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 OCTOBER 17, 2023

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

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2022 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, 2022

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.

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

ending , 20

2022

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 63-1162650 BREAST CANCER RESEARCH FOUNDATION OF AL Name and title of officer or person subject to tax ELIZABETH BRADNER DAVIS PRESIDENT AND CEO Type of Return and Return Information Part I 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** Form 990 check here ..... 1a **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a Form 990-EZ check here ... 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here ...... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here ..... **b Total tax** (Form 990-T, Part III, line 4) \_\_\_\_\_\_\_6b Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 🗓 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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 only \_\_ I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 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 2022 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. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 63358721243 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 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. 10/17/23 Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

### 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) 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. NOVEMBER 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or

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.

\_\_ , and ending

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form **8868** (Rev. 1-2022)

0.

0

За

3b

\_\_\_ tax year beginning

L Change in accounting period

any nonrefundable credits. See instructions.

# EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning	and ending		
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres				
	Name change	Doing business as		63-1162650	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	te <b>E</b> Telephone numbe	er
	Final return/	15 OFFICE PARK CIRCLE	SUITE 1	205-996-5463	3
	termin ated	City or town, state or province, country, and ZIP or foreign postal c	ode	G Gross receipts \$	1,840,680.
	Ameno			H(a) Is this a group i	return
	Applic	I F Name and address of principal officer: ELIZABETH BRADNER DAV.	IS	for subordinate	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates	
T	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 49	47(a)(1) or 52		a list. See instructions
	Websit		, , , ,	H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Yea	<del></del>	M State of legal domicile; AL
	art I	Summary	•	•	<u> </u>
_	T 1	Briefly describe the organization's mission or most significant activities:	TO HELP FIND	A CURE FOR BREAST	
Governance		CANCER BY FUNDING PROMISING BREAST CANCER RESEARCH AND			
rna	2	Check this box if the organization discontinued its operations	or disposed of mo	ore than 25% of its net a	assets.
Š	3		•	з	24
Ğ	4	Number of independent voting members of the governing body (Part VI,			24
Š		Total number of individuals employed in calendar year 2022 (Part V, line 2			4
iŧi		Total number of volunteers (estimate if necessary)			0
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			
	<del>  ~</del>			Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		988,858,	1,242,104.
Revenue	9	Program service revenue (Part VIII, line 2g)		0	. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		581	666.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		564,554	<del></del>
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), li		1,553,993	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,273,942	<del>+                                    </del>
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	<del></del>
w		Salaries, other compensation, employee benefits (Part IX, column (A), line		174,387	. 208,512.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
ber	h ioa	Total fundraising expenses (Part IX, column (D), line 25)	20,822.	-	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		218,548,	. 362,187.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,666,877	,
		Revenue less expenses. Subtract line 18 from line 12		-112,884	
or or	3	Tovorido 1000 exporibos. Cabitade into 10 from into 12		Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		358,646,	
ASS	21	Total liabilities (Part X, line 26)		25,244.	<del>                                     </del>
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		333,402,	
	art II	Signature Block		,	, ,
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying	schedules and state	ments, and to the best of n	ny knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all informa			,
Sig	ın	Signature of officer		Date	
He		ELIZABETH BRADNER DAVIS, PRESIDENT AND CEO			
	. •	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JEFFREY D. CHANDLER, CPA JEFFREY D. CHANDI	ER CPA	10/17/23 if self-emplo	P00764759
	parer	Firm's name BORLAND BENEFIELD, P.C.		Firm's EIN 6	700
	Only	Firm's address 800 SHADES CREEK PKWY, STE 875		THIII 3 LIN 0	
		BIRMINGHAM, AL 35209		Phone no 201	5-802-7212
		,		11 110110 110.203	<b>-</b>

63-1162650

Pa	art III Statement of Program Service Accomplishments		_
_	Check if Schedule O contains a response or note to any line in this Part III		ᆜ
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.		—
	IIIII RIBBINGII,		_
2	Did the organization undertake any significant program services during the year which wer	e not listed on the	_
_	prior Form 990 or 990-EZ?		0
	If "Yes," describe these new services on Schedule O.		•
3	Did the organization cease conducting, or make significant changes in how it conducts, an	ny program services?	0
_	If "Yes," describe these changes on Schedule O.	,, p9	-
4	Describe the organization's program service accomplishments for each of its three largest	program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants al		
	revenue, if any, for each program service reported.		
4a		,275,000.) (Revenue\$	)
	THE FOUNDATION SPONSORS SEVERAL EVENTS FOR THE PURPOSE OF RAISING FU	UNDS	_
	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 \$	
	(cook) / (s.panaco v	, (1818), (1818)	- ′
			_
			_
			_
4d	Other program services (Describe on Schedule O.)		
	7 1	evenue \$	_
4e	Total program service expenses 1,561,448.	200	
		Form <b>990</b> (20	22)

### 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			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		х
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			
0	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>-</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

