Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Α	For the	and e 2023 calendar year, or tax year beginning and e	ending			
в	Check if applicabl	C Name of organization		D Employer identific	cation number	
Г	Addre	Address change NATIONAL BREAST CANCER COALITION				
	Name chang			23-26933'	72	
	Initial		Room/suite	E Telephone number		
Ē	Final		500	202-296-		
	termin			G Gross receipts \$	472,256.	
Γ	Ameno			H(a) Is this a group re		
	Applic			for subordinates		
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in		
1	Тах-ехи	empt status: $501(c)(3)$ X $501(c)(4)$ (insert no.) 4947(a)(1) or	r 527		list. See instructions	
	Websit			H(c) Group exemption		
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: PA	
	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: <u>NBCC</u>	S MIS	SION IS "TO	END BREAST	
eo		CANCER THROUGH THE POWER OF ACTION AND ADV				
Governance	2	Check this box if the organization discontinued its operations or dispose			ets.	
ver	3	-		3	22	
ß	4	Number of independent voting members of the governing body (Part VI, line 1b)			21	
8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0	
itie	6	Total number of volunteers (estimate if necessary)			21	
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
		, , ,		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		303,164.	472,256.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
ŭ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		303,164.	472,256.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	134,183.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
c,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		140,373.	169,723.	
lse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 41,70	6.			
Ĥ	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,168.	170,658.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		303,541.	474,564.	
		Revenue less expenses. Subtract line 18 from line 12		-377.	-2,308.	
Assets or A Balances	d		Be	ginning of Current Year	End of Year	
	ii 1					
sets	20 20	Total assets (Part X, line 16)		51,767.	44,307.	
t Assets	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		10,093.	4,941.	
Net	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20				
P	22 art II	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block		10,093. 41,674.	4,941. 39,366.	
P Unc	22 art II der pena	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	10,093. 41,674.	4,941. 39,366.	
P Unc	22 art II der pena	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	and stateme	10,093. 41,674.	4,941. 39,366.	
P Unc	22 art II der pena	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	10,093. 41,674.	4,941. 39,366.	

Here	FRANCES M. VISCO, PRESIDE	N'1'				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	MARK C. THOMAS	MARK C. THOMAS	10/10/24 self-employed P00362982			
Preparer	Firm's name COUNCILOR, BUCHAN	AN & MITCHELL, P.C.	Firm's EIN 52-1711839			
Use Only	Firm's address 7910 WOODMONT AVE	. STE. 500				
	BETHESDA, MD 2081	4	Phone no. (301) 986-0600			
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No			
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

	990 (2023) NATIONAL BREAST CANCER COALITION	23-2693372	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: <u>NBCC'S MISSION IS "TO END BREAST CANCER THROUGH THE POW</u> AND ADVOCACY." NBCC IS MADE UP OF ACTIVISTS WHO SET A F		
	RESEARCH AGENDA TO END BREAST CANCER AND USE THE POWER		
	ADVOCACY TO FIGHT THE BREAST CANCER STATUS QUO, OVERCOM		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
•			XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section $501(a)(4)$ and $501(a)(4)$ accomplishing are required to report the amount of grants and allocations to at	• •	d
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	iners, the total expenses, an	ia
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 368,510 . including grants of \$134,183) (Revenue)	•	0.)
4a	(Code:) (Expenses \$ including grants of \$ 134,183.) (Republic INFORMATION & PUBLIC POLICY PROGRAMS - NBCC FOCU		
	POLICY ADVOCACY ON LEGISLATIVE PRIORITIES THAT ARE MOST		<u> </u>
	FURTHER THE MISSION OF ENDING BREAST CANCER THROUGH THE		
	ADVOCACY. SPECIFIC AREAS OF FOCUS INCLUDE LEGISLATION A		HA'I'
	WILL INCREASE FUNDING FOR BREAST CANCER RESEARCH; PROVI		
	HIGH QUALITY HEALTH CARE AND CLINICAL TRIALS; AND EXPAN		
	OF BREAST CANCER ADVOCATES EVERYWHERE BREAST CANCER DEC	CISIONS ARE MAN	DE.
	NBCC SELECTS ITS LEGISLATIVE PRIORITIES AFTER EXTENSIVE	E DELIBERATION	то
	ENSURE THAT SCIENTIFIC EVIDENCE IS INTEGRATED INTO PUBL	IC POLICY WIT	H
	THE GOAL OF ENDING BREAST CANCER.		
41			
4b	(Code:) (Expenses \$ including grants of \$) (Ref.	evenue \$)
4.		evenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Ret)	evenue \$)
	Other program convises (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses368,510.		00
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 Form 990 (2023)
 NATIONAL BREAST CANCER COALITION

