

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 2018

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Name and title of officer

LISA RISI, COO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here ▶ **b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .** **1b** 78996006.
- 2a Form 990-EZ check here ▶ **b Total revenue, if any (Form 990-EZ, line 9)** **2b** _____
- 3a Form 1120-POL check here ▶ **b Total tax (Form 1120-POL, line 22)** **3b** _____
- 4a Form 990-PF check here ▶ **b Tax based on investment income (Form 990-PF, Part VI, line 5).** **4b** _____
- 5a Form 8868 check here ▶ **b Balance Due (Form 8868, line 3c)** **5b** _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize EISNERAMPER LLP to enter my PIN

2	6	6	5	4
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Lisa Risi* Date ▶ 11-16-18

Part III Certification and Authentication

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

2	6	5	0	5	2	1	3	1	6	3
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

For Paperwork Reduction Act Notice, see back of form.

EXTENSION ATTACHED
Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

B Check if applicable: X Address change
C Name of organization: THE BREAST CANCER RESEARCH FOUNDATION, INC.
D Employer identification number: 13-3727250
E Telephone number: (646) 497-2600
G Gross receipts \$: 110,886,649.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: WWW.BCRFCURE.ORG
K Form of organization: X Corporation Trust Association Other
L Year of formation: 1993 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7. Governance metrics, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Type or print name and title.
Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE BREAST CANCER RESEARCH FOUNDATION, INC.	13-3727250
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
28 WEST 44TH STREET, SUITE 609		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
NEW YORK, NY 10036		

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISA RISI C/O BCRF

• The books are in the care of ▶ 28 W. 44TH STREET SUITE 609 NEW YORK NY 10036

Telephone No. ▶ 646 497-2600 Fax No. ▶ 646 497-0890

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 07/01, 2017, and ending 06/30, 2018.

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

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE BREAST CANCER RESEARCH FOUNDATION IS TO PREVENT AND CURE BREAST CANCER BY ADVANCING THE WORLD'S MOST PROMISING RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 67,492,025. including grants of \$ 63,000,000.) (Revenue \$) ATTACHMENT 1

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 67,492,025.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LISA RISI C/O BCRF 28 W. 44TH STREET SUITE 609 NEW YORK, NY 10036 646-497-2600

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KINGA LAMPERT VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(2) WILLIAM LAUDER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) DEBORAH KRULEWITCH SECRETARY	1.00 1.00	X		X				0.	0.	0.
(4) ROBERT BIGLER TREASURER	1.00 1.00	X		X				0.	0.	0.
(5) BETSY BATTLE DIRECTOR	1.00 0.	X						0.	0.	0.
(6) MARIA BAUM DIRECTOR	1.00 0.	X						0.	0.	0.
(7) CLARISSA ALCOCK BRONFMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(8) TORY BURCH DIRECTOR	1.00 0.	X						0.	0.	0.
(9) CINDY CITRONE DIRECTOR	1.00 0.	X						0.	0.	0.
(10) CAROLEE LEE DIRECTOR	1.00 0.	X						0.	0.	0.
(11) KAY KRILL DIRECTOR	1.00 0.	X						0.	0.	0.
(12) LAURA LANG DIRECTOR	1.00 0.	X						0.	0.	0.
(13) BLYTHE MASTERS DIRECTOR	1.00 0.	X						0.	0.	0.
(14) CARLYN S. MCCAFFREY DIRECTOR	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ELLEN ODONER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) ABBE RAVEN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) TERUCA RULLAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) MYRA BIBLOWIT ----- PRESIDENT	40.00 ----- 1.00			X				709,165.	0.	70,358.
(19) LISA RISI ----- CHIEF OPERATING OFFICER	40.00 ----- 1.00			X				273,504.	0.	21,110.
(20) MARC HURLBERT ----- CHIEF MISSION OFFICER	40.00 ----- 0.				X			329,735.	0.	32,517.
(21) LUCRETIA GILBERT ----- CHIEF DEVELOPMENT OFFICER	40.00 ----- 0.				X			284,020.	0.	28,962.
(22) CHRISTINA MALITO ROSE ----- CHIEF PARTNERSHIP OFFICER	40.00 ----- 0.				X			218,916.	0.	44,375.
(23) STEPHANIE HAMBURGER ----- EXECUTIVE DIR/PLAY FOR PINK	40.00 ----- 0.				X			187,669.	0.	31,978.
(24) STEPHANIE KAUFMAN ----- CHIEF COMMUNICATIONS OFFICER	40.00 ----- 0.					X		223,654.	0.	45,403.
(25) MEGHAN FINN ----- CHIEF COMMUN/ENGMT OFFICER	40.00 ----- 0.					X		199,787.	0.	23,082.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,892,718.	0.	357,134.
d Total (add lines 1b and 1c)								2,892,718.	0.	357,134.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 15

