BORLAND BENEFIELD, P.C. 800 SHADES CREEK PKWY, STE 875 BIRMINGHAM, AL 35209

> BREAST CANCER RESEARCH FOUNDATION OF AL 15 OFFICE PARK CIRCLE, SUITE 140 BIRMINGHAM, AL 35223

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Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

CLIENT: 12058.0 DECEMBER 13, 2022

BREAST CANCER RESEARCH FOUNDATION OF AL 15 OFFICE PARK CIRCLE, SUITE 140 BIRMINGHAM, AL 35223

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2021 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE B, SCHEDULE OF CONTRIBUTORS SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND SCHEDULE M, NONCASH CONTRIBUTIONS SCHEDULE O, SUPPLEMENTAL INFORMATION FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION FORM 8879-TE, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	BREAST CANCER RESEARCH FOUNDATION OF AL 15 OFFICE PARK CIRCLE SUITE 140 BIRMINGHAM, AL 35223
Prepared by	BORLAND BENEFIELD, P.C. 800 SHADES CREEK PKWY, STE 875 BIRMINGHAM, AL 35209
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	, 2021, and ending	, 2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer

BREAST CANCER RESEARCH FOUNDATION OF AL Name and title of officer or person subject to tax ELIZABETH BRADNER DAVIS 63-1162650

PRESIDENT AND CEO

Part I Type of Return and Return Informati	on
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

nan oi	ie iii e ii i ait i.		
1a	Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,553,993
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line	5) 4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part I	II, line 22) 10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to	Гах
Jnder	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to	o tax with respect to (name
of entit	y)	, (EIN) a	nd that I have examined a copy of the
		nedules and statements, and, to the best of my knowledge and be Part I above is the amount shown on the copy of the electronic re	

intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box or	nly		
I authorize		to enter my PIN	
_	ERO firm name		Enter five numbers, bu

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax	Date
Doubli Oputification and Authoritication	

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63047721243

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ BORLAND BENEFIELD, P.C.

Date > 11/14/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print BREAST CANCER RESEARCH FOUNDATION OF AL 63-1162650 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 15 OFFICE PARK CIRCLE, SUITE 140 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35223 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 ELIZABETH BRADNER DAVIS Telephone No. ▶ 205-996-5463 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for.

За	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$ 0.

NOVEMBER 15, 2022

__ , and ending

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

I request an automatic 6-month extension of time until

x calendar year 2021 or tax year beginning

L Change in accounting period

the organization named above. The extension is for the organization's return for:

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

Form 8868 (Rev. 1-2022)

, to file the exempt organization return for

EXTENDED TO NOVEMBER 15, 2022

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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.

Inspection

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change BREAST CANCER RESEARCH FOUNDATION OF AL Name change 63-1162650 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ SUITE 140 205-996-5463 15 OFFICE PARK CIRCLE terminated G Gross receipts \$ 1,640,263. City or town, state or province, country, and ZIP or foreign postal code Amended return BIRMINGHAM, AL 35223 H(a) Is this a group return Applica-F Name and address of principal officer: ELIZABETH BRADNER DAVIS JYes IX No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 」501(c) (If "No," attach a list. See instructions J Website: ➤ WWW.BCRFA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 1996 M State of legal domicile: AL Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP FIND A CURE FOR BREAST Activities & Governance CANCER BY FUNDING PROMISING BREAST CANCER RESEARCH AND TO RAISE Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 24 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 30 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 1,094,048 988,858. Revenue Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,266 581. 10 400,560 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 564 554. 1,495,874 1 553 993. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 960,252 1,273,942. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 158,258, 174,387. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 292,178 218,548. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,410,688 1,666,877. 85,186. -112,884. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 569,306, 358 646. Total assets (Part X, line 16) 25.244. 263,224 21 Total liabilities (Part X, line 26) Net/ 306,082. 333,402. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH BRADNER DAVIS, PRESIDENT AND CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JEFFREY D. CHANDLER, CPA P00764759 Paid JEFFREY D. CHANDLER, CPA 11/14/22 self-employed Preparer Firm's name BORLAND BENEFIELD, P.C. Firm's EIN ▶ 63-0721243 Firm's address 800 SHADES CREEK PKWY, STE 875 Use Only BIRMINGHAM, AL 35209 Phone no. 205 - 802 - 7212 May the IRS discuss this return with the preparer shown above? See instructions X Yes

