

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

▶ 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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.		D Employer identification number 13-3727250
	Doing business as		E Telephone number 646 497 - 2600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 90,650,595.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	F Name and address of principal officer: MYRA BIBLOWIT SAME AS C ABOVE		H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.BCRF.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1993** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PREVENT AND CURE BREAST CANCER BY ADVANCING THE WORLD'S MOST PROMISING RESEARCH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	48
	6	Total number of volunteers (estimate if necessary)	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue			Prior Year Current Year
	8	Contributions and grants (Part VIII, line 1h)	62,711,739. 82,277,596.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,688,395. 2,011,130.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,946. 240,243.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,523,080. 84,528,969.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,160,000. 52,220,588.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,800,126. 10,277,829.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	95,000. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,659,568.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,378,935. 7,385,619.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,434,061. 69,884,036.
19	Revenue less expenses. Subtract line 18 from line 12	3,089,019. 14,644,933.	
Net Assets or Fund Balances			Beginning of Current Year End of Year
	20	Total assets (Part X, line 16)	117,751,822. 129,940,554.
	21	Total liabilities (Part X, line 26)	61,504,093. 65,748,661.
22	Net assets or fund balances. Subtract line 21 from line 20	56,247,729. 64,191,893.	

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 <i>Lisa Risk</i>	Date 3/7/2023
	Type or print name and title LISA RISI, CHIEF OPERATING OFFICER	

Paid Preparer Use Only	Print/Type preparer's name CANDICE METH	Preparer's signature <i>Candice Meth</i>	Date 3/3/2023	Check if self-employed <input type="checkbox"/>	PTIN P01306891
	Firm's name ▶ EISNER ADVISORY GROUP LLC			Firm's EIN ▶ 87-1353108	
Firm's address ▶ 733 THIRD AVENUE NEW YORK, NY 10017-2703			Phone no. 212-949-8700		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. THE BREAST CANCER RESEARCH FOUNDATION, INC.	Taxpayer identification number (TIN) 13-3727250
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 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) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

LISA RISI

- The books are in the care of ▶ **28 WEST 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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-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-TE and Form 8879-TE for payment instructions.

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

Form 990 (2021)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**THE MISSION OF THE BREAST CANCER RESEARCH FOUNDATION, INC. 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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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 \$ 57,346,227. including grants of \$ 52,220,588.) (Revenue \$ _____)

SEE SCHEDULE O

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

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

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

4e Total program service expenses **57,346,227.**

Form 990 (2021)

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

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 Rev. Proc. 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 donor-restricted endowments or in 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
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	

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

Form 990 (2021)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	X	
b	If "Yes," enter the name of the foreign country ► CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	23		
b Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

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

THE BREAST CANCER RESEARCH
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MYRA BIBLOWIT PRESIDENT AND CEO	40.00 1.00			X				830,743.	0.	1006368.
(2) DORRAYA EL-ASHRY CHIEF SCIENTIFIC OFFICER	40.00				X			324,885.	0.	49,370.
(3) LISA RISI CHIEF OPERATING OFFICER	40.00 1.00			X				336,381.	0.	25,804.
(4) MEGHAN FINN CHIEF COMM/ENGAGEMENT OFFICER	40.00				X			285,515.	0.	33,609.
(5) RACHELLE SANDERS (TO 5/17/22) CHIEF DEVELOPMENT OFFICER	40.00				X			236,932.	0.	36,107.
(6) HEIDI IHRIG SENIOR DIRECTOR PHILANTHROPY & GIFTS	40.00					X		220,407.	0.	52,563.
(7) STEPHANIE HAMBURGER EXECUTIVE DIRECTOR PLAY FOR P.I.N.K.	40.00				X			227,211.	0.	41,528.
(8) KATHLEEN TRIPP DIRECTOR DIGITAL COMMUNICATIONS	40.00					X		224,732.	0.	27,698.
(9) KATHERINE MINSTER SR DIRECTOR BOARD RELATIONS/MAJOR GI	40.00					X		174,150.	0.	23,765.
(10) MARGARET FLOWERS MANAGING DIRECTOR RESEARCH PROGRAMS	40.00					X		162,540.	0.	23,181.
(11) ISABELLE VAN HOOK DIR. PHILANTHROPY & MAJOR GIFTS	40.00					X		149,279.	0.	35,868.
(12) KINGA LAMPERT CO-CHAIR	1.00	X		X				0.	0.	0.
(13) WILLIAM LAUDER CO-CHAIR	1.00	X		X				0.	0.	0.
(14) DEBORAH KRULEWITCH SECRETARY	1.00 1.00	X		X				0.	0.	0.
(15) ROBERT BIGLER TREASURER	1.00 1.00	X		X				0.	0.	0.
(16) BETSY BATTLE DIRECTOR	1.00	X						0.	0.	0.
(17) JEROME BETTIS DIRECTOR	1.00	X						0.	0.	0.

