Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	2022 calendar year, or tax year beginning and end	ding		
В	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change			23-26933	72
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	r
	Final return/	2001 L STREET, NW 50		202-296-	7477
	termin- ated			G Gross receipts \$	303,164.
	Amend	WASHINGTON, DC 20036		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: FRANCES M. VISCO		for subordinates	? Yes X No
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or	527	· · · · · · · · · · · · · · · · · · ·	list. See instructions
_	Websit		I. v	H(c) Group exemptio	
		organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1994 N	1 State of legal domicile: PA
•		Briefly describe the organization's mission or most significant activities: NBCC'S	MTC	STON TS "TO	FND BREACT
٥	3 1	CANCER THROUGH THE POWER OF ACTION AND ADVO	CACY	." 1011 1D 10	END DIERDI
200	2	Check this box if the organization discontinued its operations or disposed			sets
V	3	Number of voting members of the governing body (Part VI, line 1a)			21
ç	8 4	Number of independent voting members of the governing body (Part VI, line 1b)			20
ď	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
i+i	6	Total number of volunteers (estimate if necessary)			0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u></u> b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		255,959.	303,164.
evenile	9	Program service revenue (Part VIII, line 2g)		0.	0.
B		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	י ייי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 255,959.	0. 303,164.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		255,959.	303,164.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)		136,308.	140,373.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Fynenses	h	Total fundraising expenses (Part IX, column (D), line 25) 34,862		•	•
Ž	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,820.	163,168.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		251,128.	303,541.
	10	Revenue less expenses. Subtract line 18 from line 12		4,831.	-377.
or	Ses		Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		46,260.	51,767.
ASS	ਤੂੰ 21 ⁻	Total liabilities (Part X, line 26)		4,209.	10,093.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		42,051.	41,674.
Р	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
٠.		Signature of officer		I Date	
Sig				Date	
He	re	FRANCES M. VISCO, PRESIDENT Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MARK THOMAS MARK THOMAS		1/14/23 if self-employ	
	parer	Firm's name COUNCILOR, BUCHANAN & MITCHELL, P.O.			2-1711839
	Only	Firm's address 7910 WOODMONT AVE. STE. 500	-	THINIS ENV	
		BETHESDA, MD 20814		Phone no. (3	01) 986-0600
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
					= 000 (aaaa)

Pai	Till Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	17.037
	NBCC'S MISSION IS "TO END BREAST CANCER THROUGH THE POWER OF ACT	
	AND ADVOCACY." NBCC IS MADE UP OF ACTIVISTS WHO SET A PROGRAMMAT	
	RESEARCH AGENDA TO END BREAST CANCER AND USE THE POWER OF ACTION	
	ADVOCACY TO FIGHT THE BREAST CANCER STATUS QUO, OVERCOME BARRIER	<u>.s 10</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services.	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$0, 181. including grants of \$	
4a	(Code:) (Expenses \$2U9, 181. including grants of \$) (Revenue \$) PUBLIC INFORMATION & PUBLIC POLICY PROGRAMS - NBCC FOCUSES ITS F	
	POLICY ADVOCACY ON LEGISLATIVE PRIORITIES THAT ARE MOST LIKELY T	
	FURTHER THE MISSION OF ENDING BREAST CANCER THROUGH THE POWER OF	
	ADVOCACY. SPECIFIC AREAS OF FOCUS INCLUDE LEGISLATION AND POLICI	
	WILL INCREASE FUNDING FOR BREAST CANCER RESEARCH; PROVIDE ACCESS	
	HIGH QUALITY HEALTH CARE AND CLINICAL TRIALS; AND EXPAND THE INF	
	OF BREAST CANCER ADVOCATES EVERYWHERE BREAST CANCER DECISIONS AR	
	NBCC SELECTS ITS LEGISLATIVE PRIORITIES AFTER EXTENSIVE DELIBERA	
	ENSURE THAT SCIENTIFIC EVIDENCE IS INTEGRATED INTO PUBLIC POLICY	
	THE GOAL OF ENDING BREAST CANCER.	
4b	(Code:) (Expenses \$	
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 209,181.	
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	<u> </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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	77
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			, v
40	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		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		122
13	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	13		
10	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,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	"		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u></u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
L	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
4	any tax-exempt bonds? 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	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	<u>A</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Га				
	Check if Schedule O contains a response or note to any line in this Part V			1
,	Enter the number was stad in her 0 of Fermi 4000 February 0 Was to see Backley	1	Yes	No
_))		
b	Enter the Hamber of Forms W 2d included of line 1d. Enter of in the applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2022)

(gambling) winnings to prize winners?