 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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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/	A
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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
-	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/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c). N/A	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		
Ь		10		
		7e		х
		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70	11/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		
•		8		
9	Sponsoring organizations maintaining donor advised funds. N/A Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
		9a Oh		<u> </u>
		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	40-		
а	-	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			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	F	000	(0.00)
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NATIONAL BREAST CANCER COALITION

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

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X

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	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	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY	, MA	, MD ,	, М
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
~	THE ORGANIZATION - 202-296-7477			
	2001 L STREET, NW, 500, WASHINGTON, DC 20036	-	000	10.5
	S 12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(202

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

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DIRECTOR X 0. <t< td=""><td></td><td>1</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1	Х						0.	0.	0.
(15) CHRISTINE CARPENTER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) SHERRY GOLDMAN 1.00 X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.		1.00									-
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(16) SHERRY GOLDMAN 1.00 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. (17) FRANCESCA VOGEL 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		1.00								-	_
DIRECTOR 1.00 X 0.		1	Х						0.	0.	0.
(17) FRANCESCA VOGEL 1.00 X 0. </td <td></td> <td></td> <td>.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>_</td>			.							-	_
DIRECTOR X 0. 0. 0.			X						0.	0.	0.
		1.00								•	<u>^</u>
			Х						0.	Ο.	

332007 12-21-23

Form 990 (2023)

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Form	990	(2023)
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NATIONAL BREAST CANCER COALITION

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Part VII Section A. Officers, Directors, Trust		oloy I	ees,			ghes	st C		· /	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not cl	heck		than o		Reportable	Reportable	Estimated
	hours per week	box	, unles	ss pe	rson i	is botł or/trus	n an	compensation	compensation	amount of
	(list any				1			- from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	In dividual trustee or director	nstitutional trustee		yee	Highest compensated employee		1099-NEC)	1000 1120)	and related
	below	idual 1	ution;	5	mplo	est co	er			organizations
	line)	Indiv	In stit	Officer	Key employee	Highe	Former			-
(18) JUDI HIRSHFIELD-BARTEK	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(19) VALENCIA ROBINSON	1.00									
DIRECTOR		x						0.	Ο.	0.
(20) CHRISTINE NORTON	1.00									
DIRECTOR	1.00	x						0.	Ο.	0.
(21) ASTRID JIMENEZ	1.00									
DIRECTOR		x						0.	0.	0.
(22) MICHELE RAKOFF	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(23) JOY SIMHA	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(24) LAURIE HUTCHESON	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(25) TANIA CHOMIAK-SALVI	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
	1 00	^						0.	0.	0.
(26) SABRINA MAYHEW	1.00	v						0	0	0
DIRECTOR		Х						0.	0.	0.
1b Subtotal								101,602.	1,083,796.	99,604.
c Total from continuation sheets to Part VI								0.	0.	0.
_d Total (add lines 1b and 1c)								101,602.	1,083,796.	99,604.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100,	000 of reportable	0
compensation from the organization										0
										Yes No
3 Did the organization list any former officer,	-		-	•	-		Ŭ			
line 1a? If "Yes," complete Schedule J for si										3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	•							•		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich į	oers	son				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	vith o	or wi	<u>thin</u>	the organization's tax ye	ear.	
(A)								(B)		(C)
Name and business	address	NC	ONE	6				Description of s	ervices C	ompensation
							Τ			
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	to to	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz					(0				
SEE PART VII, SECTION		IN	UA	ΤI	ON	S	HE	ETS	•	Form 990 (2023)

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Form 990 NATIONAL	BREAST	CA	NC	ER	C	:0A	LI	TION	23-269	3372	
		nplo	yee			ligh	est (Compensated Employees (continued)			
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) MOLLY MCDONALD DIRECTOR	1.00	x						0.	0.	0.	
(28) JENNIE SANTIAGO DIRECTOR	1.00	x						0.	0.	0.	
Total to Part VII, Section A, line 1c				<u></u>							