**THE BREAST CANCER RESEARCH
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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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) CLARISSA ALCOCK BRONFMAN DIRECTOR	1.00	X					0.	0.	0.	
(19) CYNTHIA CITRONE DIRECTOR	1.00	X					0.	0.	0.	
(20) NINA GARCIA DIRECTOR	1.00	X					0.	0.	0.	
(21) EFFRAIM GRINBERG DIRECTOR	1.00	X					0.	0.	0.	
(22) KAREN HALE DIRECTOR	1.00	X					0.	0.	0.	
(23) SUSAN HERTOZ DIRECTOR	1.00	X					0.	0.	0.	
(24) DEE OCLEPPO HILFIGER DIRECTOR	1.00	X					0.	0.	0.	
(25) WILLIAM KAROL DIRECTOR	1.00	X					0.	0.	0.	
(26) SHELLY KIVELL DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							3,172,775.	0.	1355861.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,172,775.	0.	1355861.	

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 24

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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
ABF 28 W. 44 OWNER PO BOX 823663, PHILADELPHIA, PA 19182-3663	RENT	923,725.
6056 LEASEHOLD COMPANY, C/O GFP REAL ESTATE LLC, PO BO 283, EMERSEON, NJ 07630	RENT	505,704.
BATWIN & ROBIN PRODUCTIONS, INC. 151 WEST 19TH STREET, NEW YORK, NY 10011	EVENT PRODUCTION	411,060.
TOTAL INTERACTIVE EVENTS LLC, 205 SOUTH NEWMAN STREET, HACKENSACK, NJ 07601	EVENT PRODUCTION	198,370.
STAGECOACH DIGITAL 2038 NE DAVIS STREET, PORTLAND, OR 97232	EMAIL MARKETING	149,350.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 174,525.				
	b	Membership dues	1b				
	c	Fundraising events	1c 12,701,164.				
	d	Related organizations	1d 176,445.				
	e	Government grants (contributions)	1e 1,272,100.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 67,953,362.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,392,593.				
	h	Total. Add lines 1a-1f		82,277,596.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,733,068.		1733068.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		142,271.		142,271.	
	6 a	Gross rents	(i) Real	99,218.			
			(ii) Personal				
	b	Less: rental expenses ...	6b 0.				
	c	Rental income or (loss)	6c 99,218.				
	d	Net rental income or (loss)		99,218.		99,218.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4,957,536.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b 4,621,216.	58,258.			
	c	Gain or (loss)	7c 336,320.	-58,258.			
d	Net gain or (loss)		278,062.		278,062.		
8 a	Gross income from fundraising events (not including \$ 12,701,164. of contributions reported on line 1c). See Part IV, line 18	8a 1,442,152.					
		8b 1,442,152.					
c	Net income or (loss) from fundraising events		0.				
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	FOREIGN CURRENCY TRANSLATION LOSS	900099	-1,246.		-1,246.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		-1,246.			
12	Total revenue. See instructions		84,528,969.	0.	0.	2251373.	