Form 990 (2022) NATIONAL BREAST CANCER COALITION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	nt)?	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 A	ccoun	ts (FBAR).			
5а	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 transactions.			5b		_X_
	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	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	 I	 T	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	3T /	_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	TAT / 7A			
_	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?		NT / 7	9a 9b		
			N/A	90		
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	10a				
11	Section 501(c)(12) organizations. Enter:	100	1			
''	Gross income from members or shareholders N/A	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{}$	12b	Ì			
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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					

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Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
4.	Enter the number of voting members of the governing body at the end of the tax year 21		Yes	No						
ıa	Enter the number of voting members of the governing body at the end of the tax year									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	<u>X</u>							
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 reached at the			,,						
800	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 Revenue Code.)		.,							
10-	Did the averagination have least shorters by another average.	40-	Yes X	No						
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	_						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	Х							
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	I Ia	21							
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 to conflicts?	12b	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122								
	on 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 approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
<u>Sac</u>	exempt status with respect to such arrangements? tion C. Disclosure	16b								
	List the states with which a copy of this Form 990 is required to be filedAL, AR, CA, FL, GA, HI, IL, KS, KY	МΣ	MD	MNT						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s									
10	for public inspection. Indicate how you made these available. Check all that apply.	Or iiy)	uvandi	JI C						
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
.5	statements available to the public during the tax year.	man	ui							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - 202-296-7477									
	2001 L STREET, NW, 500, WASHINGTON, DC 20036									
222006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	I		1011	<u> </u>	ipoi	our	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste		_	ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	onal t		oloye	comp		1099-NEC)		and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) FRANCES VISCO	6.00	드	드	9	3	포늄	5			
PRESIDENT	46.00	х		х				23,942.	183,557.	22,425.
(2) MELANIE WYNE	8.00									
CHIEF POLICY OFFICER	32.00					x		35,175.	140,699.	15,303.
(3) MARY DULANEY	2.00									
CHIEF ADVANCEMENT OFFICER	38.00					Х		8,288.	157,474.	15,278.
(4) MICHELLE TREGEAR	1.00	<u> </u>								
CHIEF PROGRAMS OFFICER	39.00					X		4,240.	165,343.	6,684.
(5) MICHELLE WHEELER	2.00	1								
DIRECTOR OF EXECUTIVE OFFICE	38.00					X		5,482.	104,166.	12,653.
(6) MARA WALKER	2.00	1								
CHIEF OPERATING OFFICER	38.00			Х				4,213.	80,053.	7,883.
(7) KRISTIN WALEGA	2.00	1								
CHIEF OPERATING OFFICER	38.00			Х				2,822.	53,623.	5,687.
(8) MARYLINN MINOR	1.00	1								_
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) BONNIE ANDERSON	1.00	1								_
SECRETARY		Х		Х				0.	0.	0.
(10) BETH EMERY	1.00	1							_	_
TREASURER		Х		Х				0.	0.	0.
(11) MICHELE RAKOFF	1.00									
TRUSTEE		Х						0.	0.	0.
(12) RHONDA TURNER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) JERRY WORDEN	1.00	<u> </u>								
TRUSTEE		Х						0.	0.	0.
(14) ANN FONFA	1.00									
TRUSTEE		Х						0.	0.	0.
(15) CAROL MATYKA	1.00									
TRUSTEE		Х						0.	0.	0.
(16) CHRISTINE CARPENTER	1.00									
TRUSTEE		Х						0.	0.	0.
(17) SHERRY GOLDMAN	1.00	1_						_		_
TRUSTEE		Х						0.	0.	0.
										Earm 990 (2022)

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Form **990** (2022)