232003 12-13-22

# Form 990 (2022) BREAST CANCER RESEARCH FOUN Part IV Checklist of Required Schedules (continued)

	The original of Hodan or contamination		V	N <sub>2</sub>
00	Did the constriction was set to see the set of 000 of swants or other assistance to set ou demonstriction dividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<sub>v</sub>
	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			۱,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K. If "No," go to line 25a	24a		X
	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	١.,		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱,,
	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			۱,,
	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	00-		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf	200		<del></del>
·	"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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	l	l

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

				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 4									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		Х						
За			За		Х						
b	, , , , , , , , , , , , , , , , , , , ,										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$										
	$financial\ account\ in\ a\ foreign\ country\ (such\ as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$	account)?	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 Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		Х						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_ ا		Х						
<b>b</b>	any contributions that were not tax deductible as charitable contributions?		6a		Α						
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		- Gh								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		6b								
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices 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							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w										
·	to file Form 8282?	•	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	l I									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the									
	sponsoring organization have excess business holdings at any time during the year?		8								
9	Sponsoring organizations maintaining donor advised funds.										
а	1 0 0										
b	, , , , , , , , , , , , , , , , , , , ,										
10	Section 501(c)(7) organizations. Enter:	1 1									
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:	المعا									
a	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against	11a									
D	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х						
b	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										
	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 investment	t income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

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

Section A. Governing Body and Management  I a 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 thread submit yet with gride thread and the provided provided thread submit yet with gride thread and the provided provided thread submit yet with gride thread and the provided provided thread submit yet with the provided provided thread submit yet with any other officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management company or other person?  Joint programation delegate control over management duties customatily performed by or under the direct supervision of officers, directors, frustee, or key employees to a management company or other person?  Joint programation make any significant changes to its governing documents since the prior Form 980 was fled?  Joint programation become aware during the year of a significant diversion of the organization sassets?  Joint be organization become aware during the year of a significant diversion of the organization assesser?  Joint be organization between them or stockholders?  Joint be organization between them or stockholders?  Joint be organization than the members of the diversion of the organization or save that the province of the organization or served to for subject to approval by members, stockholders, or persons of the than the governing body?  Joint be organization and submit to act on behalf of the governing body with a submit to with a submit to with a submit to act on behalf of the governing body with a submit to with a submit to act on behalf of the governing body?  Joint be organization than the submit to act on behalf of the governing body with the	0						X					
the extent the number of voting members of the powering body, at the end of the tax year if there are mainted differencian in voting inghts among members of the governing body, or the governing body delegated tread authority to an exoutive committee or similar committee, englain or Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent.  Did not got officer, director, trustee, or key employee?  2	Sec	tion A. Governing Body and Management										
there are material differences in voting rights among numbers of the governing body delegated broad authority to an executive committee or similar committee, epipian on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent    2 bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a family relationship performed by or under the direct supervision of officers, ferectors, trustees, or key employees to a management company or other person?  3			1 1	٦٦		Yes	No					
body delegated broad authority to an executive committee or similar committee, explain on Schedule O.    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 have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?    Did the organization become aware during the year of a significant diversion of the organization states any significant changes to its governing documents since the prior Form 990 was filed?    Did the organization have members or stockholders?   Significant diversion of the organization is assested?   Significant diversion of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   Significant diversion of the organization have members, stockholders, or other persons other than the governing body?   Significant diversion of the organization have members, stockholders, or other persons other than the governing body?   Significant diversion of the organization have written seeming bed or written actions undertaken during the year by the following:    Did the organization and the powering body?   Significant the governing body?   Significant diversion of the governing body?   Significant diversion of the governing body?   Significant the governing body?   Significant diversion of the governing body before filing the form?   Significant diversion of the governing body before filing the form?   Significant diversion of the governing body before filing the form?   Significant diversion of the	1a		1a	24								
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officer, director, tustees, or key employee?  3   Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3   X    4   Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5   Did the organization have members sort stockholders?  6   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?  5   Ara any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5   Ara any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6   Ara any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8   Ara any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8   Ara any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8   Ara any governance decisions of the organization reserved to (or witten actions undertaken during the year by the following:  8   Ara the governance decisions of the decision of the governing body?  9   Sthere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body before filing the form?  9   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).  10   If Yes, 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are	b	Enter the number of voting members included on line 1a, above, who are independent	1b	24								
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officiers, directors, trustees, or key employees to a management company or other person?  of officiers, directors, trustees, or key employees to a management company or other person?  officiers officiers, directors, trustees, or key employees to a significant diversion of the organization's assets?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 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?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  10 Section B. Policies (This Section B requests information)  11 Section B. Policies (This Section B requests information)  12 Did the organization have local chapters, branches, or affiliates?  13 Did the organization have local chapters, branches, or affiliates?  14 Did the organization have local chapters, branches, or affiliates?  15 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization or severage to proceed the organization or severage the p	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other									
of officers, directors, trustees, or key employees to a management company or other person?  4		officer, director, trustee, or key employee?		[	2		Х					
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By the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  list there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O organization's mailing address? If "Yes," provide the names and addresses on Schedule O organization's mailing address? If "Yes," provide the names and addresses on Schedule O organization's mailing address? If "Yes," provide the names and addresses on Schedule O organization have local chapters, branches, or affiliates?  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11b Did the organization have a written conflict of interest policy? If "No," go to line 13  12c I blief organization have a written conflict of interest policy? If "No," go to line 13  12a I blief organization have a written whistleblower policy?  12b I will the organization have a written whistleblower policy?  13c I blief the organization have a written whistleblower policy?  13d I blief the organization have a written whistleblower policy?  14 I blief the organization have a written whistleblower policy?  15 Did the progenization have a written withing and consistently more officency or the following persons include a review and approval by independent persons, comparability duals, and contemporaneous substantia	b											
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<ul> <li>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) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain on Schedule O)</li> </ul> </li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH BRADNER DAVIS - 205-996-5463</li> </ul>	Sec	tion C. Disclosure										
<ul> <li>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) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain on Schedule O)</li> </ul> </li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH BRADNER DAVIS - 205-996-5463</li> </ul>	17	List the states with which a copy of this Form 990 is required to be filed NONE										
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, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH BRADNER DAVIS - 205-996-5463	18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(d	2)(3)	s only	availa	able					
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, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH BRADNER DAVIS - 205-996-5463		for public inspection. Indicate how you made these available. Check all that apply.										
<ul> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH BRADNER DAVIS - 205-996-5463</li> </ul>			on Schedule O)									
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	19	·	*	, and	d finar	ncial						
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			. ,									
ELIZABETH BRADNER DAVIS - 205-996-5463	20		oks and records									