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	154,927.				
	b Membership dues	1b					
	c Fundraising events	1c	12,824,735.				
	d Related organizations	1d	176,073.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	65,571,154.				
	g Noncash contributions included in lines 1a-1f: \$		511,050.				
	h Total. Add lines 1a-1f ▶		78,726,889.				
	Program Service Revenue	2a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f ▶				0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			382,068.			382,068.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			49,545.			49,545.
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶			0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		28,254,663.					
		b Less: cost or other basis and sales expenses					
		28,382,609.					
	c Gain or (loss)			-127,946.			
	d Net gain or (loss) ▶			-127,946.			-127,946.
	8a Gross income from fundraising events (not including \$ 12,824,735. of contributions reported on line 1c). See Part IV, line 18	a		3,508,034.			
		b Less: direct expenses	b	3,508,034.			
c Net income or (loss) from fundraising events. ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities. ▶			0.			
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory. ▶			0.			
Miscellaneous Revenue		Business Code					
11a FOREIGN CURRENCY TRANSLATION LOSSES		900099		-34,550.			-34,550.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				-34,550.			
12 Total revenue. See instructions. ▶				78,996,006.			269,117.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	56,199,168.	56,199,168.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,800,832.	6,800,832.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,233,026.	778,899.	379,198.	1,074,929.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,298,405.	1,140,225.	562,796.	1,595,384.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	353,197.	122,541.	60,149.	170,507.
9 Other employee benefits	1,128,202.	391,429.	192,131.	544,642.
10 Payroll taxes	396,257.	137,481.	67,482.	191,294.
11 Fees for services (non-employees):				
a Management	823,815.		12,000.	811,815.
b Legal	8,979.		8,979.	
c Accounting	48,000.		48,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	99,592.			99,592.
f Investment management fees	124,265.		124,265.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,692,518.	988,304.		1,704,214.
12 Advertising and promotion	120,691.			120,691.
13 Office expenses	82,203.		82,203.	
14 Information technology	174,576.		174,576.	
15 Royalties	0.			
16 Occupancy	824,629.	243,553.	241,635.	339,441.
17 Travel	63,243.			63,243.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	473,857.	473,857.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	34,683.	10,244.	10,163.	14,276.
23 Insurance	32,614.		32,614.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING, POSTAGE & RELATED	496,939.	205,492.	158,276.	133,171.
b BANK CHARGES	255,694.		255,694.	
c TAXES & LICENSES	10,995.		10,995.	
d ALL OTHER EXPENSES	109,783.		90,498.	19,285.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	76,886,163.	67,492,025.	2,511,654.	6,882,484.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,385,671.	1	12,354,989.
	2 Savings and temporary cash investments	1,307,731.	2	3,809,042.
	3 Pledges and grants receivable, net	13,601,271.	3	24,452,271.
	4 Accounts receivable, net	321,363.	4	485,784.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	481,083.	9	700,784.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 572,735.		
	b Less: accumulated depreciation	10b 354,072.		
		79,872.	10c	218,663.
	11 Investments - publicly traded securities	52,802,896.	11	46,091,176.
	12 Investments - other securities. See Part IV, line 11	10,021,540.	12	16,192,766.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	40,061.	15	140,602.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	91,041,488.	16	104,446,077.	
Liabilities	17 Accounts payable and accrued expenses	417,671.	17	603,965.
	18 Grants payable	67,895,475.	18	76,482,117.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	68,313,146.	26	77,086,082.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,213,138.	27	16,737,105.
	28 Temporarily restricted net assets	2,965,204.	28	4,072,890.
	29 Permanently restricted net assets	6,550,000.	29	6,550,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	22,728,342.	33	27,359,995.
34 Total liabilities and net assets/fund balances	91,041,488.	34	104,446,077.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,996,006.
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,886,163.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,109,843.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,728,342.
5	Net unrealized gains (losses) on investments	5	2,312,281.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	209,529.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,359,995.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,890,938.	57,983,842.	66,003,474.	70,897,429.	78,726,889.	329,502,572.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	55,890,938.	57,983,842.	66,003,474.	70,897,429.	78,726,889.	329,502,572.
5 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).						82,923,377.
6 Public support. Subtract line 5 from line 4						246,579,195.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	55,890,938.	57,983,842.	66,003,474.	70,897,429.	78,726,889.	329,502,572.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,361,613.	1,825,906.	1,520,995.	885,320.	382,068.	6,975,902.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1		-69,072.		-37,766.	-34,550.	-141,388.
11 Total support. Add lines 7 through 10.						336,337,086.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	73.31%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	71.07%

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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.

b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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 did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV 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 in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section 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).			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
FOREIGN TRANSLATION LOSSES		-69,072.		-37,766.	-34,550.	-141,388.
TOTALS		<u>-69,072.</u>		<u>-37,766.</u>	<u>-34,550.</u>	<u>-141,388.</u>

Schedule of Contributors

2017

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

Name of the organization
THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number
13-3727250