Form 9	990 (2022) NATIONAL	BREAST	CA	NC	ER	. C	OA	LI	TION	23-20	<u> 593</u>	372	Р	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Posi			one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatio		am	nount	of
		week	<u> </u>	Cer ai	lu a u	recto	I / II us	iee)	from	from related		l	other	
		(list any hours for	irecto						the	organization			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)		l	om th anizat	
		organizations	ruste	ll trus		ee,	mpen		1099-NEC)	1099-1120)		ı ~	d relat	
		below	Individual trustee or director	Institutional trustee	_	nploy	st co	e.	.555			l	nizati	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18)	FRANCESCA VOGEL	1.00												
TRUST	EE		Х						0.		0.			0.
(19)	JUDI HIRSHFIELD -BARTEK	1.00												
TRUST	EE		Х						0.		0.	<u> </u>		0.
(20)	VALENCIA ROBINSON	1.00									_			
TRUST			Х						0.		0.	<u> </u>		0.
	ROSE MARIE SITKO	1.00												_
TRUST		1 00	Х						0.		0.	<u> </u>		0.
	CHRISTINE NORTON	1.00												^
TRUST		1 00	Х						0.		0.	 		0.
TRUST	ASTRID JIMENEZ	1.00	х						0.		0.			0.
	JENNIE SANTIAGO	1.00	Δ						0.		0.			0.
TRUST		1.00	Х						0.		0.			0.
	TANIA CHOMIAK-SALVI	1.00									-			
TRUST			х						0.		0.			0.
(26)	JOY SIMHA	1.00												
TRUST	EE		X						0.		0.			0.
1b :	Subtotal	•							84,162.	884,91		8!	5,9	
c ·	Total from continuation sheets to Part V								0.	-	0.			0.
	Total (add lines 1b and 1c)								84,162.	884,93	L5.	8 !	5,9	13.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	;			
	compensation from the organization													(
											ſ		Yes	No
3	Did the organization list any former officer	, director, trust	ee, ł	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
1	ine 1a? If "Yes," complete Schedule J for s	uch individual										3		X
	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15											4	X	
	Did any person listed on line 1a receive or													37
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch r	oers	on .				<u></u>	5		X
	on B. Independent Contractors	mnoncoted inc	ممما		at ac	t	t - :		est received more than (100 000 of comm		tion fre		
	Complete this table for your five highest co the organization. Report compensation for										ensai	lon ire	orri	
	(A)	trie Caleridai y	Jai C	Ji IUII	ig w	iui c	JI VVI		(B)	ear.		(C	<u>.,</u>	
	Name and business	address	N	ONE	3				Description of s	ervices	С	comper		n
								_						
								\dashv						
								- 1		ı				

Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 NATIONAL	BREAST	CA	NC	ER:	<u>. C</u>	OA!	<u>.LI</u>	TION	23-269	3372
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	suedi				and related
	organizations below	ual tr	tional		yoldı	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
/27\ I NIDIE IIIMQUEGON	1.00		=	0	~	Ξ.	Œ			
(27) LAURIE HUTCHESON	1.00	v								_
TRUSTEE		Х	_			_		0.	0.	0 .
								-		
			_			_				
			_							
		1								
		1								
		1								
		1								
		1								
	L	1					1			
Total to Dout VIII. Continue A. Line 4										
Total to Part VII, Section A, line 1c								<u> </u>	<u> </u>	

Pai	rt \	ΛIII	Statement of Rev	ven	ue						
			Check if Schedule O c	onta	ains a respo	nse (or note to any lin	e in this Part VIII			
							-	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion Tovorido	Buomicoo revenue	sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
iran		b	Membership dues		1b						
F,G		С	Fundraising events		1c						
ar ji		d	Related organizations		1d		285,000.				
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contri	buti	ons) 1e						
Sign		f	All other contributions, gifts,	grant	ts, and						
the the			similar amounts not included	abov	/e 1f		18,164.				
달		g	Noncash contributions included in I	ines 1	la-1f 1g \$,					
a S		h	Total. Add lines 1a-1f					303,164.			
							Business Code				
စ္ပ	2	а				_					
Program Service Revenue		b				_					
SI		С				_					
ran Seve		d									
οg F		е									
₫		f	All other program service r								
		g	Total. Add lines 2a-2f								
	3	,	Investment income (includ								
	4		Income from investment of		-	-					
	5	•	Royalties								
					(i) Real		(ii) Personal				
	6		Gross rents	<u>6a</u>							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
			Net rental income or (loss)		(:) 0		(::\ Other:				
	7	а	Gross amount from sales of		(i) Securit	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Revenue				7b 7c							
eve			. ,								
	•		Net gain or (loss)			······					
Other	0	а	including \$	•	•						
٦			contributions reported on								
			Part IV, line 18		-	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from f								
	9		Gross income from gaming								
	Ī	_	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from g								
	10		Gross sales of inventory, le								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
_			Net income or (loss) from s								
			, ,				Business Code				
Miscellaneous Revenue	11	а									
ane		b									
eve		С				_					
Aisc B		d	All other revenue								
_			Total. Add lines 11a-11d								