# **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	aniza	ation	oo r	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one	Reportable	Reportable	Estimated
	hours per						th an	compensation	compensation	amount of
	week	_	CCI ai		T CCIC	) / d de	1	from	from related	other
	(list any hours for	· director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	/id ual	tution	ie.	Key employee	lest co	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ELIZABETH BRADNER DAVIS	40.00									
PRESIDENT & CEO				Х				0.	82,230.	2,731.
(2) LAURA HINTON	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) PHILIP PASSAFIUME	2.00									
VICE CHAIR		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) SANDRA LITTLE BROWN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) GLORIA BUIE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MEREDITH WOODS CARPENTER	2.00									
DIRECTOR		Х						0.	0.	0.
(9) VIVIAN WEAVER DAVIS	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DIANE DUDNEY	2.00									
DIRECTOR		Х						0.	0.	0.
(11) JAMES L. DYE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) GARY JOHNSON	2.00									
DIRECTOR		х						0.	0.	0.
(13) KATE KIEFER	2.00									
DIRECTOR		х						0.	0.	0.
(14) CAROL SUE MITCHELL	2.00									
DIRECTOR		х						0.	0.	0.
(15) CATHLEEN MOORE	2.00									
DIRECTOR		х						0.	0.	0.
(16) WENDY PASCHAL	2.00									
DIRECTOR		х						0.	0.	0.
(17) RYAN RAMAGE	2.00									
DIRECTOR		х						0.	0.	0.

232007 12-13-22

Form 990 (2022) BREAST CANO	CER RESEARCH	FOU	NDA	TIO	и о	F A	L		63-1162650	Page 8
Part VII Section A. Officers, Directors, Tr	rustees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below	tee or director	not c	ss pe	more rson irecto	Highest compensated than is bot cor/trus	h an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
	line)	Pul	Inst	ij.	Key	Hig	쥰			_
(18) DR. CAROLINE REICH DIRECTOR	2.00	x						0.	0.	0.
(19) GREG SCHUMANN	2.00									
DIRECTOR		х						0.	0.	0.
(20) GEORGE SHAW	2.00									
DIRECTOR		х						0.	0.	0.
(21) RENEE STEED	2.00									
DIRECTOR		х						0.	0.	0.
(22) JEAN C. THOMPSON	2.00									
DIRECTOR		Х						0.	0.	0.
(23) JILL N. CARTER	2.00									
DIRECTOR		Х						0.	0.	0.
(24) CEYLA. L CASTON	2.00									
DIRECTOR		Х						0.	0.	0.
(25) FRAN CHAIPRAKOB	2.00									
DIRECTOR		Х						0.	0.	0.
(26) GINGER MILAM	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								0.	82,230.	2,731.
c Total from continuation sheets to Part	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								0.	82,230.	2,731.
2 Total number of individuals (including bu	it not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	

compensation from the organization

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

#### **Section B. Independent Contractors**

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

	,		
Name and bu	A) siness address NONE	( <b>B</b> ) Description of service	(C) Ces Compensation

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

Form **990** (2022)

SEE PART VII, SECTION A CONTINUATION SHEETS

orm 990 BREAST CANCER									63-116265	0
Part VII Section A. Officers, Directors, True	ıstees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	<b>(B)</b> Average hours	(cl	heck	Pos	C) ition that		ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) GEORGE C. THOMSPON, JR. ERECTOR	2.00	х						0.	0.	

