		с	Fundraising events		1c					
Ľ,			Related organizations		1d	225,000.				
s, G			Government grants (contril		1e					
Sij			All other contributions, gifts, g							
bei			similar amounts not included	above	1f	51,515.				
ĢĘ		g	Noncash contributions included in li		1g \$					
Con		-	Total. Add lines 1a-1f	-			276,515.			
<u> </u>						Business Code				
	2	a								
/ice	2	a b								
ier.										
n S Ven		c								
grai Rev		d								
Program Service Revenue		e								
Δ.			All other program service r							
			Total. Add lines 2a-2f							
	3		Investment income (includi							
			other similar amounts)			🕨				
	4		Income from investment of			· · ·				
	5		Royalties							
				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)			►				
	7	а	Gross amount from sales of	(i) Se	curities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ē			and sales expenses	7b						
Revenue		с		7c						
ev.			Net gain or (loss)							
			Gross income from fundraisin							
Other	0	u	including \$							
0			contributions reported on I							
			Part IV, line 18	-						
			Less: direct expenses		·····	-				
			Net income or (loss) from f	-		····· ►				
	9	а	Gross income from gaming	-						
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from g			····· ►				
	10	а	Gross sales of inventory, le							
			and allowances							
		b	Less: cost of goods sold		10	b				
		с	Net income or (loss) from s	sales of inv	entory .	►				
۵						Business Code				
ŝno	11	а								
ane		b								
ellé		с								
Miscellaneous Revenue		d	All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				276,515.	0.	0.	0.
032009						F 1	-	•		Form 990 (2020

NATIONAL BREAST CANCER COALITION

Form 990 (2020)

Page **9**

23-2693372

NATIONAL BREAST CANCER COALITION Part IX Statement of Functional Expenses

	01(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response				Σ
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grai	nts and other assistance to domestic organizations			-	
and	domestic governments. See Part IV, line 21				
2 Gra	ants and other assistance to domestic				
indi	ividuals. See Part IV, line 22				
	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
indi	ividuals. See Part IV, lines 15 and 16				
1 Ber	nefits paid to or for members				
	mpensation of current officers, directors,				
trus	stees, and key employees	20,935.	16,719.	1,992.	2,224
	npensation not included above to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)				
	ner salaries and wages	59,635.	47,627.	5,674.	6,334
	ision plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)	3,084.	1,726.	640.	718
	ner employee benefits	9,572.	7,488.	880.	1,204
	yroll taxes	6,069.	5,552.	235.	282
	es for services (nonemployees):				
	nagement				
	gal				
	counting	10,472.		10,472.	
	bying	- /			
	fessional fundraising services. See Part IV, line 17				
	estment management fees				
	her. (If line 11g amount exceeds 10% of line 25,				
-	umn (A) amount, list line 11g expenses on Sch O.)	21,151.	20,749.	30.	372
	vertising and promotion	369.	263.	53.	<u> </u>
		30,327.	12,683.	3,147.	14,497
	ice expenses	28,656.	27,833.	202.	621
		20,050.	27,000	2021	
		8,260.	6,608.	826.	826
		34.	34.	020.	020
Trav		51.	J = •		
	yments of travel or entertainment expenses				
	any federal, state, or local public officials	5,379.	111.	5,268.	
	nferences, conventions, and meetings	5,515.	• ـــــ	5,200.	
	yments to affiliates	2,162.			2,162
	preciation, depletion, and amortization	1,062.	750.	94.	2,102
		1,002.	750.	94.	210
l Othe abov	er expenses. Itemize expenses not covered ve (List miscellaneous expenses on line 24e. If				
line	24e amount exceeds 10% of line 25, column (A)				
	ount, list line 24e expenses on Schedule 0.)	2 0 0 0	1 711	ECA	701
	ATA PROCESSING	3,000.	1,711.	564.	725
b					
c					
d					
	other expenses		1 1 0 0 - 1		
	al functional expenses. Add lines 1 through 24e	210,167.	149,854.	30,077.	30,236
	nt costs. Complete this line only if the organization				
repo	orted in column (B) joint costs from a combined				
edu	cational campaign and fundraising solicitation.				
Cher	ck here X if following SOP 98-2 (ASC 958-720)	3,573.	1,508.	1,063.	1,002