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number
13-3727250**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	ESTEE LAUDER COMPANIES 767 FIFTH AVENUE, 40TH FLOOR NEW YORK, NY 10153	\$ 7,579,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANN, INC. 7 TIMES SQUARE NEW YORK, NY 10036	\$ 5,958,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PLAY FOR P.I.N.K. 175 EAST 74TH STREET NEW YORK, NY 10021	\$ 4,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PFIZER, INC. 235 EAST 42ND STREET NEW YORK, NY 10017	\$ 6,469,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ULTA BEAUTY 1000 REMINGTON BOULEVARD BOLINGBROOK, IL 60440	\$ 4,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MACY'S 151 WEST 34TH STREET NEW YORK, NY 10001	\$ 1,693,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DELTA AIR LINES 1030 DELTA BOULEVARD ATLANTA, GA 30354	\$ 1,911,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED BRAND AND GIVEAWAY PRODUCTS	\$ 327,044.	06/30/2018
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
---	---

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE BREAST CANCER RESEARCH FOUNDATION, INC.

13-3727250

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

JSA 7E1268 2.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,550,000.	1,550,000.	300,000.	300,000.	300,000.
b Contributions		5,000,000.	1,250,000.		
c Net investment earnings, gains, and losses	471,804.	35,766.	4,812.	-2,626.	39,857.
d Grants or scholarships					
e Other expenditures for facilities and programs	315,000.	35,766.	4,812.	-2,626.	39,857.
f Administrative expenses					
g End of year balance	6,706,804.	6,550,000.	1,550,000.	300,000.	300,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 97.6600 %
- c** Temporarily restricted endowment 2.3400 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		319,902.	177,132.	142,770.
d Equipment		252,833.	176,940.	75,893.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				218,663.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS - FIXED INCOME	16,192,766.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	16,192,766.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE FOUNDATION'S ENDOWMENT CONSISTS OF THREE DONOR-RESTRICTED FUNDS THE INCOME OF WHICH IS PRIMARILY FOCUSED ON FUNDING DEFINED RESEARCH INITIATIVES.

SCHEDULE D, PART X, QUESTION 2 - INCOME TAXES

THE FOUNDATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE FOUNDATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	GRANTMAKING		5,053,682.
(2) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		997,150.
(3) NORTH AMERICA	0.	0.	GRANTMAKING		750,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					6,800,832.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					6,800,832.

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

Schedule F (Form 990) 2017

JSA
7E1274 1.000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(2)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	247,374.				
(3)			MIDDLE EAST/NORTH AFRICA	MEDICAL RESE	247,550.				
(4)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	20,000.				
(5)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(6)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(7)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(8)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	248,544.				
(9)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	1,250,000.				
(10)			NORTH AMERICA	MEDICAL RESE	250,000.				
(11)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	248,000.				
(12)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	291,500.				
(13)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	248,326.				
(14)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(15)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(16)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	249,938.				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	MEDICAL RESE	250,000.				
(2)			MIDDLE EAST/NORTH AFRICA	MEDICAL RESE	249,600.				
(3)			MIDDLE EAST/NORTH AFRICA	MEDICAL RESE	250,000.				
(4)			NORTH AMERICA	MEDICAL RESE	250,000.				
(5)			NORTH AMERICA	MEDICAL RESE	250,000.				
(6)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(7)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(8)			EUROPE/ICELAND/GREENLAND	MEDICAL RESE	250,000.				
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **24.**

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, QUESTION 2 - FOREIGN GRANT PROCEDURES

NARRATIVE AND FINANCIAL PROGRESS REPORTS ARE REQUIRED TWICE A YEAR ON JANUARY 15 AND JUNE 15, WITH A FINAL FINANCIAL REPORT DUE AT THE CONCLUSION OF THE GRANT YEAR. THESE REPORTS, WHICH ARE REVIEWED BY THE DEPUTY DIRECTOR AND SCIENTIFIC ADVISORS, ARE SUBMITTED ELECTRONICALLY VIA THE FOUNDATION'S WEB PORTAL, WITH PRINTED REPORTS MAILED SEPARATELY.

SCHEDULE F, PART I, LINE 3, COLUMN F

ACCOUNTING METHOD IS ACCRUAL BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					99,592.	

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SPRING BENEFIT	LUNCHEON	16.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	5,832,136.	2,714,245.	7,786,388.	16,332,769.
	2	Less: Contributions	4,530,733.	2,344,651.	5,949,351.	12,824,735.
	3	Gross income (line 1 minus line 2)	1,301,403.	369,594.	1,837,037.	3,508,034.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			5,307.	5,307.
	6	Rent/facility costs	184,722.			184,722.
	7	Food and beverages	242,740.	230,010.	809,532.	1,282,282.
	8	Entertainment	602,458.	90,934.	553,478.	1,246,870.
	9	Other direct expenses	271,483.	48,650.	468,720.	788,853.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,508,034.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
MARTS & LUNDY, INC. 1200 WALL STREET WEST LYNDHURST NJ 07071	FUNDRAISING COUNSEL		X		99,592.	