63-1162650

ı u	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO HELP FIND A CURE FOR BREAST CANCER BY FUNDING PROMISING BREAST		
	CANCER RESEARCH AND TO MOTIVATE COMMUNITY AWARENESS AND FUNDING FOR		
	THAT RESEARCH.		
2	Did the organization undertake any significant program services during the year which were not list	ed on the	
_	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m continuo?	Yes X No
3		III Services?	LITES LALINO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	itions to others, the tot	al expenses, and
	revenue, if any, for each program service reported.		
4a		42.) (Revenue \$)
	THE FOUNDATION SPONSORS SEVERAL EVENTS FOR THE PURPOSE OF RAISING FUNDS		
	FOR BREAST CANCER RESEARCH ACROSS ALABAMA. FUNDS EXPAND INNOVATIVE AND		
	LIFE-SAVING RESEARCH AT INSTITUTES ACROSS THE STATE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	4.500.506		·
			Form 990 (2021)

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	.0		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		x
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	11a		_ A
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	Λ	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			١
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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		Х
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	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		_v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
		_		

132003 12-09-21

Form 990 (2021) BREAST CANCER RESEARCH FOUN
Part IV Checklist of Required Schedules (continued)

Fai	Officerist of nequired Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
24 a	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		Х
	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		
25 a	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		Х
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		Х
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		Х
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		Х
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		Х
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			$\Omega\Omega\Omega$	

63-1162650

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

		_			Yes	No
2 a	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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction	?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	L	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
13300	5 12-09-21 6			Form	990	(2021
	114 786654 12058.0 2021.05010 BREAST CANCER I	REST	EARCH FOIIN			
				\		

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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI			Х	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year				
	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				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	3		х	
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		Х	
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		Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
D	persons other than the governing body?	7b		х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5			
	The governing body?	8a	Х		
	Each committee with authority to act on behalf of the governing body?	8b	X		
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21		
9		9		х	
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ	
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.	
40-	Did the same in the second of the state of t	40-	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?	10a		Α	
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
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	X		
13	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official	15a	Х		
b	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.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		Х	
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			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd finar	ncial		
	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				
	ELIZABETH BRADNER DAVIS - 205-996-5463				
	15 OFFICE PARK CIRCLE SUITE 140 BIRMINGHAM AL 35223				

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, 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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	nd a c	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	nstee	trust		ee ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	١.	nploy	st cor	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH BRADNER DAVIS	40.00	 -	†	Ĭ	-	1				
EXECUTIVE DIRECTOR				х				88,711.	0.	7,996.
(2) LAURA HINTON	2.00									
PRESIDENT		х		Х				0.	0.	0.
(3) PHILIP PASSAFIUME	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) BRIAN GRAINGER	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) MAURICIO S. PAPAPIETRO	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MAUDIE DARBY BEDFORD	2.00									
DIRECTOR		Х			<u> </u>			0.	0.	0.
(7) SANDRA LITTLE BROWN	2.00									
DIRECTOR		Х			<u> </u>			0.	0.	0.
(8) GLORIA BUIE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MEREDITH WOODS CARPENTER	2.00									
DIRECTOR	1	Х						0.	0.	0.
(10) VIVIAN WEAVER DAVIS	2.00	1								
DIRECTOR	1	Х						0.	0.	0.
(11) DIANE DUDNEY	2.00	1								
DIRECTOR	1	Х						0.	0.	0.
(12) JAMES L. DYE	2.00	_								
DIRECTOR		Х			<u> </u>			0.	0.	0.
(13) GARY JOHNSON	2.00	_								
DIRECTOR		Х			<u> </u>			0.	0.	0.
(14) KATE KIEFER	2,00	4								
DIRECTOR		Х			<u> </u>			0.	0.	0.
(15) CAROL SUE MITCHELL	2.00	-						_	_	_
DIRECTOR		Х	₩	<u> </u>	<u> </u>	_	<u> </u>	0.	0.	0.
(16) DIANE MOONEY	2.00	 								_
DIRECTOR		Х	-		\vdash	_		0.	0.	0.
(17) CATHLEEN MOORE	2.00	١								_
DIRECTOR	1	Х	<u> </u>					0.	0.	0.

Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			_ (0	-			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	stimate	∍d
	hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	1	ar	nount	of
	(list any		T			T	T	from the	from related organizations		oom	other pensa	tion
	hours for	or director				p		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	trust	nal tru)yee	ompe		1099-NEC)	-		an	d relat	ed
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(10) GAROL MITTIG	·	릴	l su	#0	, Ke	E E	윤						
(18) CAROL MYERS DIRECTOR	2.00	х						0.		0.			0.
(19) WENDY PASCHAL	2.00	 								••			
DIRECTOR		x						0.		0.			0.
(20) RYAN RAMAGE	2.00												
DIRECTOR		Х						0.		0.			0.
(21) DR. CAROLINE REICH	2.00	1											
DIRECTOR		Х				_		0.		0.			0.
(22) GREG SCHUMANN	2.00	,,,								0			0
DIRECTOR (23) GEORGE SHAW	2.00	Х						0.		0.			0.
DIRECTOR	2.00	x						0.		0.			0.
(24) RENEE STEED	2.00												
DIRECTOR		х						0.		0.			0.
(25) JEAN C. THOMPSON	2.00												
DIRECTOR		Х						0.		0.			0.
		4											
4h Cuhtatal								88,711.		0.		7	,996.
1b Subtotal c Total from continuation sheets to Part V								0.		0.		,	, <u>990.</u> 0.
d Total (add lines 1b and 1c)								88,711.		0.		7	,996.
2 Total number of individuals (including but n								eceived more than \$100	0,000 of reportable)			
compensation from the organization													C
												Yes	No
3 Did the organization list any former officer,			•		•		_		•				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15			-					•	tne organization		4		Х
5 Did any person listed on line 1a receive or a								***************************************	idual for services		7		
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors	•				•								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	oens	ation ·	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A) Name and business	address	370						(B) Description of s	envices	_)) eamo	C) nsatio	'n
- Ivanie and business	address	NO	NE				-	Description of s	lei vices		ompe	iisatio	
							_						
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organi						0		,					

132008 12-09-21

Form 990 (2021) BREAST CANCE
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	ny line in this Part VIII		🔲
		·	(A)	(B) (C) (E	
			Total revenue	Related or exempt Unrelated Revenue from tax	
				sections !	
ts	1 a	Federated campaigns1a			
Contributions, Gifts, Grants and Other Similar Amounts	b				
Ω, Ĕ		Fundraising events 1c			
ifts					
nig,		Related organizations 11d Government grants (contributions) 1e 65,	327		
Sir	•	All other contributions, gifts, grants, and	527.		
e ţi	'		531		
등된		***	734.		
n o					
O B	r	Total. Add lines 1a-1f	988,858		
		Business C	Gode		
ice	2 a				
Program Service Revenue	b				
n S	C				
ran ev	c				
οg F	e				
ھ ا	f	All other program service revenue			
	ç	Total. Add lines 2a-2f	>		
	3	Investment income (including dividends, interest, and			
		other similar amounts)	581.	.	581.
	4	Income from investment of tax-exempt bond proceeds	•		
	5	Royalties	•		
	_	(i) Real (ii) Perso	nal		
	6 a				
	b				
	0				
		Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other			
	/ a				
		assets other than inventory 7a			
o l	b	Less: cost or other basis			
ŭ		and sales expenses 7b			
Revenue		Gain or (loss) 7c			
Ř		Net gain or (loss)	<u> </u>		
)ther	8 a	Gross income from fundraising events (not			
ō		including \$ of			
		contributions reported on line 1c). See			
		Part IV, line 18 8a 650,	824.		
	b	Less: direct expenses 86,	270.		
	c	Net income or (loss) from fundraising events	564,554	. 5	64,554.
		Gross income from gaming activities. See			
		Part IV, line 19 9a			
	b	Less: direct expenses 9b			
		Net income or (loss) from gaming activities	>		
		Gross sales of inventory, less returns			
		and allowances 10a			
	r	Less: cost of goods sold 10b			
		Net income or (loss) from sales of inventory	<u> </u>		
\dashv		Business C	Code		
snc	44 ~				
Miscellaneous Revenue	11 a				
Ven	b				
Sce	C				
Ξ		All other revenue			
		Total. Add lines 11a-11d	1 552 002		CF 12=
	12	Total revenue. See instructions	1,553,993	. 0. 0. 5	65,135.

