

Client Copy

BREAST CANCER FOUNDATION OF THE

Tax Returns

2024

Elliott, Robinson & Company, LLP
Certified Public Accountants

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BREAST CANCER FOUNDATION OF THE OZARKS		D Employer identification number ** - *** 1450
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 620 W REPUBLIC ROAD, SUITE 107		E Telephone number 417-862-3838
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD MO 65807		G Gross receipts \$ 2,949,565
	F Name and address of principal officer: JOE DAUES		

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.BCFO.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1999	M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BREAST CANCER FOUNDATION OF THE OZARKS PROVIDES RESOURCES AND SUPPORT FOR LOCAL INDIVIDUALS AND FAMILIES IMPACTED BY BREAST CANCER.		
	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)	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	84	
	6 Total number of volunteers (estimate if necessary)	100	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,821,865	Current Year: 2,293,836
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	595,036	636,881
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,861	-132,639
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,483,762	2,798,078
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
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)		727,691	524,093
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) 502,183			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,622,728	2,366,245
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,350,419	2,890,338	
19 Revenue less expenses. Subtract line 18 from line 12	133,343	-92,260	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 26,275,985	End of Year: 28,762,433
	21 Total liabilities (Part X, line 26)	80,531	12
	22 Net assets or fund balances. Subtract line 21 from line 20	26,195,454	28,762,421

Part II Signature Block

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

Sign Here	Signature of officer	Date
	JOE DAUES Type or print name and title	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMANDA J KASTLER, CPA		11/03/25	<input checked="" type="checkbox"/>	*****
	Firm's name	Firm's EIN			
	ELLIOTT, ROBINSON AND COMPANY, LLP	** - *** 9134			
	2305 S BLACKMAN RD STE D				
	SPRINGFIELD, MO 65809-2809	Phone no.	417-887-0585		

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:

BREAST CANCER FOUNDATION OF THE OZARKS PROVIDES RESOURCES AND SUPPORT FOR LOCAL INDIVIDUALS AND FAMILIES IMPACTED BY BREAST CANCER.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **2,132,055** including grants of \$) (Revenue \$)

BREAST CANCER FOUNDATION OF THE OZARKS PROVIDES RESOURCES AND SUPPORT FOR LOCAL INDIVIDUALS AND FAMILIES IMPACTED BY BREAST CANCER.

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 **2,132,055**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	84		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
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? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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.

JOE DAUES
SPRINGFIELD

620 W REPUBLIC ROAD

MO 65807

417-862-3838

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) JOE DAUES EXECUTIVE DIRECTOR	40.00 0.00			X				103,921	35,538	0
(2) KATHRYN WALL COO	40.00 0.00			X				81,037	0	3,423
(3) DEBORAH DONNELL HR DIRECTOR	40.00 0.00			X				42,154	0	0
(4) BRIAN ASBERRY DIRECTOR	1.00 0.00	X						0	0	0
(5) DEBI MURRAY BENNETT DIRECTOR	1.00 0.00	X						0	0	0
(6) AMANDA BROWN DIRECTOR	1.00 0.00	X						0	0	0
(7) JESSICA SNIDER, DO DIRECTOR	1.00 0.00	X						0	0	0
(8) WENDI LONG DIRECTOR	1.00 0.00	X						0	0	0
(9) BRIAN MCCRACKEN DIRECTOR	1.00 0.00	X						0	0	0
(10) AMANDA LACKEY, MD DIRECTOR	1.00 0.00	X						0	0	0
(11) BRIAN BIGGERS, MD 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) ROGER HOLDEN, MD	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) RYAN O'GRADY	1.00									
TREASURER	0.00	X		X			0	0	0	
(14) MARY BETH O'REILLY	0.00									
CHAIRMAN & FOUNDER	0.00	X		X			0	0	0	
(15) RYAN O'REILLY	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(16) JOHN RUSSELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) MATT SIBET	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) CARLYE WANNENMACHER	1.00									
DIRECTOR	0.00	X					0	0	0	
(19)										
1b Subtotal							227,112	35,538	3,423	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							227,112	35,538	3,423	

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 **1**

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

Section B. Independent Contractors

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

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

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	788,446					
	d Related organizations	1d						
	e Government grants (contributions)	1e	249,894					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,255,496					
	g Noncash contributions included in lines 1a-1f	1g	\$ 76,746					
	h Total. Add lines 1a-1f			2,293,836				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			597,612			597,612	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			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	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b				
			c Gain or (loss)	7c	39,269			
	d Net gain or (loss)			39,269	39,269			
	8a Gross income from fundraising events (not including \$ 788,446 of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b	151,487			
c Net income or (loss) from fundraising events				-151,487				
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 MISCELLANEOUS	Business Code		18,848	18,848			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			18,848				
12 Total revenue. See instructions			2,798,078	58,117	0	597,612		