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501(C)(3)	125,000.				MEDICAL RESEARCH
(2) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT STREET PHILADELPHIA, PA 19106	22-6251648	501(C)(3)	646,000.				MEDICAL RESEARCH
(5) AMERICAN SOCIETY OF PREVENTIVE ONCOLOGY 610 WALNUT STREET MADISON, WI 53726	13-2945877	501(C)(3)	40,000.				MEDICAL RESEARCH
(6) AMERICAN SOCIETY FOR RADIATION ONCOLOGY 251 18TH ST ARLINGTON, VA 22202	42-0943164	501(C)(3)	100,000.				MEDICAL RESEARCH
(7) ARIZONA STATE UNIVERSITY 660 SOUTH MILL AVENUE TEMPE, AZ 85281	86-6051042	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) ARIZONA STATE UNIVERSITY 660 SOUTH MILL AVENUE TEMPE, AZ 85281	86-6051042	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	94-2847907	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	94-2847907	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02115	04-2103882	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02115	04-2103882	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02115	04-2103882	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02115	04-2103882	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	249,996.				MEDICAL RESEARCH
(9) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	10-4210358	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD WEST HOLLYWOOD, CA 90048	95-1644600	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195	24-0714585	501(C)(3)	249,984.				MEDICAL RESEARCH
(12) COALITION OF CANCER COOPERATIVE GROUPS 1818 MARKET STREET PHILADELPHIA, PA 19103	23-2935628	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) COLUMBIA UNIVERSITY 722 W. 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) COLUMBIA UNIVERSITY 722 W. 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	125,141.				MEDICAL RESEARCH
(6) DUKE UNIVERSITY 324 BLACKBWELL ST. DURHAM, NC 27701	56-0532129	501(C)(3)	249,825.				MEDICAL RESEARCH
(7) EASTERN COOPERATIVE ONCOLOGY GROUP 1818 MARKET STREET PHILADELPHIA, PA 19103	39-1723095	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIE AVENUE N SEATTLE, WA 98109	23-7156071	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIE AVENUE N SEATTLE, WA 98109	23-7156071	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIE AVENUE N SEATTLE, WA 98109	23-7156071	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) GEORGETOWN UNIVERSITY 3700 O STREET NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	249,960.				MEDICAL RESEARCH
(12) GEORGIA INSTITUTE OF TECHNOLOGY NORTH AVENUE NW ATLANTA, GA 30332	58-6002023	501(C)(3)	240,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HACKENSACK UNIVERSITY MEDICAL CENTER 30 PROSPECT AVENUE HACKENSACK, NJ 07601	22-1487576	501(C)(3)	190,000.				MEDICAL RESEARCH
(2) HARVARD MEDICAL SCHOOL P.O. BOX 41 BOSTON, MA 02115	10-4210358	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) HARVARD SCHOOL OF PUBLIC HEALTH P.O. BOX 41 BOSTON, MA 02115	10-4210358	501(C)(3)	249,984.				MEDICAL RESEARCH
(4) HOUSTON METHODIST RESEARCH INSTITUTE 6670 BERTNER AVE HOUSTON, TX 77030	46-4402004	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) HUNTER COLLEGE/CITY UNIVERSITY OF NEW YORK 695 PARK AVENUE NEW YORK, NY 10065	13-1988190	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI BOX 3500 NEW YORK, NY 10029	13-6171197	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI BOX 3500 NEW YORK, NY 10029	13-6171197	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) INDIANA UNIVERSITY SCHOOL OF MEDICINE 620 UNION DR. INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) INDIANA UNIVERSITY SCHOOL OF MEDICINE 620 UNION DR. INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	75,000.				MEDICAL RESEARCH
(5) JOHNS HOPKINS UNIVERSITY- TBCRC 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	1,250,000.				MEDICAL RESEARCH
(6) JOHNS HOPKINS UNIVERSITY- TBCRC 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	2,750,000.				MEDICAL RESEARCH
(7) JOHNS HOPKINS UNIVERSITY- TBCRC 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	5,000,000.				MEDICAL RESEARCH
(8) LAWRENCE BERKELEY NATIONAL LABORATORY 3440 WALNUT AVE FREMONT, CA 94538	94-2951741	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	249,811.				MEDICAL RESEARCH
(12) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MAYO CLINIC CANCER CENTER 200 FIRST STREET ROCHESTER, MN 55905	41-6011702	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) MAYO CLINIC CANCER CENTER 200 FIRST STREET ROCHESTER, MN 55905	41-6011702	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) MAYO CLINIC CANCER CENTER 200 FIRST STREET ROCHESTER, MN 55905	41-6011702	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) MAYO CLINIC FLORIDA 4500 SAN PABLO RD JACKSONVILLE, FL 32224	41-6011702	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	124,969.				MEDICAL RESEARCH
(9) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	1,000,000.				MEDICAL RESEARCH
(6) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624183	501(C)(3)	151,586.				MEDICAL RESEARCH
(7) MICHIGAN STATE UNIVERSITY 220 TROWBRIDGE ROAD EAST LANSING, MI 48824	02-0795707	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) NORTH AMERICAN BREAST CANCER GROUP 3003 S. STATE STREET ANN ARBOR, MI 48109	25-1899326	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) NORTHWESTERN UNIVERSITY 750 LAKE SHORE CHICAGO, IL 60611	36-2167817	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-3971298	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-3971298	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6401599	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SAM JACKSON PARK RD PORTLAND, OR 97239	23-7083114	501(C)(3)	75,837.				MEDICAL RESEARCH
(2) PLATO FOUNDATION 2 CONCOURSE PKWY ATLANTA, GA 30328	27-2320951	501(C)(3)	80,000.				MEDICAL RESEARCH
(3) PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) ROSWELL PARK CANCER INSTITUTE ELM AND CARLTON STREETS BUFFALO, NY 14263	11-4140215	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) RUTGERS CANCER INSTITUTE OF NEW JERSEY 65 DAVIDSON RD PISCATAWAY, NJ 08854	20-2959012	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) RUTGERS CANCER INSTITUTE OF NEW JERSEY 65 DAVIDSON RD PISCATAWAY, NJ 08854	20-2959012	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) RUTGERS UNIVERSITY/CANCER INSTITUTE OF NJ 65 DAVIDSON RD PISCATAWAY, NJ 08854	20-2959012	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) STANFORD UNIVERSITY 616 SIERRA ST STANFORD, CA 99430	94-1156365	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) STANFORD UNIVERSITY 616 SIERRA ST STANFORD, CA 99430	94-1156365	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) STANFORD UNIVERSITY 616 SIERRA ST STANFORD, CA 99430	94-1156365	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) STANFORD UNIVERSITY 616 SIERRA ST STANFORD, CA 99430	94-1156365	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) STANFORD UNIVERSITY 616 SIERRA ST STANFORD, CA 99430	94-1156365	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY FO 230 W. MONROE ST CHICAGO, IL 60606	02-0464400	501(C)(3)	249,600.				MEDICAL RESEARCH
