# Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2022 Open to Public

Form 990 (2022)

Department of the Treasury Internal Revenue Service

Internal	Revenu	2022 calendar year, or tax year beginning APR 1, 2022 and ending	MAR 31, 2023	
	-		TOTAL TOTAL PROPERTY OF THE PARTY OF THE PAR	otlas number
- 53	olicable:		D Employer identific	ation number
	Address change Name	THE AMERICAN BREAST CANCER FOUNDATION, I Doing business as	52-203181	4
1	change Initial	Production of the second secon		
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  Room/si  10440 LITTLE PATUXENT PRWY  300	410-730-5	5105
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,981,269.
	Amende return	CODUMBIA, ND ZIU22	H(a) Is this a group re	turn
11	Applica-	I F Name and address of principal diffical. E ACE 0 . 20002	for subordinates'	Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	aluded? Yes No
1 Ta	x-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
JW	ebsite		H(c) Group exemption	
K Fo			ear of formation: 1997 N	State of legal domicile: MD
Pai		Summary		
	1 E	Briefly describe the organization's mission or most significant activities: TO PROVI	DE EDUCATION,	ACCESS AND
nce	I	FINANCIAL ASSISTANCE TO AID IN THE EARLY DETE	CTION, TREATM	ENT, AND
Governance	2 (	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.
Wel	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	10
Ö	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
60	5 1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
Activities &	6 7	Total number of volunteers (estimate if necessary)	6	10
150		Total unrelated business revenue from Part VIII, column (C), line 12		0.
4	bi	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)	2,413,799.	2,173,104.
Revenue		Program service revenue (Part VIII, line 2g)	0.	0.
eVe		nvestment income (Part Vill, column (A), lines 3, 4, and 7d)	145,874.	16,117.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,854.	6,091.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,563,527.	2,195,312.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	227,863.	320,224.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
57		보겠다~ [40] C.	419,701.	399,393.
Expenses	16a l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  203.017	0.	0.
bei	b.	Total fundraising expenses (Part IX, column (D), line 25) 203,017.		
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,086,926.	
-		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,734,490.	2,022,350.
		Revenue less expenses. Subtract line 18 from line 12	829,037.	172,962.
占領			Beginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)	4,017,199.	3,994,392.
ASS A	21	Total liabilities (Part X, line 26)	497,100.	492,512.
2.3	22	Net assets or fund balances. Subtract line 21 from line 20	3,520,099.	3,501,880.
		Signature Block		
Unde	r pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sign		Signature of officer	el Date	2-9.70
Here	)	PAOD 0. DOUBE, CHIEF BARCOTTVE OF LIGHT	or form	
		Type or print name and title	NO IN T	T DTIS
		Print/Type preparer's name Preparer's name Preparer's name	Date Jack Check	PTIN
Pald		ALLAN C. SANDERS	31704 " sell-empro	
Prep		Firm's name KAHN, BERMAN, SOLOMON, TATBEL & MOGO	L PA Firm's EIN 5	2-1365413
Use	Only	Firm's address 307 INTERNATIONAL CIRCLE, SUITE 620	and the second second	101 200 0202
-		HUNT VALLEY, MD 21030	Phone no. ( 4	
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Form 990 (2022)

			Yes	No
1 1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	f "Yes," complete Schedule A	1	X	
	s the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		I	
1	public office? If "Yes," complete Schedule C, Part I	3		X
4 !	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
	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. 98-197 if "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			-
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		22
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
	Schedule D, Part III	0		44
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?	9		X
	If "Yes," complete Schedule D, Part IV	3		
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		X
	or in quasi endowments? # "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
	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
	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		X
	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 167 /f "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
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			Х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	1
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	45		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	-	- 21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	1	X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	11	<del>                                     </del>	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	1	X
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	
19	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
200			1	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ALC: N
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		

Form 990 (2022) THE AMERICAN BREAST CANCER FOUNDATION, I
Part IV Checklist of Required Schedules (continued)

tri X, column (A), line 27 if "Yes," completes Schedule I, Parts I and III de regarization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current of former officiars, directors, frustess, key employees, and highest compensated employees? If "Yes," completes healdle I will be granted and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the strict day of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete healdle K. If "No.," for lone 25e.  24a	Part IX, column (A), line 27 if "Yes," completes Schedule I, Part's land III  22 X  23 Ibid 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, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J  23 X  24 Ibid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes,", answer lines 24b through 24d and complete Schedule J In "Yes," or the Part Yes, and a temporary period exception?  24				Yes	No
d the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current of former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete headule I, which the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st day of the year, that was issued after Discomber 31, 2002? If "Yes," answer lines 24th through 24d and complete headule II, If you go to line 25e.  44a	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, instaless, key employees, and highest compensated employees? If "Yes," complete Schedule V I" Yes, "to replace the stage of the veganization have a tax-exempt bond issue with an outstanding principal amount of me 1941 and compete Schedule K II" "No," for to line 25e.  24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
the former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete the due to organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tot day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete headble K.I. "No.," for this 25c.  44b.  42d.  44b.  45d.  44b.  45d.  44b.  45d.  45	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  Max 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 240 through 24d and complete Schedule K. If "No," go to fine 26d.  24d.  25d.  Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d.  Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d.  Did the organization minest any proceeds of tax-exempt bonds outstanding at any time during the year?  24d.  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d.  Did be the organization and that an "on behalf of" issuer for bonds outstanding at any time during the year?  24d.  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d.  Did the organization exempts that it angaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any off the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person or any oursent or former officer, director, furtures, key employee, creator or founder, usubstantial contributor, or 35% controlled entity or favor or prior that t		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
the dripe of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tid and of the year, that was issued after December \$1, 2002? If "Yes," answer lines 24b through 24d and complete headule K. If "No.", go to line 25e.  44a	Schedule J (4e Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," for to line 25e.  24a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the it day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete headble K. If "No.," for the 25a and the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b dit the organization maintain an escrow account other than a refunding secrow at any time during the year to defease y tax-exempt bonds?  4d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c dit he organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit insaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete theolule L, Part I and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete theolule L Part I are organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, and the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II).  25b X as the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II).  27c Alganily member of any individual described in line 28a? If "Yes," complete Schedule L, Part III.  28a X family member of any individual described in line 28a? If "Yes," complete Schedule N, Part II.  28b C X differentiation one or more individuals and/or organizations described in line 28a or 28b? If "Yes,	Na Dit 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," awayer lines 24b through 2dd and complete Schedule K, If "No," go to live 25a 2da 2da 2da 2da 2da 2da 2da 2da 2da 2d					
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A the dute k. ft "No." go to line 25s.  d the organization wast any proceeds of tax-exempt bonds beyond a temporary period exception?  d the organization maintain an escrow account other than a refunding secrow at any time during the year to defease y tax-exempt bonds?  24d  24d  24d  24d  25d  26d  27d  28d  28d  28d  28d  28d  28d  28	Schedule K, M*No,* go to faire 256 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d Did the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did be organization account as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did be organization account any and the organization continued by the organization engage 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 spords or 990-E27 (""Yes," complete Schedule L, Part I"  25b 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? (""Yes," complete Schedule L, Part II"  26b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? (""yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  27c A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? (""yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  28d A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? (""yes," complete Schedule L, Part IV, instructions for applica	24a				
d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b   24c   24d   2					v
the organization maintain an escrow account other than a refunding escrow at any time during the year to defease yet yet an exempt bonds?  24c the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d cition 80 flo(k)4, 80 flo(k)4, and 80 flo(k)26) organizations. Did the organization engage in an excess benefit mascation with a disqualified person during the year?  25e	Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d    Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a    School (16)(3), 501(6)(4), and 501(6)(3) organizations. Did the organization region in a professor transaction with a disqualified person during the year? If "Yes," complete Schodule L, Part I    25a   X    15b   Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a professor year, and that the transaction has not been reported on any of the organization with a disqualified person in a professor year, and that the transaction has not been reported on any of the organization with a disqualified person in a professor year, and that the transaction provide been reported on any of the organization with a disqualified person in a professor year, and that the transaction provide been reported on any of the organization with a disqualified person in a professor year, and that the transaction provide of the organization provide agent or organization provide some organization provide agent or organization provide some organization provide agent or organization provide schedule fully final provide provide antity final provide agent or organization with one of the following parties (see the Schedule L, Part IV   28a   X   27b   27c   27		Schedule K. If "No," go to line 25a		-	Y
y tax exempt bonds?  dithe organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  246   24	any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501c()3), 501c()4), and 501c()23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b Is the organization engage 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-E27 If "Yes," complete Schedule L, Part I  25b Zi  25c 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 Zeb Zi  27c 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, or family member of any of these persons? If "Yes," complete Schedule L, Part III Zeb Zi  27d Via the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV Zeb Zi  28d A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Zeb Zi  28d A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Zeb Zi  29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Zeb Zi  29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Zeb Zi  29d Did the organization or receive contributions of an intity did the organization or schedule M Z			246	_	$\vdash$
the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d	С		240		
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the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (**Yes,**complete handule**L, Part I / 4 the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons? (***Yes,**complete Schedule**L, Part II / 26	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-E27   !! "Yes," complete Schedule L, Part   25b   X8    25b   X8   25b   2	a.ou		25a		X
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former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons?    "Yes," complete Schedule L, Part II   28   27   28   27   28   27   28   27   28   27   28   27   28   27   28   27   28   27   28   27   28   28	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 27	26		-		
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Page 5