Form 990 (2022) BREAST CANCE
Part VIII Statement of Revenue

			Check if Schedule O contains a respo	nse	or note to any lin	e in this Part VIII			
			'		,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
σωl									000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a						
اقق			Membership dues 1b						
A,	•	С	Fundraising events1c						
후	(	d	Related organizations 1d						
i,s		е	Government grants (contributions) 1e						
is	1	f	All other contributions, gifts, grants, and						
돌림			similar amounts not included above   1f		1,242,104.				
<u></u>		a	Noncash contributions included in lines 1a-1f		159,558.				
징필		_	Total. Add lines 1a-1f			1,242,104.			
<del>- 1</del>		<u> </u>	Total / Idd II/100 Td Ti		Business Code	, , ,			
	•	_			Business Code				
je	2 :			_					_
ue n		b		_					
n S	(	С		_					_
Program Service Revenue	(	d		_					
5	•	е		_					
ه ا	1	f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, in						
			other similar amounts)						
	4		Income from investment of tax-exempt bo			666.			666.
	5		Royalties						
	3		(i) Real		(ii) Personal				
	_				(ii) i cisoriai				
			Gross rents 6a						
			Less: rental expenses 6b						
	•	С	Rental income or (loss) 6c						
	(	d							
	7 :	а	Gross amount from sales of (i) Securiti	es	(ii) Other				
			assets other than inventory <b>7a</b>						
	1	b	Less: cost or other basis						
ne			and sales expenses 7b						
ther Revenue		С	Gain or (loss) 7c						
Be			Net gain or (loss)						
e e			Gross income from fundraising events (not						
뒿	0 (								
Ŭ			including \$ of						
			contributions reported on line 1c). See	٠.	E07 010				
			,	8a	597,910.				
			Less: direct expenses	8b	89,703.				
			Net income or (loss) from fundraising even			508,207.			508,207.
	9 8	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
	1	b	Less: direct expenses	9b					
	(	С	Net income or (loss) from gaming activities	3					
	10 :	а	Gross sales of inventory, less returns						
				10a					
		b		10b					
			Net income or (loss) from sales of inventor		•				
$\dashv$		<u> </u>	THE INCOME OF (1033) FROM Sales OF INVENTOR	y	Business Code				
snc	44	_			Dasiness Code				
ed ue	11 :			_					
Miscellaneous Revenue		b		_					
Re		С		_					
≝¯			All other revenue						
	(	е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u> .		1,750,977.	0.	0.	508,873.

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63-1162650

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

	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	Grants and other assistance to domestic organizations	1 275 000	1 275 000		
	and domestic governments. See Part IV, line 21	1,275,000.	1,275,000.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
		82,236.		82,236.	
	trustees, and key employees Compensation not included above to disqualified	02,230.		02,230.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	99,833.		99,833.	
	Pension plan accruals and contributions (include	33,033.		35,033.	
	section 401(k) and 403(b) employer contributions)	5,238.		5,238.	
	Other employee benefits	7,541.		7,541.	
	Payroll taxes	13,664.		13,664.	
	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	5,000.		5,000.	
	Lobbying	,,,,,,,		,,,,,,,	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	175,757.	155,825.	3,889.	16,043
	Advertising and promotion	34,473.	34,420.	53.	,
	Office expenses	, ,	, -		
	Information technology	17,288.	7,923.	9,145.	220
	Royalties	, ,	, -	, -	
	Occupancy	14,731.		14,731.	
	Travel	,		,	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance	4,254.		4,254.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	SPECIAL EVENTS	87,210.	86,010.		1,200
b	MISCELLANEOUS	10,394.	349.	9,805.	240
С	SUPPLIES	6,935.	1,072.	5,863.	
d	CREDIT CARD FEES	3,279.	160.		3,119
е	All other expenses	2,866.	689.	2,177.	•
	Total functional expenses. Add lines 1 through 24e	1,845,699.	1,561,448.	263,429.	20,822
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part >	X		
		·	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	290,155.	1	422,058.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	33,414.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	5,307.	9	13,509.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	259,303.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	358,646.	16	728,284.
	17	Accounts payable and accrued expenses	1,468.	17	1,471.
	18	Grants payable		18	208,930.
	19	Deferred revenue		19	19,900.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.		259,303.
	26	Total liabilities. Add lines 17 through 25		26	489,604.
Ø		Organizations that follow FASB ASC 958, check here			
)Ce		and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions		27	238,680.
Ä	28	Net assets with donor restrictions	29,131.	28	0.
Ĕ		Organizations that do not follow FASB ASC 958, check here	_		
F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ξÀ	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances		32	238,680.
	33	Total liabilities and net assets/fund balances	358,646.	33	728,284.