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				
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	227,112	104,010	38,492	84,610
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	247,038	121,049	27,174	98,815
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,600	6,500	1,849	5,251
10 Payroll taxes	36,343	17,223	5,212	13,908
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	79,915	19,850	43,861	16,204
12 Advertising and promotion				
13 Office expenses	64,785	32,145	10,417	22,223
14 Information technology				
15 Royalties				
16 Occupancy	29,261	13,987	3,980	11,294
17 Travel	9,076	4,415	1,238	3,423
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	26,823	26,823		
23 Insurance	33,240	15,889	4,520	12,831
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 CLIENT DIST PROGRAM	783,407	783,407		
b NEAT REPEATS	635,307	635,307		
c CENTRAL FLORIDA EXPENSE	300,430	65,101	62,548	172,781
d MAMMOGRAPHY PROGRAM	116,432	116,432		
e All other expenses	287,569	169,917	56,809	60,843
25 Total functional expenses. Add lines 1 through 24e	2,890,338	2,132,055	256,100	502,183
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	2,746	1	863,945
	2	Savings and temporary cash investments	298,640	2	1,045,648
	3	Pledges and grants receivable, net		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		9	46
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	115,488		
	10b	Less: accumulated depreciation	73,775	10c	41,713
	11	Investments—publicly traded securities	25,411,795	11	26,394,948
	12	Investments—other securities. See Part IV, line 11	450,199	12	391,822
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	71,480	14	24,311
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	26,275,985	16	28,762,433	
Liabilities	17	Accounts payable and accrued expenses	17,495	17	12
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	63,036	25	
	26	Total liabilities. Add lines 17 through 25	80,531	26	12
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	11,600,859	27	5,247,800
	28	Net assets with donor restrictions	14,594,595	28	23,514,621
	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	26,195,454	32	28,762,421
33	Total liabilities and net assets/fund balances	26,275,985	33	28,762,433	

Part XI Reconciliation of Net Assets

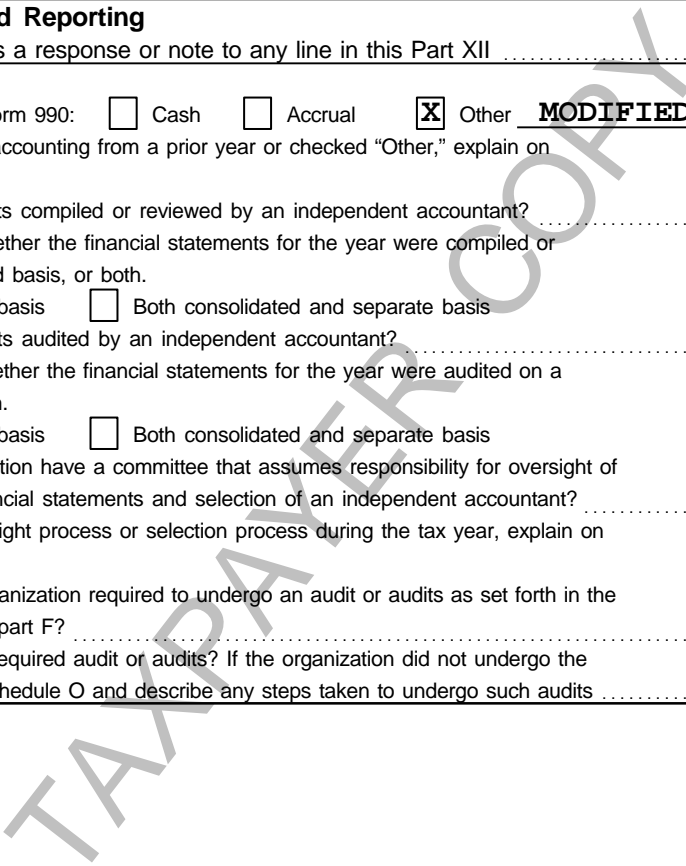
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,798,078
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,890,338
3	Revenue less expenses. Subtract line 2 from line 1	3	-92,260
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,195,454
5	Net unrealized gains (losses) on investments	5	2,493,986
6	Donated services and use of facilities	6	16,644
7	Investment expenses	7	
8	Prior period adjustments	8	148,597
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,762,421

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 type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MODIFIED CASH 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 checked="" 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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		



IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning ... 2024, and ending ... 20

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

BREAST CANCER FOUNDATION OF THE OZARKS

EIN or SSN

-*1450

Name and title of officer or person subject to tax JOE DAUES

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount (1b-10b). Line 1a is checked with amount 2,798,078.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize ELLIOTT, ROBINSON AND COMPANY, LLP to enter my PIN 65809 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date 11/10/25

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 11/10/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning ... 2024, and ending ... 20

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

BREAST CANCER FOUNDATION OF THE OZARKS

EIN or SSN

-*1450

Name and title of officer or person subject to tax JOE DAUES

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize ELLIOTT, ROBINSON AND COMPANY, LLP to enter my PIN 65809 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date 10/15/25

Part III Certification and Authentication

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

***** Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 10/15/25

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

BREAST CANCER FOUNDATION OF THE OZARKS

Employer identification number

****-***1450**

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 31,053
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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 66.54%; 15 Public support percentage from 2023 Schedule A, Part II, line 14 15 62.69%; 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 [X]; 16b 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; 17b 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

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

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**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 BREAST CANCER FOUNDATION OF THE OZARKS	Employer identification number ** - ***1450
---	---

