UNITEDBREAS

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: UNITED BREAST CANCER FOUNDATION, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 2712 PHILLIPS DR.

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: JONESBORO AR 72401

D Employer identification number: **-***1208

E Telephone number: 877-822-4287

G Gross receipts $: 24,144,826

F Name and address of principal officer: AUDREY STEPHANIE MASTROIANNI

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. See instructions

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

J Website: WWW.UBCF.ORG

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2000

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

UBCF'S MISSION IS TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF THOSE AFFECTED BY BREAST CANCER.

2 Check this box [ ] 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)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	214
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	30,205,901	23,854,222
9	Program service revenue (Part VIII, line 2g)		135,750
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		57,873
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,058	13,595
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,230,959	24,061,440
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,305,600	23,670,801
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,518,096	1,850,637
16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,246,659	2,257,282
b	Total fundraising expenses (Part IX, column (D), line 25) 3,097,683		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,524,100	8,114,443
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	33,594,455	35,893,163
19	Revenue less expenses. Subtract line 18 from line 12	-3,363,496	-11,831,723

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,595,542	13,480,572
21	Total liabilities (Part X, line 26)	1,686,301	3,378,303
22	Net assets or fund balances. Subtract line 21 from line 20	21,909,241	10,102,269

Part II Signature Block

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

Sign Here

Signature of officer

Date

AUDREY STEPHANIE MASTROIANNI PRESIDENT & EXECUTIV

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
ALFRED T. MARCIANO				*********

Firm's name: CHARLAND, MARCIANO & COMPANY, CPAS, LLP — Firm's EIN: **-***0561

Firm's address: 18 IMPERIAL PLACE SUITE 1D PROVIDENCE, RI 02903-4642 — Phone no. 401-331-9600

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

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:

UBCF'S MISSION IS TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF THOSE AFFECTED BY BREAST CANCER.

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 $ 22,669,721 including grants of $ 22,669,721) (Revenue $)

DISTRIBUTION OF IN-KIND CONTRIBUTIONS INCLUDES HELPFUL AND UPLIFTING ITEMS SUCH AS: CLOTHING, SHOES, PERSONAL CARE PRODUCTS, HAIR CARE ITEMS, MATTRESSES, CHILDREN'S ITEMS, KITCHEN ITEMS, ETC.

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4b (Code:) (Expenses $ 6,889,977 including grants of $) (Revenue $)

EDUCATION AND AWARENESS - SEE SCHEDULE O

4c (Code:) (Expenses $ 492,233 including grants of $ 492,233) (Revenue $)

INDIVIDUAL GRANT PROGRAM: OFFERS CUSTOMIZED SUPPORT GEARED TOWARDS EACH GRANT RECIPIENT'S PERSONAL NEEDS AND CIRCUMSTANCES. THE INDIVIDUAL GRANT PROGRAM PROVIDES FINANCIAL SUPPORT FOR VARIOUS EXPENSES: MEDICAL HOUSING EXPENSES, UTILITIES, TRANSPORTATION EXPENSES AND DOMESTIC SERVICES. UBCF ASSISTS OUR CLIENTS WITH NEEDS THAT ARE NOT COVERED BY OTHER MORE CONVENTIONAL PROGRAMS.

4d Other program services (Describe on Schedule O.)
(Expenses $ 508,847 including grants of $ 508,847) (Revenue $)

4e Total program service expenses 30,560,778

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

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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	1a	20		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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	214		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
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				
	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		
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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	X	
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 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 or other person, 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.				

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

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

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	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3		
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.)*

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			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 ..... AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN

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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

AUDREY STEPHANIE MASTROIANNI 2712 PHILLIPS DR.
JONESBORO AR 72401 877-822-4287

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) AUDREY STEPHANIE MASTROIANNI	65.00									
PRESIDENT & EXECUTIV	0.00	X		X				442,400	0	138,000
(2) MARY ELISABETH REICHART	45.00									
DIRECTOR OF PROGRAMS	0.00					X		109,484	0	27,554
(3) MICHAEL CAIN	1.00									
BOARD CHAIR	0.00	X		X				0	0	0
(4) SHAWN CIECIRSKI	1.00									
DIRECTOR	0.00	X						0	0	0
(5) CHRIS HALTER	1.00									
DIRECTOR	0.00	X						0	0	0
(6) JOHN MASTROIANNI	1.00									
TREASURER	0.00	X		X				0	0	0
(7) KENDALL MERRICK	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JJ YELEY	1.00									
DIRECTOR	0.00	X						0	0	0
(9)										
(10)										
(11)										

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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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								551,884		165,554
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								551,884		165,554

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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 2

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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
HOLLAND & KNIGHT LLP P.O. BOX 936937 ATLANTA GA 31193-6937	LEGAL	674,574
WHITE AND WILLIAMS, LLP 150 MARKET ST STE 1800 PHILADELPHIA PA 19103-7304	LEGAL	142,913
SHANNON BRENNAN 17400 NW 130TH TER PLATTE CITY MO 64079-7923	CONSULTING	133,764
CLARENCE YOUNG 109 ANN AVE SHERWOOD AR 72120-3301	HUMAN RESOURCE	119,376
ELEVENTY MARKETING GROUP, LLC PO BOX 5452 AKRON OH 443340452	MARKETING/FUNDR	106,364

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 5

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	72,862				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,781,360				
	g Noncash contributions included in lines 1a-1f	1g	$ 12,697,395				
	h **Total.** Add lines 1a–1f			23,854,222			
Program Service Revenue		Business Code					
	2a DONATED ADVERTISING			135,750	135,750		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			135,750			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			57,873	57,873		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 72,862 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b	83,386				
	c Net income or (loss) from fundraising events			-83,386			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a		900099	96,981			96,981
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			96,981			
	12 **Total revenue.** See instructions			24,061,440	193,623	0	96,981