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	,750	<u>,977.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,845	,699.
3	Revenue less expenses. Subtract line 2 from line 1	3			-94	,722.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			333	,402.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10			238	,680.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BREAST CANCER RESEARCH FOUNDATION OF AL

Employer identification number

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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)						
6	Public support. Subtract line 5 from line 4.						
-	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(-,,	(-, : :	(-,	(-,	(-,	(-)
	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the		,				
	organization, check this box and stor	~			•		
Sec	tion C. Computation of Publ						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the d					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	st. The organizatio	n qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	-		* * * * * * * * * * * * * * * * * * * *	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization						
						O alla a alcala. A	(Earm 000) 2022

Schedule A (Form 990) 2022

#### 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	ciow, picase comp	ictor art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(0) 2022	(i) Iotal
•	membership fees received. (Do not						
	include any "unusual grants.")	872,732.	840,095.	799,222.	1,006,845.	1,152,720.	4,671,614.
2	Gross receipts from admissions,	0,1,,,,,,,	010,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,000,010.	2,202,720.	1,0,1,011.
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inace under coction E10	576,437.	312,918.	276,555.	564,554.	597,591.	2,328,055.
4	Tax revenues levied for the organ-	370,437.	312,310.	270,333.	304,334.	337,331.	2,320,033.
4	ization'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						
_	· · · · · ·	1,449,169.	1,153,013.	1,075,777.	1,571,399.	1,750,311.	6 000 660
	Total. Add lines 1 through 5	1,449,109.	1,155,015.	1,075,777.	1,571,399.	1,750,311.	6,999,669.
7 8	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						6,999,669.
		( ) 2242	#1.0040	( ) 2000	( D 000 (	( ) 2000	(n = )
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1,449,169.	1,153,013.	1,075,777.	1,571,399.	1,750,311.	6,999,669.
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	2 007	2 200	1 066	501		0.020
	and income from similar sources	3,097.	3,286.	1,266.	581.		8,230.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	2 007	3 006	1 055	F.0.1		0.020
	Add lines 10a and 10b  Net income from unrelated business	3,097.	3,286.	1,266.	581.		8,230.
• • •	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	1 450 066	1 156 000	1 077 042	1 581 000	1 750 211	
	Total support. (Add lines 9, 10c, 11, and 12.)	1,452,266.	1,156,299.	1,077,043.	1,571,980.	1,750,311.	7,007,899.
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	601(c)(3) organizati	on,
80	check this box and stop here	o Cunnort Dor	······································				<u></u>
	ction C. Computation of Publi			. (7)		1	00.00.00
	Public support percentage for 2022 (li					15	99.88 %
	Public support percentage from 2021 ction D. Computation of Inves					16	99.11 %
	•			10 1 (0)		1	12 01
	Investment income percentage for 20					17	.12 %
	Investment income percentage from 2	•				18	.16 %
198	a 33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box ar	=	-	•	• •		X
ŀ	33 1/3% support tests - 2021. If the	•			•	•	
•	line 18 is not more than 33 1/3%, che						H
20	Private foundation. If the organization	n aid not check a b	oox on line 14, 19a	i. or 19b. check th	is pox and see ins	tructions	1 1

Page 4

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2022

Sche	date 7 (1 cm ccc) LCLL	-1162650	Pa	age <b>5</b>
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 on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office 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 a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	cers, orted		
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type III Supporting Organizations		1,,	<del></del>
	Did the every institute was into the course of the every stand every institute by the last day of the fifth we will after		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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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			
3	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 <b>Part VI</b> 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 instru	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	- <b>/</b> -		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	ns).	
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			
	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			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 BREAST CANCER RESEARCH FOUNDATION			63-1162650	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain	in Part VI). See ins	tructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Currer (optior	
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 (optior	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	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 <b>Part VI</b> ):				
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	organization (see	
	instructions).		_		

Schedule A (Form 990) 2022

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - D	istributions				Current Year			
1	Amount	s paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amount	s paid to perform activity that directly furthers exemp							
	organiza	ations, in excess of income from activity		2					
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	าร	3				
4	Amount	s paid to acquire exempt-use assets			4				
5	Qualifie	d set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6		istributions (describe in Part VI). See instructions.			6				
7	Total a	nnual distributions. Add lines 1 through 6.			7				
8	Distribu	tions to attentive supported organizations to which the	ne organization is responsive	e					
	(provide	details in Part VI). See instructions.			8				
9	Distribu	table amount for 2022 from Section C, line 6			9				
10	Line 8 a	mount divided by line 9 amount			10				
		·	(i)	(ii)		(iii)			
Secti	on E - D	istribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022			
_1_	Distribu	table amount for 2022 from Section C, line 6							
2	Underd	stributions, if any, for years prior to 2022 (reason-							
	able cau	use required - explain in Part VI). See instructions.							
3	Excess	distributions carryover, if any, to 2022							
а	From 20	017							
b	From 20	018							
С	From 20	019							
d	From 20	020							
е	e From 2021								
f	Total of	lines 3a through 3e							
g	Applied	to underdistributions of prior years							
h	Applied	to 2022 distributable amount							
i	Carryov	er from 2017 not applied (see instructions)							
j	Remain	der. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distribu	tions for 2022 from Section D,							
	line 7:	\$							
a	Applied	to underdistributions of prior years							
b	Applied	to 2022 distributable amount							
С	Remain	der. Subtract lines 4a and 4b from line 4.							
5	Remain	ing underdistributions for years prior to 2022, if							
	any. Su	btract lines 3g and 4a from line 2. For result greater							
	than zei	ro, explain in <b>Part VI.</b> See instructions.							
6	Remain	ing underdistributions for 2022. Subtract lines 3h							
	and 4b	from line 1. For result greater than zero, explain in							
		See instructions.							
7	Excess	distributions carryover to 2023. Add lines 3j							
	and 4c.	-,							
8		own of line 7:							
		from 2018							
		from 2019							
		from 2020							
		from 2021							
		from 2022							