(3) THE ASCO CANCER FOUNDATION 318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	500,000.				MEDICAL RESEARCH
(4) THE ASCO CANCER FOUNDATION 318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	170,000.				MEDICAL RESEARCH
(5) THE ASCO CANCER FOUNDATION 318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	153,334.				MEDICAL RESEARCH
(6) THE ASCO CANCER FOUNDATION 318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	230,000.				MEDICAL RESEARCH
(7) THE ASCO CANCER FOUNDATION 318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	110,000.				MEDICAL RESEARCH
(8) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	36-2177139	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) TUFTS UNIVERSITY SCHOOL OF MEDICINE 200 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) UNIVERSITY OF ARIZONA 1111 N. CHERRY AVE TUCSON, AZ 85721	86-6050388	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA, IRVINE 300 UNIVERSITY TOWER IRVINE, CA 92697	95-2226406	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROS AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROS AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROS AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	350,000.				MEDICAL RESEARCH
(11) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUN 12201 RESEARCH PKWY ORLANDO, FL 32826	59-3086453	501(C)(3)	125,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CHICAGO 6030 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) UNIVERSITY OF CHICAGO 6030 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) UNIVERSITY OF COLORADO DENVER ANNSCHUTZ MEDICAL CAMPUS BUILDING	84-6000555	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) UNIVERSITY OF ILLINOIS, URBANA-CHAMPAIGN 1901 SOUT ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) UNIVERSITY OF ILLINOIS, URBANA-CHAMPAIGN 1901 SOUT ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) UNIVERSITY OF MIAMI 1400 NW 10TH AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) UNIVERSITY OF MIAMI 1400 NW 10TH AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	246,874.				MEDICAL RESEARCH
(9) UNIVERSITY OF MIAMI 1400 NW 10TH AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	249,775.				MEDICAL RESEARCH
(6) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 450 WEST DRIVE CHAPEL HILL, NC 27599	56-6001319	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 450 WEST DRIVE CHAPEL HILL, NC 27599	56-6001319	501(C)(3)	249,947.				MEDICAL RESEARCH
(8) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 450 WEST DRIVE CHAPEL HILL, NC 27599	56-6001319	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 450 WEST DRIVE CHAPEL HILL, NC 27599	56-6001319	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 450 WEST DRIVE CHAPEL HILL, NC 27599	56-6001319	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	249,562.				MEDICAL RESEARCH
(12) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	249,223.				MEDICAL RESEARCH
(5) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	125,000.				MEDICAL RESEARCH
(7) UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	217,797.				MEDICAL RESEARCH
(8) UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	249,988.				MEDICAL RESEARCH
(9) UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) UNIVERSITY OF PITTSBURGH CANCER INSTITUTE CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) UNIVERSITY OF SOUTHERN CALIFORNIA 1975 ZONAL AVE LOS ANGELES, CA 90033	95-1642394	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) UNIVERSITY OF SOUTHERN CALIFORNIA 1975 ZONAL AVE LOS ANGELES, CA 90033	95-1642394	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF SOUTHERN CALIFORNIA 1975 ZONAL AVE LOS ANGELES, CA 90033	95-1642394	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	249,975.				MEDICAL RESEARCH
(9) UNIVERSITY OF TEXAS MD ANDERSON CANCER CENT 1111 FANNIN STREET HOUSTON, TX 77002	74-6001118	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) UNIVERSITY OF WASHINGTON NE PACIFIC ST SEATTLE, WA 98195	94-3079431	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) UNIVERSITY OF WASHINGTON NE PACIFIC ST SEATTLE, WA 98195	94-3079431	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) UNIVERSITY OF WASHINGTON ON BEHALF OF SWOG NE PACIFIC ST SEATTLE, WA 98195	94-3079431	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WISCONSIN 21 N. PARK STREET MADISON, WI 53715	39-6006492	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) VANDERBILT UNIVERSITY 2220 PIERCE AVENUE NASHVILLE, TN 37232	62-0476822	501(C)(3)	250,000.				MEDICAL RESEARCH
(3) VANDERBILT UNIVERSITY MEDICAL CENTER 1501 BORTH PLANO RD RICHARDSON, TN 75081	62-0476822	501(C)(3)	250,000.				MEDICAL RESEARCH
(4) WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034700 ST. LOUIS, MO 63112	43-0653611	501(C)(3)	250,000.				MEDICAL RESEARCH
(5) WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034700 ST. LOUIS, MO 63112	43-0653611	501(C)(3)	250,000.				MEDICAL RESEARCH
(6) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	15-0532082	501(C)(3)	250,000.				MEDICAL RESEARCH
(7) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	15-0532082	501(C)(3)	250,000.				MEDICAL RESEARCH
(8) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	15-0532082	501(C)(3)	250,000.				MEDICAL RESEARCH
(9) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	15-0532082	501(C)(3)	250,000.				MEDICAL RESEARCH
(10) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 455 MAIN ST CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	250,000.				MEDICAL RESEARCH
(11) YALE SCHOOL OF PUBLIC HEALTH 47 COLLEGE ST NEW HAVEN, CT 06520	06-0646973	501(C)(3)	250,000.				MEDICAL RESEARCH
(12) YALE UNIVERSITY SCHOOL OF MEDICINE 47 COLLEGE ST NEW HAVEN, CT 06520	06-0646973	501(C)(3)	250,000.				MEDICAL RESEARCH