12 Total revenue. See instructions

Form 990 (2022) NATIONAL BREAST CANCER COALITION Part IX Statement of Functional Expenses

0 11	501(1/0) (501(1/4) : ::				
Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	e or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	34,243.	27,331.	3,256.	3,656.
6	Compensation not included above to disqualified	,	,	,	•
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	85,887.	68,592.	8,172.	9,123.
8	Pension plan accruals and contributions (include	23,00.4	23,0321	2,2,20	2,2231
J	section 401(k) and 403(b) employer contributions)	3,469.	2,875.	320.	274.
9	Other employee benefits	9,951.	7,809.	921.	1,221.
		6,823.	5,300.	663.	860.
10	Payroll taxes	0,025.	3,300.	003.	0001
11	Fees for services (nonemployees):				
	Management				
	Legal	12,600.		12,600.	
	Accounting	12,000.		12,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	21 700	20.000	2.4	010
	column (A), amount, list line 11g expenses on Sch 0.)	31,702.	30,868.	24.	810.
12	Advertising and promotion	12,000.	12,000.	0 525	0.012
13	Office expenses	26,171.	7,723.	8,535.	9,913.
14	Information technology	13,641.	11,359.	1,961.	321.
15	Royalties				
16	Occupancy	3,147.	2,411.	300.	436.
17	Travel	11,732.	10,882.	850.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	41,106.	19,785.	21,321.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,190.			5,190.
23	Insurance	1,005.	709.	89.	207.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DATA PROCESSING	4,874.	1,537.	486.	2,851.
b		·	,		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	303,541.	209,181.	59,498.	34,862.
26	Joint costs. Complete this line only if the organization	,	,	,	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	5,615.	2,454.	1,670.	1,491.
		-,	-,	=, 5.55	

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Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			36,442.	1	15,998
	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					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
က္က	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
₹	9	B			1,600.	9	1,600
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	28,510.			
	b	Less: accumulated depreciation	. 10b	25,482.	8,218.	10c	3,028
	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			0.	15	31,141
	16	Total assets. Add lines 1 through 15 (must ed		1	46,260.	16	51,767
	17	Accounts payable and accrued expenses			98.	17	10,093
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ູ	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
<u> </u>		controlled entity or family member of any of th				22	
ਵੱ	23	Secured mortgages and notes payable to unre	lated thin			23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D		·	4,111.	25	0
	26	Total liabilities. Add lines 17 through 25			4,209.		10,093
		Organizations that follow FASB ASC 958, cl					
es		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions		L	42,051.	27	41,674
Bal	28	Net assets with donor restrictions				28	
밀		Organizations that do not follow FASB ASC					
ᆲ		and complete lines 29 through 33.					
ğΙ	29	Capital stock or trust principal, or current fund	s			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			42,051.	32	41,674
_	33	Total liabilities and net assets/fund balances			46,260.	33	51,767

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Pai	T 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		3,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	3,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	2,0	<u>51.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	1,6	74.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

NATIONAL BREAST CANCER COALITION

Employer identification number

23-2693372

Organization type (check one):						
Filers of:		Section:				
Form 99	0 or 990-EZ	X 501(c)(4) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

NATIONAL BREAST CANCER COALITION

23-2693372

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 285,000.	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.)