Schedule A (Form 990) 2022

Part VJ Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5c, 6b, 9a, 9b, 9c, 11t, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 5, 6c, 6b, 9a, 9c, 9c, 11t, 11b, and 11c; Part IV, Section B, line 1c; Pa	Schedule A	(Form 990) 2022	BREAST	CANCER	RESEARCH	FOUNDATION OF	AL	63-1162650	Page 8
	Part VI	Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, , lines 2 and	4b, 4c, 5: 3; Part I\	a, 6, 9a, 9b, /, Section E	9c, 11a, 11b, and 1 , lines 1c, 2a, 2b, 3a	11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; F	on C, Part V,

# 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.

OMB No. 1545-0047

Employer identification number

2022

BREAST CANCER RESEARCH FOUNDATION OF AL 63-1162650 Organization type (check one): Filers of: Section:  $\times$  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. Schedule B (Form 990) (2022)

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
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	\$ 40,000.	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
3	RENASANT BANK  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4  THOMPSON FAMILY FOUNDATION  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$ 30,400.	Person X Payroll
(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	KAMTEK  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (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
(a)	(b)	(c) Total contributions	(d)
<b>No.</b> 8	Name, address, and ZIP + 4  PROTECTIVE LIFE  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$ 23,660.	Person X Payroll
(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 Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4  WELDEN, CHARLES AND MARY  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	Total contributions  \$\$ 13,000.	Person X Payroll
(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	\$ 13,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.  12	Name, address, and ZIP + 4  ROBERT R MEYER FOUNDATION  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	Total contributions  \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	f 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	\$\$	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	\$\$	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)	(c) Total contributions	(d)
16 	Name, address, and ZIP + 4  STANDARD HEATING & AIR CONDITIONING  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$\$5,610.	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	\$\$11,000.	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	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal 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	\$6,000.	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
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	VULCAN IMAGING ASSOCIATES - WOMEN'S  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	ABACUS INVESTMENTS  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	- \$ 5,000.	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
23	ALABAMA POWER COMPANY - BIRMINGHAM  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$7,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	ALABAMA POWER 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 additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ASSORTED AUCTION PURCHASES  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$14,365. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 26	Name, address, and ZIP + 4  ARC REALTY  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	Total contributions  - \$ 10,068.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	ATG DISTRIBUTION  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4  CENTER POINT FIRE DISTRICT  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	Total contributions  - \$ 9,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	CHILDERSBURG ELKS LODGE  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	- \$ 6,285.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
30	Name, address, and ZIP + 4  COOPER FAMILY ADVISED FUND  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	Total contributions  - \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	CRAMPTON TRUST  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 32	Name, address, and ZIP + 4  CROSSFIT TRUSSVILLE  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	Total contributions  5,000.	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
33	CURTIS, RANDALL AND MELINDA  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	- \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4  HARRIS DOYLE HOMES  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	Total contributions  6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	HILL CREST 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
36	HINTON GIVING FUND  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$ 10,205.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (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
37	HOOVER SERVICE CLUB  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$\$ 7,182.	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
38	HUBBELL POWER SYSTEMS  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$ 7,591.	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
39	LAND AND WATER FOR TOMORROW  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
40	LHOIST NORTH AMERICA  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$ \$ 5,270.	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
41	MILAM, GINGER AND LANE  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
42	MILO'S TEA COMPANY  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$ 6,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MOONEY, DIANNE  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
44	NICHOLS OUTFITTERS  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
45	O'NEAL CANCER CENTER  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$\$	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
46	Name, address, and ZIP + 4  O'NEAL CAMPER  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
47	PASSAFIUME, PHIL  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
48	POARCH BAND OF CREEK INDIANS  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

BREAST CANCER RESEARCH FOUNDATION OF AL

63-1162650

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		
49	RED MOUNTIAN ENTERTAINMENT  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$10,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<b>No.</b> 50	Name, address, and ZIP + 4  RENO REFRACTORIES  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		
51	SOUTHEASTERN JEWELERS  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$5,500.	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		
52	SUBSTATIOM ENGINEERING & DESIGN CORP.  ADDRESS AVAILABLE UPON REQUEST  BIRMINGHAM, AL 35203	\$10,870.	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		
53	THE HARVEY HUBBELL 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		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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
		.   \$	

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** BREAST CANCER RESEARCH FOUNDATION OF AL 63 - 1162650Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE 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** 