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20111018 759370 50238.0000

20111018 759370 50238.0000

Form 990 (2020)	NATIONAL	BREAST	CANCER	COALITION
Part X	Balance Sheet				

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		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			22,492.	1	35,173.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	antial con	tributor, or 35%			
		controlled entity or family member of any of the	se persons	;		5	
	6	Loans and other receivables from other disquali	fied perso				
		under section 4958(f)(1)), and persons described	d in sectio	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				6,703.	9	1,575.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	55,954.			
	b		10b	55,954. 42,546.	0.	10c	13,408.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			29,195.	16	50,156.
	17	Accounts payable and accrued expenses			6,420.	17	50,156. 5,591.
		Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ß	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela		Γ		23	
	24	Unsecured notes and loans payable to unrelated	d third par			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D			51,903.	25	7,345.
	26				58,323.	26	12,936.
		Organizations that follow FASB ASC 958, che					
ses		and complete lines 27, 28, 32, and 33.					
anc	27				-29,128.	27	37,220.
Bal	28	Net assets with donor restrictions		28			
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let	32	Total net assets or fund balances			-29,128.	32	37,220.
2	33	Total liabilities and net assets/fund balances			29,195.	33	50,156.

Form **990** (2020)

	1990 (2020) NATIONAL BREAST CANCER COALITION	23-269	3372	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			15.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	67.
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-29	9,1	28.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	31	7,2:	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990/	(2020)

Form **990** (2020)

032012 12-23-20

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

	NATIONAL BREAST CANCER COALITION	23-2693372
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(4) (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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

23-2693372

NATIONAL BREAST CANCER COALITION

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	<u>N/A</u>	\$ <u>225,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

23-2693372

NATIONAL BREAST CANCER COALITION

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
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule B (Form 990	990-EZ, or 990-PF) (2020)
Schedule D (i Ohn 330,	330^{-1} , 01 330^{-1} 1 (2020)

Page	4
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from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Image: Complete columns (a) through (e) and the following line entry. For organizations a) No. Use duplicate copies of Part III if additional space is needed. (a) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	ame of or	ganization				Employer identification number
art III Exclusively religious, chartable, etc., contributions to organizations described in section 50 (10(7), 8), or (10) that total more than \$1,000 for the y for organizations care shift of the y intervent of t	ATION	JAL BREAST CANCER COALI	TION			23-2693372
orgeteso ptrill quere to total or exclusion, enclosed etc. constantons of \$1000 or less for the year. [Set this year.] *	Part III	Exclusively religious, charitable, etc., contributor	tions to organizations described	ne entry For or	ragnizations	nat total more than \$1,000 for the yea
(b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (f) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Purpose of gift (g) Purpose of g		completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	00 or less for th	ne year. (Enter this info. onc	e.) ► \$
Part I If I and a construction of the second seco	a) No.					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Relationship of transferee Relationship of transferee	from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Relationship of transferee Relationship of transferee	-					
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from art1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	a) No.		<u> </u>			
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a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift			(e) Transfer o	of gift		
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from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Image: Second Se	(a) No					
Image: second system Image: second system <td< td=""><td>from Part I</td><td>(b) Purpose of gift</td><td>(c) Use of gift</td><td></td><td>(d) Desc</td><td>ription of how gift is held</td></td<>	from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held 			(e) Transfer o	of gift		
Part I Contraction		Transferee's name, address, a	and ZIP + 4	Re	elationship of trai	nsferor to transferee
Part I Contraction						
Part I Contraction						
Part I Contraction						
(e) Transfer of gift	a) NO. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	T T		(e) Transfer o	of gift		
		Transferee's name, address	and ZIP + 4	R	elationship of tra	nsferor to transferee
	F					
			_			
			-			

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(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2020		
Department of the Treasury Internal Revenue Service		if the organization is described to to www.irs.gov/Form990 for			EZ. Open to Public Inspection		
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.							
	-	nave NOT filed Form 5768 (election	-				
If the organization ans Tax) (See separate inst	-	Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	instructions) or Form 990)-EZ, Part V, line 35c (Proxy		
		ions: Complete Part III.					
Name of organization	,, (, 3	I		Em	ployer identification number		
		L BREAST CANCER (23-2693372		
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 o	rganization.		
2 Political campaign	activity expendit	ation's direct and indirect politica ures gn activities		►	\$		
Part I-B Compl	ete if the org	anization is exempt unde	er section 501(c)(3).			
		incurred by the organization und			\$		
		incurred by organization manage					
		n 4955 tax, did it file Form 4720					
4a Was a correction m	nade?				Yes No		
b If "Yes," describe ir	n Part IV.						
		anization is exempt unde					
		by the filing organization for sec			\$		
		ization's funds contributed to oth	-		\$		
		. Add lines 1 and 2. Enter here a			Φ		
			,		\$		
		1120-POL for this year?					
5 Enter the names, a made payments. For contributions received	ddresses and en or each organiza ved that were pro	ployer identification number (EIN ion listed, enter the amount pair omptly and directly delivered to a additional space is needed, provi	N) of all section 527 pol I from the filing organiz I separate political orga	litical organizations to whi cation's funds. Also enter t anization, such as a separa	ch the filing organization he amount of political		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and		

Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

SCHEDULE C

18 2020.04030 NATIONAL BREAST CANCER CO 50238.01

OMB No. 1545-0047

Schedule C (Form 990 or 990-EZ) 2020 N Part II-A Complete if the organ section 501(h)).					693372 Page 2 ection under
A Check if the filing organizati expenses, and share	of excess lobb	an affiliated group (and list ir ying expenditures). x A and "limited control" pro		group member's nam	e, address, EIN,
Limits	s on Lobbying	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opi	nion (grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line					
d Other exempt purpose expenditurese Total exempt purpose expenditures		nd 1d)			
f _Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		e lobbying nontaxable am			
Not over \$500,000	· /	% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,	000 \$ ⁻	00,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$1	75,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$2	25,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1	,000,000.			
g Grassroots nontaxable amount (ente		,			
h Subtract line 1g from line 1a. If zero	-				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero reporting section 4911 tax for this ye				1	Yes No
	4-Ye at made a sect	ar Averaging Period Under ion 501(h) election do not separate instructions for li	[·] Section 501(h) have to complete all c		
	Lobbying	Expenditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 NATIONAL BREAST CANCER COALITION

23-2693372 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1	X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		Х	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
с	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (See instructions)		. 5			
Par						
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

NATIONAL BREAST CANCER COALITION

Employer identification number
23-2693372

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		rganization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	rvation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservation	on easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	tatement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statemen	ts that describes the
D -	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB AS	-	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	IUT FORM 990.	Schedule D (Form 990) 2020
03205	12-01-20		

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Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or Ot	her S	imila	r Assets	contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that mak	e signi	ficant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange program						
b	Scholarly research	e	, 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organization's e	exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical trea	sures, or other sin	nilar as	sets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "Yes'	' on Fo	rm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•					_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f		7		-
	Did the organization include an amount on F					-	• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete						T 1		() [h a alt
4.	De sinsis e fas estados e	(a) Current year	(b) Pr	ior year	(c) Two years bac	ж (а)	Inree	/ears back	(e) Fou	r years	раск
1a	Beginning of year balance										
D	Contributions										
C L	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr		. /line 1 a	aaluma (a							
2			e (iine ry, %	column (a	III HEIU AS.						
a h	Board designated or quasi-endowment Permanent endowment	%	70								
u o		⁷⁰									
С	The percentages on lines 2a, 2b, and 2c sho	-									
30	Are there endowment funds not in the posse		ation that	are held a	nd administered fo	or the c	ragniza	ation			
Ja	by:		ation that	are neiu a			nyaniza			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere). Part IV.	line 11a. S	See Form 990. Par	t X. line	e 10.				
	Description of property	(a) Cost or c					umulate	ed	(d) Boo	k valu	e
	F F F	basis (investr		.,	(other)	,	ciation		,,200		
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other			5	5,954.	4	2,5	46.	1	3,4	08.
	. Add lines 1a through 1e. (Column (d) must e		X. colum							3,4	
								Cabadul-			

Schedule D (Form 990) 2020

032052 12-01-20

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
			or year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			- f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		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	<u>e 15.)</u>	>	
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) DUE TO AFFILIATE			7,345.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		7,345.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	at reports the
organization's liability for uncertain tax positions under			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

20111018 759370 50238.0000

NATIONAL BREAST CANCER COALITION Schedule D (Form 990) 2020

23-2693372 Page 3

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

	dule D (Form 990) 2020 NATIONAL BREAST CANCER COA			693372 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	276,515.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2 a		
b	Donated services and use of facilities	2 b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			276,515.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
				276 515
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			276,515.
5 Ра	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expe		270,515.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expera.	nses per Return.	
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expera.	nses per Return.	210,167.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expera.	nses per Return.	
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.	nses per Return.	
1 2	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 	nses per Return.	
1 2 a	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b	nses per Return.	
1 2 a b	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	nses per Return.	
1 2 b c d	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	nses per Return.	210,167.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	nses per Return.	210,167.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	nses per Return.	210,167.
1 2 b c d 8 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	nses per Return.	210,167.
1 2 3 4	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	nses per Return.	210,167.
1 2 a b c d e 3 4 a	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	1 2e 3	210,167. 0. 210,167. 0.
1 2 d c d e 3 4 b c 5	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	1 2e 3 4c	210,167. 0. 210,167.