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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	44,349,629.	44,349,629.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,870,959.	7,870,959.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,125,124.	316,499.	288,701.	519,924.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,080,210.	2,498,672.	1,153,001.	3,428,537.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	376,173.	132,789.	60,752.	182,632.
9 Other employee benefits	1,176,775.	415,402.	190,049.	571,324.
10 Payroll taxes	519,547.	183,400.	83,907.	252,240.
11 Fees for services (nonemployees):				
a Management	1,900,411.	669,111.	77,231.	1,154,069.
b Legal	6,619.		6,619.	
c Accounting	86,850.		86,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	115,687.		115,687.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	393,206.			393,206.
12 Advertising and promotion	250,742.			250,742.
13 Office expenses	1,006,530.	325,065.	319,649.	361,816.
14 Information technology	114,571.		114,571.	
15 Royalties				
16 Occupancy	1,575,068.	376,499.	772,385.	426,184.
17 Travel	92,382.	12,703.	76,547.	3,132.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,287.	41,287.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	248,077.	79,806.	77,934.	90,337.
23 Insurance	55,803.		55,803.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EVENT PRINTING, POSTAGE	340,119.			340,119.
b BANK CHARGES	317,645.		317,645.	
c P.I.N.K EVENT PROD.	236,727.			236,727.
d EVENT PRODUCTION	221,494.			221,494.
e All other expenses	382,401.	74,406.	80,910.	227,085.
25 Total functional expenses. Add lines 1 through 24e	69,884,036.	57,346,227.	3,878,241.	8,659,568.
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)				

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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	5,559,014.	1	436,779.	
	2 Savings and temporary cash investments	15,947,368.	2	28,927,007.	
	3 Pledges and grants receivable, net	10,315,164.	3	22,361,318.	
	4 Accounts receivable, net	261,837.	4	197,410.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	725,327.	9	62,641.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	477,166.			
	b Less: accumulated depreciation	452,217.			
	11 Investments - publicly traded securities	84,353,983.	11	77,829,779.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	257,845.	15	100,671.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	117,751,822.	16	129,940,554.		
Liabilities	17 Accounts payable and accrued expenses	443,791.	17	6,581,568.	
	18 Grants payable	58,516,102.	18	57,894,993.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	2,544,200.	24	1,272,100.	
	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		25		
	26 Total liabilities. Add lines 17 through 25	61,504,093.	26	65,748,661.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	37,455,653.	27	30,710,360.	
	28 Net assets with donor restrictions	18,792,076.	28	33,481,533.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	56,247,729.	32	64,191,893.	
	33 Total liabilities and net assets/fund balances	117,751,822.	33	129,940,554.	

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**THE BREAST CANCER RESEARCH
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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	84,528,969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,884,036.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,644,933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,247,729.
5	Net unrealized gains (losses) on investments	5	-8,446,114.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,745,345.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64,191,893.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

THE BREAST CANCER RESEARCH
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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78726889.	77185446.	74276786.	62711739.	82277596.	375178456
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	78726889.	77185446.	74276786.	62711739.	82277596.	375178456
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)						73846511.
6 Public support. Subtract line 5 from line 4.						301331945

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	78726889.	77185446.	74276786.	62711739.	82277596.	375178456
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	382,068.	1760322.	2068780.	1293734.	1974557.	7479461.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-34,550.	-3,118.	-30,845.	8,463.	-1,246.	-61,296.
11 Total support. Add lines 7 through 10						382596621
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	78.76 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	77.73 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
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? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

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

1 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 (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <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).		

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

Schedule A (Form 990) 2021

13-3727250 Page 7

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FOREIGN TRANSACTIONS GAINS/(LOSSES)

2017 AMOUNT: \$ -34,550.

2018 AMOUNT: \$ -3,118.

2019 AMOUNT: \$ -30,845.

2020 AMOUNT: \$ 8,463.

2021 AMOUNT: \$ -1,246.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
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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	<hr/> <hr/> <hr/>	\$ <u>6,242,840.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>6,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>5,356,814.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>4,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>3,039,482.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>2,875,050.</u>	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
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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		\$ <u>2,821,574.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>2,109,151.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>1,767,574.</u>	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.)

Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
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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	MERCHANDISE FOR SPECIAL EVENT GIFT BAGS <hr/> <hr/>	\$ 64,051.	06/30/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
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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 info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		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.