132009 12-09-21

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).

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,273,942.	1,273,942.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,711.	66,533.	22,178.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	62 424	45.604	15.050	
7	Other salaries and wages	63,494.	47,621.	15,873.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 583	T 020	0.643	
9	Other employee benefits	10,573.	7,930.	2,643.	
10	Payroll taxes	11,609.	8,707.	2,902.	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4 000		4 000	
С.	5 ······	4,000.		4,000.	
d	, 3 F				
e	š , ,				
f	Investment management fees				
g	,	165 306	140 030	120	16 220
	column (A), amount, list line 11g expenses on Sch 0.)	165,306.	148,938.	130.	16,238 499
12	Advertising and promotion	23,332.	22,812.	21.	433
13	Office expenses	5,094.	1,125.	369.	3,600
14 45	Information technology	3,094.	1,123.	309.	3,000
15 16	Royalties	1,751.		1,751.	
16 17	Occupancy	889.	393.	496.	
17 10	Travel	005.	373.	470.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	500.			500
19 20	· .	300.			300
20 21	Payments to affiliates				
2 i 22	Depreciation, depletion, and amortization				
22 23	· .	3,857.		3,857.	
23 24	Other expenses. Itemize expenses not covered	5,557.		5,557.	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	POSTAGE	3,202.	1,074.	844.	1,284
b	SUPPLIES	2,867.	1,236.	1,631.	,
c	CREDIT CARD FEES	2,741.	46.	0.	2,695
d	PRINTING AND COPYING	1,155.	1,155.	0.	, , , , , , , , , , , , , , , , , , ,
e	A.II.	3,854.	1,994.	1,860.	
25	Total functional expenses. Add lines 1 through 24e	1,666,877.	1,583,506.	58,555.	24,816
<u> </u>	Joint costs. Complete this line only if the organization	. ,	. ,	,	, , , , , , , , , , , , , , , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Part X Balance Sheet

	II A	Check if Schedule O contains a response or r	ote to	any line in this	Part X			
		·		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				443,336.	1	290,155.
	2	Savings and temporary cash investments				69,136.	2	29,131.
	3	Pledges and grants receivable, net				9,750.	3	0.
	4	Accounts receivable, net				27,292.	4	34,053.
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, sub						
		controlled entity or family member of any of th	nese pe	rsons			5	
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons describ					6	
ξ	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	Prepaid expenses and deferred charges		19,792.	9	5,307.		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D		a				
	b	Less: accumulated depreciation			0.		10c	0.
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line			12			
	13	Investments - program-related. See Part IV, lin			13			
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must ed				569,306.	16	358,646.
	17	Accounts payable and accrued expenses		•		4,674.	17	1,468.
	18	Grants payable		230,000.	18	23,776.		
	19	Deferred revenue		7,550.	19	,		
	20	Tax-exempt bond liabilities		, -	20			
	21	Escrow or custodial account liability. Complet					21	
S	22	Loans and other payables to any current or fo						
Ė		trustee, key employee, creator or founder, sub						
Liabilities		controlled entity or family member of any of the					22	
Ë	23	Secured mortgages and notes payable to unr					23	
	24	Unsecured notes and loans payable to unrela				21,000.	24	
	25	Other liabilities (including federal income tax,				22,000.	27	
	25	parties, and other liabilities not included on lin						
		of Schedule D	163 17-2	14). Oomplete	I all X		25	
	26	Total liabilities. Add lines 17 through 25				263,224.	26	25,244.
	120	Organizations that follow FASB ASC 958, c				200,221.	20	20,211.
es		and complete lines 27, 28, 32, and 33.	HECK H					
auc	27	Net assets without donor restrictions				227,196.	27	304,271.
3ali	28	Net assets with donor restrictions				78,886.	28	29,131.
둳	20	Organizations that do not follow FASB ASC				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	
Ξ		and complete lines 29 through 33.						
ō	20	Capital stock or trust principal, or current fund	de.				29	
ets	29							
Ass	30	Paid-in or capital surplus, or land, building, or					30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			_	306,082.	31	333,402.
Z	32	Total liabilities and not assets fund balances				569,306.	32	358,646.
	33	Total liabilities and net assets/fund balances				309,300.	33	Form 990 (2021)