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

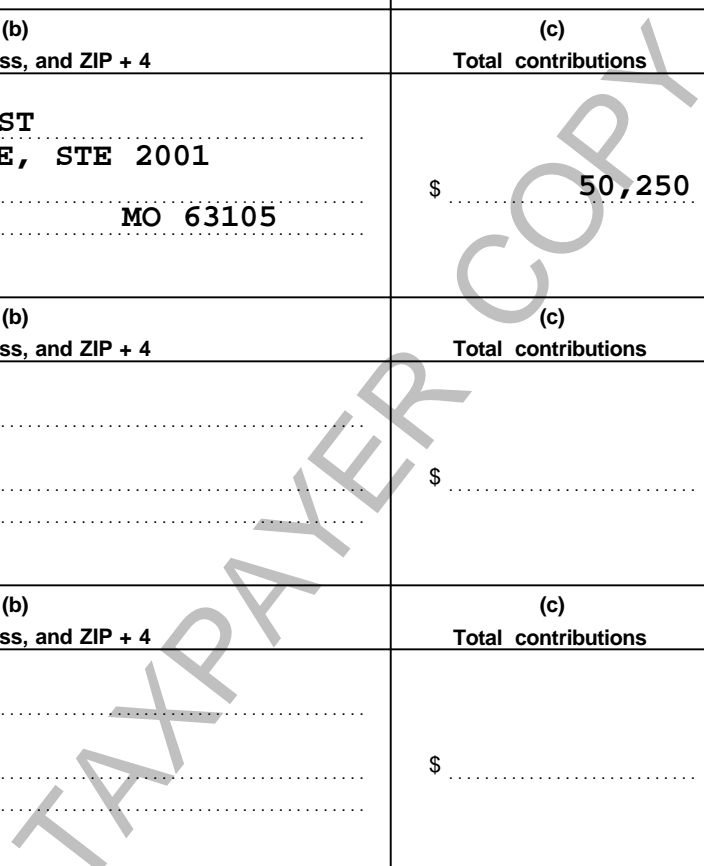
BREAST CANCER FOUNDATION OF THE

Employer identification number

**** - ***1450**

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	JOHN YOUNGBLOOD 5744 S CASTLEBAY DR SPRINGFIELD MO 65809	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LEE H. CRUSE TRUST 7777 BONHOMME AVE, STE 2001 ST LOUIS MO 63105	\$ 50,250	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.)



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

BREAST CANCER FOUNDATION OF THE OZARKS

Employer identification number

** - ***1450

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

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

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

Part II Conservation Easements

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

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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., 1b 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., 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.

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 **d** Loan or exchange program
b Scholarly research **e** Other
c Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,422,433	9,135,004	6,462,248	6,410,522	
b Contributions	5,987	27,613			
c Net investment earnings, gains, and losses	1,447,183	1,357,814	2,672,756	51,726	
d Grants or scholarships					
e Other expenditures for facilities and programs	5,908	97,448			
f Administrative expenses		550			
g End of year balance	11,869,695	10,422,433	9,135,004	6,462,248	

- 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 **100.00** %
c Term endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
- 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		115,488		115,488
e Other			73,775	-73,775
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				41,713

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,459,832
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,493,623
b	Donated services and use of facilities	2b	16,644
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	151,487
e	Add lines 2a through 2d	2e	2,661,754
3	Subtract line 2e from line 1	3	2,798,078
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,798,078

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

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

1	Total expenses and losses per audited financial statements	1	3,058,469
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,644
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	151,487
e	Add lines 2a through 2d	2e	168,131
3	Subtract line 2e from line 1	3	2,890,338
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,890,338

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE PROVISIONS ALSO PROVIDE GUIDANCE ON DE-RECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS - MODIFIED CASH BASIS, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. ANNUALLY, MANAGEMENT DOES CONSIDER THESE PROVISIONS AS PART OF THE BUDGETING PROCESS.

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740-10-25. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

THE ORGANIZATION'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXES, FOR THE YEARS ENDING 2024, 2023, AND 2022 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY THREE YEARS AFTER THEY ARE FILED.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
FUNDRAISING EXPENSES \$ **151,487**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
FUNDRAISING EXPENSES \$ **151,487**

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**SCHEDULE G
(Form 990)**

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**BREAST CANCER FOUNDATION OF THE
OZARKS**

Employer identification number

****-***1450**

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
		<u>HOOKED ON DANCE</u> (event type)	<u>OTHER EVENTS</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	505,914	209,249	73,283	788,446
	2 Less: Contributions	505,914	209,249	73,283	788,446
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	66,788	56,350	28,349	151,487
	10 Direct expense summary. Add lines 4 through 9 in column (d)				151,487
11 Net income summary. Subtract line 10 from line 3, column (d)				-151,487	

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

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

Name

Address

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open To Public
Inspection**

Employer identification number

****-***1450**

OZARKS

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	1	76,746	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

29

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

TAXPAYER COPY

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 BREAST CANCER FOUNDATION OF THE OZARKS	Employer identification number ** - ***1450
---	---

FORM 990, PART I, LINE 6

THE ORGANIZATION UTILIZES VOLUNTEERS TO CONDUCT VARIOUS FUNDRAISING
FUNCTIONS. THE ORGANIZATION HAS SEVERAL ANNUAL FUNDRAISING EVENTS AND THE
NUMBER OF VOLUNTEERS NEEDED AND RECEIVED FOR EACH EVENT IS TRACKED FOR
PLANNING AND REPORTING PURPOSES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

MARY BETH O'REILLY CHAIRMAN FAMILY MEMBERS	RYAN O'REILLY DIRECTOR
--	---------------------------

MARY BETH O'REILLY CHAIRMAN FAMILY MEMBERS	CHARLIE O'REILLY TRUSTEE
--	-----------------------------

MARY BETH O'REILLY CHAIRMAN FAMILY MEMBERS	ROSALIE WOOTEN TRUSTEE
--	---------------------------

CHARLIE O'REILLY TRUSTEE FAMILY MEMBERS	RYAN O'REILLY DIRECTOR
---	---------------------------

CHARLIE O'REILLY TRUSTEE FAMILY MEMBERS	ROSALIE WOOTEN TRUSTEE
---	---------------------------

ROSALIE WOOTEN TRUSTEE FAMILY MEMBERS	RYAN O'REILLY DIRECTOR
---	---------------------------

MARY BETH O'REILLY CHAIRMAN FAMILY MEMBERS	NANCY O'REILLY TRUSTEE
--	---------------------------

CHARLIE O'REILLY TRUSTEE FAMILY MEMBERS	NANCY O'REILLY TRUSTEE
---	---------------------------

ROSALIE WOOTEN TRUSTEE FAMILY MEMBERS	NANCY O'REILLY TRUSTEE
---	---------------------------

RYAN O'REILLY TRUSTEE FAMILY MEMBERS	NANCY O'REILLY TRUSTEE
--	---------------------------

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FOUNDATION'S EXECUTIVE DIRECTOR AND TREASURER DISCUSS AND REVIEW THE
FORM 990 WITH AN INDEPENDENT CPA PREPARER.