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION IS SUBJECT TO THE PROVISIONS OF THE FASB'S 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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

2021

Open to Public
Inspection

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
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTMAKING		6,077,815.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		893,184.
NORTH AMERICA			GRANTMAKING		450,000.
EAST ASIA AND THE PACIFIC			GRANTMAKING		449,960.
3 a Subtotal	0	0			7,870,959.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			7,870,959.

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

Schedule F (Form 990) 2021

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

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)
		EUROPE	MEDICAL RESEARCH	20,000.	WIRE	0.		
		NORTH AMERICA	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	2403918.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL RESEARCH	243,184.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	170,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 **24**

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

Schedule F (Form 990)

13-3727250

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MEDICAL RESEARCH	112,500.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	222,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		NORTH AMERICA	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	224,407.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL RESEARCH	650,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MEDICAL RESEARCH	224,960.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	224,990.	WIRE	0.		

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule F (Form 990)

13-3727250

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	450,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	225,000.	WIRE	0.		

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

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.

PART I, LINE 2:

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
CHIEF SCIENTIFIC OFFICER OR SCIENTIFIC PROGRAM MANAGERS, ARE SUBMITTED
ELECTRONICALLY VIA THE FOUNDATION'S WEB PORTAL, WITH PRINTED REPORTS
MAILED SEPARATELY.

PART I, LINE 3:

ACCOUNTING METHOD IS ACCRUAL BASIS.

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

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 (add col. (a) through col. (c))	
		SPRING BENEFIT (event type)	VIRTUAL LUNCHEON (event type)	10 (total number)		
Revenue	1	Gross receipts	7,192,066.	2,994,298.	3,956,952.	14,143,316.
	2	Less: Contributions	6,282,679.	2,894,098.	3,524,387.	12,701,164.
	3	Gross income (line 1 minus line 2)	909,387.	100,200.	432,565.	1,442,152.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	96,255.		40,270.	136,525.
	7	Food and beverages	113,260.			113,260.
	8	Entertainment	458,800.	100,200.	333,901.	892,901.
	9	Other direct expenses	241,072.		58,394.	299,466.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,442,152.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: _____

THE BREAST CANCER RESEARCH FOUNDATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT STREET - PHILADELPHIA, PA 19106	22-6251648	501(C)(3)	491,000.	0.			MEDICAL RESEARCH
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	13-1624225	501(C)(3)	675,000.	0.			MEDICAL RESEARCH
ALLIANCE FOR CINICAL TRIALS IN ONCOLOGY - 125 S. WACKER DRIVE, NO 1600 - CHICAGO, IL 60606	02-0464400	501(C)(3)	300,657.	0.			MEDICAL RESEARCH
ARIZONA STATE UNIVERSITY 660 SOUTH MILL AVENUE TEMPE, AZ 85281	86-6051042	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO) - 251 18TH ST. SOUTH 8TH FLOOR - ARLINGTON, VA 22202	42-0943164	501(C)(3)	110,000.	0.			MEDICAL RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM600 HOUSTON, TX 77030	74-1613878	501(C)(3)	675,000.	0.			MEDICAL RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **69.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule I (Form 990)

13-3727250

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE - BOSTON, MA 02115	04-2103882	501(C)(3)	675,000.	0.			MEDICAL RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	449,969.	0.			MEDICAL RESEARCH
CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195	24-0714585	501(C)(3)	224,801.	0.			MEDICAL RESEARCH
COALITION OF CANCER COOPERATIVE GROUPS - 75 BROAD STREET - NEW YORK, NY 10004	13-4057685	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
COLD SPRING HARBOR LABORATORY 1 BUNGTON ROAD COLD SPRING, NY 11724	11-2013303	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
COLUMBIA UNIVERSITY 722 W. 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	450,000.	0.			MEDICAL RESEARCH
DANA FARBER CANCER INSITUTE 450 BROOKLINE AVE BOSTON, MA 02210	04-2263040	501(C)(3)	3,405,596.	0.			MEDICAL RESEARCH
DUKE UNIVERSITY 324 BLACKBELL ST. DURHAM, NC 27701	56-0532129	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
ECOG-ACRIN CANCER RESEARCH GROUP 1818 MARKET STREET #1100 PHILADELPHIA, PA 19103	46-0745339	501(C)(3)	225,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule I (Form 990)