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	67,500	67,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	23,603,301	23,603,301		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	442,400	110,600	176,960	154,840
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	1,123,707	470,916	276,808	375,983
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,924	53,826	56,863	42,235
9 Other employee benefits	13,028	9,114	3,914	
10 Payroll taxes	118,578	31,656	45,442	41,480
11 Fees for services (nonemployees):				
a Management				
b Legal	1,640,143	585,492	1,054,651	
c Accounting	90,400	36,160	54,240	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,257,282			2,257,282
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	67,237	20,900	46,337	
12 Advertising and promotion				
13 Office expenses	277,631	25,230	30,750	221,651
14 Information technology	31,137	22,668	7,415	1,054
15 Royalties				
16 Occupancy	9,900		9,138	762
17 Travel	61,204	751	60,453	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,005		54,005	
20 Interest	45,915		45,915	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,151		16,151	
23 Insurance	98,182	49,091	49,091	
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 EDUCATION AND AWARENESS	5,374,505	5,369,805	4,700	
b CONTRACTED SERVICES	179,990	969	179,021	
c LOSS ON DAMAGED GIFTS IN	90,918	90,918		
d DUES, FEES, AND SUBSCRIPT	34,405	1,340	33,065	
e All other expenses	42,720	10,541	29,783	2,396
25 **Total functional expenses.** Add lines 1 through 24e	35,893,163	30,560,778	2,234,702	3,097,683
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☒ if following SOP 98-2 (ASC 958-720)	6,547,483	4,540,639	43,852	1,962,992

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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		5,585,837	1	3,915,918
	2	Savings and temporary cash investments			2	38,234
	3	Pledges and grants receivable, net		148,199	3	132,906
	4	Accounts receivable, net			4	
	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	254,758
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		75,217	9	44,945
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 777,401			
	b	Less: accumulated depreciation	10b 291,459	502,094	10c	485,942
	11	Investments—publicly traded securities			11	1,001,344
	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		17,284,195	15	7,606,525
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		23,595,542	16	13,480,572
Liabilities	17	Accounts payable and accrued expenses		1,251,526	17	2,113,343
	18	Grants payable			18	
	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		431,388	23	1,261,478
	24	Unsecured notes and loans payable to unrelated third parties		3,387	24	3,482
	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		1,686,301	26	3,378,303
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		21,887,512	27	10,102,269
	28	Net assets with donor restrictions		21,729	28	
		Organizations that do not follow FASB ASC 958, check here ☐ **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		21,909,241	32	10,102,269
	33	Total liabilities and net assets/fund balances		23,595,542	33	13,480,572

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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 ... X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,061,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,893,163
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,831,723
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,909,241
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	24,751
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,102,269

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	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.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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	3b		

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
UNITED BREAST CANCER FOUNDATION, INC.	**-***1208

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,260,458	32,838,731	56,980,393	30,205,901	24,002,847	159,288,330
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	15,260,458	32,838,731	56,980,393	30,205,901	24,002,847	159,288,330
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)						62,439,296
6 **Public support.** Subtract line 5 from line 4						96,849,034

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	15,260,458	32,838,731	56,980,393	30,205,901	24,002,847	159,288,330
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					57,873	57,873
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.)	27,650	52,680	37,514	25,058	96,981	239,883
11 **Total support.** Add lines 7 through 10						159,586,086
12 Gross receipts from related activities, etc. (see instructions)					12	193,623

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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** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	60.69%
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	58.00%

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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.)						

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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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** 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 — 2023.** 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 on 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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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?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

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? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

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Section D. All Type III Supporting Organizations

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

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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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.)

PART II, LINE 10 - OTHER INCOME DETAIL	
MISCELLANEOUS INCOME	$ 146,683
CHARITY MEMBER PAYMENTS	$ 93,200

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SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
UNITED BREAST CANCER FOUNDATION, INC.

Employer identification number
-*1208

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		148,348		148,348
b Buildings		554,922	238,772	316,150
c Leasehold improvements				
d Equipment		74,131	52,687	21,444
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				485,942

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. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

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

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

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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) UNDISTRIBUTED GIFTS IN KIND	7,530,658
(2) OTHER CURRENT ASSETS	60,387
(3) WIP ASSET	15,480
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	7,606,525

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, line 25, col. (B))*	

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 ☐

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	24,218,090
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	156,650		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	156,650
3	Subtract line 2e from line 1			3	24,061,440
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	24,061,440

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	36,140,729
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	156,650		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	90,916		
e	Add lines 2a through 2d			2e	247,566
3	Subtract line 2e from line 1			3	35,893,163
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	35,893,163

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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 XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
LOSS ON DAMAGED GOODS $ 90,916

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION
PART X, LINE 2:
THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIOD IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2022.

Part XIII **Supplemental Information** *(continued)*

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SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **UNITED BREAST CANCER FOUNDATION, INC.**

Employer identification number: ****-***1208**

Part I Fundraising Activities.

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

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

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] Solicitation of government grants
- **g** [ ] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
PERSONAL FUNDRAISING SERVICES 1 10 S RIVERSIDE PLAZA, STE 875, CHICAGO IL 60606	FACE 2 FAC		X	6,779,015	4,106,334	2,672,681
2 GLOBAL FACES DIRECT 16905 NORTHCROSS DRIVE, SUITE 190 HUNTERSVILLE NC 28078	FACE 2 FAC		X	988,957	1,380,102	-391,145
3 INFOCISION 325 SPRINGSIDE DRIVE AKRON OH 44333	TELEFUNDRA		X	1,486	24,797	-23,311
4 CAPITAL DISTRICT CALLERS 395 SARATOGA ROAD SCHENECTADY NY 12302-5205	TELEFUNDRA		X	27,268	13,380	13,888
5						
6						
7						
8						
9						
10						
Total				7,796,726	5,524,613	2,272,113

COPY

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

ALABAMA, ALASKA, CALIFORNIA, COLORADO, CONNECTICUT, FLORIDA, GEORGIA, HAWAII, ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, MISSOURI

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 GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	72,862			72,862
	2 Less: Contributions	72,862			72,862
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	83,386			83,386
	10 Direct expense summary. Add lines 4 through 9 in column (d)				83,386
	11 Net income summary. Subtract line 10 from line 3, column (d)				-83,386