Form	1990 (2021) BREAST CANCER RESEARCH FOUNDATION OF AL	63-1162650		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	1	,553	<u>,993</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,666,	,877.
3	Revenue less expenses. Subtract line 2 from line 1	3		-112	,884.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		306	,082.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		140,	,204.
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		333	,402.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·····			X
				Yes	No
1	Accounting method used to prepare the Form 990: Lash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	; O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	ļ			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			1
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number BREAST CANCER RESEARCH FOUNDATION OF AL 63-1162650 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		, ,	, ,	<u> </u>	, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop	•		•	•		
	tion C. Computation of Publ						,
14	Public support percentage for 2021 (I	ine 6, column (f), o	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	า			
	33 1/3 % support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	st. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	mstances test, che	eck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a publicl	y supported organ	ization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, <u>, , , , , , , , , , , , , , , , , , </u>	,				
Cal	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	951,152.	872,732.	840,095.	799,222.	1,006,845.	4,470,046.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						_
	are not an unrelated trade or bus-						
	iness under section 513	511,866.	576,437.	312,918.	276,555.	564,554.	2,242,330.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,463,018.	1,449,169.	1,153,013.	1,075,777.	1,571,399.	6,712,376.
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons	49,082.					49,082.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	c Add lines 7a and 7b	49,082.					49,082.
	Public support. (Subtract line 7c from line 6.)	ŕ					6,663,294.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1,463,018.	1,449,169.	1,153,013.	1,075,777.	1,571,399.	6,712,376.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,409.	3,097.	3,286.	1,266.	581.	10,639.
ŀ	unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b	2,409.	3,097.	3,286.	1,266.	581.	10,639.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,465,427.	1,452,266.	1,156,299.	1,077,043.	1,571,980.	6,723,015.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,
_	•						>
Se	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2021 (li		•			15	99.11 %
	Public support percentage from 2020					16	98.23 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.16 %
	Investment income percentage from 2					18	.19 %
19	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						and x
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies as	s a publicly suppo	rted organization	▶∐
20	Private foundation If the organization	n did not obook a k	ooy on line 14 10s	or 10h chack th	is boy and soo ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		103	140
	1		
	2		
	0-		
	3a		
	3b		
	0-		
	3с		
	4a		
	41.		
	4b		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2021

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O1.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	on its supported organizations: it is resonabling at the role played by the organization in this regard.	JU		

BREAST CANCER RESEARCH FOUNDATION OF AL

Sche	dule A (Form 990) 2021 BREAST CANCER RESEARCH FOUNDATION			63-1162650	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (e <i>xplain i</i>	in Part VI). See ins	tructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8		_	
Sect	ion C - Distributable Amount			Current	Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
_5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting o	organization (see	

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 BREAST CANCER RESEAR				3-1162650	Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)		
Sect	on D - Distributions		·		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which to					
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
	Underdistributions, if any, for years prior to 2021 (reason-					
_	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	<u> </u>					
	Applied to underdistributions of prior years Applied to 2021 distributable amount					
	Applied to 2021 distributable amount					
-	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years Applied to 2021 distributable amount					
	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
3						
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
	· ·					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c. Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

Scriedule A	(Point 990) 2021 BREMET CHICER REDERICE TOURDATION OF HE 03 1102030 Fage 6
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
DISQUALIFIED PERSONS - BOARD MEMBERS	49,082.	0.	0.	0.	0.
	,				
Total to Schedule A,	10.005				
Total to Schedule A, Part III, Line 7a	49,082.				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2024

Employer identification number

2021

Schedule B (Form 990) (2021)