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)	1	v	Al-					
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No					
28	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								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
ь	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
D	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).								
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		31.500					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
Oa	any contributions that were not tax deductible as charitable contributions?	6a		X					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
'n	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	1008-C2								
8	Did - dense advised fried maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	_					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No.					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders.								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	10							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	E550010						
a	Is the organization licensed to issue qualified health plans in more than one state?	100							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the		100						
	Organization is incertised to issue qualified relative plane		A In	1. I					
	Little the amount of reservos or many	14a		X					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	1	1					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1-40							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x					
	excess parachute payment(s) during the year?	10	1000						
المواور	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10							
-	If "Yes," complete Form 4720, Schedule O.		1						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1						
		W-8							
-	If "Yes," complete Form 6069.	For	m 990	(2022					

Form 990 (2022) THE AMERICAN BREAST CANCER FOUNDATION, I 52-2031814 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
ect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 10			
ıa	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
0	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
f CI	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D	persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2000		
8	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	the state of the s		
366	tion B. Folicies (This Section B requests information about policies not required by the internal terends code.)		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	2	1000		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	military and analysis and antiques compliance with the policy? If Illinois I describe	18.00		$\top$
C		12c	X	
	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	1	1
14	Did the organization have a written document retention and destruction policy?	1200	111111111111111111111111111111111111111	NAME OF
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	X	1000000
a	The organization's CEO, Executive Director, or top management official	15b	40	-
b	Other officers or key employees of the organization	100		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			141
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	A CONTRACTOR	X
(X)	taxable entity during the year?	100		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
_	exempt status with respect to such arrangements?	TOD	_	-
Sec	tion C. Disclosure	TT.	TN	KS
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, FL, GA	o only	, and	pla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	o orny	avant	DIG
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)	d for-	laint	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	u nnar	içidi	
	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			
	PAUL J. LOUBE, CEO - 410-730-5105			
	14 GALESVILLE CT, GAITHERSBURG, MD 20878		-	

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

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

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

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

Check this box if neither the organiza  (A)  Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PAUL J. LOUBE	40.00									
CHIEF EXECUTIVE OFFICER				X	_	_		173,040.	0.	0.
(2) PAT PATTERSON	20.00				1					
CHAIRMAN OF THE BOARD		X	_	X	_	_	_	0.	0.	0.
(3) MICHELE ADAMS	1.00				1					0
VICE CHAIR		X	_	X	_	-	_	0.	0.	0
(4) DON KAHN	1.00									0
TREASURER		X	_	X	_	-	_	0.	0.	0
(5) TERRI HALL	1.00	-							0.	0
SECRETARY		X	-	X	-	-	-	0.	U.	0
(6) BRENDA LOUBE	1.00	ł.,						0.	0.	0
CHAIR EMERITA	1 00	X	-	-	+	+	-	0.	0.	U
(7) TRACEY SUMLER	1.00	-						0.	0.	0
BOARD MEMBER	1 00	X	+	$\vdash$	+	+	$\vdash$	0.	0.	
(8) DR. DARRYN BAND ADVISORY BOARD MEMBER	1.00	x						0.	0.	0
(9) DR. JEFFREY A. MARCUS	1.00	-	T	$\vdash$	+	+	+			
ADVISORY BOARD MEMBER	2100	x						0.	0.	0
(10) DR. MARIA KOWUN	1.00	T	T	T		1	$\top$			
ADVISORY BOARD MEMBER		X						0.	0.	0
(11) DR. MARSHALEE GEORGE	1.00	T	T	T	T		T			
ADVISORY BOARD MEMBER		X	+	-	+		+	0.	0.	0
		+	T	1	T		T			
		1								
		1	-							
		1	+	+	-	-	-			

Form 990 (2022)