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 **BREAST CANCER FOUNDATION OF THE
OZARKS**

Employer identification number
**** - ***1450**

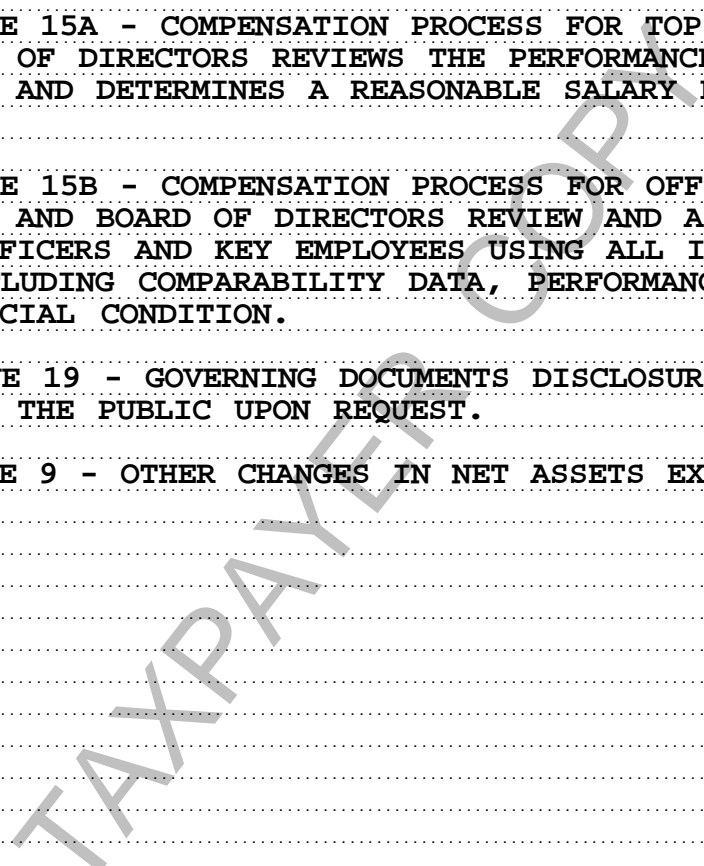
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS REVIEWS THE MATERIAL FACTS OF EACH POTENTIAL
CONFLICT OF INTEREST AND DECIDES VIA MAJORITY VOTE WHAT THE APPROPRIATE
RESOLUTION FOR EACH CONFLICT IS ON A CASE BY CASE BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF
THE EXECUTIVE DIRECTOR AND DETERMINES A REASONABLE SALARY BASED ON THEIR
REVIEW.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS REVIEW AND APPROVE
COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES USING ALL INFORMATION
AVAILABLE TO THEM, INCLUDING COMPARABILITY DATA, PERFORMANCE REVIEW, AND
THE FOUNDATION'S FINANCIAL CONDITION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
FUNDRAISING EXPENSES	\$ 151,487
FUNDRAISING EXPENSES	\$ -151,487



Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BREAST CANCER FOUNDATION OF THE OZARKS Number, street, and room or suite no. If a P.O. box, see instructions. 620 W REPUBLIC ROAD, SUITE 107 City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD MO 65807	D Employer identification number ** - ***1450
		E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.

C Book value of all assets at end of year **28,762,433**

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) _____

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation _____

L The books are in care of **JOE DAUES** Telephone number **417-862-3838**

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a	
b	Amount due from Form 8611	3b	
c	Amount due from Form 8697	3c	
d	Amount due from Form 8866	3d	
e	Other amounts due (see instructions)	3e	
f	Total amounts due. Add lines 3a through 3e	3f	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Sign Here

Signature of officer

Date

EXECUTIVE DIRECTOR
Title

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

Paid Preparer Use Only	Print/Type preparer's name AMANDA J KASTLER, CPA	Preparer's signature	Date 11/03/25	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name ELLIOTT, ROBINSON AND COMPANY, LLP	Firm's EIN ** - ***9134			Phone no. 417-887-0585
	Firm's address 2305 S BLACKMAN RD STE D SPRINGFIELD, MO 65809-2809				

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return **BREAST CANCER FOUNDATION OF THE OZARKS**

Identifying number
**** - ***1450**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	9,200
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	604

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	3,048
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	1,424	5.0	HY	200DB	285
c	7-year property	1,509	7.0	HY	200DB	215
d	10-year property					
e	15-year property	3,200	15.0	HY	S/L	107
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	13,459
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2024 tax year (see instructions): 43 Amortization of costs that began before your 2024 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

