

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

**TO CELEBRATE LIFE
BREAST CANCER FOUNDATION**

94-3323358

| | | |
|--|-----------------|------------------------------|
| Net Asset / Fund Balance at Beginning of Year | | <u>852,915</u> |
| Revenue | | |
| Contributions | <u>598,977</u> | |
| Program service revenue | <u>11,319</u> | |
| Investment income | <u>6,224</u> | |
| Capital gain / loss | | |
| Fundraising / Gaming: | | |
| Gross revenue | <u>132,721</u> | |
| Direct expenses | <u>235,654</u> | |
| Net income | <u>-102,933</u> | |
| Other income | <u>0</u> | |
| Total revenue | | <u>513,587</u> |
| Expenses | | |
| Program services | <u>548,982</u> | |
| Management and general | <u>30,938</u> | |
| Fundraising | <u>69,920</u> | |
| Total expenses | | <u>649,840</u> |
| Excess / (deficit) | | <u>-136,253</u> |
| Changes | | <u>43,222</u> |
| Net Asset / Fund Balance at End of Year | | <u><u>759,884</u></u> |

Reconciliation of Revenue

| | |
|--|------------------------------|
| Total revenue per financial statements | _____ |
| Less: | |
| Unrealized gains | _____ |
| Donated services | _____ |
| Recoveries | _____ |
| Other | _____ |
| Plus: | |
| Investment expenses | _____ |
| Other | _____ |
| Total revenue per return | <u><u>513,587</u></u> |

Reconciliation of Expenses

| | |
|---|------------------------------|
| Total expenses per financial statements | _____ |
| Less: | |
| Donated services | _____ |
| Prior year adjustments | _____ |
| Losses | _____ |
| Other | _____ |
| Plus: | |
| Investment expenses | _____ |
| Other | _____ |
| Total expenses per return | <u><u>649,840</u></u> |

Balance Sheet

| | Beginning | Ending | Differences |
|-------------|-----------------------|-----------------------|-----------------------|
| Assets | <u>861,933</u> | <u>1,006,335</u> | |
| Liabilities | <u>9,018</u> | <u>246,451</u> | |
| Net assets | <u><u>852,915</u></u> | <u><u>759,884</u></u> | <u><u>-93,031</u></u> |

Miscellaneous Information

Amended return _____
Return / extended due date 11/17/25
Failure to file penalty _____

Jannisse & Hull CPAs
7599 Redwood Blvd., Suite 210
Novato, CA 94945
415-898-5300

August 5, 2025

CONFIDENTIAL

To Celebrate Life
Breast Cancer Foundation
PO Box 367
Kentfield, CA 94914

Dear Julia Wooding, President:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Jannisse & Hull CPAs
7599 Redwood Blvd., Suite 210
Novato, CA 94945

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 12/31/24 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your

records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to Jannisse & Hull CPAs before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 12/31/24 shows a balance due of \$100. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$100. Write "E.I.N. 94-3323358, RRF-1 Balance Due for the year ended 12/31/24" on the check. Mail the return by November 17, 2025 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

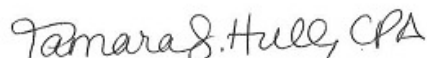
A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,



Tamara S. Hull
Certified Public Accountant

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

C Name of organization **TO CELEBRATE LIFE BREAST CANCER FOUNDATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) **PO BOX 367** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **KENTFIELD CA 94914**

D Employer identification number **94-3323358**
E Telephone number **415-455-5882**
G Gross receipts \$ **749,241**

F Name and address of principal officer:
JULIA WOODING
PO BOX 367
KENTFIELD CA 94914

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **WWW.TOCELEBRATELIFE.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1996** **M** State of legal domicile: **CA**

Part I Summary

| | | | |
|---|--|--|------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 113 |
| | 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 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 484,140 | 598,977 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,320 | 6,224 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -82,483 | -102,933 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 406,977 | 513,587 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 311,000 |
| 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) | | 80,342 | 81,957 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) | | 69,920 | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 126,035 | 127,883 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 517,377 | 649,840 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -110,400 | -136,253 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 861,933 | 1,006,335 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 9,018 | 246,451 |
| | | 852,915 | 759,884 |

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: **JULIA WOODING** Date: _____
 Type or print name and title: **PRESIDENT/TREASURER**

Paid Preparer Use Only
 Preparer's name: **TAMARA S. HULL** Preparer's signature: **TAMARA S. HULL** Date: **08/05/25** Check if self-employed PTIN: **P01065871**
 Firm's name: **JANNISSE & HULL CPAS** Firm's EIN: **94-2697002**
 Firm's address: **7599 REDWOOD BLVD., SUITE 210 NOVATO, CA 94945** Phone no.: **415-898-5300**

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

SEE SCHEDULE O

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 \$ **548,982** including grants of \$ **440,000**) (Revenue \$ **11,319**)

THE PRIMARY MISSION OF THE ORGANIZATION IS TO RAISE FUNDS AND GRANT FINANCIAL ASSISTANCE TO NON-PROFIT ORGANIZATIONS IN THE BAY AREA THAT ASSIST WOMEN AND MEN WITH BREAST HEALTH ISSUES BY PROVIDING EMERGENCY FUNDS, DIRECT SERVICES, DIAGNOSTIC TESTS, AND NAVIGATIONAL SERVICES.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **548,982**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | |
|----|----|
| 1a | 14 |
| 1b | 0 |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | 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 | 0 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| 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? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 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 | |
| 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 | |
| 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 | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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? <i>If "No," provide an explanation on Schedule O</i> | 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 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? If "Yes," complete Form 6069. | 17 | |

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

Table with 5 columns: Question, 1a, 12, 1b, 10, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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.
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.