OMB No. 1545-0047

BREAST CANCER RESEARCH FOUNDATION OF AL 63-1162650 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	STATE OF ALABAMA ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	TAMERON AUTOMOTIVE GROUP ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35205	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	RENASANT BANK ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	THOMPSON FAMILY FOUNDATION ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	WIND CREEK WETUMPKA ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	ADDRESS AVAILABLE UPON REQUEST	\$\$	Person X Payroll Noncash (Complete Part II for		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	JONES, STEVEN AND CINDY ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	PROTECTIVE LIFE ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	UAB BENEVOLENT FUND ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	WELDEN, CHARLES AND MARY ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	THRIVENT FINANCIAL FOUNDATION ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	ROBERT R MEYER FOUNDATION ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	THE CARING FOUNDATION ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	THOMASVILLE FIRE DEPARTMENT ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$ 9,643.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	STEWART LUBRICANTS & SERVICE COMPANY ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	STANDARD HEATING & AIR CONDITIONING ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$5,261.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	STOKES AUTOMOTIVE ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18	SUSAN MOTT WEBB CHARITABLE TRUST ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	MICHAEL D. THOMPSON ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	VULCAN MATERIALS COMPANY ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	WOMEN'S IMAGING SERVICES ADDRESS AVAILABLE UPON REQUEST BIRMINGHAM, AL 35203	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for		

Name of organization

Employer identification number

BREAST CANCER RESEARCH FOUNDATION OF AL

63-1162650

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

REAST C	ANCER RESEARCH FOUNDATION OF AL			63-1162650		
Part III		through (e) and the following line en charitable, etc., contributions of \$1,000 or	ntry For organ	c)(7), (8), or (10) that total more than \$1,000 for the ye		
(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	Relat	ionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	(b) it dispose of gift	(6) 636 61 gill		(a) Becomption of now girt to not		
		(e) Transfer of gi	 ft			
	Transferee's name, address, a	and ZIP + 4	Relat	ionship of transferor to transferee		
(a) No.						
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			ionship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

BREAST CANCER RESEARCH FOUNDATION OF AL

Employer identification number

Schedule D (Form 990) 2021

63-1162650

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officiality, in	(a) Donor advise	d 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		eld in donor advise	d funds
	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?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	_	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form of	
	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			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or	terminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the per		tion, handling of	
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	rvation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	itorcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above		tfti 170/b)/4//D)/3
8				
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati		-	
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	note to the organization:	s ili lariciai staterriei	its that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its final	•	•	•
b	If the organization elected, as permitted under FASB ASC 95			
-	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			> \$
				L 4
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			• • •
а	Revenue included on Form 990, Part VIII, line 1	~		> \$
	Assets included in Form 990, Part X			

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

Sche	hedule D (Form 990) 2021 BREAST CANCER RESEARCH FOUNDATION OF AL 63-110					63-11626		Page 2	
Pai	t III Organizations Maintaining C	Collections of A	rt, Histe	orical Tr	easures, or O	ther Simi	lar Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that mak	e significan	t use of its		
	collection items (check all that apply):								
а	Public exhibition	d	· ∐ ∟	oan or exc	hange program				
b	Scholarly research	е	· 📙 c	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how the	ey further t	he organization's e	exempt purp	ose in Par	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	sures, or other sim	ilar assets		_	
	to be sold to raise funds rather than to be m							Yes	└─ No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod							_	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					
								Amount	
	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance							1	
	Did the organization include an amount on F					•	L	Yes	└─ No
_	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete						ugara hagir	(-) Four	vooro book
		(a) Current year	(b) Pr	ior year	(c) Two years back	(a) Tillee	years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance			. ,	<u> </u>				
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	ı, column (a	a)) held as:				
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c sho		-41 414		and a destruict at a second for	41	! ! !		
Зa	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid a	na administered to	or the organ	ization	Г	Yes No
	by:								163 140
	(i) Unrelated organizations							3a(i)	
h	(ii) Related organizations	ations listed as requi		hodulo DO				3a(ii)	
4	Describe in Part XIII the intended uses of the							3D	
<u> </u>	t VI Land, Buildings, and Equipn		owment it	anus.					
. u	Complete if the organization answere) Part IV	line 11a S	See Form 990 Part	X line 10			
	Description of property	(a) Cost or o			1	Accumulat	-bet	(d) Book	r value
	pescription or property	basis (investr			,	depreciation		(u) DOOK	value
12	Land	`		54010	(5.1.101)	_ 5p. 00iati0i			
	Land Buildings								
	Buildings		+						
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B). line 1	Oc.)				0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 BREAST CANCER RES	EARCH FOUNDATION OF	AL	63-1162650	Page 3
Part VII Investments - Other Securities.				·
Complete if the organization answered "Yes" of	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year marke	et value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year marke	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		▶	

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

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

FUNDRAISING

86 270.