Name of organization Employer identification number

NATIONAL BREAST CANCER COALITION

23-2693372

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

Name of organization **Employer identification number** NATIONAL BREAST CANCER COALITION 23-2693372 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 Part I (e) Transfer of gift 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 Part I (e) Transfer of gift 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		1(c)(4), (5), or (6) organizat	ions: Complete Part III.		Т	_	
Nam	ne of organi					Emplo	oyer identification number
_		NATIONA	L BREAST CANCER C	COALITION			23-2693372
Pa	art I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 52	7 org	janization.
2	Political ca	ampaign activity expendit	ation's direct and indirect politica ures gn activities				
Pa	art I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).		
1	Enter the a	amount of any excise tax	incurred by the organization unde	er section 4955		\$	
			incurred by organization manage				
			n 4955 tax, did it file Form 4720 f				
	If "Yes," de	escribe in Part IV.					
Pa	art I-C	Complete if the org	anization is exempt unde	er section 501(c), e	except section 5	01(c)	(3).
1	Enter the a	amount directly expended	l by the filing organization for sec	tion 527 exempt function	on activities	\$	
2		0 0	ization's funds contributed to oth	•			
						\$	
3		•	. Add lines 1 and 2. Enter here ar	•			
			1120-POL for this year?				
5			nployer identification number (EIN				
			tion listed, enter the amount paid omptly and directly delivered to a				•
		•	additional space is needed, provi		•	parato	segregated fund of a
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	rom	(e) Amount of political
		(a) Name	(b) Address	(C) EIN	filing organization		contributions received and
					funds. If none, ente		promptly and directly
							delivered to a separate political organization.
							If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

4-Year Averaging Period Under Section 501(h)

\$1,000,000

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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) 2022

Yes

Over \$17,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)h Subtract line 1g from line 1a. If zero or less, enter -0-

reporting section 4911 tax for this year?

i Subtract line 1f from line 1c. If zero or less, enter -0-

Schedule C (Form 990) 2022 NATIONAL BREAST CANCER COALITION 23-26933

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)).

f tha l	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description				o)
n un e i	lobbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
ŀ	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a \	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f (Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	501(a)(5)	or coo	tion	
	501(c)(6).	11 30 1 (0)(3)	, or sec	LION	
<u> </u>					_
				Yes	r
			1	Yes X	
1 \	Were substantially all (90% or more) dues received nondeductible by members?		—		
1 \ 2 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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	e prior year? n 501(c)(5)	2 3 , or sec	X	
1 \ 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section	e prior year? n 501(c)(5) 'No" OR (I), or sec b) Part I	X	
1 \2 [3 [7] 2 art 1 [2 [8]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the ill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No" OR (I), or sec b) Part I	X	
1 \2 [3 [7] 2 art 1 [2 [5]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
1 \2 [3 [0] 2 art 1 [2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
1 \2 [3 [3] 2 art 1 [2] 2 a (4)	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
11 \\22 [33 [1 2 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
1 \ \22 \ [\ \23 \ [\ \24 \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	3, is
1 \ \ 22 \ [\ 33 \ [\ 24 \] \ 3 \ 4 \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (I	2 3), or sec b) Part I	X	
1 \\2 [3] 2 art 1 [2] 6 6 6 7 7 7 7 7 7 7 7 7 7	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expensions.	e prior year? n 501(c)(5) 'No" OR (I	2 3), or sec b) Part I	X	
11 \\22 \[\frac{1}{2} \] 1 \[\frac{1}{2} \] 2 \[\frac{1}{2} \] 4 \[\frac{1}{2} \] 6 \[\frac{1}{2} \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-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." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection **Employer identification number**

Name of the organization

NATIONAL BREAST CANCER COALITION

	23-2693372					
r Ac	counts. Complete if the					
(b) Funds and other accounts						
	•	_				