JULIA WOODING
KENTFIELD

PO BOX 367

CA 94914

415-455-5882

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) JULIA WOODING PRESIDENT/TREASURER | 37.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) JULIE BALLARD STEPPING OUT CHAIR | 15.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) KRISTEN BENNETT VP/GRANTS COMM. CHR. | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) FIONA BOOKER RECORDING SECRETARY | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) AMY BRANNER FUND DEVEL. CO-CHAIR | 7.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) JOANNIE CAHILL DATABASE MGMT CHAIR | 14.00 0.00 | X | | | | | | 19,557 | 0 | 0 |
| (7) CINDI CANTRIL DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) JENNIFER KUN FUND DEVEL. CO-CHAIR | 3.30 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) TAMI MONTERO DIRECTOR | 3.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) MARY PAPALE VOLUNTEER ENGMT CHR. | 6.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) MOUY TANG DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/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) KIM WIMER | | | | | | | | | | |
| (12) MARKTING/COMMS. CHAIR | 31.30 0.00 | X | | | | | | 62,400 | 0 | 0 |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 81,957 | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 81,957 | | |

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 **0**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

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 | 444,229 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 154,748 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 49,910 | | | | |
| | h Total. Add lines 1a-1f | | 598,977 | | | | |
| | Program Service Revenue | 2a RETURN OF UNUSED GRANTS | Business Code | 11,319 | 11,319 | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 11,319 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 6,224 | | | 6,224 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | 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 \$ 444,229 of contributions reported on line 1c). See Part IV, line 18 | 8a | 132,721 | | | | | |
| | b Less: direct expenses | 8b | 235,654 | | | | |
| c Net income or (loss) from fundraising events | | -102,933 | | | | | |
| 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 | 11a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 513,587 | 11,319 | 0 | 6,224 | | |

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 | 440,000 | 440,000 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 81,957 | 81,957 | | |
| 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 | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 12,024 | 11,684 | 100 | 240 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 5,263 | | 5,263 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 17,767 | 2,664 | 4,443 | 10,660 |
| 12 Advertising and promotion | 40,578 | 6,086 | 10,145 | 24,347 |
| 13 Office expenses | 713 | 107 | 179 | 427 |
| 14 Information technology | 17,002 | 2,550 | 4,251 | 10,201 |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 3,660 | 549 | 915 | 2,196 |
| 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 GRANT EXPENSES | 8,632 | 1,295 | 2,158 | 5,179 |
| b FUND DEVELOPMENT | 6,188 | | | 6,188 |
| c VOLUNTEER MANAGEMENT | 5,182 | 777 | 1,296 | 3,109 |
| d BANK & CREDIT CARD FEES | 4,158 | 623 | 1,040 | 2,495 |
| e All other expenses | 6,716 | 690 | 1,148 | 4,878 |
| 25 Total functional expenses. Add lines 1 through 24e | 649,840 | 548,982 | 30,938 | 69,920 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

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 | | 1 | 387,538 |
| | 2 | Savings and temporary cash investments | 308,750 | 2 | 200 |
| | 3 | Pledges and grants receivable, net | 7,500 | 3 | |
| | 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 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 4,032 | 9 | 2,498 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,171 | | |
| | b | Less: accumulated depreciation | 10b 1,171 | 10c | |
| | 11 | Investments—publicly traded securities | 541,651 | 11 | 616,099 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 861,933 | 16 | 1,006,335 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 7,633 | 17 | 5,834 |
| | 18 | Grants payable | | 18 | 240,000 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,385 | 25 | 617 |
| | 26 | Total liabilities. Add lines 17 through 25 | 9,018 | 26 | 246,451 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> | | | | |
| | and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 852,915 | 27 | 759,884 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> | | | | |
| | and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 | Total net assets or fund balances | 852,915 | 32 | 759,884 | |
| 33 | Total liabilities and net assets/fund balances | 861,933 | 33 | 1,006,335 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 513,587 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 649,840 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -136,253 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 852,915 |
| 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 | 43,222 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 759,884 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2c | 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. | | |
| 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? | | |
| 3b | 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 | | |

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

**TO CELEBRATE LIFE
BREAST CANCER FOUNDATION**

Employer identification number

94-3323358

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.
 - 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? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (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.") | 361,832 | 393,421 | 569,100 | 484,140 | 598,977 | 2,407,470 |
| 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 | 361,832 | 393,421 | 569,100 | 484,140 | 598,977 | 2,407,470 |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 2,407,470 |

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 | 361,832 | 393,421 | 569,100 | 484,140 | 598,977 | 2,407,470 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,074 | 3,439 | 3,658 | 5,320 | 6,224 | 21,715 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 2,429,185 |

12 Gross receipts from related activities, etc. (see instructions) **12** 436,291

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 | 99.11 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 99.06 % |

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.) | | | | | | |

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|------------|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | 11c | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | 2 | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|----------|--|-----------|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | 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? <i>If "Yes" or "No," provide details in Part VI.</i> | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 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 (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | 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— <i>provide details in Part VI</i>) | 5 |
| 6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). 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— <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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 | | | |