The Federated campaigns and the section of the sect			Check if Schedule O	Joine	ans a 185	01158 0	note to any lin	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
1 a Federated campaigns								Total revenue			from tax under sections 512 - 514
Membarship dues		34497		-	- 14	1	10 001		1		3000013 012 014
Business Code    Business Code   Business Code   Business Code	2日 1		parties such a margin and law of the control of the		10000000	_	10,331.				
Business Code    Business Code   Business Code	nor nor	770	The state of the s								
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Business Code    Business Code   Business Code	E La			7.	100	12.	160 112				
Business Code    Business Code   Business Code	員				/e 11	4,	754 755				
Business Code    Business Code   Business Code	E E	~			-			2 172 104			
2 a b b c c c c c c c c c c c c c c c c c	5 78	h	Total. Add lines 1a-1f					2,173,104.			
Total							Business Code				
Total, Add lines 2a-2f	3 2	a			-						
Total, Add lines 2a-2f	9	b		_							
Total. Add lines 2a-2f   Investment income (including dividends, interest, and other similar amounts)   67 , 283 .   67	8 2	C									
Total, Add lines 2a-2f	e A	d		_							
Total, Add lines 2a-2f	50	0									
3   Investment income (including dividends, interest, and other similar amounts)   67,283.   677,1	Ξ	f	All other program service	reve	nue						Service (Service Control Contr
other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  6 b Less: rental expenses  6 c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  C Gain or (loss)  7 a Gross income from fundraising events (not including \$		q									
4 Income from Investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) 6 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 a Gross anount from sales of inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 a Gross income from fundraising events (not including \$\frac{1}{100}\$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 Less: direct expenses C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold tob C Net income or (loss) from sales of inventory  8 Business Code 5 41900 6 6,091. 6 6,091. 6 7031.	3		Investment income (include	ding	dividend	s, interes	st, and	University (Managerica)			
Securities   (i) Real   (ii) Personal   (ii) Personal   (ii) Real   (ii) Personal								67,283.			67,283.
G a Gross rents   Ga   Gi) Real   Gi) Personal   Ga   Ga   Ga   Ga   Ga   Ga   Ga	4		Income from investment of	of tax	x-exempt	bond pr	roceeds				
G a Gross rents   Ga   Gi) Real   Gi) Personal   Ga   Ga   Ga   Ga   Ga   Ga   Ga	5										
D					(i) F	eal	(ii) Personal				
D	6	а	Gross rents	6a					1		
C   Rental income or (loss)   6c		100	***************************************	-	1						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				-							
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses   To -48,7622,404.   Coain or (loss)   To -48,7622,404.   To contributions reported on line 1c). See Part IV, line 18   Business direct expenses   To Hot income or (loss) from fundraising events   Part IV, line 18   Business code   To -48,7622,404.   To -48,7622,404.   To -48,7622,404.   To -51,166.   To -51, 166.   To -51, 166				-	-						
assets other than inventory b Less: cost or other basis and sales expenses		10.700	그림 전에 하고 있다면 하면 되는데 되었다면 하는데 하는데 되었다면 네	"				The state of the state of	A DESCRIPTION OF THE PARTY OF T		
b Less: cost or other basis and sales expenses	1 '	a		70	-						
and sales expenses				10	1 3 2 /						
C Gain or (loss) 7c-48,7622,404. d Net gain or (loss) -51,16651,  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	2000	D		-71	783	553	2 404				
contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code 541900 6,091. 6,  All other revenue e Total. Add lines 11a-11d 6,091.	ğ			-	L18	762	-2 404				
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Part IV, line 18	0		including \$		4 ) 0	ar					
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Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  11 a MISCELLANEOUS  Business Code  4 All other revenue c Total. Add lines 11a-11d  6,091.							T				
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C Net income or (loss) from sales of inventory  Business Code  541900 6,091. 6,  All other revenue  Total. Add lines 11a-11d 6,091.									Market 1		
11 a MISCELLANEOUS   541900   6,091.   6,						ter leaven					
11 a MISCELLANEOUS 541900 6,091. 6,  b c d All other revenue e Total. Add lines 11a-11d 6,091.		C	c Net income or (loss) from sales of inventory				<del></del>				The state of the s
b b c d All other revenue e Total. Add lines 11a-11d 6,091.	10		ANALONA AND STREET AND STREET AND STREET				-				6 664
e Total. Add lines 11a-11d 0, 021.	7 11	a	MISCELLANEOUS	5			541900	6,091.			6,091.
e Total. Add lines 11a-11d	nu	b									
e Total. Add lines 11a-11d	elle				ynus e						
e Total. Add lines 11a-11d	B		All other revenue								
0 105 212 0 0 22	Σ							6,091			
12 Total revenue. See instructions 2,195,312. 0. 0. 22,	10					71 11 11 11 11		2,195,312		. 0.	22,208

2-	Check if Schedule O contains a response	(A)	(B)	(C)	(D) Fundraising
7b, 81	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	197,500.	197,500.		
-	Grants and other assistance to domestic individuals. See Part IV, line 22	122,724.	122,724.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	174,916.	139,933.	17,492.	17,491
	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	168,179.	116,044.	23,545.	28,590
8	Pension plan accruals and contributions (include	10,048.	6,933.	1,407.	1,708
	section 401(k) and 403(b) employer contributions)	21,733.	14,996.	3,043.	3,694
	Other employee benefits	24,517.	16,917.	3,432.	4,168
	Payroll taxes Fees for services (nonemployees):	24,311.	10,317.	3,234.	2,200
	Management				
	Legal	19,864.		6,251.	13,613
	Accounting	79,377.	1,334.	67,674.	10,369
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	17,854.		17,854.	
	Other. (If line 11g amount exceeds 10% of line 25,	C 100	4 277	868.	1,054
	column (A), amount, list line 11g expenses on Sch 0.)	6,199.	4,277. 941,789.	000.	110,888
12	Advertising and promotion	1,052,677.	12,034.	7,205.	1,921
13	Office expenses	26,919.	14,584.	8,184.	4,151
14	Information technology	20,2220	14,302.	0/2021	
15	Royalties	9,847.	6,720.	1,021.	2,106
16	Occupancy	6,689.	4,854.	1,431.	404
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0 505		0.707	
20	Interest	2,707.		2,707.	
21	Payments to affiliates	2 149	1,074.	537.	537
22	Depreciation, depletion, and amortization	2,148. 9,913.	6,840.	1,388.	1,685
23	Other expenses. Itemize expenses not covered	3,313.	0,040.	Valoritation in the same of the same of	
24	above. (List miscellaneous 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.)				
а	MISCELLANEOUS	45,560.	42,182.	3,273.	105
b	MEALS AND ENTERTAINMENT	647.	305.	342.	
C	REPAIRS AND MAINTENANCE	560.		560.	450
d	SPECIAL EVENTS	470.	4.0		470
е	All other expenses	142.	19.	60.	203 017
25	Total functional expenses. Add lines 1 through 24e	2,022,350.	1,651,059.	168,274.	203,017
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 if Schedule O contains a response or no	te to any lii	e in this Part X		T	
					(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing			1,236,191.	1	1,103,658
1	2	Savings and temporary cash investments			28,707.	2	14,237
	3	Pledges and grants receivable, net		139,500.	3	30,200	
	4	Accounts receivable, net	1	205,728.	4	197,320	
1	5	Loans and other receivables from any current of					
1		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	E		5		
	6	Loans and other receivables from other disqual	ns (as defined				
		under section 4958(f)(1)), and persons describe			6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,144.	9	2,828
1	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	19,242.		4 5 5	
1	b	Less: accumulated depreciation	10b	12,635.	11,158.	10c	6,607
1	11	Investments - publicly traded securities			2,003,533.	11	2,402,522
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets	가는 이번 경기가 있는 것이 없는 가장 없는 사람이 되었다. 그렇게 하는 것이 없는 것이 없는 것이 없는 것이 없다.		14		
	15	Other assets. See Part IV, line 11			390,238.	15	237,020
	16	Total assets. Add lines 1 through 15 (must equ			4,017,199.	16	3,994,392
	17	Accounts payable and accrued expenses	422,519.	17	418,905		
	18	Grants payable		18			
	19	Deferred revenue		19	W 49 - 20 10 - 20 10 10 - 30 - 10		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		22			
	23	Secured mortgages and notes payable to unrel			73,607.	23	73,60
1	24	Unsecured notes and loans payable to unrelate		Market and the second of the second of the	974.	24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
1		of Schedule D		Management College of the College of		25	
	26	Total liabilities, Add lines 17 through 25			497,100.	26	492,512
		Organizations that follow FASB ASC 958, ch	eck here	X		<b>國際</b>	
3		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			3,520,099.	27	3,501,880
	28	Net assets with donor restrictions		The second secon		28	
		Organizations that do not follow FASB ASC					
3		and complete lines 29 through 33.	23.8674.0764 NEW COLORS				
1	29	Capital stock or trust principal, or current funds	W	29			
	30	Paid-in or capital surplus, or land, building, or e	The state of the s	30			
	31	Retained earnings, endowment, accumulated in	The second secon		31		
The state of the s	32	Total net assets or fund balances	A STATE OF THE STA	3,520,099.	32	3,501,880	
-	33	Total liabilities and net assets/fund balances			4,017,199.		3,994,392