COPY

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

COPY

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

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

SCHEDULE I (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **UNITED BREAST CANCER FOUNDATION, INC.**

Employer identification number: ****-***1208**

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? ..... [X] 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
(1) TWISTED PINK 8003 VINE CREST AVENUE #11 LOUISVILLE KY 40222	**-***0389	501C3	45,000			N/A	SUPPORT BOX OF HOPE
(2) WELLNESS HOUSE OF ANNAPOLIS 2625 MAS QUE FARM RD ANNAPOLIS MD 21403	**-***4752	501C3	10,000				MENTAL HEALTH CONSUL
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

COPY

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 NETWORK OF GIVING	45336		22,669,721	FMV	MATTRESSES, CLO
2 COLLEGE SCHOLARSHIP	10	14,188		CASH	
3 BREAST RECONSTRUCTION PRO	64	55,629	1,560	CASH & FMV	ELLY APP
4 BREAST SCREENING PROGRAM	706	99,313		COST BASIS	
5 HOLISTIC CARE PROGRAM	219	124,221	4,439	CASH & FMV	ELLY APP
6 CHILD SPONSORSHIP	702	132,952	3,899	CASH & FMV	ELLY APP
7 INDIVIDUAL GRANT PROGRAM	587	479,515	12,718	CASH & FMV	ELLY APP

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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
ORGANIZATIONS THAT RECEIVE GRANTS FROM UBCF ARE REQUIRED TO SUBMIT
REPORTING TO UBCF ON USE OF FUNDS.

COPY

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	THE WISH FUND	4	5,146		CASH	
2						
3						
4						
5						
6						
7						

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

COPY

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **UNITED BREAST CANCER FOUNDATION, INC.**

Employer identification number ****-***1208**

Part I Questions Regarding Compensation

		Yes	No
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.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ 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.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ 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**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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**		X
b	Any related organization? **5b**		X
	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**		X
b	Any related organization? **6b**		X
	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**		X
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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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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	AUDREY STEPHANIE MASTROIANNI	(i)	419,837	22,563	0	0	138,000	580,400	0
	PRESIDENT & EXECUTIV	(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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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.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization

INC.

Employer identification number

****-***1208**

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	X		12,123,874	FMV
6	Cars and other vehicles	X	839	552,621	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
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 (RENT)	X	1	20,900	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

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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	1

			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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS UNITED BREAST CANCER FOUNDATION CONTRACTS WITH A PROFESSIONAL SOLICITOR(COMMERCIAL FUNDRAISER).

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SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **UNITED BREAST CANCER FOUNDATION, INC.**

Employer identification number: ****-***1208**

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT
EDUCATION AND AWARENESS:UBCF EDUCATES THE PUBLIC AND INCREASES GENERAL AWARENESS OF BREAST CANCER AND RELATED TOPICS THROUGH REGULAR EDUCATION CAMPAIGNS. WE DISTRIBUTE EDUCATIONAL MATERIAL INCLUDING INFORMATION ON BREAST HEALTH, BREAST CANCER, EARLY DETECTION, A CALL TO ACTION TO GET YOUR ANNUAL BREAST SCREENING AND TELLING 3 PEOPLE YOU KNOW TO GET THEIR BREAST SCREENING. UBCF ALSO PLACES PRINT BREAST CANCER MESSAGES IN PUBLICATIONS. BY EDUCATING THE PUBLIC ON A VARIETY OF ISSUES RANGING FROM PREVENTION TO EARLY DETECTION TO TREATMENT OPTIONS, WELLNESS SERVICES, AND UBCF'S UNIQUE PATIENT AND FAMILY PROGRAMS, UBCF IS ENSURING THAT THE PUBLIC REMAIN INFORMED AND AWARE OF BREAST CANCER FACTS, THE EFFECTS OF BREAST CANCER ON A PATIENT AND THEIR FAMILY MEMBERS, HOW BREAST CANCER CAN BE TREATED, AS WELL AS HOW TO CREATE AND MAINTAIN A HEALTHY LIFESTYLE IN AN EFFORT TO PREVENT BREAST CANCER.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
BREAST SCREENING PROGRAM: UBCF PROVIDES FINANCIAL SUPPORT FOR BREAST SCREENING SERVICES TO MEN AND WOMEN NATIONWIDE. UBCF COVERS NUMEROUS FORMS OF SCREENING TECHNOLOGIES INCLUDING MAMMOGRAPHY, THEMOGRAPHY, ULTRASOUND, MRI, ETC.
EXPENSES $99,313. INCLUDING GRANTS OF $99,313. REVENUE $0.

COPY

HOLISTIC CARE PROGRAM: UBCF ENCOURAGES OUR CLIENTS TO PURSUE PAIRING HOLISTIC AND COMPLEMENTARY MEDICINE WITH CUTTING EDGE WESTERN MEDICINE. CLIENTS WHO APPLY FOR HOLISTIC CARE CAN EXPECT TO RECEIVE ASSISTANCE WITH SOME OF THE FOLLOWING SERVICES: DIET AND NUTRITIONAL COUNSELING AND SUPPLEMENTS, COUNSELING, MIND-BODY THERAPIES, ENGERY HEALING, REFLEXOLOGY, LYMPHATIC MASSAGE, ACCUPUNCTURE, TATTOOS, WIGS, BREAST FORMS, ETC. SERVICES ARE TAILORED TO INDIVIDUAL NEEDS.
EXPENSES $128,660. INCLUDING GRANTS OF $128,660. REVENUE $0.

CHILD SPONSERSHIPS: OF THE ESTIMATED 399,250 WOMEN DIAGNOSED WITH INVASIVE BREAST CANCER OR DCIS (DUCTAL CARCINOMA IN SITU) (ACS, BREAST CANCER FACTS & FIGURES 2022-2024), MANY ARE MOTHERS TO YOUNG CHILDREN AT HOME. HERE AT UBCF, WE KNOW THAT CANCER DOES NOT SIMPLY AFFECT THE BREAST CANCER PATIENT. THE ENTIRE FAMILY IS IMPACTED BY SUCH A DIAGNOSIS. UBCF HAS DEVELOPED THE CHILD SPONORSHIP PROGRAM IN RESPONSE TO OUR CLIENTS REQUESTING SUPPORT FOR NOT ONLY THEMSELVES BUT THEIR CHILDREN. UBCF PROVIDES HEALTHY FOOD, ASSISTANCE WITH MEDICAL TREATMENTS, COUNSELING SERVICES, BACK TO SCHOOL CLOTHING AND SUPPLIES, AND SPECIAL HOLIDAY GIFTS.
EXPENSES $136,851. INCLUDING GRANTS OF $136,851. REVENUE $0.