**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

| | |
|---|---|
| Name of the organization TO CELEBRATE LIFE BREAST CANCER FOUNDATION | Employer identification number 94-3323358 |
|---|---|

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

TO CELEBRATE LIFE

Employer identification number

94-3323358

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | JEANNE CAPURRO PO BOX 367 KENTFIELD CA 94914 | \$ 15,120 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 TO CELEBRATE LIFE BREAST CANCER FOUNDATION | Employer identification number 94-3323358 |
|---|---|

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 |

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 conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

\$

8 Does each conservation easement reported on line 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.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 Yes No

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 | | | | | |

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:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 1,171 | 1,171 | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

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)) | | |

Part IX Other Assets

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

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

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) CREDIT CARD PAYABLE | 617 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 617 |

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

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

**TO CELEBRATE LIFE
 BREAST CANCER FOUNDATION**

Employer identification number

94-3323358

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of 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? Yes No

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

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

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.

.....

.....

.....

.....

.....

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------|-------------------------------|---------------------------------|
| | | STEPPING OUT (event type) | (event type) | NONE (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 576,950 | | 576,950 |
| | 2 | Less: Contributions | 444,229 | | 444,229 |
| | 3 | Gross income (line 1 minus line 2) | 132,721 | | 132,721 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 235,654 | | 235,654 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -102,933 |

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 | <input type="checkbox"/> Yes % <input type="checkbox"/> No % | <input type="checkbox"/> Yes % <input type="checkbox"/> No % | <input type="checkbox"/> Yes % <input type="checkbox"/> No % |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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 **TO CELEBRATE LIFE
BREAST CANCER FOUNDATION** Employer identification number **94-3323358**

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | CANCER SUPPORT COMMUNITY 3276 MCNUTT AVENUE WALNUT CREEK CA 94597-1833 | 68-0157858 | | 7,500 | | | | EMERGENCY FIN. AID |
| (2) | BRIGHT SPOT NETWORK PO BOX 3090 ALAMEDA CA 94501 | 84-2925337 | | 15,000 | | | | DIRECT SERVICES |
| (3) | CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL CA 95473-1562 | 26-2250997 | | 12,500 | | | | DIRECT SERVICES |
| (4) | CHARLOTTE MAXWELL CLINIC 411 30TH ST, STE. 508 OAKLAND CA 94609-3303 | 94-3116456 | | 22,000 | | | | COMPLMNTRY THERAPIES |
| (5) | HERS BREAST CANCER FOUNDATION 2500 MOWRY AVE., SUITE 130 FREMONT CA 94538-1605 | 94-3309906 | | 15,000 | | | | DIRECT SERVICES |
| (6) | MARINHEALTH FOUNDATION 1350 SO. ELISEO DRIVE, SUITE 110 GREENBRAE CA 94904 | 94-6127213 | | 20,000 | | | | DIAGNOSTICS |
| (7) | PILIPINO SENIOR RESOURCE CENTER 953 MISSION ST, SUITE 111 SAN FRANCISCO CA 94103-2912 | 83-0445376 | | 15,000 | | | | DIRECT SERVICES |
| (8) | SAN FRANCISCO WOMEN'S CANCER NETWORK 4271 MISSION ST, 2ND FLOOR SAN FRANCISCO CA 94112 | 90-0709518 | | 15,000 | | | | NAVIGATIONAL SVCS |
| (9) | SHANTI PROJECT 27 MAIDEN LANE SAN FRANCISCO CA 94112 | 94-2297147 | | 17,000 | | | | DIRECT SERVICES |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14**

3 Enter total number of other organizations listed in the line 1 table **0**

**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 **TO CELEBRATE LIFE
BREAST CANCER FOUNDATION** Employer identification number **94-3323358**

Part I General Information on Grants and Assistance

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

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | TIM AND JEANNIE HAMANN FOUNDATION 513 FIRST STREET BENICIA CA 94510-3209 | 47-2189766 | | 15,000 | | | | DIAGNOSTICS |
| (2) | WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY CA 94705-1912 | 94-3131204 | | 21,000 | | | | DIRECT SERVICES |
| (3) | CANCER CAREPOINT 2505 SAMARITAN DRIVE, SUITE 402 SAN JOSE CA 95124 | 27-3029691 | | 10,000 | | | | DIRECT SERVICES |
| (4) | PINK RIBBON GOOD INC. PO BOX 249 LOS ALTOS CA 94024 | 32-0020270 | | 7,500 | | | | DIRECT SERVICES |
| (5) | ZERO BREAST CANCER 30 N SAN PEDRO RD STE 140 SAN RAFAEL CA 94903 | 68-0386016 | | 7,500 | | | | COMPLMTRY THERAPIES |
| (6) | ALLOCATION FOR GRANTS FOR 2024 PO BOX 367 KENTFIELD CA 94914 | | | 240,000 | | | | SERVICES & SUPPORT |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

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

SCHEDULE L

Transactions With Interested Persons

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization TO CELEBRATE LIFE
BREAST CANCER FOUNDATION
Employer identification number 94-3323358

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org.? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open To Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

BREAST CANCER FOUNDATION

Employer identification number

94-3323358

Part I Types of Property

Table with 4 columns: (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. Row 25 shows 'Other' with value 27 and 49,910.