332201 04-01-23

Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	contains a	response	or note to any lin	e in this Part VIII .	(B)	(0)	
							(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
ts t	1	а	Federated campaigns		1a					
irar		b	Membership dues		1b					
¶ Guð		с	Fundraising events		1c					
ar /		d	Related organizations		1d	309,000.				
s, o		е	Government grants (contri	ibutions)	1e					
r Si		f	All other contributions, gifts, g	grants, and						
the			similar amounts not included	above	1f	163,256.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in I	lines 1a-1f	1g \$					
anc		h	Total. Add lines 1a-1f				472,256.			
						Business Code				
Ð	2	а								
, vic		b								
Sei		с								
Program Service Revenue		d								
Bag		е								
Prc			All other program service r	revenue				1		
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)							
	4		Income from investment o							
	5		Royalties							
			,) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·						
	7		Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ē				7b						
Revenue		с		7c						
Jev			Net gain or (loss)							
			Gross income from fundraisin							
Other	Ū		including \$							
•			contributions reported on							
			Part IV, line 18	,						
		b	Less: direct expenses							
			Net income or (loss) from f							
			Gross income from gaming		· –					
	-	-	Part IV, line 19	-						
		þ	Less: direct expenses							
			Net income or (loss) from g			· · · · · · · · · · · · · · · · · · ·				
			Gross sales of inventory, le							
			and allowances			a				
		b	Less: cost of goods sold							
			Net income or (loss) from s							
		-				Business Code				
sno	11	а								
Dec		b						1		
ella		č						1		
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructio				472,256.	0.	0.	0.
33200				115			4/2,230.	. 0.	. 0.	I Form 99(

NATIONAL BREAST CANCER COALITION

332009 12-21-23

Form 990 (2023)

Page **9**

23-2693372

NATIONAL BREAST CANCER COALITION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons		<u>r organizations must con</u> his Part IX		
Do no	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
i	and domestic governments. See Part IV, line 21 🛛 📘	134,183.	134,183.		
2	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	40.000	20 626	2 000	4 250
	trustees, and key employees	40,882.	32,636.	3,888.	4,358.
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	104 000	02 040	0 000	11 150
	Other salaries and wages	104,989.	83,848.	9,989.	11,152.
	Pension plan accruals and contributions (include	1 101	2 0 1 7	300.	257
	section 401(k) and 403(b) employer contributions)	4,404. 10,842.	3,847. 8,507.	1,003.	<u>40/0</u> 1 220
	Other employee benefits	8,606.	6,488.	942.	257. 1,332. 1,176.
		0,000.	0,400.	942.	1,1/0
	Fees for services (nonemployees):				
	Management				
	LegalAccounting	16,424.	224.	16,200.	
	Lobbying	10,1210		10,200.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	33,410.	32,361.	114.	935.
	Advertising and promotion	,			
	Office expenses	35,593.	15,717.	6,144.	13,732.
	Information technology	10,612.	8,865.	1,484.	263
	Royalties				
	Occupancy	5,377.	4,136.	515.	726
	Travel	13,852.	12,614.	1,238.	
	Payments of travel or entertainment expenses				
t	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,655.	24,233.	22,422.	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	3,028.			3,028.
23	Insurance	1,208.	851.	109.	248.
	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.)				1 102
a	DATA PROCESSING	4,499.			4,499.
b					
C.					
d					
	All other expenses			CA 240	11 000
	Total functional expenses. Add lines 1 through 24e	474,564.	368,510.	64,348.	41,706.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	0 775	1 206	1 700	0 107
	Check here X if following SOP 98-2 (ASC 958-720)	8,225.	4,396.	1,702.	2,127. Form 990 (2023

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NATIONAL BREAST CANCER COALITION