63-1162650

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		inds or Accounts. Complete if the
	organization answered Tes On Form 990, Partiv, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	advised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds ca	n be used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purp	pose conferring
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the t	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	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		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated b	y the organization during the tax
	year		
4	Number of states where property subject to conservation ea		<u> </u>
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	servation easements during the year
•	, mount of expenses meaned in membering, meperang, man		sorvation ducemente during the your
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	Ç	
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, c	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statem	ent and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		The state of the s
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		·
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 BREAST CANO	ER RESEARCH FO	UNDATIC	ON OF AL			63-11626	550	Pi	age <b>2</b>
Pai	t III   Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, or Oth	ner Si	milar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that make	signific	cant use of its			
	collection items (check all that apply):									
а	Public exhibition	(	ı 🖳 ı	Loan or excl	hange program					
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organization's ex	empt p	urpose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or other simil	ar asse	ts	_		_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?		L	Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	s or other assets no	ot inclu	ded	_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:		_				
								Amour	it	
С	Beginning balance					<u>L</u>	1c			
d	Additions during the year					<u>L</u>	ld			
е	Distributions during the year					<u>L</u>	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial account liab	oility?		Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i					_				
		(a) Current year	(b) P	rior year	(c) Two years back	(d) In	ree years back	<b>(e)</b> ⊦ou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses					-				
g	End of year balance									
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered for	the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		owment :	funds.						
Pal	t VI Land, Buildings, and Equipm		0 D-:+"	/ lima dd - 0	) Farma (000 D. 1)	v 15 <del>-</del>	0			
-	Complete if the organization answere	1			1	-		. n =		
	Description of property	(a) Cost or o		(b) Cost	' '	Accum		( <b>d</b> ) Boo	k valu	е
		basis (invest	ment)	basis (	(otrier) d	eprecia	LION			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	OtherAdd lines 1a through 1a (Column (d) must a		. V aal:::	nn (D) lin - 1	00)					0

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.	
----------	---------------------------------	--

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

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

# Part VIII Investments - Program Related.

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

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

## Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET FOR OPERATING LEASES	259,303.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	259,303.

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY, LESS CURRENT PORTION	259,303.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	259,303.

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

Schedule D (Form 990) 2022

63-1162650

Par	t XI Reconciliation of Revenue per Audited Financial St		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			
1	Total revenue, gains, and other support per audited financial statements		1	1,750,977.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			0
_	Add lines 2a through 2d			0. 1,750,977.
3	Subtract line 2e from line 1		3	1,750,977.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		10	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12			1,750,977.
_	t XII Reconciliation of Expenses per Audited Financial S			1,730,377.
	Complete if the organization answered "Yes" on Form 990, Part IV, I		sonoco poi motarm	
1	Total expenses and losses per audited financial statements		1	1,845,699.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			1,845,699.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	1,845,699.
Par	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information	l.	
חסגם	X, LINE 2:			
IAKI	A, DINE 2.			
AS O	F DECEMBER 31, 2022, THE FOUNDATION HAD NO UNCERTAIN TAX	POSITIONS		
		1021110112		
THAT	QUALIFY FOR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE	FOUNDATION		
	*			
FILE	S AN ANNUAL FORM 990 WITH THE INTERNAL REVENUE SERVICE.			
-				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:			
-				
FUND	RAISING			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:			
FUND	RAISING			

Schedule D (Form 990) 2022 BREAST CANCER RESEARCH FOUNDATION OF AL	63-1162650	Page <b>5</b>
Schedule D (Form 990) 2022 BREAST CANCER RESEARCH FOUNDATION OF AL  Part XIII Supplemental Information (continued)		

# **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

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization							ntification number	
	CER RESEARCH FOUNDATION OF					63-1162650		
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answert.</li> </ul>	ered "\	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not	
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply				
a Mail solicitations	e Solicita	tion of	non-g	overnment grants				
<b>b</b> Internet and email solicitations	s <b>f</b> Solicita	tion of	gover	nment grants				
c Phone solicitations	<b>g</b> Special	fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individua	l (inclu	ding o	fficers, directors, tru	stees	, or		
key employees listed in Form 990, P	art VII) or entity in connection with p	orofess	ional	fundraising services?	>	L Yes	L∐ No	
<b>b</b> If "Yes," list the 10 highest paid indi		uant to	agree	ements under which	the fu	ındraiser is to b	oe .	
compensated at least \$5,000 by the	organization.							
		/iii	Did		(v)	Amount paid		
(i) Name and address of individual	(ii) Activity	fund	Did aiser ustody	(iv) Gross receipts	to (c	or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(ii) / totivity	or cor	itrol of utions?	from activity		fundraiser sted in col. (i)	organization	
		Yes	No					
		103	110	-				
Total								
3 List all states in which the organization				s or has been notifie	d it is	exempt from re	egistration	
or licensing.								
							0.1	
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedule	G (Form 990) 2022	