Pa	organizations Maintaining Donor Advorganization answered "Yes" on Form 990, Part I		or Accounts. Complete if the
	organization answered Tes On Form 990, Fatti	(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 advisor		ed funds
Ū	are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and do		
Ū	for charitable purposes and not for the benefit of the dor		
Pai	rt II Conservation Easements. Complete if the		
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (for example, re	ecreation or education) Preservation of	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	ic structure included in (a)	2c
d	()		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred	d, released, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easeme		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
•	Amount of expenses mounted in monitoring, inspecting,	Training of Violations, and emoreing conservat	non casements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170/	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conse		
	balance sheet, and include, if applicable, the text of the		
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collection	is of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB AS	C 958, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held fo	or public exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its	financial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB AS	SC 958, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for p	public exhibition, education, or research in furth	nerance 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	al treasures, or other similar assets for financial	I gain, provide
	the following amounts required to be reported under FA	_	
а			
<u>b</u>			
LHA	For Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar			her Si		Assets			age Z
3	Using the organization's acquisition, accession							COILLII	ueu)	
Ū	collection items (check all that apply):	on, and other record	o, oncor any or an	c ronowing that mak	o oigi iii	iourit u	50 01 115			
а	Public exhibition	c	I loan or e	xchange program						
b	Scholarly research	6		xonango program						
C	Preservation for future generations	•								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	xempt i	nurnos	se in Part	XIII		
5	During the year, did the organization solicit o						o iii i ai c	,		
Ū	to be sold to raise funds rather than to be ma		•	•				Yes		No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pai		3				,	,		
	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	ons or other assets r	ot inclu	ıded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	•	•	J		ſ			Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year				- 1	1e				
f	Ending balance				[1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial account lia	ability?			Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i		swered "Yes" on							
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years	back_
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered fo	r the			Г	V	NI-
	organization by:							0 13	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.							
· u	Complete if the organization answered) Part IV line 11a	See Form 990 Part	X line	10				
	Description of property	(a) Cost or o			Accur		d	(d) Book	C Value	
	Description of property	basis (investr	` ', '	is (other)	depred		١	(u) BOOR	value	;
12	Land		, 540	(25.)	200.00					
b	Land Buildings									
	Leasehold improvements									
d	Equipment									
	Other			28,510.	2!	5,48	32.		3,02	28.
	I. Add lines 1a through 1e. (Column (d) must e		X column (R) line						3,02	

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 NATIONAL BE	REAST CANCER C	OALITION 23	-2693372 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			l - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-ot-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-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	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
· · · · · · · · · · · · · · · · · · ·) Description		(b) Book value
(1) DUE FROM NATIONAL BREAST	CANCER COALIT	ION FUND	31,141
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15)		31,141
Part X Other Liabilities.	10 10./		<u> </u>
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			

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

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 NATIONAL BREAST CANCER CO			593372 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	303,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
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		3	303,164.
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		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	303,164.
Pa	T XII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			222 514
1	Total expenses and losses per audited financial statements		1	303,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	303,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		5	303,541.
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2	tb; Part V, line 4; Part X, I	line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			,
PAF	RT X, LINE 2:			
NBC	CC REQUIRES THAT A TAX POSITION BE RECOGN	IZED OR DE	RECOGNIZED BA	ASED ON A
<u>"MC</u>	DRE-LIKELY-THAN-NOT" THRESHOLD. THIS APPL	IES TO POS	ITIONS TAKEN	OR
EXI	PECTED TO BE TAKEN IN A TAX RETURN. NBCC	DOES NOT B	ELIEVE ITS FI	INANCIAL
STA	ATEMENTS INCLUDE, OR REFLECT, ANY UNCERTA	IN TAX POS	ITIONS.	
<u>NBC</u>	CC'S FORM 990, RETURN OF ORGANIZATION EXE	MPT FROM II	NCOME TAX RET	TURNS IS
SUE	BJECT TO EXAMINATION BY THE INTERNAL REVE	NUE SERVIC	E GENERALLY E	OR THREE

Schedule D (Form 990) 2022

YEARS AFTER IT IS FILED.