23-2693372 Page 11

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			15,998.	1	15,388.
	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 o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual		· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			1,600.	9	12,980.
		Land, buildings, and equipment: cost or other					· ·
		basis. Complete Part VI of Schedule D	10a	15,570.			
	ь	Less: accumulated depreciation		15,570.	3,028.	10c	0.
	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			31,141.	15	15,939.
	16	Total assets. Add lines 1 through 15 (must equ			51,767.	16	44,307.
	17	Accounts payable and accrued expenses			10,093.	17	4,941.
	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 forr					
Liabilities		trustee, key employee, creator or founder, subs		· · · · ·			
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			10,093.	26	4,941.
		Organizations that follow FASB ASC 958, cho	eck here	X	- /		7 -
es		and complete lines 27, 28, 32, and 33.					
anc	27				41,674.	27	39,366.
Bala	28	Net assets with donor restrictions			/ · -	28	
Πpc		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.	·, - · · · ·				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	;			29	
iets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let ,	32	Total net assets or fund balances			41,674.	32	39,366.
Z	33	Total liabilities and net assets/fund balances			51,767.	33	44,307.

Form 990 (2023)

	1990 (2023) NATIONAL BREAST CANCER COALITION	23-26	<u>93372</u>	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			56.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>64.</u> 08.		
3	3 Revenue less expenses. Subtract line 2 from line 1 3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41	.,6'	74.		
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	39	9,3	66.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No		
0.	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		0		x		
2a			2a				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona					
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
h			2b	x			
D	Were the organization's financial statements audited by an independent accountant?		20	<u></u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	e Dasis,					
	X Separate basis Consolidated basis Both consolidated and separate basis						
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	oudit.					
C	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 Sch		20				
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
38			3a		x		
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rod audit	<u>sa</u>				
a	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	or addres, explaint why on somedule of and describe any steps taken to undergo such addres			000			

Form **990** (2023)

332012 12-21-23

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

NATIONAL	BREAST	CANCER	COALITION	
Organization type (check one):				

23-2693372

Filers of:	Section:
Form 990 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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Г

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

NATIONAL BREAST CANCER COALITION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 N/A X Person Payroll 309,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 N/A X Person Payroll 134,183. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Employer identification number

23-2693372

¹⁵

from Description of noncash property given Part I	FMV (or estimate) (See instructions.)	(d) Date received
\$	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
\$\$	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
\$\$	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26-23	\$	

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

NATIONAL BREAST CANCER COALITION

Name of organization

Part II

Employer identification number

23-2693372

323453 12-26-23

2023.04030 NATIONAL BREAST CANCER CO 50238.01

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Schedule	B (Form 990) (2023)		Page 4
Name of c	organization		Employer identification number
NATIO	NAL BREAST CANCER COALI	FION	23-2693372
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in se through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	/h) Durance of sift		(d) Deceription of how with is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	[
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Turnén di mun editione e	(e) Transfer of gi	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
323454 12-20	l 6-23		Schedule B (Form 990) (2023)

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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of or	ganization			Em	ployer identification number		
		L BREAST CANCER CO			23-2693372		
Part I-A	Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 o	rganization.		
2 Politic	al campaign activity expendit	ation's direct and indirect political ures gn activities			\$		
Part I-B	Complete if the org	anization is exempt under	section 501(c)(3)				
		incurred by the organization under			\$		
		incurred by organization managers					
		n 4955 tax, did it file Form 4720 fo					
	s." describe in Part IV.						
Part I-C	Complete if the org	anization is exempt under	section 501(c), e	except section 501(c)(3).		
1 Enter	the amount directly expended	by the filing organization for section	on 527 exempt functio	n activities	\$		
		ization's funds contributed to othe	•				
					\$		
	exempt function expenditures						
		1120-POL for this year?					
made contri	payments. For each organiza butions received that were pro	nployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provide	rom the filing organiza eparate political organ	tion's funds. Also enter th ization, such as a separa	ne amount of political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and 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) 2023