2 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY SCHOOL OF MEDICINE 47 COLLEGE ST NEW HAVEN, CT 06520	06-0646973	501(C)(3)	250,000.				MEDICAL RESEARCH
(2) YALE UNIVERSITY SCHOOL OF MEDICINE 47 COLLEGE ST NEW HAVEN, CT 06520	06-0646973	501(C)(3)	250,000.				MEDICAL RESEARCH
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 194.

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

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

Schedule I (Form 990) (2017)

Part III 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, QUESTION 2

NARRATIVES AND FINANCIAL PROGRESS REPORTS ARE REQUIRED TWICE A YEAR BY JANUARY 15 AND JUNE 15, WITH A FINAL FINANCIAL REPORT DUE AT THE CONCLUSION OF THE GRANT YEAR. THESE REPORTS, WHICH ARE REVIEWED BY THE DEPUTY DIRECTOR AND SCIENTIFIC ADVISORS, ARE SUBMITTED ELECTRONICALLY VIA THE FOUNDATION'S WEB PORTAL, WITH PRINTED REPORTS MAILED SEPARATELY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MYRA BIBLOWIT PRESIDENT	(i)	679,165.	30,000.	0.	51,846.	18,872.	779,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LISA RISI CHIEF OPERATING OFFICER	(i)	273,504.	0.	0.	19,856.	1,254.	294,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARC HURLBERT CHIEF MISSION OFFICER	(i)	329,735.	0.	0.	23,939.	8,578.	362,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LUCRETIA GILBERT CHIEF DEVELOPMENT OFFICER	(i)	284,020.	0.	0.	20,620.	8,342.	312,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CHRISTINA MALITO ROSE CHIEF PARTNERSHIP OFFICER	(i)	218,916.	0.	0.	15,893.	28,842.	263,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 STEPHANIE HAMBURGER EXECUTIVE DIR/PLAY FOR PINK	(i)	187,669.	0.	0.	13,625.	18,353.	219,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 STEPHANIE KAUFMAN CHIEF COMMUNICATIONS OFFICER	(i)	223,654.	0.	0.	16,237.	29,166.	269,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MEGHAN FINN CHIEF COMMUN/ENGMT OFFICER	(i)	199,787.	0.	0.	14,504.	8,578.	222,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 KATHLEEN TRIPP DIR DIGITAL COMMUNICATIONS	(i)	196,895.	0.	0.	14,294.	8,578.	219,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MARGARET FLOWERS DIR SCIENTIFIC COMMUN & GRANTS	(i)	139,008.	0.	0.	10,092.	8,578.	157,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 4

THE FOUNDATION MAINTAINS A SECTION 457 PLAN, WHEREBY ELIGIBLE EMPLOYEES
ACCRUE A PERCENTAGE OF THEIR COMPENSATION, BASED ON THEIR YEARS OF
SERVICE IN THE PLAN. CONTRIBUTIONS TO THE PLAN BY THE FOUNDATION WERE \$
IN FISCAL-YEAR 2018.