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

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?

Table with 3 columns: Question, Yes, No. Row 30a: No (X). Row 31: No (X). Row 32a: No (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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

**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 TO CELEBRATE LIFE BREAST CANCER FOUNDATION | Employer identification number 94-3323358 |
|---|---|

FORM 990 - ORGANIZATION'S MISSION

THE PRIMARY MISSION OF THE ORGANIZATION IS TO RAISE FUNDS AND GRANT FINANCIAL ASSISTANCE TO NON-PROFIT ORGANIZATIONS IN THE BAY AREA THAT ASSIST WOMEN AND MEN WITH BREAST HEALTH ISSUES BY PROVIDING EMERGENCY FUNDS, DIRECT SERVICES, DIAGNOSTIC TESTS, AND NAVIGATIONAL SERVICES.

FORM 990 - ADDITIONAL INFORMATION

2024 IS A TRANSITION YEAR FOR HOW THE ORGANIZATION WILL REPORT THE GRANTS THEY ISSUE.

IN PRIOR YEARS, THE ORGANIZATION DETERMINED THE AMOUNT OF GRANTS TO BE GRANTED AND THEN ISSUED THEM IN THE SAME YEAR.

STARTING WITH 2024, THE ORGANIZATION IS DETERMINING THE AMOUNT OF GRANTS TO BE ISSUED IN THE FOLLOWING YEAR.

THEREFORE, THE GRANT EXPENSE FOR 2024 INCLUDES \$200,000 IN GRANTS ISSUED IN 2024 AND \$240,000 IN GRANTS TO BE ISSUED IN 2025 BUT FOR WHOM THE RECIPIENTS HAVE NOT YET BEEN DETERMINED.

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
IT IS THE POLICY OF THE ORGANIZATION THAT ALL MEMBERS WHO ARE IN A POSITION TO MAKE DECISIONS, OR TO INFLUENCE DECISIONS, REGARDING ANY PURCHASE, CONTRACT, LETTER OF INTENT, OR FUNDING, MUST CONSENT TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY IN JANUARY. SIGNED COPIES OF THESE STATEMENTS WILL BE MAINTAINED BY THE RECORDING SECRETARY AND WILL BE KEPT ON FILE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST OF THE FOUNDATION.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
UNREALIZED GAINS ON INVESTMENTS \$ 43,222

| | | |
|---|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2023 & 2024 |
| For calendar year 2024, or tax year beginning _____, ending _____ | | |

Name **TO CELEBRATE LIFE BREAST CANCER FOUNDATION** Taxpayer Identification Number **94-3323358**

| | | | 2023 | 2024 | Differences | |
|--|--|------------|---------|-----------------|-----------------|----------------|
| R e v e n u e | 1. Contributions, gifts, grants | 1. | 484,140 | 598,977 | 114,837 | |
| | 2. Membership dues and assessments | 2. | | | | |
| | 3. Government contributions and grants | 3. | | | | |
| | 4. Program service revenue | 4. | | 11,319 | 11,319 | |
| | 5. Investment income | 5. | 5,320 | 6,224 | 904 | |
| | 6. Proceeds from tax exempt bonds | 6. | | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | | |
| | 8. Net income or (loss) from fundraising events | 8. | -82,483 | -102,933 | -20,450 | |
| | 9. Net income or (loss) from gaming | 9. | | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | | |
| | 11. Other revenue | 11. | | | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | | 406,977 | 513,587 | 106,610 |
| E x p e n s e s | 13. Grants and similar amounts paid | 13. | 311,000 | 440,000 | 129,000 | |
| | 14. Benefits paid to or for members | 14. | | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. | 80,342 | 81,957 | 1,615 | |
| | 16. Salaries, other compensation, and employee benefits | 16. | | | | |
| | 17. Professional fundraising fees | 17. | | | | |
| | 18. Other professional fees | 18. | 40,482 | 35,054 | -5,428 | |
| | 19. Occupancy, rent, utilities, and maintenance | 19. | | | | |
| | 20. Depreciation and Depletion | 20. | | | | |
| | 21. Other expenses | 21. | 85,553 | 92,829 | 7,276 | |
| | 22. Total expenses. Add lines 13 through 21 | 22. | | 517,377 | 649,840 | 132,463 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | | -110,400 | -136,253 | -25,853 |
| O t h e r I n f o r m a t i o n | 24. Total exempt revenue | 24. | 406,977 | 513,587 | 106,610 | |
| | 25. Total unrelated revenue | 25. | | | | |
| | 26. Total excludable revenue | 26. | 5,320 | 17,543 | 12,223 | |
| | 27. Total assets | 27. | 861,933 | 1,006,335 | 144,402 | |
| | 28. Total liabilities | 28. | 9,018 | 246,451 | 237,433 | |
| | 29. Retained earnings | 29. | 852,915 | 759,884 | -93,031 | |
| | 30. Number of voting members of governing body | 30. | 11 | 12 | | |
| 31. Number of independent voting members of governing body | 31. | 11 | 10 | | | |
| 32. Number of employees | 32. | 0 | 0 | | | |
| 33. Number of volunteers | 33. | 116 | 113 | | | |

| | | |
|-----------------|---------------------------------|------------------------|
| Form 990 | Tax Projection Worksheet | 2024 & 2025 |
|-----------------|---------------------------------|------------------------|