BREAST RECONSTRUCTIONS: UBCF UNDERSTANDS THAT A WOMAN FACES MANY PHYSICAL AND EMOTIONAL CHALLENGES AFTER A MASTECTOMY. IT IS IMPERATIVE FOR A WOMAN RECOVERING FROM BREAST CANCER TO HAVE EVERY OPPORTUNITY TO REGAIN HER CONFIDENCE. FOR MANY WOMEN WHO HAVE HAD MASTECTOMIES, THEIR NATURAL INCLANATION IS TO HAVE RECONSTRUCTIVE SURGERY IN AN EFFORT TO REGAIN A SENSE OF WELL-BEING, OF MOVING ON AND FORWARD WITH THEIR LIVES.
EXPENSES $57,189. INCLUDING GRANTS OF $57,189. REVENUE $0.

SCHEDULE O (Form 990)
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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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **UNITED BREAST CANCER FOUNDATION, INC.**

Employer identification number: ****-***1208**

COLLEGE SCHOLARSHIP: THE AUDREY B. MASTROIANNI COLLEGE SCHOLARSHIP IS FOR COLLEGE-BOUND STUDENTS WHO HAVE LOST A PARENT TO BREAST CANCER, AND IS DESIGNED TO HELP TURN HIGHER EDUCATION DREAMS INTO REALITY. THE SCHOLORSHIP WAS ESTABLISHED IN HONOR OF AUDREY B. MASTROIANNI, A FIRM BELIEVER IN EDUCATION AND CONTINUED PERSONAL ENRICHMENT.
EXPENSES $14,188. INCLUDING GRANTS OF $14,188. REVENUE $0.

ORGANZATIONAL GRANT PROGRAM: UBCF PARTNERS WITH OTHER CHARITABLE ORGANIZATIONS, PROVIDING GRANTS TO FURTHER EXTEND UBCF'S MISSION AND REACH.
EXPENSES $67,500. INCLUDING GRANTS OF $67,500. REVENUE $0.

THE WISH FUND: CREATED IN HONOR OF THE LATE LAUREN BROHM, GRANTS FAMILIES AFFECTED BY STAGE IV METASTATIC BREAST CANCER THE OPPORTUNITY TO CREATE LASTING MEMORIES THROUGH TRAVEL.
EXPENSES: $5,146. INCUDING GRANTS OF $5,145.54. REVENUE $0.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
JOHN MASTROIANNI AUDREY STEPHANIE MASTROIANNI
BROTHER/SISTER

COPY

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION HAS ONE MEMBER.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
AUDREY STEPHANIE MASTROIANNI, AS SOLE MEMBER, MAY APPOINT MEMBERS TO THE GOVERNING BODY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICT OF INTEREST POLICY REVIEWED AND FOLLOWED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE ORGANIZATION'S POLICY IS FOR THE BOARD OF DIRECTORS TO ANNUALLY REVIEW EXECUTIVE DIRECTOR COMPENSATION, COMPARING SIMILAR SIZE ORGANIZATIONS TO DETERMINE APPROPRIATE COMPENSATION AMOUNTS. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR ANNUAL REVIEW AND EVALUATION OF THE COMPENSATION FOR ALL OTHER STAFF.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE ORGANIZATION'S POLICY IS FOR THE BOARD OF DIRECTORS TO ANNUALLY REVIEW EXECUTIVE DIRECTOR COMPENSATION, COMPARING SIMILAR SIZE ORGANIZATIONS TO DETERMINE APPROPRIATE COMPENSATION AMOUNTS. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR ANNUAL REVIEW AND EVALUATION OF THE COMPENSATION FOR ALL OTHER STAFF.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED
MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OREGON, PENNSYLVANIA, RHODE ISLAND,

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **UNITED BREAST CANCER FOUNDATION, INC.**

Employer identification number ****-***1208**

SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WISCONSIN, MISSOURI

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE UPON REQUEST

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

CHANGE IN PENSION OBLIGATION	$	29,174
UNREALIZED LOSS ON INVESTMENTS	$	-4,423
TOTAL	$	24,751

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2024
Attachment Sequence No. **179**

Name(s) shown on return: **UNITED BREAST CANCER FOUNDATION, INC.**

Identifying number: ****-***1208**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

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14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,151

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,151
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