-*1450

Federal Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
50	GTO New Dell Desktop PC	1/16/24	3,560		X	1,424	5 HY 200DB	0	2,421
			<u>3,560</u>			<u>1,424</u>		<u>0</u>	<u>2,421</u>
7-year GDS Property:									
49	GTO New Phone System	1/08/24	3,773		X	1,509	7 HY 200DB	0	2,479
			<u>3,773</u>			<u>1,509</u>		<u>0</u>	<u>2,479</u>
15-year GDS Property:									
48	Flooring	1/02/24	8,000		X	3,200	15 HY S/L	0	4,907
			<u>8,000</u>			<u>3,200</u>		<u>0</u>	<u>4,907</u>
Prior MACRS:									
1	Computer equipment	1/14/20	3,680		X	0	5 HY 200DB	3,680	0
37	Office Furniture	10/26/22	1,000		X	0	7 HY 200DB	1,000	0
38	DVR	6/28/22	948		X	0	7 HY 200DB	948	0
39	New Flooring	6/28/22	6,986		X	0	15 HY S/L	6,986	0
40	2 Doors	7/14/22	1,150		X	0	15 HY S/L	1,150	0
41	DVR	6/28/22	948		X	0	7 HY 200DB	948	0
42	Automatic Front Door	6/01/22	3,301		X	0	15 HY S/L	3,301	0
43	Hardwood Floors	6/28/22	2,446		X	0	15 HY S/L	2,446	0
44	Neat Repeats - Furniture and fixtures	9/06/23	36,000		X	7,200	7 HY 200DB	29,829	1,763
46	Neat Repeats - Cash Registers	9/16/23	7,000		X	1,400	5 HY 200DB	5,880	448
47	Furniture and Fixtures	12/18/23	17,085		X	3,417	7 HY 200DB	14,156	837
			<u>80,544</u>			<u>12,017</u>		<u>70,324</u>	<u>3,048</u>
Other Depreciation:									
2	3 laptop computers	7/28/08	2,508			2,508	5 MO S/L	2,508	0
3	Security equipment	4/01/10	4,790			4,790	4 MO S/L	4,790	0
4	Infill	4/01/10	15,740			15,740	4 MO S/L	15,740	0
5	Fixtures	4/01/10	485			485	4 MO S/L	485	0
6	Furniture	4/01/10	17,028			17,028	4 MO S/L	17,028	0
7	Fixtures	4/01/10	9,013			9,013	4 MO S/L	9,013	0
9	Marjean's computer	3/11/11	1,629			1,629	4 MO S/L	1,629	0
10	Kristi's computer	8/02/11	677			677	4 MO S/L	677	0
11	Kyocera 32ppm color printer	1/01/12	1,700			1,700	5 MO S/L	1,700	0
12	CH computer & monitor	3/09/12	885			885	3 MO S/L	885	0
13	Furniture & equipment	7/01/14	6,163			6,163	4 MO S/L	6,163	0
14	Furniture & equipment	9/01/14	14,424			14,424	4 MO S/L	14,424	0
15	Leasehold improvements	9/01/14	5,340			5,340	4 MO S/L	5,340	0
16	Furniture & equipment	7/01/14	15,147			15,147	4 MO S/L	15,147	0
17	Furniture & equipment	12/31/14	4,869			4,869	4 MO S/L	4,869	0
18	Furniture	12/31/15	2,225			2,225	4 MO S/L	2,225	0
19	Shelving	7/01/15	1,006			1,006	4 MO S/L	1,006	0
20	Cameras	7/01/15	860			860	4 MO S/L	860	0
21	Furniture & equipment	7/01/15	4,685			4,685	4 MO S/L	4,685	0
22	Remodel	7/01/15	17,033			17,033	4 MO S/L	17,033	0
23	Printer	7/01/16	635			635	4 MO S/L	635	0
24	Printer	7/01/16	635			635	4 MO S/L	635	0
25	Chairs	7/01/16	876			876	4 MO S/L	876	0
26	Chairs	7/01/16	876			876	4 MO S/L	876	0
27	Infill	1/12/21	4,995			4,995	15 MO S/L	999	333
28	Vinyl Flooring	4/14/21	2,719			2,719	10 MO S/L	748	271
29	Chairs	7/01/16	447			447	4 MO S/L	447	0
30	Refrigerator	7/01/16	250			250	4 MO S/L	250	0
31	DVR	7/01/16	834			834	4 MO S/L	834	0
32	Two new computers	7/01/16	2,175			2,175	4 MO S/L	2,175	0
33	Shelving - client records	7/01/16	1,214			1,214	4 MO S/L	1,214	0
34	Conference room furniture	7/01/16	1,733			1,733	4 MO S/L	1,733	0
35	Shelving - file room	7/06/17	2,045			2,045	4 MO S/L	2,045	0
36	GiveEffect Donor	12/15/22	66,468		X	0	3 MO Amort	66,468	0

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Federal Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Total Other Depreciation			<u>212,109</u>			<u>145,641</u>		<u>206,142</u>	<u>604</u>
Total ACRS and Other Depreciation			<u>212,109</u>			<u>145,641</u>		<u>206,142</u>	<u>604</u>
<u>Amortization:</u>									
8	Raiser's Edge Software	3/07/11	27,261			27,261	5 MOAmort	27,261	0
45	Neat Repeats - Intellectual Property	9/06/23	4,000			4,000	15 MOAmort	89	267
			<u>31,261</u>			<u>31,261</u>		<u>27,350</u>	<u>267</u>
Grand Totals			339,247			195,052		303,816	13,726
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>339,247</u>			<u>195,052</u>		<u>303,816</u>	<u>13,726</u>