Name **TO CELEBRATE LIFE BREAST CANCER FOUNDATION** Taxpayer Identification Number **94-3323358**

| | | | 2024 | 2025 | Differences | |
|--|--|------------|-----------|-----------------|-----------------|--|
| R e v e n u e | 1. Contributions, gifts, grants | 1. | 598,977 | 598,977 | | |
| | 2. Membership dues and assessments | 2. | | | | |
| | 3. Government contributions and grants | 3. | | | | |
| | 4. Program service revenue | 4. | 11,319 | 11,319 | | |
| | 5. Investment income | 5. | 6,224 | 6,224 | | |
| | 6. Proceeds from tax exempt bonds | 6. | | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | | |
| | 8. Net income or (loss) from fundraising events | 8. | -102,933 | -102,933 | | |
| | 9. Net income or (loss) from gaming | 9. | | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | | |
| | 11. Other revenue | 11. | | | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | | 513,587 | 513,587 | |
| E x p e n s e s | 13. Grants and similar amounts paid | 13. | 440,000 | 440,000 | | |
| | 14. Benefits paid to or for members | 14. | | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. | 81,957 | 81,957 | | |
| | 16. Salaries, other compensation, and employee benefits | 16. | | | | |
| | 17. Professional fundraising fees | 17. | | | | |
| | 18. Other professional fees | 18. | 35,054 | 35,054 | | |
| | 19. Occupancy, rent, utilities, and maintenance | 19. | | | | |
| | 20. Depreciation and Depletion | 20. | | | | |
| | 21. Other expenses | 21. | 92,829 | 92,829 | | |
| | 22. Total expenses. Add lines 13 through 21 | 22. | | 649,840 | 649,840 | |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | | -136,253 | -136,253 | |
| O t h e r | 24. Total exempt revenue | 24. | 513,587 | 513,587 | | |
| | 25. Total unrelated revenue | 25. | | | | |
| | 26. Total excludable revenue | 26. | 17,543 | 17,543 | | |
| | 27. Total assets | 27. | 1,006,335 | 1,006,335 | | |
| | 28. Total liabilities | 28. | 246,451 | 246,451 | | |
| | 29. Retained earnings | 29. | 759,884 | 759,884 | | |
| | 30. Number of voting members of governing body | 30. | 12 | 12 | | |
| | 31. Number of independent voting members of governing body | 31. | 10 | 10 | | |
| | 32. Number of employees | 32. | 0 | 0 | | |
| | 33. Number of volunteers | 33. | 113 | 113 | | |

Form **990****Tax Return History****2024**Name **TO CELEBRATE LIFE
BREAST CANCER FOUNDATION**Employer Identification Number
94-3323358

| | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|------|----------------|----------------|-----------------|-----------------|-----------------|
| Contributions, gifts, grants | | 393,421 | 569,100 | 484,140 | 598,977 | 598,977 |
| Membership dues | | | | | | |
| Program service revenue | | 11,000 | | | 11,319 | 11,319 |
| Capital gain or loss | | | | | | |
| Investment income | | 3,439 | 3,658 | 5,320 | 6,224 | 6,224 |
| Fundraising revenue (income/loss) | | 16,990 | -69,194 | -82,483 | -102,933 | -102,933 |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | | | |
| Total revenue | | 424,850 | 503,564 | 406,977 | 513,587 | 513,587 |
| Grants and similar amounts paid | | 250,000 | 275,000 | 311,000 | 440,000 | 440,000 |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | 62,400 | 67,600 | 80,342 | 81,957 | 81,957 |
| Other compensation | | | | | | |
| Professional fees | | 18,313 | 49,194 | 40,482 | 35,054 | 35,054 |
| Occupancy costs | | | | | | |
| Depreciation and depletion | | | | | | |
| Other expenses | | 68,991 | 61,833 | 85,553 | 92,829 | 92,829 |
| Total expenses | | 399,704 | 453,627 | 517,377 | 649,840 | 649,840 |
| Excess or (Deficit) | | 25,146 | 49,937 | -110,400 | -136,253 | -136,253 |
| Total exempt revenue | | 424,850 | 503,564 | 406,977 | 513,587 | 513,587 |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | | 14,439 | 3,658 | 5,320 | 17,543 | 17,543 |
| Total Assets | | 941,092 | 923,603 | 861,933 | 1,006,335 | 1,006,335 |
| Total Liabilities | | 12,290 | 23,672 | 9,018 | 246,451 | 246,451 |
| Net Fund Balances | | 928,802 | 899,931 | 852,915 | 759,884 | 759,884 |

Federal Statements

Taxable Interest on Investments

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|--------------------|---------------|---------------------------|-----------------------|--------------------|-------------------------------|-------------------------|
| BANKS | \$ 182 | | | 14 CA | | |
| TOTAL | <u>\$ 182</u> | | | | | |

Taxable Dividends from Securities

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|--------------------|-----------------|---------------------------|-----------------------|--------------------|-------------------------------|-------------------------|
| MCF | \$ 6,042 | | | 14 CA | | |
| TOTAL | <u>\$ 6,042</u> | | | | | |