UNITEDBREAS UNITED BREAST CANCER FOUNDATION,
-*1208
FYE: 12/31/2024

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	VAN	3/11/14	3,619				3,619	5	MO	200DB	3,619	0
2	FURNITURE	2/02/09	953				953	7	MO	S/L	953	0
3	FURNITURE	2/19/09	963				963	7	MO	S/L	963	0
4	FURNITURE	11/08/11	801				801	7	MO	S/L	801	0
5	FURNITURE	9/30/13	2,515				2,515	5	MO	S/L	2,515	0
6	FURNITURE	3/28/14	800				800	5	MO	S/L	800	0
7	DESK AND PHONES	1/28/16	1,080				1,080	5	MO	S/L	1,080	0
8	OFFICE FURNITURE	4/08/17	3,385				3,385	5	MO	S/L	3,385	0
9	OFFICE FURNITURE	10/26/20	1,299				1,299	5	MO	S/L	563	260
10	OFFICE FURNITURE	10/28/20	89				89	5	MO	S/L	39	17
11	OFFICE FURNITURE	6/30/18	759				759	5	MO	S/L	759	0
12	OFFICE FURNITURE	6/30/18	532				532	5	MO	S/L	532	0
13	COMPUTER	5/03/04	1,650				1,650	5	MO	S/L	1,650	0
14	COMPUTER	8/07/06	1,635				1,635	5	MO	S/L	1,635	0
15	COMPUTER EQUIPMENT	8/07/06	352				352	5	MO	S/L	352	0
16	COMPUTER EQUIPMENT	8/10/06	358				358	5	MO	S/L	358	0
17	COMPUTER	10/14/09	1,820				1,820	5	MO	S/L	1,820	0
18	COMPUTER	5/23/12	1,436				1,436	3	MO	S/L	1,436	0
19	COMPUTER	1/15/14	1,100				1,100	5	MO	S/L	1,100	0
20	COMPUTER EQUIP	11/23/15	2,382				2,382	5	MO	S/L	2,382	0
21	COMPUTER EQUIPMENT	5/24/16	3,832				3,832	5	MO	S/L	3,832	0
22	BARCODE SYSTEM	12/01/16	2,802				2,802	5	MO	S/L	2,802	0
23	BARCODE & PHONES	4/03/17	2,759				2,759	5	MO	S/L	2,759	0
24	COMPUTER	12/08/17	1,229				1,229	5	MO	S/L	1,229	0
25	COMPUTER	1/01/18	1,593				1,593	5	MO	S/L	1,593	0
26	COMPUTER	12/18/18	5,849				5,849	5	MO	S/L	5,849	0
27	COMPUTER	6/08/20	212				212	5	MO	S/L	106	42
28	COMPUTER	6/25/20	1,427				1,427	5	MO	S/L	713	286
29	COMPUTER	8/17/20	279				279	5	MO	S/L	130	56
30	COMPUTER	1/19/21	2,149				2,149	5	MO	S/L	1,254	430
31	COMPUTER	10/22/21	630				630	5	MO	S/L	158	126
32	COMPUTERS	10/07/22	3,942				3,942	5	MO	S/L	854	789
33	BUILDING	5/28/08	434,093				434,093	39	MO	S/L	173,457	11,131
34	BUILDING IMPROVEMENTS	8/04/08	9,000				9,000	39	MO	S/L	3,308	230
35	BUILDING IMPROVEMENTS	8/28/08	9,500				9,500	39	MO	S/L	3,491	244
36	BUILDING IMPROVEMENTS	10/04/08	16,309				16,309	39	MO	S/L	5,924	418
37	BUILDING IMPROVEMENTS	11/26/08	8,210				8,210	39	MO	S/L	2,965	210
38	GATES	12/08/08	1,500				1,500	15	MO	S/L	1,500	0
39	BUILDING IMPROVEMENTS	2/18/09	758				758	39	MO	S/L	269	19
40	FENCE	8/13/09	1,487				1,487	15	MO	S/L	1,487	0
41	FENCE	10/14/09	1,487				1,487	15	MO	S/L	1,487	0
42	BUILDING IMPROVEMENTS	10/10/10	3,108				3,108	39	MO	S/L	2,723	79
43	BUILDING IMPROVEMENTS	10/26/10	2,300				2,300	39	MO	S/L	717	59
44	HEATING AC UNIT	7/01/11	2,500				2,500	39	MO	S/L	732	64
45	FENCE	11/05/11	1,465				1,465	15	MO	S/L	1,465	0
46	BILCO DOORS	11/22/11	1,400				1,400	15	MO	S/L	1,400	0
47	GATES	12/08/11	2,050				2,050	15	MO	S/L	2,050	0
48	BUILDING IMPROVEMENTS	12/31/11	5,500				5,500	5	MO	S/L	5,500	0
49	WATER HEATER	12/12/12	3,850				3,850	10	MO	S/L	3,850	0
50	ROOF AND WIRING	5/05/17	29,325				29,325	39	MO	S/L	4,198	752
51	SECURITY CAMERAS	4/30/19	4,056				4,056	10	MO	S/L	1,487	406
52	PARKING LOT PAVING	5/17/19	15,890				15,890	31	MO	S/L	1,808	504
53	SIGNAGE CALL CENTER	12/28/22	1,134				1,134	39	MO	S/L	0	29
54	LAND	5/28/08	148,348				148,348	0	--	Land	0	0
	Total Other Depreciation		757,501				757,501				267,839	16,151
	Total ACRS and Other Depreciation		757,501				757,501				267,839	16,151
	Grand Totals		757,501				757,501				267,839	16,151
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		757,501				757,501				267,839	16,151