	990 (2022) THE AMERICAN BREAST CANCER FOUNDATION, I	52-2033	1814	Pag	1e 12
Pal	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			2 101	- 21	10
1	Total revenue (must equal Part VIII, column (A), line 12)		2,19		
2	Total expenses (must equal Part IX, column (A), line 25)		2,02	Name and Address of the Owner, where the Owner, which the	- American Company
3	Revenue less expenses. Subtract line 2 from line 1	3		2,96	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		3,520		
5	Net unrealized gains (losses) on investments	5	-19:	5,5	14.
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		2,4:	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2 E.O.	1 00	0.0
T - NE	column (B))	10	3,50	1,00	50.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	The second secon	^			
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		2a	OBJECT OF	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	10/10	A
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			Х	<b>展場開業</b>
b	Were the organization's financial statements audited by an independent accountant?		2b	Α	CONTROL DE
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	10.00		
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a. edit			
C			2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?		20	1	diam'r.
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	Buule O.	20002000	350000	COLUMN TO STATE OF THE STATE OF
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0.		х
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Δ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b_	000	(0.005)
			Form	220	(2022)

#### SCHEDULE A (Form 990)

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 4847(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

		WASHINGTON THE PROPERTY OF THE PARTY OF THE	REAST CANCER			The second secon	2-2031014
Part I	Reason for Public C	harity Status.	All organizations must co	mplete thi	s part.) Se	e instructions.	
The organ	ization is not a private founda	ation because it is: (F	For lines 1 through 12, ch	eck only o	ne box.)		
1	A church, convention of chu	rches, or associatio	n of churches described	in section	170(b)(1)	(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii). (	Attach Schedule E (Form	990).)			
3	A hospital or a cooperative I	nospital service orga	nization described in se	ction 170(	b)(1)(A)(iii	).	
4	A medical research organiza	ation operated in cor	njunction with a hospital	described	in section	170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:						
5	An organization operated fo	r the benefit of a col	lege or university owned	or operate	d by a go	vernmental unit describe	nd in
	section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	A federal, state, or local gov		nental unit described in s	ection 17	0(b)(1)(A)(	v).	
7 X	An organization that normal	ly receives a substa	ntial part of its support fro	om a gove	rnmental L	init or from the general p	oublic described in
	section 170(b)(1)(A)(vi). (Co						
8	A community trust describe	d in section 170(b)	(1)(A)(vi). (Complete Part	II.)			
9	An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	d in conju	nction with a land-grant	college
	or university or a non-land-g						
	university:				A.		
10	An organization that normal	ly receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	s, membership fees, and	d gross receipts from
	activities related to its exem						
	income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the organization a	ifter June 30, 1975.
	See section 509(a)(2), (Cor					70 180 100 100	
11	An organization organized a		ively to test for public saf	ety. See s	section 50	9(a)(4).	
12	An organization organized a						purposes of one or
100	more publicly supported or						
	lines 12a through 12d that						
a	Type I. A supporting orga						giving
	the supported organization						
	organization. You must o						
h [	Type II. A supporting org			ion with its	supporte	d organization(s), by hav	ving
	control or management o						
	organization(s). You mus			reid Morones			
c [	Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with,
0 _	its supported organization						
d [	Type III non-functionally	integrated. A supp	porting organization oper	ated in cor	nnection w	ith its supported organi	zation(s)
u	that is not functionally int						
	requirement (see instruct						
. [	Check this box if the orga						
• _	functionally integrated, or						
# En	ter the number of supported of						
	ovide the following information		ed organization(s)	200240000000	*************	***************************************	<b>1</b>
9 110	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	enization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			according to the state of the s				
					1		
				A SECULIAR DE LA CONTRACTOR DE LA CONTRA	NAMES OF TAXABLE PARTY.		1

Part II

(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) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	827,351.	684,495.	2095181.	2413799.	2181511.	8202337.				
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	827,351.	684,495.	2095181.	2413799.	2181511.	8202337.				
	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)										
B	Public support, Subtract line 5 from line 4.					10 July 10 Jul	8202337.				
	ction B. Total Support	Company and the Manager	PERMISSION OF THE PERMISSION O	Andrea Santa Santa Andrea Santa S	Barrier Publication	MINISTRAL PROPERTY OF THE PARTY					
	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	827,351.	684,495.	2095181.	2413799.	2181511.	8202337.				
	Gross income from interest,	027,0021	002/2501								
٥	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	93,974.	74,721.	79.265.	145,874.	67,347.	461,181.				
0	Net income from unrelated business	2312120	72/1220	13/2001	220/0.20						
9											
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	478.	7,844.	16,772.	3,854.	6,091.	35,039.				
	assets (Explain in Part VI.)	4/0.	7,044.	10,772.	3,034.	0,031.	8698557.				
	Total support. Add lines 7 through 10	ENGLISH OF THE PROPERTY OF THE				12	00303371				
	Gross receipts from related activities,			for the section have							
13	First 5 years. If the Form 990 is for the										
80	organization, check this box and storetion C. Computation of Public		contage								
_	Public support percentage for 2022 (			okuma (A)		14	94.30 %				
						15	92.92 %				
	Public support percentage from 2021 33 1/3% support test - 2022. If the					the state of the s					
168							1.30				
	stop here. The organization qualifies										
1	33 1/3% support test - 2021. If the										
	and stop here. The organization qua										
178	10% -facts-and-circumstances test										
	and if the organization meets the fact										
	meets the facts-and-circumstances to										
ŧ	10% -facts-and-circumstances test						10% OF				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
							=				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2022				

(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.)

	tion A. Public Support				I (n.====	1 / ) 6000	(D. T-1-1
	ndar year (or fiscal year beginning in)	(a) 2018	(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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- 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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7¢ from line 6)						
	ction B. Total Support				,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
- 1	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	-			-	-	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is requisity carried on						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		1				
14	First 5 years. If the Form 990 is for the	e organization's	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here						
	ction C. Computation of Public					1,-1	
	Public support percentage for 2022 (li			column (f))			
	Public support percentage from 2021 ction D. Computation of Inves					16	45 cm
17	Investment income percentage for 20	22 (line 10c, col	umn (f), divided by	line 13, column (f)	)	17	
18	Investment income percentage from 2	2021 Schedule A	, Part III, line 17		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18	
19	a 33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. Th	e organization qua	lifies as a publicly	supported organiz	zation	
	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, check	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
20	Private foundation. If the organization	n did not check	a box on line 14. 1	9a, or 19b, check	this box and see i	nstructions	
للابتدر	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	THE RESERVE OF THE PERSON NAMED IN	THE RESERVE THE PARTY OF THE PA	THE RESERVE OF THE PARTY OF THE	The second secon		

#### 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.
- 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.

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5b 5c 6 8 9a 9b 9c		
5b 5c 6 8 9a 9b		

Sche	dule A (Form 990) 2022 THE AMERICAN BREAST CANCER FOUNDATION, I 52-20	3181	4 Pa	ige 5
Le	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		SSIFI
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? if "Yes" to line 11a, 11b, or 11c, provide	110		
C		11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	1 110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
42			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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			-
	don of the Type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
÷	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	25112		
_	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 year (see instructions	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	DETEND TOWNS TO A PROSECULAR TO SAID		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	nstruction	95/5/	No
2	Activities Test. Answer lines 2a and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1000	Yes	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			West of
	those supported organizations and explain how these activities directly furthered their exempt purposes,		U	
	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		100	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1000
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			No.
	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.	3b		

Sche	dule A (Form 990) 2022 THE AMERICAN BREAST CAN  Type III Non-Functionally Integrated 509(a)(3) Supporting			32-2031814 Page 6
-				Dant IIII Can instructions
1	Check here if the organization satisfied the Integral Part Test as a qualifyir  All other Type III non-functionally integrated supporting organizations mus		and the same of	Part vij. See instructions.
Sect	ion A - Adjusted Net Income	Complete	(A) Prior Year	(B) Current Year (optional)
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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
•	instructions for short tax year or assets held for part of year):			
-	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors	Tu		
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			
2	(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
3		3		<del> </del>
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			
- <del></del>	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting orga	anization (see
- 6	instructions)			THE SECTION AND THE SECTION OF THE S