13-3727250

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELLISON INSTITUTE RESEARCH FOUNDATION - 101 YGNACIO VALLEY ROAD, NO 320 - WALNUT CREEK, CA 94596	94-3269827	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD THIRD FLOOR 3101 ATLANTA, GA 30322	58-0566256	501(C)(3)	100,000.	0.			MEDICAL RESEARCH
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIE AVENUE N SEATTLE, WA 98109	23-7156071	501(C)(3)	675,000.	0.			MEDICAL RESEARCH
GEORGETOWN UNIVERSITY MEDICAL CENTER - 3700 O STREET NW - WASHINGTON, DC 20057	53-0196603	501(C)(3)	693,090.	0.			MEDICAL RESEARCH
GEORGIA INSTITUTE OF TECHNOLOGY NORTH AVENUE NW ATLANTA, GA 30332	58-6002023	501(C)(3)	224,935.	0.			MEDICAL RESEARCH
HACKENSACK UNIVERSITY MEDICAL CENTER - 30 PROSPECT AVE - HACKENSACK, NJ 07601	22-1487576	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
HARVARD MEDICAL SCHOOL P.O. BOX 41 BOSTON, MA 02115	10-4210358	501(C)(3)	449,516.	0.			MEDICAL RESEARCH
HOUSTON METHODIST RESEARCH INSTITUTE - 6670 BERTNER AVE - HOUSTON, TX 77030	46-4402004	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
HUNTER COLLEGE/CITY UNIVERSITY OF NEW YORK - 695 PARK AVENUE - NEW YORK, NY 10065	13-1988190	501(C)(3)	225,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule I (Form 990)

13-3727250

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - BOX 3500 - NEW YORK, NY 10029	13-6171197	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
INDIANA UNIVERSITY SCHOOL OF MEDICINE - 620 UNION DR. - INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
INTERNATIONAL SOCIETY OF BREAST PATHOLOGY - 655 W. EIGHT STREET - JACKSONVILLE, FL 32209	59-3594371	501(C)(3)	6,000.	0.			MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY 1650 ORLEANS ST. BALTIMORE, MD 21205	52-0545110	501(C)(3)	4,286,839.	0.			MEDICAL RESEARCH
LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	899,917.	0.			MEDICAL RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE NE49-3142 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	250,000.	0.			MEDICAL RESEARCH
MAYO CLINIC CANCER CENTER 200 FIRST STREET ROCHESTER, MS 55905	41-6011702	501(C)(3)	787,000.	0.			MEDICAL RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 633 THIRD AVENUE - NEW YORK, NY 10017	13-1624183	501(C)(3)	2,649,277.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule I (Form 990)

13-3727250

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 220 TROWBRIDGE ROAD EAST LANSING, MI 48824	02-0795707	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
NATIONAL SURGICAL ADJUVANT BREAST AND BOWEL PROJECT (NSABP) - 201 N CRAIG ST - PITTSBURGH, PA 15213	25-0965591	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
NORTHWESTERN UNIVERSITY 750 LAKE SHORE CHICAGO, IL 60611	36-2167817	501(C)(3)	224,989.	0.			MEDICAL RESEARCH
NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-3971298	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
OHIO STATE UNIVERSITY 1960 KENNY ROAD 4TH FLOOR COLUMBUS, OH 43210	31-6401599	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	23-7083114	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
ROSWELL PARK CANCER INSTITUTE ELM AND CARLTON STREETS BUFFALO, NY 14263	11-4140215	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
RUTGERS UNIVERSITY CANCER INSTITUTE OF NEW JERSEY - 65 DAVIDSON ROAD - ROOM 306 - PISCATAWAY, NJ 08854	20-2959012	501(C)(3)	225,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**THE BREAST CANCER RESEARCH
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N. TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
SHAARE ZEDEK MEDICAL CENTER 55 W. 39TH STREET NO 4TH FLOOR NEW YORK, NY 10018	13-5645878	501(C)(3)	449,900.	0.			MEDICAL RESEARCH
STANFORD UNIVERSITY 616 SIERRA STREET - SUITE 3 STANFORD, CA 99430	94-1156365	501(C)(3)	1,125,000.	0.			MEDICAL RESEARCH
THE ASCO CANCER FOUNDATION 318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	1,407,086.	0.			MEDICAL RESEARCH
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	675,000.	0.			MEDICAL RESEARCH
TUFTS UNIVERSITY SCHOOL OF MEDICINE - 200 HARRISON AVE - BOSTON, MA 02111	04-2103634	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF UTAH 151 CONNOR ROAD SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 11000 KINROS AVENUE - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	675,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 505 PARNASSUS AVE - SAN FRANCISCO, CA 94143	95-6036493	501(C)(3)	1,350,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule I (Form 990)