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MO Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MO Prior	MO Current	Federal Current	Difference Fed - MO
5-year GDS Property:								
50	GTO New Dell Desktop PC	1/16/24	3,560	1,424	0	2,421	2,421	0
			<u>3,560</u>	<u>1,424</u>	<u>0</u>	<u>2,421</u>	<u>2,421</u>	<u>0</u>
7-year GDS Property:								
49	GTO New Phone System	1/08/24	3,773	1,509	0	2,479	2,479	0
			<u>3,773</u>	<u>1,509</u>	<u>0</u>	<u>2,479</u>	<u>2,479</u>	<u>0</u>
15-year GDS Property:								
48	Flooring	1/02/24	8,000	3,200	0	4,907	4,907	0
			<u>8,000</u>	<u>3,200</u>	<u>0</u>	<u>4,907</u>	<u>4,907</u>	<u>0</u>
Prior MACRS:								
1	Computer equipment	1/14/20	3,680	0	3,680	0	0	0
37	Office Furniture	10/26/22	1,000	0	1,000	0	0	0
38	DVR	6/28/22	948	0	948	0	0	0
39	New Flooring	6/28/22	6,986	0	6,986	0	0	0
40	2 Doors	7/14/22	1,150	0	1,150	0	0	0
41	DVR	6/28/22	948	0	948	0	0	0
42	Automatic Front Door	6/01/22	3,301	0	3,301	0	0	0
43	Hardwood Floors	6/28/22	2,446	0	2,446	0	0	0
44	Neat Repeats - Furniture and fixtures	9/06/23	36,000	7,200	29,829	1,763	1,763	0
46	Neat Repeats - Cash Registers	9/16/23	7,000	1,400	5,880	448	448	0
47	Furniture and Fixtures	12/18/23	17,085	3,417	14,156	837	837	0
			<u>80,544</u>	<u>12,017</u>	<u>70,324</u>	<u>3,048</u>	<u>3,048</u>	<u>0</u>
Other Depreciation:								
2	3 laptop computers	7/28/08	2,508	2,508	2,508	0	0	0
3	Security equipment	4/01/10	4,790	4,790	4,790	0	0	0
4	Infill	4/01/10	15,740	15,740	15,740	0	0	0
5	Fixtures	4/01/10	485	485	485	0	0	0
6	Furniture	4/01/10	17,028	17,028	17,028	0	0	0
7	Fixtures	4/01/10	9,013	9,013	9,013	0	0	0
9	Marjean's computer	3/11/11	1,629	1,629	1,629	0	0	0
10	Kristi's computer	8/02/11	677	677	677	0	0	0
11	Kyocera 32ppm color printer	1/01/12	1,700	1,700	1,700	0	0	0
12	CH computer & monitor	3/09/12	885	885	885	0	0	0
13	Furniture & equipment	7/01/14	6,163	6,163	6,163	0	0	0
14	Furniture & equipment	9/01/14	14,424	14,424	14,424	0	0	0
15	Leasehold improvements	9/01/14	5,340	5,340	5,340	0	0	0
16	Furniture & equipment	7/01/14	15,147	15,147	15,147	0	0	0
17	Furniture & equipment	12/31/14	4,869	4,869	4,869	0	0	0
18	Furniture	12/31/15	2,225	2,225	2,225	0	0	0
19	Shelving	7/01/15	1,006	1,006	1,006	0	0	0
20	Cameras	7/01/15	860	860	860	0	0	0
21	Furniture & equipment	7/01/15	4,685	4,685	4,685	0	0	0
22	Remodel	7/01/15	17,033	17,033	17,033	0	0	0
23	Printer	7/01/16	635	635	635	0	0	0
24	Printer	7/01/16	635	635	635	0	0	0
25	Chairs	7/01/16	876	876	876	0	0	0
26	Chairs	7/01/16	876	876	876	0	0	0
27	Infill	1/12/21	4,995	4,995	999	333	333	0
28	Vinyl Flooring	4/14/21	2,719	2,719	748	271	271	0
29	Chairs	7/01/16	447	447	447	0	0	0
30	Refrigerator	7/01/16	250	250	250	0	0	0
31	DVR	7/01/16	834	834	834	0	0	0
32	Two new computers	7/01/16	2,175	2,175	2,175	0	0	0
33	Shelving - client records	7/01/16	1,214	1,214	1,214	0	0	0
34	Conference room furniture	7/01/16	1,733	1,733	1,733	0	0	0
35	Shelving - file room	7/06/17	2,045	2,045	2,045	0	0	0
36	GiveEffect Donor	12/15/22	66,468	0	66,468	0	0	0

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MO Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MO Prior	MO Current	Federal Current	Difference Fed - MO
Total Other Depreciation			212,109	145,641	206,142	604	604	0
Total ACRS and Other Depreciation			212,109	145,641	206,142	604	604	0
Amortization:								
8	Raiser's Edge Software	3/07/11	27,261	27,261	27,261	0	0	0
45	Neat Repeats - Intellectual Property	9/06/23	4,000	4,000	89	267	267	0
			31,261	31,261	27,350	267	267	0
Grand Totals			339,247	195,052	303,816	13,726	13,726	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			339,247	195,052	303,816	13,726	13,726	0