THE AMERICAN BREAST CANCER FOUNDATION, I 52-2031814 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021

e Excess from 2022

Schedule A	(Form 990) 2022 THE AMERICAN BREAST CANCER FO	JNDATION, 1 52-2031814 Page 8
Pan VI	Supplemental Information. Provide the explanations required by Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this (See instructions.)	IV, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1: Part V, Section B, line 1e: Part V.
	* * * * * * * * * * * * * * * * * * * *	
-		NATURE OF THE PROPERTY OF THE
		tara and the same

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

	TH	HE AMERICAN BREAST CANCER FOUNDATION, I	52-2031814
Organiz	ation type (check o	ne):	
Filers of	:	Section:	
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	and the second recommendation of the second second second		. See instructions.
General	Rule	Section:  Z	
Special	Rules		
X	property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
	contributor, during literary, or education	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en	ntific,
	year, contributions is checked, enter h purpose. Don't con	s exclusively for religious, charitable, etc., purposes, but no such contributions totaled moreover the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the General Rule applies to this organization because it re	re than \$1,000. If this box charitable, etc., eceived nonexclusively
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, F	

# THE AMERICAN BREAST CANCER FOUNDATION, I

52-2031814

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	DAVID MURANY TRUST		Person X
	17114 TALLOW TREE LN SAN DIEGO, CA 92127	\$139,500.	Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 NATIONAL CHARITY SERVICES CAR	Total contributions	Type of contribution
2	1905 BRENTWOOD RD NE	\$\$863,972.	Person X Payroll Noncash
	WASHINGTON, DC 20018		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DICK'S SPORTING GOODS 345 COURT ST	\$ 50,000.	Person X Payroll Noncash
	CORAOPOLIS, PA 15108		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

# THE AMERICAN BREAST CANCER FOUNDATION, I

52-2031814

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art 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
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

Name of organization

Employer identification number

any one contributor. Complete columns (a	) through (e) and the following line entry. For	501(c)(7), (8), or (10) that total more than \$1,000 for the year			
duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less to space is needed.	r the year. (Enter this Info. once.)			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferee's name address a	(e) Transfer of gift	Relationship of transferor to transferee			
Transfer o Traine, address, a	INCEPT 7	nelationship of transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (d) Transfer of gift  (e) Transfer of gift			

#### 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.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Employer identification number

	THE AMERICAN BREAST			52-2031814
Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	W102700000000000000000000000000000000000		
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in dono	or advised funds	
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds of	can be used only	/
	for charitable purposes and not for the benefit of the donor or			
-	impermissible private benefit?			Yes No
Pa	Conservation Easements. Complete if the orga	nization answered "Yes" on Form	n 990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation	on or education) Preserva	ation of a historic	cally important land area
	Protection of natural habitat	Preserva	ation of a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the	e form of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements	***************************************	L	2a
b	Total acreage restricted by conservation easements	******		2b
C	Number of conservation easements on a certified historic struc	ture included in (a)	L	2c
d	Number of conservation easements included in (c) acquired aft			
				2d
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated	by the organiza	tion during the tax
4	Number of Address videous and a state of the	a entrary const		
5	Number of states where property subject to conservation ease	1987 (1987) (1987) (1988) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987) (1987)		
0	Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			Yes No
	out and voice to thous devoted to monitoring, inspecting, in	andling of violations, and emorcin	ig conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing co	nservation easer	ments during the year
	Description of the second of t		000000000000	
8	Does each conservation easement reported on line 2(d) above			
0	and section 170(h)(4)(B)(ii)?		*****************	Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	te to the organization's financial s	statements that o	describes the
Pal	Organizations Maintaining Collections of A	Art, Historical Treasures.	or Other Sim	nilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue states	ment and balanc	ce sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research	ch in furtherance	of public
	service, provide in Part XIII the text of the footnote to its financial	al statements that describes thes	se items.	
b	If the organization elected, as permitted under FASB ASC 958,			
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research	in furtherance of	f 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	***************************************	***************************************	\$
2	If the organization received or held works of art, historical treas		nancial gain, pro	vide
	the following amounts required to be reported under FASB ASC			
	Revenue included on Form 990, Part VIII, line 1		**************	\$
b	Assets included in Form 990, Part X			\$

	dule D (Form 990) 2022 THE AME THE Organizations Maintaining C	RICAN BREA	ST CANCER t, Historical Tr	FOUNDATION easures, or Other	, I 52-2 er Similar Asse	03181	4 P	age 2
3	Using the organization's acquisition, accessi							
	collection items (check all that apply):							
а	Public exhibition		Loan or ex	change program				
b	Scholarly research	6	Other					
C	Preservation for future generations				7 11 1181		1100000	
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exe	mpt purpose in Pa	art XIII.		
5	During the year, did the organization solicit of							
dana	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?		Yes		No
Pa	reported an amount on Form 990, Par	gements. Comple	ete if the organizati	on answered "Yes" o	n Form 990, Part I	V, line 9, or		
4.			T					
ıa	Is the organization an agent, trustee, custodi							٦
le:	on Form 990, Part X?					Yes	_	_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	lowing table:			A		
	Decision before					Amoun	ı.	
C	Beginning balance							
a	Additions during the year							-
9	Distributions during the year							
f	Ending balance	000 D-4 V II	04 6		1f	7.4	-	7
	Did the organization include an amount on Foundation of the strength of the st					Yes	-	No
Pa	tV Endowment Funds. Complete	the organization on	planation has been	provided on Part XII	10	***************************************	-	_
Ballion	a seguination and a complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bar	k (e) Four	1/0270	hank
10	Degioning of year balance	(a) Current year	(b) Frior year	(G) TWO YEARS DACK	(a) Filles years bar	/ (e) rou	years	Dauk
18	Beginning of year balance					-	_	
b	Contributions				<del>                                     </del>			
C	Net investment earnings, gains, and losses				-	-		
d	Grants or scholarships							
Θ	Other expenditures for facilities							
- 26	and programs			-		+		
,	Administrative expenses			-			-	
2	End of year balance			N b - 14			-	
1,755	Provide the estimated percentage of the curr Board designated or quasi-endowment		e (line 1g, column (a	a)) neid as:				
a b	Permanent endowment	%						
٥								
· ·	The percentages on lines 2a, 2b, and 2c short							
30	Are there endowment funds not in the posses		tion that are hald	and and administration of fire A	h.,			
Set	organization by:	ssion of the organiza	mon mai are neid a	na administered for t	ne	ſ	Yes	No
	- T					0.00	res	140
	(i) Unrelated organizations	***************************************				3a(i)	-	
h	(ii) Related organizations	tions listed as social	ad an Cabadida DO			3a(ii)	-	-
4	Describe in Part XIII the intended uses of the	organization's ando	ed on Schedule H7	***************************************	*****************	3b		-
Par	VI Land, Buildings, and Equipm	ent.	Willer R Turius.	Contraction of the Contract of				
SERVICE STREET	Complete if the organization answered		Part IV line 11a	See Form 990 Part X	line 10			
777	Description of property	(a) Cost or o				(d) Deal	a vente e	
	bescription of property	basis (investr		1000	Accumulated epreciation	(d) Bool	k value	Э
10	Land		Dasis	(cuson) un	opi oolation			-
b	Land						-	
	Buildings	**				- III- III		-
el el				16,992.	10,385.		5,6	0.7
	Equipment			2,250.	2,250.		, 0	0
	Add lines 1a through 1a (Calumn (d) must a			2/2001	2/2000		5 6	07