OMB No. 1545-0047

Open to Public

Inspection

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LHA 332041 11-06-23

Schedule C (Form 990) 2023	NATIO anizatio	NAL BR	EAST CANCER	COALITION 1 501(c)(3) and file		2693372 Page 2 ection under
section 501(h)).			•		,	
A Check if the filing organiza	tion belon	as to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e. address. EIN.
expenses, and shar		•	• • •		0	
B Check if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
Limit	ts on Lobi	bying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience nubl	lic opinion (arassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter				h columns		
If the amount on line 1e, column (a) o	i (u) is.		bying nontaxable am			
not over \$500,000,	000		the amount on line 1e.	¢500.000		
over \$500,000 but not over \$1,000			00 plus 15% of the exc			
over \$1,000,000 but not over \$1,50		. ,	00 plus 10% of the exc			
over \$1,500,000 but not over \$17,0	000,000,		00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,		\$1,000,	000.			
g Grassroots nontaxable amount (en		,				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer		er line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations th		a section 5	eraging Period Under 01(h) election do not ate instructions for lii	have to complete all o	of the five columns b	elow.
	Lobi	oying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(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) 2023

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a) (b Yes No Amo		(t	(b)	
	e lobbying activity.			ount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	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 not be 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?	n 501(c)(5)	or sec	tion		
	501(c)(6).		, 0, 000			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I		3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al				
а	Current year		2a			
	Carryover from last year					
	Total		2c			
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		. 5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I.A. line 1: Part I.B. line 4: Part I.C. line 5: Part II.A (affiliated group	list): Part II-A	lines 1 a	nd 2 (see		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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Nam	NATIONAL BREAST CA	NCER COALITION		23-2693372
Pa			unds or Ac	
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		or advised fund	ds
	are the organization's property, subject to the organization's	•		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Forr	m 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education)	ation of a histo	prically important land area
	Protection of natural habitat	Preserv	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in th	ne form of a co	nservation 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 historic stru	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	d by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, hand	lling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	ng conservatio	n easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing co	onservation eas	sements during the year
~				
8	Does each conservation easement reported on line 2d above			
~				
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	iote to the organization's infancial	statements that	at describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures.	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		ement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	,,,,,		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A		J	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b	Assets included in Form 990, Part X			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023 332051 09-28-23

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Sche		L BREAST C						26933'		-age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other S	Similar Ass	ets _{(con}	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checł	k any of the f	following that	t make sigr	nificant use of	its		
	collection items (check all that apply).									
а	Public exhibition		d 🗌	Loan or exc	hange progra	am				
b	Scholarly research		e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organizatio	on's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	ete if the	organizatior	n answered "	Yes" on Fo	rm 990, Part I	V, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.		-			·			
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
			5					Amou	unt	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						·	Yes		No
	If "Yes," explain the arrangement in Part XIII.								Г	Ē
Par										
	· ·	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d	I) Three years ba	ack (e) Fo	our year	s back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1)	a column (a)) held as:					
- a	Board designated or quasi-endowment		%	g, oolanni (a						
h	Permanent endowment	%								
r c		<u> </u>								
U	The percentages on lines 2a, 2b, and 2c sho	•								
39	Are there endowment funds not in the posse		ation the	at are held ar	nd administer	ed for the				
ou	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i		
h	If "Yes" on line 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		JWITTELL	iunus.						
	Complete if the organization answere		0. Part IV	/. line 11a. S	See Form 990	. Part X. lin	ie 10.			
	Description of property	(a) Cost or	,	í –	or other	, ,	umulated	(d) Pc	ok val	
	Description of property	basis (invest		• •	(other)	.,	eciation	(u) BC	JUK Val	ue
10	Land		,	240.0		3001				
-	Land									
b	Buildings									
	Leasehold improvements									
	Equipment			1	5,570.	-	L5,570.			0.
	Other									0.
iotal	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Parl</u>	: X. line 1	Uc. column	<u>(B))</u>	<u></u>		hula D (7		
							Sched	lule D (Fo	rm 990	J) 2023

Part VII	Investments - Other Securities	on Form 000 Dort IV line :	11h Cas Form 000 Dart V line 10	
(a) Descrip	Complete if the organization answered "Yes" of tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	al derivatives	(-)	(-)	,
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.	on Form 000 Port IV line :	11a Cas Form 000 Dart V line 12	
	Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of your market yelyo
(4)	(a) Description of investment	(d) BOOK value	(C) Method of Valdation. Cost of end	roryear market value
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line [.]	11d. See Form 990, Part X, line 15.	
	(a) 1	Description		(b) Book value
(1) DU	E FROM NATIONAL BREAST C	CANCER COALITI	ION FUND	15,939.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				15 000
Total. <u>(Colu</u> Part X	mn (b) must equal Form 990, Part X, line 15, col. Other Liabilities			15,939.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (0, /				
	mn (b) must equal Form 990, Part X, line 25, col.			l
	for uncertain tax positions. In Part XIII, provide ation's liability for uncertain tax positions under			