Sch	chedule G (Form 990) 2022 BREAST CANCER RESEARCH FOUNDATION OF AL 63-1162650 Page								
Pa	ırt I	rt II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported mo							
		of fundraising event contributions and gr	ts greater than \$5,000.						
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events			
			CASINO NIGHT/GOLF			(add col. (a) through			
			TOURANMENT	CAHABA QUE	12	col. <b>(c)</b> )			
e			(event type)	(event type)	(total number)				
Revenue	١.		244 065	62.642		505 040			
Вè	1	Gross receipts	311,265.	63,643.	223,002.	597,910.			
	_	Lance Contributions							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	311,265.	63,643.	223,002.	597,910.			
	٦	Gross income (line i minus line 2)	311,203.	03,013.	223,002.	337,310.			
	4	Cash prizes							
	5	Noncash prizes							
ses									
ens	6	Rent/facility costs	35,742.	2,738.	6,437.	44,917.			
Direct Expenses									
ect	7	Food and beverages	19,407.	3,100.	3,100.	25,607.			
Ë									
	8	Entertainment		170.	2,703.	3,689.			
	9	Other direct expenses		2,787.	2,472.	15,490.			
	10	, ,				89,703.			
Da	ırt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		2 000 Dort IV line 10 or		508,207.			
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Forn	1990, Part IV, line 19, or	reported more triair				
		ψ13,300 GH1 GH1 330 L2, IIIC 0a.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
eve									
Ω	1	Gross revenue							
S	2	Cash prizes							
Expenses									
ж	3	Noncash prizes							
ct E									
Dire	4	Rent/facility costs							
	_	Other diversity and assessment							
	5	Other direct expenses	Yes %	Yes %	Yes %				
	ء ا	Volunteer labor	No Yes%		Yes %  No				
	١	Volunteer labor	I NO	140	140				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)						
7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)						
			·						
9	En	ter the state(s) in which the organization condi	ucts gaming activities:						
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	If "	No," explain:							
		ere any of the organization's gaming licenses re			year'?	Yes No			
b	ıt "	Yes," explain:							

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 BREAST CANCER RESEARCH FOUNDATION OF AL 63-	-1162650	Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?	Ye	s 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?	☐ Ye	s No
	16	3110
13 Indicate the percentage of gaming activity conducted in:	ایرا	
a The organization's facility		<u>%</u>
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
on rest, enternante and address of the third party.		
Name		
Address		
	,	
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
· · · · · · · · · · · · · · · · · · ·		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
•		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	L Ye	s L No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ıe	
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	d 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)		
		·		

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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.

Open to Public Inspection

ame of the organization  BREAST CANCER	RESEARCH FOUN	DATION OF AL					Employer identification numb
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro-	tance?						
Part II Grants and Other Assistance to E recipient that received more than \$	Domestic Organi	zations and Domesti	c Governments.	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
Name and address of organization or government	( <b>b)</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 noncash assistance	(h) Purpose of grant or assistance
<ul> <li>Enter total number of section 501(c)(3) ar</li> <li>Enter total number of other organizations</li> </ul>							

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

Schedule I (Form 990) 2022 BREAST CANCER RESEARCH	FOUNDATION (	OF AL			63-1162650	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	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 nonca	ash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, Iir	ne 2; Part III, columr	n (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 B	CRFA SUPPORT.	THE BCRFA				
SENDS OUT A REQUEST FOR PROPOSALS STATEWIDE TO IDE	NTIFY OTHER B	REAST CANCER				
RESEARCH PROJECTS, WHICH ARE THEN REVIEWED BY OUR	MEDICAL ADVIS	ORY COUNCIL				
TO DETERMINE WHICH PROJECTS WE CAN SUPPORT WITH TH	E AVAILABLE F	UNDING FOR				
THE YEAR. THE BOARD OF DIRECTORS REVIEWS THE PLANN	ED SUPPORT PR	IOR TO				
DISBURSEMENT TO THE VARIOUS INSTITUTIONS. THE BCRF	A RECEIVES PR	OJECT				
UPDATES ANNUALLY TO ENSURE FUNDS ARE BEING UTILIZE	D AS INTENDED					

45

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. 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

Schedule I (Form 990)

Schedule I (Form 990)

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

BREAST CANCER RESEARCH FOUNDATION OF AL

Inspection Employer identification number

63-1162650

Par	rt I Types of Property								
		(a)	(b)	(c)			(d)	_	
		Check if	Number of contributions or	Noncash contri amounts report			of determir	_	
		applicable		Form 990, Part VII		noncash con	itribution a	mount	S
1	Art - Works of art			·	<u>,                                     </u>				
2	Art - Historical treasures								
	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
	Securities - Closely field stock Securities - Partnership, LLC, or								
11	• • • •								
40	trust interests								
	Securities - Miscellaneous								
13	Qualified conservation contribution -								
44	Historic structures								
	Qualified conservation contribution - Other								
15 10	Real estate - Residential								
16 17	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	X	2			DATE WALLE			
19	Food inventory	Α				FAIR VALUE			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
	Archeological artifacts		_			L			
25	Other (ADVERTISING SER )	X	1			FAIR VALUE			
26	Other (PROFESSIONAL SE )	X	2			FAIR VALUE			
27	Other (MISC. FURNITURE)	Х	1			FAIR VALUE			
28	Other ( GIFT CARDS )	Х	1		0.	FAIR VALUE			
29	Number of Forms 8283 received by the organiz		•						
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least 3 years from the date of t		•	•					
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p						31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		Х
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column	(a) is ch	ecked,			
	describe in Part II.								
_HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedu	ıle M (Fori	n 990)	2022

# **SCHEDULE 0** (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

BREAST CANCER RESEARCH FOUNDATION OF AL

**Employer identification number** 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.