Sch	edule D	(Form 990) 2022	THE	AMERICA	N	BREAST	CANCE	R	FOUNDATION,	I	52-	203181	4 Pag	<sub>10</sub> 3
Pa	Pt VII	Investments - O				C 000 D		d L	S - F - 000 B - V					
(9)	Daecrin	tion of security or catego			on			-	See Form 990, Part X,					_
		1 ded and and and			+	(b) Book v	alue		(c) Method of valuation	1: Cost	or end-c	of-year marke	et value	-
		wald and the last and the		****************	$\vdash$			-						-
	Other	reid equity litterests		***************	-			-						-
	A)	CONTRACTOR OF THE PARTY OF THE			+							-	-	+
A	3)				1			_			-			-
-	C)				1									-
_	D)				T								01/5-4:01	_
(E	E)													
(1	5)													
(0	3)													
	4)				_									
		) must equal Form 990, Investments - P	rogram	Related.	_									
					on				See Form 990, Part X, I					_
	41	(a) Description of in	ivesiment		+	(b) Book va	aide		(c) Method of valuation	: Cost	or end-o	n-year marke	t value	-
	1)				+			-						-
	2) 3)				+		-	-						_
	4)				+			_		-				-
	5)				1			-						+
	3)			-	$\vdash$									
- (	7)	W. 418			T									_
(8	B)													$\top$
(	9)													
Total	. (Col. (b	) must equal Form 990, I	Part X, col.	(B) line 13.)										
Pa	rt IX	Other Assets.		1270000 10		20 20 20 20	A200 16 1 10							1
_		Complete if the organ	nization ai				rt IV, line 11	ld.	See Form 990, Part X, I	ine 15.				
	. CP	TITO THU DEDO	OTMO	(a)	Des	scription		_				(b) Book		
		CURITY DEPO		POP CAT	0			_			-	0.2	32	
	3)	MATED CARD	HELL	FUR SAL	<u> </u>			_			$\rightarrow$	23	6,70	J .
(4											-			-
(5					O			-			-+			-
(6	~										-		~	-
(7									<del></del>	-				-
(8	3)													
(9	9)													Т
Tota Pai	i. (Colum	nn (b) must equal Form Other Liabilities.										23	7,020	).
					on	Form 990, Par	t IV, line 11	0 0	r 11f. See Form 990, P	art X, lir	ne 25.			-
1			cription o	fliability								(b) Book	value	_
(1		eral income taxes	1990					_			_			_
(2						***************************************		-			-			_
(4								-		-	-			-
(5				·	_			_			-			-
(6		1130-1130-11-11-11-11-11-11-11-11-11-11-11-11-11		WIII					- Washington - Washington		-			+
(7										-	_			F
(8			-28					-						_
(9	-							******						_
Tota	l. (Colun	nn (b) must equal Form	n 990. Pai	rt X. col. (B) line	25	)				ALCONO NO.				T
2. L	Jability f	or uncertain tax positi	ions. In Pa	art XIII, provide	the	text of the fo	otnote to th	ne o	rganization's financial s	stateme				T
0	rganizat	tion's liability for uncer	rtain tax p	ositions under	FAS	SB ASC 740.	Check here	if t	he text of the footnote	has bee	en provi	ded in Part )	CIIL [	
											Sched	dule D (Form	990) 20	22

	dule D (Form 990) 2022 THE AMERICAN BREAST CANCE	R FOUNDA	ATION, I	52-2	2031814	Page 4
18日本日本	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		nevenue per ne	Luii.		
1	T. 1			1	1,986,	270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************				
а	Net unrealized gains (losses) on investments	2a	-193,592.			
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	2,404.			
е	Add lines 2a through 2d			2e	-191,	188.
3	Subtract line 2e from line 1			3	2,177,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	27				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,854.			
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c	17,	854.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		**********	5	2,195,	
Pai	TXII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Return	١,	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1.					100
1	Total expenses and losses per audited financial statements			1	2,004,	496.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
	Donated services and use of facilities					
b	Prior year adjustments					
C	Other losses					
d	Other (Describe in Part XIII.)					- [
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,004,	496.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	15 054			
	Investment expenses not included on Form 990, Part VIII, line 7b		17,854.			
	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b			4c		854.
Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  1 XIII Supplemental Information.			5	2,022,	350.
September 19 in the second						
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part X	, line 2; Part X	•
111100	20 and 40, and 1 art Air, into 20 and 40. 200 complete this part to provide any a	ddilional miom	lation.			
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:					
1.09	S ON DISPOSAL OF ASSETS					
HOL	ON DIDIODAL OF ADDRES					
-						
				-		
		Water Company				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

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

THE AMERICAN BREAST CANCER FOUNDATION,

2022

Open to Public Inspection Employer identification number 52-2031814

THE R. P. LEWIS CO., LANS	We send the water and	A CAMP CAMP A	CTATATA TOTAL	4			TOTCO7_7C	TOT'S
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	on	
criteria used to award the grants or assistance?	stance?						X Yes	2
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	toring the use of grant	funds in the United	States.			Notice to the second	
Part     Grants and Other Assistance to Domestic Organizations and Domestic Governments. Correction that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000. Part II can	zations and Domestic be duplicated if additi	c Governments. C	complete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	t IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	ant
							PROVIDES SCREENING	
<b>SE4</b>							MAMMOGRAMS AND	
315 RIVERBEND RD, STE 3006							ULTRASOUNDS TO UNI	UNINSURED
ATHENS, GA 30602	20-3273703 501(C)	501(C)(3)	10,000.	.0			AND UNDERSERVED AREA	EA
							PROVIDES SCREENING	
JOY TO LIFE FOUNDATION							MAMMOGRAMS AND	
24							ULTRASOUNDS TO UNINSURED	NSURED
MONTGOMERY, AL 36116	63-1271088 501(C)	501(C)(3)	20,000.	0.			AND UNDERSERVED AREA	EA
							PROVIDES SCREENING	
LANE COUNTY HOSPITAL							MAMMOGRAMS AND	
INE							ULTRASOUNDS TO UNINSURED	NSURED
DIGHTON, KS 67839	48-0665188	501(C)(3)	10,000.	0.			AND UNDERSERVED AREA	EA
							PROVIDES SCREENING	
MARY BIRD PERKINS CANCER CENTER							MAMMOGRAMS AND	
							ULTRASOUNDS TO UNINSURED	NSURED
BATON ROUGE, LA 70809	23-7010520 501(C)	501(C)(3)	15,000.	0.			AND UNDERSERVED AREA	BA
MOFFITT H. LEE CANCER CENTER AND							PROVIDES SCREENING	
RESEARCH INSTITUTE FOUNDATION -							MAMMOGRAMS AND	
LIVE							ULTRASOUNDS TO UNINSURED	NSURED
MBC-FOUNDATION - TAMPA, FL 12902	59-3238636 501(C)	501(C)(3)	25,000.	0.			AND UNDERSERVED AREA	EA
No. of the state o							PROVIDES SCREENING	
							MAMMOGRAMS AND	
200 VARICK ST, 9TH FLOOR	1						ULTRASOUNDS TO UNINSURED	NSURED
NEW YORK, NY 10014	13-2602882 501(C)	501(C)(3)	10,000.	0			AND UNDERSERVED AREA	SA