13-3727250

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 6030 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	450,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF COLORADO MAIL STOP F4228, ANNSCHUTZ MEDICAL AURORA, CO 80045	84-6000555	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF ILLINOIS, URBANA-CHAMPAIGN - 1901 SOUT STREET, SUITE A - CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BOULEVARD MSN 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	450,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, WOLVERINE TOWER ROOM 1054 - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	359,869.	0.			MEDICAL RESEARCH
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 450 WEST DRIVE CB #7295 - CHAPEL HILL, NC 27599	56-6001319	501(C)(3)	1,258,333.	0.			MEDICAL RESEARCH
UNIVERSITY OF PENNSYLVANIA, PERELMAN SCHOOL OF MEDICINE - 3451 WALNUT STREET P221 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,573,639.	0.			MEDICAL RESEARCH
UNIVERSITY OF PITTSBURGH CANCER INSTITUTE - 3100 CATHEDRAL OF LEARNING - PITTSBURGH, PA 15260	25-0965591	501(C)(3)	2,146,872.	0.			MEDICAL RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 1975 ZONAL AVENUE, KAM 306 LOS ANGELES, CA 90033	95-1642394	501(C)(3)	450,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1111 FANNIN STREET - HOUSTON, TX 77002	95-1642394	501(C)(3)	1,574,500.	0.			MEDICAL RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	74-6001118	501(C)(3)	600,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF WASHINGTON ROOM K-1601959 NE PACIFIC ST SEATTLE, WA 98195	94-3079431	501(C)(3)	1,016,189.	0.			MEDICAL RESEARCH
UNIVERSITY OF WISCONSIN 21 N. PARK STREET MADISON, WI 53715	39-6006492	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 2220 PIERCE AVENUE - NASHVILLE, TN 37232	62-0476822	501(C)(3)	600,000.	0.			MEDICAL RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034700 ROSEDALE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	450,000.	0.			MEDICAL RESEARCH
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE ROOM F-206 NEW YORK, NY 10065	15-0532082	501(C)(3)	1,124,706.	0.			MEDICAL RESEARCH
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 455 MAIN STREET - CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
YALE SCHOOL OF PUBLIC HEALTH 47 COLLEGE STREET SUITE 216 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	1,119,949.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

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 noncash assistance

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

PART I, LINE 2:

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 CHIEF
 SCIENTIFIC OFFICER OR SCIENTIFIC PROGRAM MANAGERS, ARE SUBMITTED
 ELECTRONICALLY VIA THE FOUNDATION'S WEB PORTAL, WITH PRINTED REPORTS MAILED
 SEPARATELY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 **1b**