FORM 990, SCHEDULE J, PART I, LINE 7

THE FOUNDATION'S BOARD OF DIRECTORS AUTHORIZED A BONUS FOR THE PRESIDENT
OF THE FOUNDATION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization: **THE BREAST CANCER RESEARCH FOUNDATION, INC.**
Employer identification number: **13-3727250**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) W. LAUDER (THROUGH ESTEE LAUDER CO)	SERVES ON BOTH BOARDS	7,409,087.	REIMB.PAYROLL/SHARED EMPLOYEES		X
(2) W. LAUDER (THROUGH ESTEE LAUDER CO)	SERVES ON BOTH BOARDS	92,635.	REIMB.OFFICE & MISC. EXPENSES		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

WILLIAM P. LAUDER IS A MEMBER OF THE BOARD OF DIRECTORS OF THE BREAST CANCER RESEARCH FOUNDATION AS WELL AS THE ESTEE LAUDER COMPANIES. THE FOUNDATION REIMBURSES ESTEE LAUDER FOR PAYROLL AND BENEFITS FOR THE FOUNDATION'S STAFF WHO EXCLUSIVELY CONDUCT THE FOUNDATION'S ACTIVITIES, AS WELL AS FOR MISCELLANEOUS FUND-RAISING AND OFFICE EXPENSES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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 the latest information.

Name of the organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
--	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41 .	184,006 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		165 .	327,044 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

Part II **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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
ESTEE LAUDER BRAND PRDTS	X	1.	88,877.	FMV
OTHER GIVEAWAY ITEMS	X	97.	82,249.	FMV
SPECIAL EVENT GIVEAWAYS	X	67.	155,918.	FMV
TOTALS		<u>165.</u>	<u>327,044.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-3727250

FORM 990, PART V, LINE 2A AND 2B AND PART VII

THE FOUNDATION REIMBURSES THE ESTEE LAUDER COMPANIES, INC. TO COVER COMPENSATION AND BENEFITS FOR THE FOUNDATION'S STAFF WHO EXCLUSIVELY CONDUCT THE FOUNDATION'S ACTIVITIES. ALL SUCH EMPLOYEES ARE REPORTED ON ANNUAL W-2 FILINGS THROUGH THE ESTEE LAUDER COMPANIES. ACCORDINGLY, ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS ARE FILED BY THE ESTEE LAUDER COMPANIES.

FORM 990, PART VI, SECTION A, LINE 2

BOARD OF DIRECTORS' MEMBERS WILLIAM P. LAUDER, DEBORAH KRULEWITCH, AND ROBERT BIGLER ALL WORK, OR HAVE WORKED, FOR THE ESTEE LAUDER COMPANIES, INC. WHERE THEY SERVE, OR HAVE SERVED, AS CORPORATE OFFICERS.

TRANSACTIONS BETWEEN THE FOUNDATION AND THE ESTEE LAUDER COMPANIES DO NOT MEET THE REPORTING REQUIREMENTS FOR SCHEDULE R OF THE FORM 990. IN ADDITION, CERTAIN BOARD MEMBERS MAINTAIN BUSINESS RELATIONSHIPS OUTSIDE OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 4

THE FOUNDATION'S ATTORNEYS UNDERTOOK A REVIEW OF THE FOUNDATION'S BY-LAWS TO ENSURE THAT THE FOUNDATION'S GOVERNANCE CONTINUES TO BE COMPLIANT WITH THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW AND GOVERNANCE BEST PRACTICES. AS A RESULT OF THAT REVIEW, THE FOUNDATION HAS AMENDED ITS BY-LAWS IN VARIOUS AREAS, PRINCIPALLY RELATING TO COMMITTEE STRUCTURES.