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AMT Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
50	GTO New Dell Desktop PC	1/16/24	3,560		X	1,424	5 HY 200DB	0	2,421
			<u>3,560</u>			<u>1,424</u>		<u>0</u>	<u>2,421</u>
7-year GDS Property:									
49	GTO New Phone System	1/08/24	3,773		X	1,509	7 HY 200DB	0	2,479
			<u>3,773</u>			<u>1,509</u>		<u>0</u>	<u>2,479</u>
15-year GDS Property:									
48	Flooring	1/02/24	8,000		X	3,200	15 HY S/L	0	4,907
			<u>8,000</u>			<u>3,200</u>		<u>0</u>	<u>4,907</u>
Prior MACRS:									
1	Computer equipment	1/14/20	3,680		X	0	5 HY 200DB	3,680	0
37	Office Furniture	10/26/22	1,000		X	0	7 HY 200DB	1,000	0
38	DVR	6/28/22	948		X	0	7 HY 200DB	948	0
39	New Flooring	6/28/22	6,986		X	0	15 HY S/L	6,986	0
40	2 Doors	7/14/22	1,150		X	0	15 HY S/L	1,150	0
41	DVR	6/28/22	948		X	0	7 HY 200DB	948	0
42	Automatic Front Door	6/01/22	3,301		X	0	15 HY S/L	3,301	0
43	Hardwood Floors	6/28/22	2,446		X	0	15 HY S/L	2,446	0
44	Neat Repeats - Furniture and fixtures	9/06/23	36,000		X	7,200	7 HY 200DB	29,829	1,763
46	Neat Repeats - Cash Registers	9/16/23	7,000		X	1,400	5 HY 200DB	5,880	448
47	Furniture and Fixtures	12/18/23	17,085		X	3,417	7 HY 200DB	14,156	837
			<u>80,544</u>			<u>12,017</u>		<u>70,324</u>	<u>3,048</u>
Other Depreciation:									
2	3 laptop computers	7/28/08	2,508			2,508	5 MO S/L	2,508	0
3	Security equipment	4/01/10	4,790			4,790	4 MO S/L	4,790	0
4	Infill	4/01/10	15,740			15,740	4 MO S/L	15,740	0
5	Fixtures	4/01/10	485			485	4 MO S/L	485	0
6	Furniture	4/01/10	17,028			17,028	4 MO S/L	17,028	0
7	Fixtures	4/01/10	9,013			9,013	4 MO S/L	9,013	0
9	Marjean's computer	3/11/11	1,629			1,629	4 MO S/L	1,629	0
10	Kristi's computer	8/02/11	677			677	4 MO S/L	677	0
11	Kyocera 32ppm color printer	1/01/12	1,700			1,700	5 MO S/L	1,700	0
12	CH computer & monitor	3/09/12	885			885	3 MO S/L	885	0
13	Furniture & equipment	7/01/14	6,163			6,163	4 MO S/L	6,163	0
14	Furniture & equipment	9/01/14	14,424			14,424	4 MO S/L	14,424	0
15	Leasehold improvements	9/01/14	5,340			5,340	4 MO S/L	5,340	0
16	Furniture & equipment	7/01/14	15,147			15,147	4 MO S/L	15,147	0
17	Furniture & equipment	12/31/14	4,869			4,869	4 MO S/L	4,869	0
18	Furniture	12/31/15	2,225			2,225	4 MO S/L	2,225	0
19	Shelving	7/01/15	1,006			1,006	4 MO S/L	1,006	0
20	Cameras	7/01/15	860			860	4 MO S/L	860	0
21	Furniture & equipment	7/01/15	4,685			4,685	4 MO S/L	4,685	0
22	Remodel	7/01/15	17,033			17,033	4 MO S/L	17,033	0
23	Printer	7/01/16	635			635	4 MO S/L	635	0
24	Printer	7/01/16	635			635	4 MO S/L	635	0
25	Chairs	7/01/16	876			876	4 MO S/L	876	0
26	Chairs	7/01/16	876			876	4 MO S/L	876	0
27	Infill	1/12/21	4,995			4,995	15 MO S/L	999	333
28	Vinyl Flooring	4/14/21	2,719			2,719	10 MO S/L	748	271
29	Chairs	7/01/16	447			447	4 MO S/L	447	0
30	Refrigerator	7/01/16	250			250	4 MO S/L	250	0
31	DVR	7/01/16	834			834	4 MO S/L	834	0
32	Two new computers	7/01/16	2,175			2,175	4 MO S/L	2,175	0
33	Shelving - client records	7/01/16	1,214			1,214	4 MO S/L	1,214	0
34	Conference room furniture	7/01/16	1,733			1,733	4 MO S/L	1,733	0
35	Shelving - file room	7/06/17	2,045			2,045	4 MO S/L	2,045	0

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AMT Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>145,641</u>			<u>145,641</u>		<u>139,674</u>	<u>604</u>
	Total ACRS and Other Depreciation		<u>145,641</u>			<u>145,641</u>		<u>139,674</u>	<u>604</u>
	Grand Totals		241,518			163,791		209,998	13,459
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>241,518</u>			<u>163,791</u>		<u>209,998</u>	<u>13,459</u>

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Bonus Depreciation Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Computer equipment	1/14/20	3,680		0	0	3,680	0
27	Infill	1/12/21	4,995		0	0	0	4,995
28	Vinyl Flooring	4/14/21	2,719		0	0	0	2,719
36	GiveEffect Donor	12/15/22	66,468		0	0	66,468	0
37	Office Furniture	10/26/22	1,000		0	0	1,000	0
38	DVR	6/28/22	948		0	0	948	0
39	New Flooring	6/28/22	6,986		0	0	6,986	0
40	2 Doors	7/14/22	1,150		0	0	1,150	0
41	DVR	6/28/22	948		0	0	948	0
42	Automatic Front Door	6/01/22	3,301		0	0	3,301	0
43	Hardwood Floors	6/28/22	2,446		0	0	2,446	0
44	Neat Repeats - Furniture and fixtures	9/06/23	36,000		0	0	28,800	7,200
46	Neat Repeats - Cash Registers	9/16/23	7,000		0	0	5,600	1,400
47	Furniture and Fixtures	12/18/23	17,085		0	0	13,668	3,417
48	Flooring	1/02/24	8,000		0	4,800	0	3,200
49	GTO New Phone System	1/08/24	3,773		0	2,264	0	1,509
50	GTO New Dell Desktop PC	1/16/24	3,560		0	2,136	0	1,424
Grand Total			170,059		0	9,200	134,995	25,864