Schedule D (Form 990) 2021 BREAST CANCER RESEARCH FOUNDATION OF AL	63-1162650	Page 5
Schedule D (Form 990) 2021 BREAST CANCER RESEARCH FOUNDATION OF AL Part XIII Supplemental Information (continued)		
The state of the s		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2021

Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number BREAST CANCER RESEARCH FOUNDATION OF AL 63-1162650 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

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

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Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 BREAST CANCER RESEARCH FOUNDATION OF AL Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events CASINO NIGHT/GOLF (add col. (a) through TOURANMENT CALERA GOES PINK col. (c)) (event type) (event type) (total number) Revenue 310,129 49,894. 290,801. 650,824. 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 310,129 49,894. 290,801. 650,824. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 38,125. 3,078. 3,202. 44,405. 19,045. 16,479 2,566 **7** Food and beverages 800 797 2,119. 8 Entertainment 6,558. 9,185, 4,958. 20,701. Other direct expenses 86,270. **10** Direct expense summary. Add lines 4 through 9 in column (d) 564,554. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain: _

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Schedule G (Form 990) 2021 BREAST CANCER RESEARCH FOUNDATION OF AL	63-1162650	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	•	, -
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶	ount	
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:		
Name		
Address ►		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation > \$		
Gaining manager compensation • • • • • • • • • • • • • • • • • • •		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)): and Part III. lines	9. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,,,	, , , , , , , , ,

Schedule G	(Form 990)	BREAST CANCER RESEARCH FOUNDATION OF AL	63-1162650	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)		_
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	RESEARCH FOUN	DATION OF AL					63-1162650
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pre	ocedures for monit	toring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	_				anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	·	, '	<u>-</u>	1	(f) Method of	1	T
(a) Name and address of organization or government	(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 of grant or assistance
							THE FOUNDATION SPONSORS
O'NEAL COMPREHENSIVE CANCER CENTER							SEVERAL EVENTS FOR THE
AT UAB - 1824 6TH AVENUE SOUTH -							PURPOSE OF RAISING FUNDS
BIRMINGHAM, AL 35294	63-6005396		747,742.	0.			FOR BREAST CANCER
							THE FUNDS ARE USED FOR
CERFLUX, INC.							EXPANDING INNOVATIVE
2140 11TH AVENUE SOUTH, SUITE 308							CANCER RESEARCH AND FOR
BIRMINGHAM, AL 35205	84-3084425		100,000.	0.			PURCHASING NECESSARY
							THE FUNDS ARE USED FOR
SOUTHERN RESEARCH INSTITUTE							EXPANDING INNOVATIVE
2000 NINTH AVE S							CANCER RESEARCH AND FOR
BIRMINGHAM, AL 35205	63-0288868		25,000.	0.			PURCHASING NECESSARY
							THE FUNDS ARE USED FOR
AUBURN UNIVERSITY							EXPANDING INNOVATIVE
202 MARY MARTIN HALL							CANCER RESEARCH AND FOR
AUBURN, AL 36849	63-6000724		131,443.	0.			PURCHASING NECESSARY
							THE FUNDS ARE USED FOR
UNIVERSITY OF SOUTH ALABAMA							EXPANDING INNOVATIVE
390 STUDENT CENTER CIRCLE							CANCER RESEARCH AND FOR
MOBILE, AL 36688	63-0477348		109,999.	0.			PURCHASING NECESSARY
							THE FUNDS ARE USED FOR
UNIVERSITY OF ALABAMA							EXPANDING INNOVATIVE
PROCUREMENT SERVICES BUILDING, BOX							CANCER RESEARCH AND FOR
TUSCALOOSA, AL 35487	63-6001138		50,000.	0.			PURCHASING NECESSARY
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in t	he line 1 table				>
3 Enter total number of other organization	s listed in the line	1 table					

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
UDSONALPHA INSTITUTE FOR IOTECHNOLOGY - 601 GENOME WAY NW							THE FUNDS ARE USED FOR EXPANDING INNOVATIVE CANCER RESEARCH AND FO
HUNTSVILLE, AL 35806	43-2059317		20,000.	0.			PURCHASING NECESSARY