Federal Statements

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---------------------------|------------------|-----------------|----------------------|------------------|
| MAR/COM | \$ 1,170 | \$ 175 | \$ 293 | \$ 702 |
| ADMINISTRATIVE ASST | 1,410 | 211 | 353 | 846 |
| DPO MANAGER | 11,398 | 1,709 | 2,850 | 6,839 |
| VIDEOGRAPHER/PHOTOGRAPHER | 3,789 | 569 | 947 | 2,273 |
| TOTAL | <u>\$ 17,767</u> | <u>\$ 2,664</u> | <u>\$ 4,443</u> | <u>\$ 10,660</u> |

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|----------------------|-----------------|-----------------|----------------------|-----------------|
| SELF STORAGE | \$ 2,496 | \$ 374 | \$ 624 | \$ 1,498 |
| WINE STORAGE | 2,122 | | | 2,122 |
| BOARD OF DIRECTORS | 1,484 | 223 | 371 | 890 |
| DUES & SUBSCRIPTIONS | 357 | 54 | 89 | 214 |
| BOARD DEVELOPMENT | 172 | 26 | 43 | 103 |
| STRATEGIC PLANNING | 85 | 13 | 21 | 51 |
| TOTAL | <u>\$ 6,716</u> | <u>\$ 690</u> | <u>\$ 1,148</u> | <u>\$ 4,878</u> |

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|----------------------|-------------------|
| STEPPING OUT | \$ 154,748 |
| CASH CONTRIBUTION | 434,114 |
| NONCASH CONTRIBUTION | 10,115 |
| TOTAL | <u>\$ 598,977</u> |

Schedule A, Part II, Line 8(e)

| Description | Amount |
|-------------|-----------------|
| BANKS | \$ 182 |
| MCF | 6,042 |
| TOTAL | <u>\$ 6,224</u> |

Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|-------------------------|-------------------|
| RETURN OF UNUSED GRANTS | \$ 11,319 |
| STEPPING OUT | 132,721 |
| TOTAL | <u>\$ 144,040</u> |

Stepping Out

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|-------------------|
| EVENT COSTS | \$ 235,654 |
| TOTAL | \$ <u>235,654</u> |

Form 199 Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

**TO CELEBRATE LIFE
BREAST CANCER FOUNDATION**

94-3323358

| | | |
|---------------------------|----------------|------------------------|
| Gross sales / receipts | <u>150,264</u> | |
| Dues from members | | |
| Contributions / grants | <u>598,977</u> | |
| Total costs | | |
| Expenses | <u>885,494</u> | |
| Excess / (deficit) | | <u><u>-136,253</u></u> |

| | |
|------------------------|--|
| Total payments | |
| Penalties and interest | |
| Use tax | |

| | |
|--------------------|--|
| Balance due | |
| Refund | |

| Balance Sheet | | | |
|---------------|-----------------------|-----------------------|-----------------------|
| | Beginning | Ending | Differences |
| Assets | <u>861,933</u> | <u>1,006,335</u> | |
| Liabilities | <u>9,018</u> | <u>246,450</u> | |
| Net assets | <u><u>852,915</u></u> | <u><u>759,885</u></u> | <u><u>-93,030</u></u> |

Miscellaneous Information

Amended return
Return / extended due date 11/17/25

MAIL TO:
 Registry of Charities and Fundraisers
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

| | |
|---|---|
| <p>TO CELEBRATE LIFE</p> <p>Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used PO BOX 367</p> <p>Address (Number and Street) KENTFIELD CA 94914</p> <p>City or Town, State, and ZIP Code 415-455-5882</p> <p>Telephone Number JULIA@TOCELEBRATELIFE.ORG</p> <p>E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number CT118442</p> <p>Corporation or Organization No. 2171540</p> <p>Federal Employer ID No. 94-3323358</p> |
|---|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
 Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/24 ending 12/31/24) list:

Total Revenue \$ 513,587 Noncash Contributions \$ 49,910 Total Assets \$ 1,006,335
 (including noncash contributions)

Program Expenses \$ 548,982 Total Expenses \$ 649,840

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|----------|----------|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? STMT 1 | X | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | X |
| 5. During this reporting period, did the organization receive any governmental funding? | | X |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? STMT 2 | X | |
| 7. Does the organization conduct a vehicle donation program? | | X |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | | X |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | X |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JULIA WOODING **PRESIDENT/TREASURER**
 Signature of Authorized Agent Printed Name Title Date

Statement 1 - Form RRF-1, Part B, Line 1 - Financial Transactions

Description

BOARD MEMBER KIM WIMER RECEIVED COMPENSATION OF \$62,400 FOR PROVIDING MARKETING AND COMMUNICATION SERVICES ON BEHALF OF THE ORGANIZATION. BOARD MEMBER JOANNIE CAHILL RECEIVED COMPENSATION OF \$19,557 FOR PROVIDING DPO MANAGEMENT SERVICES ON BEHALF OF THE ORGANIZATION.

Statement 2 - Form RRF-1, Part B, Line 6 - Raffle for Charitable Purposes

Description

RAFFLE PROCEEDS ARE USED FOR OUR GRANT PROGRAMS. WE EARNED \$4,900 FROM OUR RAFFLE IN 2024.

TAXABLE YEAR **2024** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name **TO CELEBRATE LIFE BREAST CANCER FOUNDATION** California corporation number **2171540**

Additional information. See instructions. FEIN **94-3323358**

Street address (suite or room) **PO BOX 367** PMB no.