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UNITEDBREAS UNITED BREAST CANCER FOUNDATION,
-*1208
FYE: 12/31/2024

NY Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Other Depreciation:								
1	VAN	3/11/14	3,619	3,619	3,619	0	0	0
2	FURNITURE	2/02/09	953	953	953	0	0	0
3	FURNITURE	2/19/09	963	963	963	0	0	0
4	FURNITURE	11/08/11	801	801	801	0	0	0
5	FURNITURE	9/30/13	2,515	2,515	2,515	0	0	0
6	FURNITURE	3/28/14	800	800	800	0	0	0
7	DESK AND PHONES	1/28/16	1,080	1,080	1,080	0	0	0
8	OFFICE FURNITURE	4/08/17	3,385	3,385	3,385	0	0	0
9	OFFICE FURNITURE	10/26/20	1,299	1,299	563	260	260	0
10	OFFICE FURNITURE	10/28/20	89	89	39	17	17	0
11	OFFICE FURNITURE	6/30/18	759	759	759	0	0	0
12	OFFICE FURNITURE	6/30/18	532	532	532	0	0	0
13	COMPUTER	5/03/04	1,650	1,650	1,650	0	0	0
14	COMPUTER	8/07/06	1,635	1,635	1,635	0	0	0
15	COMPUTER EQUIPMENT	8/07/06	352	352	352	0	0	0
16	COMPUTER EQUIPMENT	8/10/06	358	358	358	0	0	0
17	COMPUTER	10/14/09	1,820	1,820	1,820	0	0	0
18	COMPUTER	5/23/12	1,436	1,436	1,436	0	0	0
19	COMPUTER	1/15/14	1,100	1,100	1,100	0	0	0
20	COMPUTER EQUIP	11/23/15	2,382	2,382	2,382	0	0	0
21	COMPUTER EQUIPMENT	5/24/16	3,832	3,832	3,832	0	0	0
22	BARCODE SYSTEM	12/01/16	2,802	2,802	2,802	0	0	0
23	BARCODE & PHONES	4/03/17	2,759	2,759	2,759	0	0	0
24	COMPUTER	12/08/17	1,229	1,229	1,229	0	0	0
25	COMPUTER	1/01/18	1,593	1,593	1,593	0	0	0
26	COMPUTER	12/18/18	5,849	5,849	5,849	0	0	0
27	COMPUTER	6/08/20	212	212	106	42	42	0
28	COMPUTER	6/25/20	1,427	1,427	713	286	286	0
29	COMPUTER	8/17/20	279	279	130	56	56	0
30	COMPUTER	1/19/21	2,149	2,149	1,254	430	430	0
31	COMPUTER	10/22/21	630	630	158	126	126	0
32	COMPUTERS	10/07/22	3,942	3,942	854	789	789	0
33	BUILDING	5/28/08	434,093	434,093	173,457	11,131	11,131	0
34	BUILDING IMPROVEMENTS	8/04/08	9,000	9,000	3,308	230	230	0
35	BUILDING IMPROVEMENTS	8/28/08	9,500	9,500	3,491	244	244	0
36	BUILDING IMPROVEMENTS	10/04/08	16,309	16,309	5,924	418	418	0
37	BUILDING IMPROVEMENTS	11/26/08	8,210	8,210	2,965	210	210	0
38	GATES	12/08/08	1,500	1,500	1,500	0	0	0
39	BUILDING IMPROVEMENTS	2/18/09	758	758	269	19	19	0
40	FENCE	8/13/09	1,487	1,487	1,487	0	0	0
41	FENCE	10/14/09	1,487	1,487	1,487	0	0	0
42	BUILDING IMPROVEMENTS	10/10/10	3,108	3,108	2,723	79	79	0
43	BUILDING IMPROVEMENTS	10/26/10	2,300	2,300	717	59	59	0
44	HEATING AC UNIT	7/01/11	2,500	2,500	732	64	64	0
45	FENCE	11/05/11	1,465	1,465	1,465	0	0	0
46	BILCO DOORS	11/22/11	1,400	1,400	1,400	0	0	0
47	GATES	12/08/11	2,050	2,050	2,050	0	0	0
48	BUILDING IMPROVEMENTS	12/31/11	5,500	5,500	5,500	0	0	0
49	WATER HEATER	12/12/12	3,850	3,850	3,850	0	0	0
50	ROOF AND WIRING	5/05/17	29,325	29,325	4,198	752	752	0
51	SECURITY CAMERAS	4/30/19	4,056	4,056	1,487	406	406	0
52	PARKING LOT PAVING	5/17/19	15,890	15,890	1,808	504	504	0
53	SIGNAGE CALL CENTER	12/28/22	1,134	1,134	0	29	29	0
54	LAND	5/28/08	148,348	148,348	0	0	0	0
	Total Other Depreciation		757,501	757,501	267,839	16,151	16,151	0
	Total ACRS and Other Depreciation		757,501	757,501	267,839	16,151	16,151	0
	Grand Totals		757,501	757,501	267,839	16,151	16,151	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		757,501	757,501	267,839	16,151	16,151	0

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UNITEDBREAS UNITED BREAST CANCER FOUNDATION,
-*1208
FYE: 12/31/2024

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	VAN	3/11/14	3,619				3,619	5	MO	200DB	3,619	0
2	FURNITURE	2/02/09	953				953	7	MO	S/L	953	0
3	FURNITURE	2/19/09	963				963	7	MO	S/L	963	0
4	FURNITURE	11/08/11	801				801	7	MO	S/L	801	0
5	FURNITURE	9/30/13	2,515				2,515	5	MO	S/L	2,515	0
6	FURNITURE	3/28/14	800				800	5	MO	S/L	800	0
7	DESK AND PHONES	1/28/16	1,080				1,080	5	MO	S/L	1,080	0
8	OFFICE FURNITURE	4/08/17	3,385				3,385	5	MO	S/L	3,385	0
9	OFFICE FURNITURE	10/26/20	1,299				1,299	5	MO	S/L	563	260
10	OFFICE FURNITURE	10/28/20	89				89	5	MO	S/L	39	17
11	OFFICE FURNITURE	6/30/18	759				759	5	MO	S/L	759	0
12	OFFICE FURNITURE	6/30/18	532				532	5	MO	S/L	532	0
13	COMPUTER	5/03/04	1,650				1,650	5	MO	S/L	1,650	0
14	COMPUTER	8/07/06	1,635				1,635	5	MO	S/L	1,635	0
15	COMPUTER EQUIPMENT	8/07/06	352				352	5	MO	S/L	352	0
16	COMPUTER EQUIPMENT	8/10/06	358				358	5	MO	S/L	358	0
17	COMPUTER	10/14/09	1,820				1,820	5	MO	S/L	1,820	0
18	COMPUTER	5/23/12	1,436				1,436	3	MO	S/L	1,436	0
19	COMPUTER	1/15/14	1,100				1,100	5	MO	S/L	1,100	0
20	COMPUTER EQUIP	11/23/15	2,382				2,382	5	MO	S/L	2,382	0
21	COMPUTER EQUIPMENT	5/24/16	3,832				3,832	5	MO	S/L	3,832	0
22	BARCODE SYSTEM	12/01/16	2,802				2,802	5	MO	S/L	2,802	0
23	BARCODE & PHONES	4/03/17	2,759				2,759	5	MO	S/L	2,759	0
24	COMPUTER	12/08/17	1,229				1,229	5	MO	S/L	1,229	0
25	COMPUTER	1/01/18	1,593				1,593	5	MO	S/L	1,593	0
26	COMPUTER	12/18/18	5,849				5,849	5	MO	S/L	5,849	0
27	COMPUTER	6/08/20	212				212	5	MO	S/L	106	42
28	COMPUTER	6/25/20	1,427				1,427	5	MO	S/L	713	286
29	COMPUTER	8/17/20	279				279	5	MO	S/L	130	56
30	COMPUTER	1/19/21	2,149				2,149	5	MO	S/L	1,254	430
31	COMPUTER	10/22/21	630				630	5	MO	S/L	158	126
32	COMPUTERS	10/07/22	3,942				3,942	5	MO	S/L	854	789
33	BUILDING	5/28/08	434,093				434,093	39	MO	S/L	173,457	11,131
34	BUILDING IMPROVEMENTS	8/04/08	9,000				9,000	39	MO	S/L	3,308	230
35	BUILDING IMPROVEMENTS	8/28/08	9,500				9,500	39	MO	S/L	3,491	244
36	BUILDING IMPROVEMENTS	10/04/08	16,309				16,309	39	MO	S/L	5,924	418
37	BUILDING IMPROVEMENTS	11/26/08	8,210				8,210	39	MO	S/L	2,965	210
38	GATES	12/08/08	1,500				1,500	15	MO	S/L	1,500	0
39	BUILDING IMPROVEMENTS	2/18/09	758				758	39	MO	S/L	269	19
40	FENCE	8/13/09	1,487				1,487	15	MO	S/L	1,487	0
41	FENCE	10/14/09	1,487				1,487	15	MO	S/L	1,487	0
42	BUILDING IMPROVEMENTS	10/10/10	3,108				3,108	39	MO	S/L	2,723	79
43	BUILDING IMPROVEMENTS	10/26/10	2,300				2,300	39	MO	S/L	717	59
44	HEATING AC UNIT	7/01/11	2,500				2,500	39	MO	S/L	732	64
45	FENCE	11/05/11	1,465				1,465	15	MO	S/L	1,465	0
46	BILCO DOORS	11/22/11	1,400				1,400	15	MO	S/L	1,400	0
47	GATES	12/08/11	2,050				2,050	15	MO	S/L	2,050	0
48	BUILDING IMPROVEMENTS	12/31/11	5,500				5,500	5	MO	S/L	5,500	0
49	WATER HEATER	12/12/12	3,850				3,850	10	MO	S/L	3,850	0
50	ROOF AND WIRING	5/05/17	29,325				29,325	39	MO	S/L	4,198	752
51	SECURITY CAMERAS	4/30/19	4,056				4,056	10	MO	S/L	1,487	406
52	PARKING LOT PAVING	5/17/19	15,890				15,890	31	MO	S/L	1,808	504
53	SIGNAGE CALL CENTER	12/28/22	1,134				1,134	39	MO	S/L	0	29
54	LAND	5/28/08	148,348				148,348	0	--	Land	0	0
	Total Other Depreciation		757,501				757,501				267,839	16,151
	Total ACRS and Other Depreciation		757,501				757,501				267,839	16,151
	Grand Totals		757,501				757,501				267,839	16,151
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		757,501				757,501				267,839	16,151