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

PART X, LINE 2:

NBCC REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A
"MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. NBCC DOES NOT BELIEVE ITS FINANCIAL
STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS.
NBCC'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX RETURNS IS
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE
YEARS AFTER IT IS FILED.

032054 12-01-20

Schedule D		990)	2020
Dent VIII	•		

Part XIII Supplemental Information (continued)	
032055 12-01-20	Schedule D (Form 990) 2020

SCH	IEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(For	m 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	ົງດ	•
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Departr	ment of the Treasury	Attach to Form 990.		Open to		ic
	Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name	e of the organizatio			identificatio		nber
Dev		NATIONAL BREAST CANCER COALITION	23-2	269337	2	
Par	ti Question	s Regarding Compensation				
	.				Yes	No
		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
L	X First-class or Travel for con	Ū				
L		appanions Payments for business use of personal re cation and gross-up payments Health or social club dues or initiation fee				
L [spending account				
L			ii, cheij			
h I	f any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
				1b	х	
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
3	ndicate which. if a	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
[Compensatio					
[Independent	compensation consultant Compensation survey or study				
[ther organizations Approval by the board or compensation of	ommittee			
4 I	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
(organization or a re	elated organization:				
al	Receive a severand	ce payment or change-of-control payment?		4a		X
bl	Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		X
	-	ceive payment from an equity-based compensation arrangement?		4c		X
I	f "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the			_		v
						X X
		zation?		<u>5</u> b		
		or 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation act corpings of:	11			
	contingent on the	-		6.		x
		ration?				X
		zation? or 6b, describe in Part III.		<u>6b</u>		
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		x
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8		x
		lid the organization also follow the rebuttable presumption procedure described in		····· J		
	Regulations sectio			9		
		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2020
			201100			

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23-2693372

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) FRANCES VISCO, J.D.	(i)	10,141.	0.	0.	354.	964.		0.
PRESIDENT	(ii)	160,293.	0.	0.	5,602.	15,236.		0.
(2) MELANIE WYNE	(i)	45,409.	0.	0.	511.	3,082.	49,002.	0.
CHIEF POLICY OFFICER	(ii)	101,307.	0.	0.	1,139.	6,877.	109,323.	0.
(3) MICHELLE TREGEAR	(i)	2,260.	0.	0.	70.	158.	2,488.	0.
CHIEF PROGRAMS OFFICER	(ii)	139,889.	0.	0.	4,352.	9,751.	153,992.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 3:

OFFICER COMPENSATION IS DETERMINED BY THE NATIONAL BREAST CANCER COALITION

FUND, A RELATED PARTY. THE PRESIDENT'S SALARY IS DETERMINED BY THE BOARD'S

EXECUTIVE COMMITTEE. THEY REVIEW HER SALARY ANNUALLY, COMPARE IT TO PEERS

AT OTHER ORGANIZATIONS, AND DETERMINE AN INCREASE (IF APPLICABLE).

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NATIONAL BREAST CANCER COALITION

Employer identification number 23-2693372

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRATEGIC PLAN OF ACTION TO ACHIEVE THE MISSION. THE PLAN FOCUSES ON

PRIMARY PREVENTION, STOPPING WOMEN FROM GETTING BREAST CANCER, AND

UNDERSTANDING AND PREVENTING METASTASIS (THE SPREAD OF CANCER), WHICH

IS RESPONSIBLE FOR MOST BREAST CANCER DEATHS. THE BLUEPRINT IS DESIGNED

AROUND THREE GOALS: RESEARCH NEEDED TO END BREAST CANCER; GLOBAL ACCESS

TO THE NECESSARY INFORMATION AND LIFESAVING INTERVENTIONS; AND THE

INFLUENCE OF LEADERS EVERYWHERE IN THE STRATEGIES TO END BREAST CANCER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(THE SPREAD OF CANCER), WHICH IS RESPONSIBLE FOR MOST BREAST CANCER

DEATHS. THE BLUEPRINT IS DESIGNED AROUND THREE GOALS: RESEARCH NEEDED

TO END BREAST CANCER; GLOBAL ACCESS TO THE NECESSARY INFORMATION AND

LIFESAVING INTERVENTIONS; AND THE INFLUENCE OF LEADERS EVERYWHERE IN

THE STRATEGIES TO END BREAST CANCER.