Name of the organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
---	--

FORM 990, PART VI, SECTION B, LINE 11

THE DRAFT FORM 990 IS REVIEWED BY MANAGEMENT. AFTER ANY REQUIRED EDITS, THE RETURN IS PROVIDED TO THE FOUNDATION'S AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL FOR FILING; THE FINAL FORM 990, AS APPROVED BY THE AUDIT COMMITTEE, IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE ULTIMATE FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY WHICH REQUIRES BOARD MEMBERS TO SIGN AND SUBMIT ANNUAL STATEMENTS OF ANY CONFLICTS OR POTENTIAL CONFLICTS TO THE BOARD SECRETARY. IF A CONFLICT HAS BEEN DISCLOSED, THE INTERESTED PERSON MUST RECUSE THEMSELVES FROM ANY VOTE ON SUCH TRANSACTIONS. ALL CONFLICTS OF INTEREST ARE DISCLOSED TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

AN ANNUAL REVIEW OF COMPENSATION IS PERFORMED BY THE COMPENSATION COMMITTEE (THE "COMMITTEE") FOR KEY MANAGEMENT. THE COMMITTEE PROVIDES A FULL REPORT OF THE COMPENSATION REVIEW PROCESS AND RESULTS TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. THIS REVIEW INCLUDES A COMPARISON OF COMPENSATION AND ORGANIZATIONAL PERFORMANCE TO PEER NON-PROFIT ORGANIZATIONS. THE COMPENSATION OF OTHER EMPLOYEES IS REVIEWED ANNUALLY BY THE PRESIDENT AND CHIEF OPERATING OFFICER AND APPROVED BY THE FULL BOARD OF DIRECTORS AS A COMPONENT OF THE FOUNDATION'S BUDGET. THE FOUNDATION UTILIZES COMPENSATION INFORMATION GLEANED FROM THE FORMS 990 OF OTHER COMPARABLE ORGANIZATIONS TO ASCERTAIN OVERALL REASONABLENESS OF

Name of the organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
---	--

COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19

THE BREAST CANCER RESEARCH FOUNDATION'S FORM 990 IS AVAILABLE ON THE FOUNDATION'S WEBSITE, THROUGH GUIDESTAR'S WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS

LOSS ON UNCOLLECTIBLE PLEDGES OF (\$250,084) AND RETURN OF PRIOR-YEAR GRANT REWARDS OF \$459,613, TOTALING \$209,529.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE BREAST CANCER RESEARCH FOUNDATION (BCRF) WAS FOUNDED IN 1993 BY EVELYN H. LAUDER AS AN INDEPENDENT, NOT-FOR-PROFIT 501(C)(3) ORGANIZATION DEDICATED TO PREVENTING AND CURING BREAST CANCER BY ADVANCING THE WORLD'S MOST PROMISING RESEARCH.

BREAST CANCER IS AN URGENT, GLOBAL PUBLIC HEALTH ISSUE: IT IS THE MOST COMMON CANCER IN WOMEN WORLDWIDE, WITH MORE THAN 250,000 WOMEN AND 2,000 MEN DIAGNOSED IN THE U.S. THIS YEAR ALONE. WHILE MORTALITY RATES HAVE DECREASED AND OUTCOMES HAVE IMPROVED OVER THE LAST TWO DECADES, APPROXIMATELY 40,000 PEOPLE IN THE NATION CONTINUE TO DIE FROM THE DISEASE EACH YEAR. WITH A NEW WOMAN DIAGNOSED EVERY TWO MINUTES IN THE U.S., AND EVERY 19 SECONDS AROUND THE WORLD, RESEARCH IS THE ONLY PATH TO ERADICATING BREAST CANCER.

SUBSEQUENT TO YEAR-END, IN OCTOBER 2018, THE FOUNDATION

Name of the organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
---	--

ATTACHMENT 1 (CONT'D)

DISTRIBUTED GRANTS APPROVED AT JUNE 30, 2018 OF \$63 MILLION,
INCLUDING \$1,750,000 FUNDED FROM THE FOUNDER'S FUND TO NEARLY 300
RESEARCHERS FROM TOP UNIVERSITIES AND MEDICAL INSTITUTIONS ACROSS
SIX CONTNENTS, ALL WORKING TO DRAMATICALLY IMPROVE DIAGNOSIS,
PREVENTION, AND TREATMENT OF BREAST CANCER FOR PEOPLE EVERYWHERE.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,
DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
6056 LEASEHOLD COMPANY, LLC 125 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10017	RENT	497,320.
BML-BLACKBIRD 1 AQUARIUM DRIVE SECAUCUS, NJ 07094	EVENT PRODUCTION	410,276.
CREATIVE EDGE PARTIES CATERERS, INC. 110 BARROW STREET NEW YORK, NY 10014	EVENT CATERING	316,051.
INNOVATIVE PHILANTHROPY, LLC 5 HANOVER SQUARE, SUITE 2103 NEW YORK, NY 10004	PHILANTHROPIC ADVISE	138,695.
STAGECOACH DIGITAL P.O. BOX 8806	MARKETING	111,563.

Name of the organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
---	--

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BURLINGTON, VT 05402		

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE BREAST CANCER RESEARCH FOUNDATION, INC.

Employer identification number

13-3727250

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BREAST CANCER RESEARCH FOUNDATION CANADA 100 ALDEN RD L3R 4C1 MARKHAM, ONTARIO CA	RESEARCH	CA			BCRF (US)		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BCRF-CANADA	C	141,006.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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