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UNITEDBREAS UNITED BREAST CANCER FOUNDATION,
-*1208
FYE: 12/31/2024

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

COPY

UNITEDBREAS UNITED BREAST CANCER FOUNDATION,
-*1208

Future Depreciation Report FYE: 12/31/25

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	VAN	3/11/14	3,619	0	0
2	FURNITURE	2/02/09	953	0	0
3	FURNITURE	2/19/09	963	0	0
4	FURNITURE	11/08/11	801	0	0
5	FURNITURE	9/30/13	2,515	0	0
6	FURNITURE	3/28/14	800	0	0
7	DESK AND PHONES	1/28/16	1,080	0	0
8	OFFICE FURNITURE	4/08/17	3,385	0	0
9	OFFICE FURNITURE	10/26/20	1,299	260	260
10	OFFICE FURNITURE	10/28/20	89	18	18
11	OFFICE FURNITURE	6/30/18	759	0	0
12	OFFICE FURNITURE	6/30/18	532	0	0
13	COMPUTER	5/03/04	1,650	0	0
14	COMPUTER	8/07/06	1,635	0	0
15	COMPUTER EQUIPMENT	8/07/06	352	0	0
16	COMPUTER EQUIPMENT	8/10/06	358	0	0
17	COMPUTER	10/14/09	1,820	0	0
18	COMPUTER	5/23/12	1,436	0	0
19	COMPUTER	1/15/14	1,100	0	0
20	COMPUTER EQUIP	11/23/15	2,382	0	0
21	COMPUTER EQUIPMENT	5/24/16	3,832	0	0
22	BARCODE SYSTEM	12/01/16	2,802	0	0
23	BARCODE & PHONES	4/03/17	2,759	0	0
24	COMPUTER	12/08/17	1,229	0	0
25	COMPUTER	1/01/18	1,593	0	0
26	COMPUTER	12/18/18	5,849	0	0
27	COMPUTER	6/08/20	212	43	43
28	COMPUTER	6/25/20	1,427	285	285
29	COMPUTER	8/17/20	279	56	56
30	COMPUTER	1/19/21	2,149	429	429
31	COMPUTER	10/22/21	630	126	126
32	COMPUTERS	10/07/22	3,942	788	788
33	BUILDING	5/28/08	434,093	11,131	11,131
34	BUILDING IMPROVEMENTS	8/04/08	9,000	231	231
35	BUILDING IMPROVEMENTS	8/28/08	9,500	244	244
36	BUILDING IMPROVEMENTS	10/04/08	16,309	419	419
37	BUILDING IMPROVEMENTS	11/26/08	8,210	211	211
38	GATES	12/08/08	1,500	0	0
39	BUILDING IMPROVEMENTS	2/18/09	758	20	20
40	FENCE	8/13/09	1,487	0	0
41	FENCE	10/14/09	1,487	0	0
42	BUILDING IMPROVEMENTS	10/10/10	3,108	80	80
43	BUILDING IMPROVEMENTS	10/26/10	2,300	59	59
44	HEATING AC UNIT	7/01/11	2,500	64	64
45	FENCE	11/05/11	1,465	0	0
46	BILCO DOORS	11/22/11	1,400	0	0
47	GATES	12/08/11	2,050	0	0
48	BUILDING IMPROVEMENTS	12/31/11	5,500	0	0
49	WATER HEATER	12/12/12	3,850	0	0
50	ROOF AND WIRING	5/05/17	29,325	752	752
51	SECURITY CAMERAS	4/30/19	4,056	405	405
52	PARKING LOT PAVING	5/17/19	15,890	505	505
53	SIGNAGE CALL CENTER	12/28/22	1,134	29	29
54	LAND	5/28/08	148,348	0	0
	Total Other Depreciation		757,501	16,155	16,155
	Total ACRS and Other Depreciation		757,501	16,155	16,155
	Grand Totals		757,501	16,155	16,155