City **KENTFIELD** State **CA** ZIP code **94914**

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No
B Amended return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) ● _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF
 (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L Is the organization a limited liability company? Yes No
M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

| | | | | | |
|------------------------------|----|--|----|----------|----|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 150,264 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received | 3 | 598,977 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B | 4 | 749,241 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 749,241 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 885,494 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -136,253 | 00 |
| Payments | 11 | Total payments | 11 | | 00 |
| | 12 | Use tax. See General Information K | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | 00 |

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **PRESIDENT/TREASURER** Title Date Telephone **415-455-5882**

Paid Preparer's Use Only Preparer's signature **TAMARA S. HULL** Date **08/05/2025** Check if self-employed PTIN **P01065871**

Firm's name (or yours, if self-employed) and address **JANNISSE & HULL CPAS** Firm's FEIN **94-2697002**
7599 REDWOOD BLVD., SUITE 210 Telephone **415-898-5300**
NOVATO, CA 94945

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

TO CELEBRATE LIFE

94-3323358

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|---------|---------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 11,319 | 00 | |
| | 2 | Interest | • | 2 | 182 | 00 | |
| | 3 | Dividends | • | 3 | 6,042 | 00 | |
| | 4 | Gross rents | • | 4 | | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | | 00 | |
| | 7 | Other income. Attach schedule SEE STATEMENT 1 | • | 7 | 132,721 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | 8 | 150,264 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2 | • | 9 | 440,000 | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3 | • | 11 | 81,957 | 00 | |
| | 12 | Other salaries and wages | • | 12 | | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | | 00 |
| | | 15 | Rents | • | 15 | | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | | 00 |
| | | 17 | Other expenses and disbursements. Attach schedule SEE STATEMENT 4 | • | 17 | 363,537 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 885,494 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|---------|----------------------------|-----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 308,750 | | 387,738 |
| 2 | Net accounts receivable | | 7,500 | | |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule STMT 5 | | 541,651 | | 616,099 |
| 10 | a Depreciable assets | 1,171 | | 1,171 | |
| | b Less accumulated depreciation | 1,171 | | 1,171 | |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule. STMT 6 | | 4,032 | | 2,498 |
| 13 | Total assets | | 861,933 | | 1,006,335 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 7,633 | | 5,834 |
| 15 | Contributions, gifts, or grants payable | | | | 240,000 |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule STMT 7 | | 1,385 | | 617 |
| 19 | Capital stock or principal fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 852,915 | | 759,884 |
| 22 | Total liabilities and net worth | | 861,933 | | 1,006,335 |

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | | | |
|---|---|---|----------|----|--|---|----------|
| 1 | Net income per books | • | -136,253 | 7 | Income recorded on books this year not included in this return. Attach schedule | • | |
| 2 | Federal income tax | • | | 8 | Deductions in this return not charged against book income this year. Attach schedule | • | |
| 3 | Excess of capital losses over capital gains | • | | 9 | Total. Add line 7 and line 8 | | |
| 4 | Income not recorded on books this year. Attach schedule | • | | 10 | Net income per return. Subtract line 9 from line 6 | | -136,253 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | | | |
| 6 | Total. Add line 1 through line 5 | | -136,253 | | | | |

Statement 1 - Form 199, Part II, Line 7 - Other Income

| Description | Amount |
|--------------|------------|
| STEPPING OUT | \$ 132,721 |
| TOTAL | \$ 132,721 |

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

| PSA | Class | Name | Address | City | State | Zip | | | |
|--------------|--------|--------------------------------------|----------------------------------|---------------------|-----------------|-------------------|------------------------|------|--|
| Relationship | Status | Purpose | Amount | Noncash Description | FMV Explanation | Book Value Amount | Book Value Explanation | Date | |
| 1 | | CANCER SUPPORT COMMUNITY | 3276 MCNUTT AVENUE | WALNUT CREEK | CA | 94597-1833 | | | |
| | | EMERGENCY FIN. AID | 7,500 | | | | | | |
| 1 | | BRIGHT SPOT NETWORK | PO BOX 3090 | ALAMEDA | CA | 94501 | | | |
| | | DIRECT SERVICES | 15,000 | | | | | | |
| 1 | | CERES COMMUNITY PROJECT | 7351 BODEGA AVE | SEBASTOPOL | CA | 95473-1562 | | | |
| | | DIRECT SERVICES | 12,500 | | | | | | |
| 1 | | CHARLOTTE MAXWELL CLINIC | 411 30TH ST, STE. 508 | OAKLAND | CA | 94609-3303 | | | |
| | | COMPLMNTY THERAPIES | 22,000 | | | | | | |
| 1 | | HERS BREAST CANCER FOUNDATION | 2500 MOWRY AVE., SUITE 130 | FREMONT | CA | 94538-1605 | | | |
| | | DIRECT SERVICES | 15,000 | | | | | | |
| 1 | | MARINHEALTH FOUNDATION | 1350 SO. ELISEO DRIVE, SUITE 110 | GREENBRAE | CA | 94904 | | | |
| | | DIAGNOSTICS | 20,000 | | | | | | |
| 1 | | PILIPINO SENIOR RESOURCE CENTER | 953 MISSION ST, SUITE 111 | SAN FRANCISCO | CA | 94103-2912 | | | |
| | | DIRECT SERVICES | 15,000 | | | | | | |
| 1 | | SAN FRANCISCO WOMEN'S CANCER NETWORK | 4271 MISSION ST, 2ND FLOOR | SAN FRANCISCO | CA | 94112 | | | |
| | | NAVIGATIONAL SVCS | 15,000 | | | | | | |
| 1 | | SHANTI PROJECT | 27 MAIDEN LANE | SAN FRANCISCO | CA | 94112 | | | |
| | | DIRECT SERVICES | 17,000 | | | | | | |
| 1 | | TIM AND JEANNIE HAMANN FOUNDATION | 513 FIRST STREET | BENICIA | CA | 94510-3209 | | | |
| | | DIAGNOSTICS | 15,000 | | | | | | |
| 1 | | WOMEN'S CANCER RESOURCE CENTER | 2908 ELLSWORTH ST | BERKELEY | CA | 94705-1912 | | | |
| | | DIRECT SERVICES | 21,000 | | | | | | |
| 1 | | CANCER CAREPOINT | 2505 SAMARITAN DRIVE, SUITE 402 | SAN JOSE | CA | 95124 | | | |
| | | DIRECT SERVICES | 10,000 | | | | | | |
| 1 | | PINK RIBBON GOOD INC. | PO BOX 249 | LOS ALTOS | CA | 94024 | | | |
| | | DIRECT SERVICES | 7,500 | | | | | | |
| 1 | | ZERO BREAST CANCER | 30 N SAN PEDRO RD STE 140 | SAN RAFAEL | CA | 94903 | | | |
| | | COMPLMTRY THERAPIES | 7,500 | | | | | | |
| 1 | | ALLOCATION FOR GRANTS FOR 2024 | PO BOX 367 | KENTFIELD | CA | 94914 | | | |
| | | SERVICES & SUPPORT | 240,000 | | | | | | |
| 1 | | SUBTOTAL | \$ 440,000 | | | | | | |
| | | TOTAL | \$ 440,000 | | | | | | |