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? **2**

3 Indicate which, if any, of the following the 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

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

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

Schedule J (Form 990) 2021

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

Schedule J (Form 990) 2021

13-3727250

Page 2

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 and/or 1099-NEC 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 AND CEO	(i)	770,743.	60,000.	0.	981,344.	25,024.	1,837,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DORRAYA EL-ASHRY CHIEF SCIENTIFIC OFFICER	(i)	324,885.	0.	0.	23,597.	25,773.	374,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA RISI CHIEF OPERATING OFFICER	(i)	336,381.	0.	0.	24,432.	1,372.	362,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MEGHAN FINN CHIEF COMM/ENGAGEMENT OFFICER	(i)	285,515.	0.	0.	20,738.	12,871.	319,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RACHELLE SANDERS (TO 5/17/22) CHIEF DEVELOPMENT OFFICER	(i)	236,932.	0.	0.	17,209.	18,898.	273,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEIDI IHRIG SENIOR DIRECTOR PHILANTHROPY & GIFTS	(i)	220,407.	0.	0.	16,009.	36,554.	272,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHANIE HAMBURGER EXECUTIVE DIRECTOR PLAY FOR P.I.N.K.	(i)	227,211.	0.	0.	16,503.	25,025.	268,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHLEEN TRIPP DIRECTOR DIGITAL COMMUNICATIONS	(i)	224,732.	0.	0.	16,323.	11,375.	252,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHERINE MINSTER SR DIRECTOR BOARD RELATIONS/MAJOR GI	(i)	174,150.	0.	0.	12,649.	11,116.	197,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARGARET FLOWERS MANAGING DIRECTOR RESEARCH PROGRAMS	(i)	162,540.	0.	0.	11,806.	11,375.	185,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ISABELLE VAN HOOK DIR. PHILANTHROPY & MAJOR GIFTS	(i)	149,279.	0.	0.	10,843.	25,025.	185,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 7:

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

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

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
W. LAUDER (THRU ESTEE LAUD	BOARD MEMBER	4,201,967.	REIMBURSED		X
W. LAUDER (THRU ESTEE LAUD	BOARD MEMBER	9,601.	REIMBURSED		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: W. LAUDER (THRU ESTEE LAUDER CO)

(D) DESCRIPTION OF TRANSACTION: REIMBURSED PAYROLL/SHARED EMPLOYEES

(A) NAME OF PERSON: W. LAUDER (THRU ESTEE LAUDER CO)

(D) DESCRIPTION OF TRANSACTION: REIMBURSED OFFICE & MISC. EXPENSES

FORM 990, SCHEDULE L, PART IV

WILLIAM LAUDER IS A MEMBER OF THE BOARD OF DIRECTORS OF THE BREAST
CANCER RESEARCH FOUNDATION, INC. AS WELL AS THE EXECUTIVE CHAIRMAN OF
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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE 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	24	3,233,536.	FAIR VALUE QUOTATION
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 ▶ (BRAND PRODUCT)	X	1	64,051.	SEE SCH M SUPPLEMENT
26 Other ▶ (GIVEAWAYS)	X	9	62,880.	SEE SCH M SUPPLEMENT
27 Other ▶ (RAFFLE ITEMS)	X	31	32,126.	SEE SCH M SUPPLEMENT
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

THE BREAST CANCER RESEARCH
FOUNDATION, INC.

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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS BASED ON THE TOTAL NUMBER OF DONORS WHO CONTRIBUTED EITHER THE PUBLICLY TRADED SECURITIES OR BRAND PRODUCTS, GIVEAWAYS AND RAFFLE ITEMS.

FORM 990, SCHEDULE M, PART I, LINE 25-27

METHOD FOR DETERMINING NONCASH CONTRIBUTION AMOUNTS:

NONCASH CONTRIBUTION AMOUNTS ARE REFLECTED AT MARKET PRICES IN THE VARIOUS PRINCIPAL MARKETS WHERE THEY ARE CONSUMED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number	13-3727250
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FORM 990, PART III, LINE 41

BREAST CANCER IS A COMPLEX DISEASE WITH NO SIMPLE SOLUTION. EVERY
 DIAGNOSIS IS UNIQUE AND PUTS LIVES AT RISK. WE MUST STOP BREAST CANCER
 IN ITS TRACKS, AND RESEARCH IS THE ANSWER. FOUNDED IN 1993 BY EVELYN
 H. LAUDER, THE BREAST CANCER RESEARCH FOUNDATION, INC. IS THE LARGEST
 PRIVATE FUNDER OF BREAST CANCER RESEARCH IN THE WORLD. WE INVEST IN A
 WIDE RANGE OF RESEARCH - FROM PREVENTION TO METASTASIS - BECAUSE EACH
 AREA OF INVESTIGATION INFORMS ANOTHER, PROPELLING US TOWARD THE
 SOLUTIONS WE URGENTLY NEED. WE CONVENE AND CONNECT THE BEST MINDS IN
 SCIENCE - GIVING THEM THE OPPORTUNITY TO PURSUE THEIR MOST INNOVATIVE
 IDEAS. OUR COMBINATION OF INVESTMENT AND CROSS-DISCIPLINARY
 COLLABORATION ACCELERATES THE ENTIRE FIELD AND BUILDS MOMENTUM FOR NEW
 DISCOVERIES. BCRF - FUNDED INVESTIGATORS HAVE BEEN BEHIND EVERY MAJOR
 BREAKTHROUGH IN BREAST CANCER RESEARCH, AND THE FIELD IS MOVING FASTER
 THAN EVER.