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UNITEDBREAS UNITED BREAST CANCER FOUNDATION,
-*1208

NY Future Depreciation Report FYE: 12/31/25

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	NY
Other Depreciation:				
1	VAN	3/11/14	3,619	0
2	FURNITURE	2/02/09	953	0
3	FURNITURE	2/19/09	963	0
4	FURNITURE	11/08/11	801	0
5	FURNITURE	9/30/13	2,515	0
6	FURNITURE	3/28/14	800	0
7	DESK AND PHONES	1/28/16	1,080	0
8	OFFICE FURNITURE	4/08/17	3,385	0
9	OFFICE FURNITURE	10/26/20	1,299	260
10	OFFICE FURNITURE	10/28/20	89	18
11	OFFICE FURNITURE	6/30/18	759	0
12	OFFICE FURNITURE	6/30/18	532	0
13	COMPUTER	5/03/04	1,650	0
14	COMPUTER	8/07/06	1,635	0
15	COMPUTER EQUIPMENT	8/07/06	352	0
16	COMPUTER EQUIPMENT	8/10/06	358	0
17	COMPUTER	10/14/09	1,820	0
18	COMPUTER	5/23/12	1,436	0
19	COMPUTER	1/15/14	1,100	0
20	COMPUTER EQUIP	11/23/15	2,382	0
21	COMPUTER EQUIPMENT	5/24/16	3,832	0
22	BARCODE SYSTEM	12/01/16	2,802	0
23	BARCODE & PHONES	4/03/17	2,759	0
24	COMPUTER	12/08/17	1,229	0
25	COMPUTER	1/01/18	1,593	0
26	COMPUTER	12/18/18	5,849	0
27	COMPUTER	6/08/20	212	43
28	COMPUTER	6/25/20	1,427	285
29	COMPUTER	8/17/20	279	56
30	COMPUTER	1/19/21	2,149	429
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41	FENCE	10/14/09	1,487	0
42	BUILDING IMPROVEMENTS	10/10/10	3,108	80
43	BUILDING IMPROVEMENTS	10/26/10	2,300	59
44	HEATING AC UNIT	7/01/11	2,500	64
45	FENCE	11/05/11	1,465	0
46	BILCO DOORS	11/22/11	1,400	0
47	GATES	12/08/11	2,050	0
48	BUILDING IMPROVEMENTS	12/31/11	5,500	0
49	WATER HEATER	12/12/12	3,850	0
50	ROOF AND WIRING	5/05/17	29,325	752
51	SECURITY CAMERAS	4/30/19	4,056	405
52	PARKING LOT PAVING	5/17/19	15,890	505
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	Total Other Depreciation		757,501	16,155
	Total ACRS and Other Depreciation		757,501	16,155
	Grand Totals		757,501	16,155

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
FUNDRAISING FEES	$ 67,237	$ 20,900	$ 46,337	$
TOTAL	$ 67,237	$ 20,900	$ 46,337	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS AND MAINTENANCE	$ 20,281	$ 10	$ 20,271	$
BANK AND CREDIT CARD CHAR	18,648	8,067	8,185	2,396
TELEPHONE	3,791	2,464	1,327	
TOTAL	$ 42,720	$ 10,541	$ 29,783	$ 2,396

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
GBOYS , INC	$ 226,892	$
GOOD360	59,550,688	56,358,966
NAIER	9,272,052	6,080,330
TOTAL	$ 69,049,632	$ 62,439,296

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Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
DONATED ADVERTISING	$ 135,750
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	20,347
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	37,526
GALA	
TOTAL	$ 193,623

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CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

2024
Open to Public Inspection

WORKSHEET ONLY - DO NOT FILE

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2024 and Ending (mm/dd/yyyy) 12/31/2024

Check if Applicable:
- [X] Address Change
- [ ] Name Change
- [ ] Initial Filing
- [ ] Final Filing
- [ ] Amended Filing
- [ ] Reg ID Pending

Name of Organization: UNITED BREAST CANCER FOUNDATION, INC.

Employer Identification Number (EIN): **-***1208

Mailing Address: 2712 PHILLIPS DR.

NY Registration Number: 20-23-89

City / State / Zip: JONESBORO AR 72401

Telephone: 877-822-4287

Website: WWW.UBCF.ORG

Email: STEPHANIE@UBCF.ORG

Check your organization's registration category: [ ] 7A only [ ] EPTL only [X] DUAL (7A & EPTL) [ ] EXEMPT*

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

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President or Authorized Officer: Signature _____ Print Name and Title _____ Date _____

Chief Financial Officer or Treasurer: Signature _____ Print Name and Title _____ Date _____

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- [ ] 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

- [ ] 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

- [ ] Yes [X] No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
- [ ] Yes [X] No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:

7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to:
$ 25	$ 750	$ 775	**"Department of Law"**

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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UNITED BREAST CANCER FOUNDATION, **-***1208

CHAR500 Annual Filing Checklist	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments WORKSHEET ONLY - DO NOT FILE

Check the schedules you must submit with your CHAR500 as described in Part 4:

- [ ] If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- [ ] If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- [X] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- [X] All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- [ ] Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded $25,000 and/or our assets exceeded $25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- [ ] Review Report if you received total revenue and support greater than $250,000 and up to $1,000,000
- [X] Audit Report if you received total revenue and support greater than $1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than $750,000
- [ ] No Review Report or Audit Report is required because total revenue and support is less than $250,000
- [ ] We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

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Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- [ ] $0, if you checked the 7A exemption in Part 3a
- [X] $25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- [ ] $0, if you checked the EPTL exemption in Part 3b
- [ ] $25, if the NET WORTH is less than $50,000
- [ ] $50, if the NET WORTH is $50,000 or more but less than $250,000
- [ ] $100, if the NET WORTH is $250,000 or more but less than $1,000,000
- [ ] $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000
- [X] $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000
- [ ] $1500, if the NET WORTH is $50,000,000 or more

Need Assistance?
Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:
- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).