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE FOUNDATION WORKS WITH THE O'NEAL COMPREHENSIVE	CANCER CENTE	R AT UAB TO			
IDENTIFY TOP RESEARCH PROJECTS AT UAB TO RECEIVE BO	CRFA SUPPORT.	THE BCRFA			
SENDS OUT A REQUEST FOR PROPOSALS STATEWIDE TO IDEN	TIFY OTHER B	REAST CANCER			
RESEARCH PROJECTS, WHICH ARE THEN REVIEWED BY OUR N	MEDICAL ADVIS	ORY COUNCIL			
TO DETERMINE WHICH PROJECTS WE CAN SUPPORT WITH THE	E AVAILABLE F	UNDING FOR			
THE YEAR. THE BOARD OF DIRECTORS REVIEWS THE PLANNI	ED SUPPORT PR	IOR TO			
DISBURSEMENT TO THE VARIOUS INSTITUTIONS. THE BCRFA	A RECEIVES PR	OJECT			
UPDATES ANNUALLY TO ENSURE FUNDS ARE BEING UTILIZED) AS INTENDED				

Schedule I (Form 990) BREAST CANCER RESEARCH FOUNDATION OF AL	63-1162650	Page 2
Part IV Supplemental Information		
PART II, LINE 1, COLUMN (H):		
NAME OF ORGANIZATION OR GOVERNMENT:		
O'NEAL COMPREHENSIVE CANCER CENTER AT UAB		
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FOUNDATION SPONSORS SEVERAL		
EVENTS FOR THE PURPOSE OF RAISING FUNDS FOR BREAST CANCER RESEARCH.		
THESE FUNDS ARE CONTRIBUTED TO THE O'NEAL COMPREHENSIVE CANCER CENTER AT		
UAB. THE FUNDS ARE USED FOR EXPANDING INNOVATIVE CANCER RESEARCH AND FOR		
PURCHASING NECESSARY SUPPLIES NEEDED FOR THIS RESEARCH.		
NAME OF ORGANIZATION OR GOVERNMENT: CERFLUX, INC.		
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS ARE USED FOR EXPANDING		
INNOVATIVE CANCER RESEARCH AND FOR PURCHASING NECESSARY SUPPLIES NEEDED		
FOR THIS RESEARCH.		
THE REGISTRESS.		
NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN RESEARCH INSTITUTE		
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS ARE USED FOR EXPANDING		
INNOVATIVE CANCER RESEARCH AND FOR PURCHASING NECESSARY SUPPLIES NEEDED		
FOR THIS RESEARCH.		
NAME OF ORGANIZATION OR GOVERNMENT: AUBURN UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS ARE USED FOR EXPANDING		
INNOVATIVE CANCER RESEARCH AND FOR PURCHASING NECESSARY SUPPLIES NEEDED		
FOR THIS RESEARCH.		
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTH ALABAMA		
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS ARE USED FOR EXPANDING		
INNOVATIVE CANCER RESEARCH AND FOR PURCHASING NECESSARY SUPPLIES NEEDED		

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Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization BREAST CANCER RESEARCH FOUNDATION OF AL **Employer identification number** 63-1162650

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Х 2,295.FAIR VALUE Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 (ADVERTISING S Other > Х 124,075.FAIR VALUE 25 (PROFESSIONAL 26 Other > Х 4,520.FAIR VALUE (MISC. FURNITU Х 3,639.FAIR VALUE 27 Other (GIFT CARDS Х 2,800.FAIR VALUE Other > 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		
	exempt purposes for the entire holding period?	30a	Х
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?	32a	X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

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Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** BREAST CANCER RESEARCH FOUNDATION OF AL 63-1162650 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY AWARENESS AND FUNDING FOR THAT RESEARCH. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY BOARD MEMBERS AT AN AUDIT DRAFT MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN CONFLICT OF INTEREST DISCLOSURE DOCUMENTS FOR EACH TERM THAT THEY SERVE FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS ANNUAL COMPENSATION FOR ALL EMPLOYEES AND THEN VOTES ON ANY ADJUSTMENTS THAT ARE MADE TO COMPENSATION PACKAGES ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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Schedule O (Form 990) 2021