Schedule D (Form 990) 2022 NATIONAL BREAST CANCER COALITION	23-2693372 Page 5
Schedule D (Form 990) 2022 NATIONAL BREAST CANCER COALITION Part XIII Supplemental Information (continued)	
, comment	

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL BREAST CANCER COALITION

Employer identification number 23-2693372

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2022

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANCES VISCO	(i)	23,942.	0.	0.	718.	1,869.		0.
PRESIDENT	(ii)	183,557.	0.	0.	5,507.	14,331.	203,395.	0.
(2) MELANIE WYNE	(i)	35,175.	0.	0.	1,055.	2,005.	38,235.	0.
CHIEF POLICY OFFICER	(ii)	140,699.	0.	0.	4,221.	8,022.	152,942.	0.
(3) MARY DULANEY	(i)	8,288.	0.	0.	263.	501.	9,052.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	157,474.	0.	0.	4,988.	9,526.		0.
(4) MICHELLE TREGEAR	(i)	4,240.	0.	0.	128.	39.		0.
CHIEF PROGRAMS OFFICER	(ii)	165,343.	0.	0.	4,977.	1,540.	171,860.	0.
	(i)							
	(ii)							
	(i)						,869. 26,529. ,331. 203,395. ,005. 38,235. ,022. 152,942. 501. 9,052. ,526. 171,988. 39. 4,407.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL BREAST CANCER COALITION

Employer identification number 23-2693372

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRUE PROGRESS IN SAVING LIVES, AND EMPOWER AND TRAIN SURVIVORS AND ADVOCATES TO BE LEADERS FOR THIS CAUSE. FORM 990, PART VI, SECTION A, LINE 6: THERE SHALL BE ONE CLASS OF MEMBERSHIP IN THIS CORPORATION. TO BECOME A AN INDIVIDUAL OR ENTITY MUST SUPPORT THE NBCC MISSION, AFFIRMATIVELY ACCEPT THE COALITION'S INVITATION TO BECOME A MEMBER, 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 SIGNATURE. 990 IS SHARED WITH FULL BOARD PRIOR TO FILING WITH IRS. FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS REVIEWED WITH FULL PRESENTATION DURING BOARD ORIENTATION (FOR NEW AND RETURNING MEMBERS) EACH YEAR. ALL BOARD AND STAFF, AFTER REVIEWING UPDATED LIST OF VENDORS, COMPLETE NEW FORMS ANNUALLY STATING 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,OR,PA,RI,SC,TN,UT

VA,WI,WV

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL BREAST CANCER COALITION	Employer identification number 23-2693372
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	30,868.
MANAGEMENT AND GENERAL EXPENSES	24.
FUNDRAISING EXPENSES	810.
TOTAL EXPENSES	31,702.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	31,702.
FORM 990: PART XII, LINE 2C:	NE MUE AUDIM
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT C AND SELECTION OF INDEPENDENT ACCOUNTANT. THIS PROCESS HAS	
FROM PRIOR YEAR.	NOT CHANGED

SCHEDULE R (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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL BREAST CANCER COALITION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

23-2693372

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes'	on Form 990, Part IV, line 33	3.		_			_
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling ntity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(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) ct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
NATIONAL BREAST CANCER COALITION FUND - 52-1782065, 2001 L STREET NW, SUITE 500,	TO EMPOWER & TRAIN BREAST CANCER ADVOCATES TO BE EFFECTIVE IN EVERY ASPECT.	DISTRICT OF COLUMBIA	E01/G\/3\	LINE 7	NT / 2			v
WASHINGTON, DC 20036	EFFECTIVE IN EVERY ASPECT.	DISTRICT OF COLUMBIA	501(C)(3)	LINE /	N/A			Х

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

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	strolling Predominant income Share of total Share of Discognitionals Co.		Code V-UBI	General o	Percentage			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one c	or more rel	lated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c	X			
d	d Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		X		
f	f Dividends from related organization(s)				1f		X		
	g Sale of assets to related organization(s)				1g		X		
	n Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	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		Х		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X		
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
o Sharing of paid employees with related organization(s)									
	• • • • • • • • • • • • • • • • • • • •								
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
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		X		
	If the answer to any of the above is "Yes," see the instructions for information on who must co								
	(a) (b) Name of related organization Transa type (o) action	(c) Amount involved	(d) Method of determining amount invo	olved				
1)									
2)									
3)									
4)									
5)									

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R (Form 990) 2022

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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 instructions. Taxpayer identification number (TIN) print NATIONAL BREAST CANCER COALITION 23-2693372 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2001 L STREET, NW, 500 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WASHINGTON, DC 20036 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (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) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION Telephone No. ► 202-296-7477 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)