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) 2022

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES SCREENING
OKLAHOMA PROJECT WOMAN							MAMMOGRAMS AND
2.00							ULTRASOUNDS TO UNINSURED
TULSA, OK 74159	73-1616817 501(C)(3)	501(C)(3)	10,000.	.0			AND UNDERSERVED AREA
							PROVIDES SCREENING
UNC HEALTH FOUNDATION (REX							MAMMOGRAMS AND
HEALTHCARE) - 2500 BLUE RIDGE RD,							ULTRASOUNDS TO UNINSURED
STE 325 - RALEIGH, NC 27607	56-6052117 501(c)(3)	501(C)(3)	15,000.	0.			AND UNDERSERVED AREA
							PROVIDES SCREENING
Annal .							MAMMOGRAMS AND
							ULTRASOUNDS TO UNINSURED
LEXINGTON, KY 40504	61-1159649 501(C)(3	501(C)(3)	10,000.	0.			AND UNDERSERVED AREA
							PROVIDES SCREENING
SD DEPT OF HEALTH ALL WOMEN							MAMMOGRAMS AND
Sec. 1							ULTRASOUNDS TO UNINSURED
PIERRE, SD 57501	46-6000364 501(C)(3	501(C)(3)	10,000.	.0			AND UNDERSERVED AREA
							PROVIDES SCREENING
TEXAS TECH UNIVERSITY HEALTH							MAMMOGRAMS AND
ENTER, EL	Table Indicate Control of the Control						ULTRASOUNDS TO UNINSURED
OREGON ST - EL PASO, TX 79902	75-6043842	501(C)(3)	7,500.	0,			AND UNDERSERVED AREA
						The second secon	

52-2031814

Page 2

Schedule I (Form 990) 2022 THE AMERICAN BREAST CANCER FOUNDATION, I

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIAGNOSTIC MAMMOGRAM	95	18,816.	.0		
SCREENING MAMMOGRAM	343	46,697.	0,0		
ULTRASOUND	99	11,619.	0.		
					a
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
INDIVIDUAL GRANTS ARE GIVEN TO UNI	UNINSURED AND	UNDERSERVED	VED INDIVIDUALS	DUALS WHO	
NEED ASSISTANCE WITH PAYMENTS FOR	SCREENING	AND DIAGN	DIAGNOSTIC TESTING	ING FOR	
BREAST CANCER AND SERVICES TO BE P	PERFORMED A	AFTER A DI	DIAGNOSIS OF	BREAST	
CANCER. TO GET APPROVED FOR A GRANT	NT THROUGH	I ABCF, THE	CLIENT	MUST GO	
THROUGH THE PRESCREENING PROCESS I	IN WHICH DE	WHICH DEMOGRAPHICS	S IS GATHERED	RD ALONG	
WITH INCOME. EACH INDIVIDUAL MUST PROVIDE		ABCF WITH	THEIR BASIC		
INFORMATION (E.G. NAME, PROOF OF R	RESIDENCY,	AGE, ETC.	). THE	APPLICATION	
PACKET THEN GOES OUT TO THE CLIENT	IN WHICH	ABCF REQU	REQUIRE THE SIC	SIGNED AND	

DATED APPLICATION, COMPLETED DOCTOR'S REFERRAL AND A COPY OF AN ACCEPTABLE
PROOF OF RESIDENCY. THIS CONFIRMS THAT BY THE CLIENT KNOWLEDGE THE

DEMOGRAPHIC INFORMATION GIVEN TO ABCF IS TRUE. ALSO, THE INDIVIDUAL MUST

NOT BE COVERED BY THEIR INSURANCE. MOST APPLICANTS FOR PREVENTATIVE CARE

ARE UNDER THE AGE OF 50 BECAUSE THEIR INSURANCE WON'T COVER THEIR

PREVENTATIVE CARE UNTIL THEY HAVE REACHED A CERTAIN AGE. ABCF HAS NO AGE

REQUIREMENT. THE ONLY REQUIREMENTS ARE PROOF OF RESIDENCY WITHIN US,

DOCTOR'S REFERRAL AND INCOME - BELOW 300% OF POVERTY LEVEL. THE FIRST TWO

PROOFS ARE MAINTAINED IN FILE AND INCOME VERIFICATION IS DONE ORALLY OVER

THE PHONE WITH THE APPLICANT.

ONCE AN INDIVIDUAL IS APPROVED, ABCF GRANTS A VOUCHER TO THE INDVIDUAL

BASED ON THE SERVICE THAT IS NEEDED. ABCF COULD GRANT ONE OR MULTIPLE

VOUCHERS TO EACH INDIVIDUAL DEPENDING ON HOW MANY SERVICES THE INDIVIDUAL

WILL APPLY.

THE VOUCHERS ARE PRE-NUMBERED AND HAVE AN ISSUE DATE ON IT. AN INDIVIDUAL HAS 60 DAYS TO USE EACH VOUCHER OR IT EXPIRES. HISTORICALLY ABOUT 70% OF THE VOUCHERS ARE USED/REDEEMED AFTER THEY ARE GRANTED. WHEN A VOUCHER EXPIRES, THE ENCUMBERED GRANT BALANCE IS RELEASED BACK INTO THE AVAILABLE FUND POOL FOR USE BY OTHER APPLICANTS. IF ONLY A PORTION OF THE VOUCHER IS USED FOR A TYPE OF SERVICE, THEN THE REMAINING UNUSED VOUCHER BALANCE IS ALSO RELEASED INTO THE AVAILABLE FUND POOL FOR USE BY OTHER APPLICANTS.

TO USE A VOUCHER, THE INDIVIDUAL WILL GIVE THEIR DOCTOR THE VOUCHER INSTEAD

OF MONEY AT THEIR APPOINTMENT. THE DOCTOR THEN WILL PLACE A CODE ON AN

INVOICE AS TO WHAT SERVICE WAS PERFORMED AND REMIT IT TO ABCF. IF THE

SERVICE WAS FOR WHAT THE VOUCHER WAS GRANTED FOR, ABCF WILL PAY THE

Schedule I (Form 990) THE AMERICAN BREAST CANCER FOUNDATION, I 52-2031814 Page 2
Supplemental information
APPROVED GRANT AMOUNT. IF THE SERVICE WAS NOT FOR WHAT THE VOUCHER WAS
GRANTED FOR, ABCF WILL NOT PAY.
EACH INDIVIDUAL IS TRACKED IN ABCF'S ACCESS DATABASE. IT RECORDS ALL THE
BASIC INFORMATION GIVEN BY APPLICANTS WHEN THEY APPLIED, THE DATE THEY
APPLIED, EACH GRANT THEY RECEIVED, WHEN THEY RECEIVED THE GRANT, WHETHER OR
NOT THEY USED THE GRANT OR LET IT EXPIRE, AND IF THEY USED THE GRANT, WHEN,
WHERE AND HOW MUCH AT EACH DOCTOR APPOINTMENT.
FOR FY2021/2022, THE POLICY IS TO CONTINUE TO FUND THE PROGRAM. PROGRAM
EXPENSES WERE UNDER BUDGET DUE TO THE INCREASE IN NATIONAL HEALTHCARE
INSURANCE WHICH CAUSED A DECREASE IN PROGRAM CLIENTS. THE INVESTMENTS THAT
WERE NOT SPENT IN DIRECT CLIENT GRANTS WERE SPENT THROUGH COMMUNITY
PARTNERSHIP GRANTS. THIS PROCESS WILL CONTINUE INTO FY2022/2023 AS ALL
FUNDS WILL BE MONITORED MONTHLY AND ANY UNDERFUNDING OF DIRECT CLIENT
GRANTS WILL BE CORRECTED THROUGH MORE FUNDING FOR COMMUNITY PARTNERSHIPS.