FORM 990, PART VI, SECTION A, LINE 2:

THROUGH DECEMBER 31, 2021, THE FOUNDATION REIMBURSED THE ESTEE LAUDER
 COMPANIES, INC. TO COVER COMPENSATION AND BENEFITS FOR THE FOUNDATION'S
 STAFF WHO EXCLUSIVELY CONDUCTED THE FOUNDATION'S ACTIVITIES. ALL SUCH
 EMPLOYEES WERE REPORTED ON ANNUAL W-2 FILINGS THROUGH THE ESTEE LAUDER
 COMPANIES. ACCORDINGLY, ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS WERE
 FILED BY THE ESTEE LAUDER COMPANIES. EFFECTIVE JANUARY 1, 2022, THE
 FOUNDATION MANAGES ITS OWN PAYROLL PROCESS AND HAS CONTRACTED THE SERVICES
 OF A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") TO MANAGE ITS EMPLOYEES'

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number	13-3727250
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PAYROLL AND BENEFITS TO PROVIDE A ROBUST PLATFORM OF SERVICES WHILE
MAINTAINING COMPREHENSIVE AND COMPETITIVE BENEFITS.

ADDITIONALLY, BOARD OF DIRECTORS' MEMBERS WILLIAM 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 B, LINE 11B:

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 CONFLICTS-OF-INTEREST POLICY WHICH REQUIRES ALL
DIRECTORS, OFFICERS AND STAFF 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, LINE 15:

AN ANNUAL REVIEW OF COMPENSATION IS PERFORMED BY THE EXECUTIVE COMMITTEE

Name of the organization THE BREAST CANCER RESEARCH FOUNDATION, INC.	Employer identification number 13-3727250
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(THE "COMMITTEE") FOR KEY MANAGEMENT. THE COMMITTEE PROVIDES A FULL REPORT OF THE COMPENSATION REVIEW PROCESS AND RESULTS TO THE COMPLETE BOARD OF DIRECTORS FOR APPROVAL. THIS REVIEW INCLUDES A COMPARISON OF COMPENSATION AND ORGANIZATIONAL PERFORMANCE TO PEER NON-PROFIT ORGANIZATIONS. THE FOUNDATION UTILIZES COMPENSATION INFORMATION GLEANED FROM THE FORMS 990 OF OTHER COMPARABLE ORGANIZATIONS TO ASCERTAIN OVERALL REASONABLENESS OF COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

FORM 990, PART VI, SECTION C, LINE 19: THE BREAST CANCER RESEARCH FOUNDATION INC.'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF PRIOR-YEAR GRANT AWARDS	1,762,345.
PROVISION FOR UNCOLLECTIBLE ACCOUNTS	-17,000.
TOTAL TO FORM 990, PART XI, LINE 9	1,745,345.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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
BREAST CANCER RESEARCH FOUNDATION 351 HILLMOUNT ROAD MARKHAM, ONTARIO, CANADA LC6 027	RESEARCH	CANADA			BCRF (U.S.)		X

SEE PART VII FOR CONTINUATIONS

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

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	

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

**THE BREAST CANCER RESEARCH
FOUNDATION, INC.**

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.

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?

	Yes	No
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)		X
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	176,445.	FAIR MARKET VALUE
(2) BCRF - CANADA	O	0.	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

BREAST CANCER RESEARCH FOUNDATION

351 HILLMOUNT ROAD

MARKHAM, ONTARIO, CANADA LC6 027

PRIMARY ACTIVITY: RESEARCH

DIRECT CONTROLLING ENTITY: BCRF (U.S.)