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

| Name | Address | | | Title | Avg Hrs | Compensation Amount |
|-----------------|-----------|------------------|-------|----------------------|---------|---------------------|
| | City | State | Zip | | | |
| JULIA WOODING | KENTFIELD | PO BOX 367 CA | 94914 | PRESIDENT/TREASURER | 37.00 | |
| JULIE BALLARD | | | | STEPPING OUT CHAIR | 15.00 | |
| KRISTEN BENNETT | | | | VP/GRANTS COMM. CHR. | 2.00 | |
| FIONA BOOKER | | | | RECORDING SECRETARY | 2.00 | |
| AMY BRANNER | | | | FUND DEVEL. CO-CHAIR | 7.00 | |
| JOANNIE CAHILL | | | | DATABASE MGMT CHAIR | 14.00 | 19,557 |
| CINDI CANTRIL | | | | DIRECTOR | 1.00 | |
| JENNIFER KUN | | | | FUND DEVEL. CO-CHAIR | 3.30 | |
| TAMI MONTERO | | | | DIRECTOR | 3.00 | |
| MARY PAPALE | | | | VOLUNTEER ENGMT CHR. | 6.00 | |
| MOUY TANG | | | | DIRECTOR | 1.00 | |
| KIM WIMER | | | | MARKTNG/COMMS. CHAIR | 31.30 | 62,400 |
| TOTAL | | | | | | <u>81,957</u> |

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

| Description | Amount |
|---------------------------|-------------------|
| | \$ |
| STEPPING OUT | |
| EVENT COSTS | 235,654 |
| CPA | 400 |
| BOOKKEEPING FEES | 11,624 |
| MAR/COM | 1,170 |
| ADMINISTRATIVE ASST | 1,410 |
| DPO MANAGER | 11,398 |
| VIDEOGRAPHER/PHOTOGRAPHER | 3,789 |
| | 5,263 |
| POSTAGE | 599 |
| DUES & SUBSCRIPTIONS | 357 |
| WINE STORAGE | 2,122 |
| SELF STORAGE | 2,496 |
| BOARD OF DIRECTORS | 1,484 |
| VOLUNTEER MANAGEMENT | 5,182 |
| FUND DEVELOPMENT | 6,188 |
| BANK & CREDIT CARD FEES | 4,158 |
| BOARD DEVELOPMENT | 172 |
| STRATEGIC PLANNING | 85 |
| GRANT EXPENSES | 8,632 |
| ADVERTISING | 40,578 |
| PROMOTIONAL | |
| | 114 |
| | 17,002 |
| | 3,660 |
| TOTAL | <u>\$ 363,537</u> |

Statement 5 - Form 199, Schedule L, Line 9 - Other Investments

| Description | Beginning of Year | End of Year |
|--------------------------------|----------------------|-------------------|
| BENEFICIAL INTEREST MCF ASSETS | \$ 541,651 | \$ 616,099 |
| TOTAL | <u>\$ 541,651</u> | <u>\$ 616,099</u> |

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

| Description | Beginning of Year | End of Year |
|------------------|----------------------|-----------------|
| PREPAID EXPENSES | \$ 4,032 | \$ 2,498 |
| TOTAL | <u>\$ 4,032</u> | <u>\$ 2,498</u> |

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|---------------------|------------------------------|------------------------|
| CREDIT CARD PAYABLE | \$ <u>1,385</u> | \$ <u>617</u> |
| TOTAL | \$ <u><u>1,385</u></u> | \$ <u><u>617</u></u> |