NATIONAL BREAST CANCER COALITION

Schedule D (Form 990) 2023

332053 09-28-23

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Schedule D (Form 990) 2023

_	dule D (Form 990) 2023 NATIONAL BREAST CANCER COA				2693372 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	485,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	13,637.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	13,637.
3	Subtract line 2e from line 1			3	472,256.
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	472,256.
Ē	Total Povende: A dd integ o and to (This must equal Form 350, Farth, line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Return	
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Return	
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per F	Return	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per F	Return	
1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With 	Expenses per F	Return	488,201.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With 2a 2b 2c 2d	Expenses per F	Return	488,201.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per F	1	488,201.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 2a 2b 2c 2d	Expenses per F	1 2e	488,201.
1 2 b c d 3	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With 2a2b2c2d2d	Expenses per F	1 2e	488,201.
1 2 b c d 3	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a 2b 2c 2d 4a	Expenses per F	1 2e	488,201.
1 2 3 4 3 4	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	488,201. 13,637. 474,564. 0.
1 2 d e 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	488,201. 13,637. 474,564.

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

PART X, LINE 2:

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

332054 09-28-23

	(Form 990) 2023
Dort VIII	Supplement

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2023
332055 09-28-23	

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SCHEDULE I			rants and Oth					OMB	No. 1545-0047
(Form 990)			vernments, an ete if the organization					2	023
Department of the Treasury		Compa		Attach to Forn				Ope	n to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Ins	spection
Name of the organization	on							Employer identific	ation numbe
	NATIONAL	BREAST CAL	NCER COALIT	ION				23-2	693372
Part I General In	formation on Grants a	nd Assistance							
1 Does the organiz	ation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
	ward the grants or assis							Х Үе	s 🛄 N
	IV the organization's pro		<u>u</u> <u>u</u>				/ " = 000 = 1		
	d Other Assistance to nat received more than \$					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
·		1	•			(f) Method of	(r) Description of		of grapt
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assist	
NATIONAL BREAST CA FUND - 2001 L STRI WASHINGTON, DC 200	EET NW, 500 -	52-1782065		134,183.	0.			SPECIAL PURPOSI SCHOLARSHIPS	1
									1
2 Enter total numb	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table					1

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

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

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Schedule I (Form 990) 2023

Part III

NATIONAL BREAST CANCER COALITION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 (e) Number of recipients
 (c) Amount of cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (b) Control of the second sec

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

PART I, LINE 2:

GRANT TO NATIONAL BREAST CANCER COALITION FUND: NBCC MAINTAINS A RECORD TO

ENSURE THAT THE FUNDS ARE USED FOR ADVOCACY SCHOLARSHIP PER DONORS

INSTRUCTIONS.

23-2693372

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	7 2)		
		Compensated Employees		20	Ľ٦)		
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization	1		identificatio		nber		
		NATIONAL BREAST CANCER COALITION	23-2	269337	2			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	_	ation and gross-up payments	s					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
	•			1b	X			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X			
~								
3	,	ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the 050 (5 or other box and the problem is Part III).	on to					
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation							
	·	ompensation consultant						
		ther organizations Approval by the board or compensation of	ommittee					
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 re							
а	-			4a		x		
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				X		
		eive payment from an equity-based compensation arrangement?				x		
•		les 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r							
а	•					X		
		ation?				Х		
		r 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
	contingent on the r	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?						
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2023		

LHA 332111 11-06-23

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANCES VISCO	(i)	28,846.	0.	0.	865.	1,869.		0.
PRESIDENT	(ii)	221,154.	0.	0.	6,635.	14,331.	242,120.	0.
(2) MELANIE WYNE	(i)	36,550.	0.	0.	1,097.	2,186.		0.
CHIEF POLICY OFFICER	(ii)	146,200.	0.	0.	4,386.	8,748.	159,334.	0.
(3) MARY DULANEY	(i)	8,536.	0.	0.	256.	563.	9,355.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	162,183.	0.	0.	4,865.	10,700.		0.
(4) MARA WALKER	(i)	8,473.	0.	0.	254.	575.		0.
CHIEF OPERATING OFFICER	(ii)	160,980.	0.	0.	4,829.	10,916.	176,725.	0.
(5) MICHELLE TREGEAR	(i)	4,425.	0.	0.	133.	41.		0.
CHIEF PROGRAMS OFFICER	(ii)	172,586.	0.	0.	5,178.	1,641.	179,405.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 3:

OFFICER COMPENSATION IS DETERMINED BY THE NATIONAL BREAST CANCER COALITION

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

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

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



23-2693372

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

NATIONAL BREAST CANCER COALITION

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 4:

THE ORGANIZATION UPDATED ITS BY-LAWS ON MAY 8 2024 IN ORDER TO COMPLY WITH

VARIOUS UPDATED MULTIPLE STATE REQUIREMENTS. THE UPDATES INCLUDED CHANGES

TO TERMS, ADDITION OF AN AUDIT COMMITTEE (PER CALIFORNIA LAW), ADDITION OF

ALLOWING INDIVIDUALS NOT ASSOCIATED WITH A QUALIFIED ORGANIZATION TO BE

ELECTED TO THE BOARD AND OTHER CHANGES PER CURRENT PROVISIONS OF

PENNSYLVANIA LAW (BEST PRACTIVES AND CURRENT OPERATIONS).

FORM 990, PART VI, SECTION A, LINE 6:

THERE SHALL BE ONE CLASS OF MEMBERSHIP IN THIS CORPORATION. TO BECOME A

MEMBER, AN INDIVIDUAL OR ENTITY MUST SUPPORT THE NBCC MISSION,

AFFIRMATIVELY ACCEPT THE COALITION'S INVITATION TO BECOME A MEMBER, AND

AFFIRM THEIR MEMBERSHIP BY PAYMENT OF A DESIGNATED INITIATION FEE AND

ANNUAL DUES. MEMBERS OF THIS CORPORATION SHALL BE ENTITLED TO ATTEND THE

CORPORATION'S ANNUAL MEETING, BUT NO MEMBER SHALL HAVE ANY VOTING RIGHTS.

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

THE FORM 990 WAS REVIEWED BY PRESIDENT & AUDIT COMMITTEE CHAIR PRIOR TO

SIGNATURE. THE FORM 990 WAS SHARED WITH FULL BOARD PRIOR TO FILING WITH

IRS.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page											
Name of the organization NATIONAL BREAST CANCER COALITION	Employer identification number 23-2693372										
POLICY IS REVIEWED WITH FULL PRESENTATION DURING BOARD ORI	ENTATION (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, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI, SC TN, VA, WI, WV

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

FINANCIAL STATEMENTS (INCLUDING THE FORM 990), GOVERNING DOCUMENTS

(INCLUDING THE FORM 1023), AND THE CONFLICT OF INTEREST POLICY ARE

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

AND SELECTION OF INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED

FROM PRIOR YEAR.

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

23 Open to Public Inspection

Employer identification number 23-2693372

Name of the organization

Department of the Treasury Internal Revenue Service

NATIONAL BREAST CANCER COALITION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled iity?
				501(c)(3))		Yes	No
NATIONAL BREAST CANCER COALITION FUND -	TO EMPOWER & TRAIN BREAST						
52-1782065, 2001 L STREET NW, 500,	CANCER ADVOCATES TO BE						
WASHINGTON, DC 20036	EFFECTIVE IN EVERY ASPECT.	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 NATIONAL BREAST CANCER COALITION

23-2693372 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	^{ll or} Percentage ^{jing} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
											<u> </u>	
	1											
	1	1	1			1		I	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	512(b contr	i) b)(13) rolled iity?		
		country)				400010	Percentage	Yes	No		

Schedule R (Form 990) 2023 NATIONAL BREAST CANCER COALITION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	<u> </u>
с	Gift, grant, or capital contribution from related organization(s)	1c	Х	<u> </u>
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	L
o	Sharing of paid employees with related organization(s)	10	Х	L
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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Schedule R (Form 990) 2023 NATIONAL BREAST CANCER COALITION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

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