FORM 990, PART VI, SECTION A, LINE 6: THERE SHALL BE ONE CLASS OF MEMBERSHIP IN THIS CORPORATION. TO BECOME A MEMBER, AN INDIVIDUAL OR ENTITY MUST SUPPORT THE NBCC MISSION, AFFIRMATIVELY ACCEPT THE COALITION'S INVITATION TO BECOME A MEMBER, AND AFFIRM THEIR MEMBERSHIP BY PAYMENT OF A DESIGNATED INITIATION FEE AND ANNUAL DUES. MEMBERS OF THIS CORPORATION SHALL BE ENTITLED TO ATTEND THE CORPORATION'S ANNUAL MEETING, BUT NO MEMBER SHALL HAVE ANY VOTING RIGHTS.

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

FORM 990 IS REVIEWED BY PRESIDENT & AUDIT COMMITTEE CHAIR PRIOR TO

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

29

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization NATIONAL BREAST CANCER COALITION	Employer identification number 23-2693372
SIGNATURE. 990 IS SHARED WITH FULL BOARD PRIOR TO FILING W	ITH IRS.
FORM 990, PART VI, SECTION B, LINE 12C:	
POLICY IS REVIEWED WITH FULL PRESENTATION DURING BOARD ORI	ENTATION (FOR NEW
AND RETURNING MEMBERS) EACH YEAR. ALL BOARD AND STAFF, AFT	ER REVIEWING
UPDATED LIST OF VENDORS, COMPLETE NEW FORMS ANNUALLY STATE	NG ANY CONFLICT
OF INTERESTS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN, MS, NC, NH, NJ, NM, NY, OK, O	R, PA, RI, SC, TN, UT
VA,WI,WV,MI	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS (INCLUDING THE 990), GOVERNING DOCUME	NTS (INCLUDING
THE 1023), AND THE CONFLICT OF INTEREST POLICY ARE AVAILAB	LE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	20,749.
MANAGEMENT AND GENERAL EXPENSES	30.
FUNDRAISING EXPENSES	372.
TOTAL EXPENSES	21,151.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	21,151.
FORM 990: PART XII, LINE 2C:	
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT O	F THE AUDIT
AND SELECTION OF INDEPENDENT ACCOUNTANT. THIS PROCESS HAS	NOT CHANGED

FROM PRIOR YEAR.

032212 11-20-20

ame of the organizat) or 990-EZ) 2020 tion	Pag Employer identification numb 23-2693372
	NATIONAL BREAST CANCER COALITION	23-2693372
		Schedule O (Form 990 or 990-EZ) 2

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SCHEDULE	R
(5	

(Form 990)

(* ----- ,

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

20

Open to Public Inspection

Employer identification number

23-2693372

Department of the Treasury Internal Revenue Service

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

Name of the organization

NATIONAL BREAST CANCER COALITION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL BREAST CANCER COALITION FUND -	TO EMPOWER & TRAIN BREAST						
52-1782065, 1010 VERMONT AVENUE, NW, SUITE	CANCER ADVOCATES TO BE						
900, WASHINGTON, DC 20005	EFFECTIVE IN EVERY ASPECT.	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		Х

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 NATIONAL BREAST CANCER COALITION

23-2693372 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	-											
											+	
	-											
	4											
	1											
	1											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)		400010		Yes	No		

Schedule R (Form 990) 2020 NATIONAL BREAST CANCER COALITION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X X				
b	b Gift, grant, or capital contribution to related organization(s)							
с	Gift, grant, or capital contribution from related organization(s)	1c	X					
	d Loans or loan guarantees to or for related organization(s)							
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		X				
	Sale of assets to related organization(s)	1g		X X				
h	h Purchase of assets from related organization(s)							
	Exchange of assets with related organization(s)	1i		Х				
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X					
o	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p		X				
q	Reimbursement paid by related organization(s) for expenses	1q		X				
r	Other transfer of cash or property to related organization(s)	1r		Х				
s	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

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Schedule R (Form 990) 2020 NATIONAL BREAST CANCER COALITION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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