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE AMERICAN BREAST CANCER FOUNDATION, I

Employer identification number 52-2031814

				Yes No
ta Check the appropriate box(es) if the org	anization provided an	ny of the following to or for a person listed on Form 990,		
그 보이가 있었다면 하면 하는데 나는 사람들이 되었다면 하는데 하는데 그리고 하는데 하는데 하는데 되었다.		elevant information regarding these items.		
First-class or charter travel	en productiva esta esta esta esta esta esta esta est	Housing allowance or residence for personal use		
Travel for companions		Payments for business use of personal residence		
Tax indemnification and gross-up p	ayments	Health or social club dues or initiation fees		
Discretionary spending account		Personal services (such as maid, chauffeur, chef)		100
		The control of the co		
b If any of the boxes on line 1a are checke	ed, did the organization	on follow a written policy regarding payment or		
reimbursement or provision of all of the	expenses described a	above? If "No," complete Part III to explain	1b	
		ng or allowing expenses incurred by all directors,		
trustees, and officers, including the CEC	Executive Director,	regarding the items checked on line 1a?	2	
			1	
3 Indicate which, if any, of the following th	e organization used t	to establish the compensation of the organization's		
		any boxes for methods used by a related organization to		
establish compensation of the CEO/Exe	cutive Director, but e	xplain in Part III.	110001165	
X Compensation committee		Written employment contract		
Independent compensation consul	tant	Compensation survey or study		
Form 990 of other organizations		Approval by the board or compensation committee		
4 During the year, did any person listed or	Form 990, Part VII,	Section A, line 1a, with respect to the filing		
organization or a related organization:	***************************************			
a Receive a severance payment or change	e-of-control payment?	?	48	X
b Participate in or receive payment from a				X
c Participate in or receive payment from a				X
If "Yes" to any of lines 4a-c, list the pers	ons and provide the a	applicable amounts for each item in Part III.		
	980		160/2	
Only section 501(c)(3), 501(c)(4), and 5	01(c)(29) organizatio	ons must complete lines 5-9.		
5 For persons listed on Form 990, Part VII	, Section A, line 1a, d	fid the organization pay or accrue any compensation		
contingent on the revenues of:				
a The organization?			5a	X
b Any related organization?			5b	X
If "Yes" on line 5a or 5b, describe in Par	t III.			
6 For persons listed on Form 990, Part VII	, Section A, line 1a, d	lid the organization pay or accrue any compensation		
contingent on the net earnings of:				
a The organization?			6a	X
b Any related organization?			6b	X
If "Yes" on line 6a or 6b, describe in Par	t III.			
7 For persons listed on Form 990, Part VII	Section A, line 1a, d	lid the organization provide any nonfixed payments		
			7	X
		crued pursuant to a contract that was subject to the		
		.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization al				
Regulations section 53.4958-6(c)?		province and otherwise and a constant of the first factor of the first	0	

Schedule J (Form 990) 2022

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

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

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

一年 一日 一日 一日 日 日 日 日 日 日 日 日 日 日 日 日 日 日			(b) creation of W.z. and of 1035 NEO	מומים וספונים	(C) Hetirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			o o
(1) PAUL J. LOUBE	(8)	173,04	0.	0 .	0.	0.	173,040.	0.
CHIEF EXECUTIVE OFFICER	(1)	0.	0.	0.	0.	0.		0.
	8							
	(1)							
	8							
	(ii)							
	(3)							
	(ii)							
	(8)							
	(II)							
	(0)							
	(8)							
	(ii)							
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	8							
	(ii)							
	(3)							
	(ii)							
	8							
	(1)							
	0					The second secon		
	(III)							

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. COMPENSATION COMMITTEE IS USED TO DETERMINE IF THE CEO'S SALARY IS REASONABLE COMPARED TO THE MARKET. PART I, LINE 3:

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

2

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

THE AMERICAN BREAST CANCER FOUNDATION, I

Employer identification number 52-2031814

	Til Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	Noncash o	(c) contribution reported on art VIII, line 1g		hod of	d) determini bution an		1
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods						V.1/1			
6	Cars and other vehicles	X		1,7	754,755.	VALUED	AT	SALES	PR	IC
7	Boats and planes							THE PERSON NAMED IN COLUMN		
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									-
11	Securities - Partnership, LLC, or trust interests									П
12	Securities - Miscellaneous						-		-	-
13	Qualified conservation contribution - Historic structures									
14	Qualified conservation contribution - Other								-	
15	Real estate - Residential									-
16	Real estate - Commercial									-
17	Pool ortate Other									
18	Real estate - Other									
19	Collectibles									-
20	Food inventory								-	
	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other (								5	
29	Number of Forms 8283 received by the organization completed Form 828	ation during 33, Part V, D	the tax year for co onee Acknowledge	entributions ement	29					
00-	Dodge the constitution of			o construent de la construent					Yes	No
Sua	During the year, did the organization receive by	contribution	any property repo	orted in Part I,	lines 1 through	h 28, that it				
	must hold for at least 3 years from the date of t	he initial cor	tribution, and which	ch isn't require	ed to be used f	or				
	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	olicy that re-	quires the review o	f any nonstan	dard contributi	ons?		31		X
32a	Does the organization hire or use third parties of	or related org	anizations to solic	it, process, or	sell noncash					
	contributions?	*************	**************	**************	****************			32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which colu	umn (a) is chec	ked,				
	describe in Part II.									

Schedule M Part II	(Form 990) 2022 THE AMERICAN BREAST CANCER FOUNDATION, I 52-2031814 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
-	
-	

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE AMERICAN BREAST CANCER FOUNDATION.

Employer identification number

52-2031814 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SURVIVAL OF BREAST CANCER FOR UNDERSERVED AND UNINSURED INDIVIDUALS REGARDLESS OF AGE, RACE, OR GENDER. FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONASHIP EXISTS BETWEEN BRENDA LOUBE AND PAUL J. LOUBE. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE FORM 990 IS SENT BY THE CONTROLLER TO THE CEO, ALL BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION AND THE STATE REGISTRATION ATTORNEYS FOR AN INDEPENDENT REVIEW PRIOR TO THE FINAL SUBMISSION OF THE FORM TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND STAFF ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT UPON HIS/HER ASSOCIATION WITH THE AMERICAN BREAST CANCER FOUNDATION, INC. AND IS UPDATED ANNUALLY THEREAFTER. AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE FILED AT SUCH TIME AS AN ACTUAL OR POTENTIAL CONFLICT ARISES. ADDITION, PERIODIC REVIEWS ARE CONDUCTED TO ENSURE THAT THE FOUNDATION IS OPERATING IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT PURPOSE. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION. PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THE REVIEW AND APPROVAL. OFFICER COMPENSATION

Name of the organization THE AMERICAN BREAST CANCER FOUNDATION, I	Employer identification number 52-2031814
GUIDELINES ARE REFERENCED FROM JOB PLACEMENT SEARCH WEBSIT	ES AND THE
MARYLAND NON-PROFIT ASSOCIATION. THE COMPENSATION IS REVI	EWED AND APPROVED
USING DATA AS COMPARABLE COMPENSATION FOR SIMILARLY QUALIF	IED PERSONS IN
FUCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORG	ANIZATIONS.
THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING W	ITH RESPECT TO
THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION	ARRANGEMENT.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI, MS, M	N,MO,NC,NH,NJ,NM
NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES INFORMATION BY REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON DISPOSAL OF ASSETS	2,404.
PY ADJUSTMENT - ROUNDING	7.
TOTAL TO FORM 990, PART XI, LINE 9	2,411.