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Depreciation Adjustment Report

FYE: 12/31/2024

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Computer equipment	0	0	0
Page 1	1	37	Office Furniture	0	0	0
Page 1	1	38	DVR	0	0	0
Page 1	1	39	New Flooring	0	0	0
Page 1	1	40	2 Doors	0	0	0
Page 1	1	41	DVR	0	0	0
Page 1	1	42	Automatic Front Door	0	0	0
Page 1	1	43	Hardwood Floors	0	0	0
Page 1	1	44	Neat Repeats - Furniture and fixtures	1,763	1,763	0
Page 1	1	46	Neat Repeats - Cash Registers	448	448	0
Page 1	1	47	Furniture and Fixtures	837	837	0
Page 1	1	48	Flooring	4,907	4,907	0
Page 1	1	49	GTO New Phone System	2,479	2,479	0
Page 1	1	50	GTO New Dell Desktop PC	2,421	2,421	0
				<u>12,855</u>	<u>12,855</u>	<u>0</u>

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Future Depreciation Report**FYE: 12/31/25**

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Computer equipment	1/14/20	3,680	0	0
37	Office Furniture	10/26/22	1,000	0	0
38	DVR	6/28/22	948	0	0
39	New Flooring	6/28/22	6,986	0	0
40	2 Doors	7/14/22	1,150	0	0
41	DVR	6/28/22	948	0	0
42	Automatic Front Door	6/01/22	3,301	0	0
43	Hardwood Floors	6/28/22	2,446	0	0
44	Neat Repeats - Furniture and fixtures	9/06/23	36,000	1,259	1,259
46	Neat Repeats - Cash Registers	9/16/23	7,000	269	269
47	Furniture and Fixtures	12/18/23	17,085	598	598
48	Flooring	1/02/24	8,000	213	213
49	GTO New Phone System	1/08/24	3,773	370	370
50	GTO New Dell Desktop PC	1/16/24	3,560	455	455
			<u>95,877</u>	<u>3,164</u>	<u>3,164</u>

Other Depreciation:

2	3 laptop computers	7/28/08	2,508	0	0
3	Security equipment	4/01/10	4,790	0	0
4	Infill	4/01/10	15,740	0	0
5	Fixtures	4/01/10	485	0	0
6	Furniture	4/01/10	17,028	0	0
7	Fixtures	4/01/10	9,013	0	0
9	Marjean's computer	3/11/11	1,629	0	0
10	Kristi's computer	8/02/11	677	0	0
11	Kyocera 32ppm color printer	1/01/12	1,700	0	0
12	CH computer & monitor	3/09/12	885	0	0
13	Furniture & equipment	7/01/14	6,163	0	0
14	Furniture & equipment	9/01/14	14,424	0	0
15	Leasehold improvements	9/01/14	5,340	0	0
16	Furniture & equipment	7/01/14	15,147	0	0
17	Furniture & equipment	12/31/14	4,869	0	0
18	Furniture	12/31/15	2,225	0	0
19	Shelving	7/01/15	1,006	0	0
20	Cameras	7/01/15	860	0	0
21	Furniture & equipment	7/01/15	4,685	0	0
22	Remodel	7/01/15	17,033	0	0
23	Printer	7/01/16	635	0	0
24	Printer	7/01/16	635	0	0
25	Chairs	7/01/16	876	0	0
26	Chairs	7/01/16	876	0	0
27	Infill	1/12/21	4,995	333	333
28	Vinyl Flooring	4/14/21	2,719	272	272
29	Chairs	7/01/16	447	0	0
30	Refrigerator	7/01/16	250	0	0
31	DVR	7/01/16	834	0	0
32	Two new computers	7/01/16	2,175	0	0
33	Shelving - client records	7/01/16	1,214	0	0
34	Conference room furniture	7/01/16	1,733	0	0
35	Shelving - file room	7/06/17	2,045	0	0
36	GiveEffect Donor	12/15/22	66,468	0	0
	Total Other Depreciation		<u>212,109</u>	<u>605</u>	<u>605</u>
	Total ACRS and Other Depreciation		<u>212,109</u>	<u>605</u>	<u>605</u>

Amortization:

8	Raiser's Edge Software	3/07/11	27,261	0	0
45	Neat Repeats - Intellectual Property	9/06/23	4,000	266	266

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Future Depreciation Report **FYE: 12/31/25**

FYE: 12/31/2024

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			31,261	266	266
	Grand Totals		<u>339,247</u>	<u>4,035</u>	<u>4,035</u>

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MO Future Depreciation Report**FYE: 12/31/25**

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	MO
Prior MACRS:				
1	Computer equipment	1/14/20	3,680	0
37	Office Furniture	10/26/22	1,000	0
38	DVR	6/28/22	948	0
39	New Flooring	6/28/22	6,986	0
40	2 Doors	7/14/22	1,150	0
41	DVR	6/28/22	948	0
42	Automatic Front Door	6/01/22	3,301	0
43	Hardwood Floors	6/28/22	2,446	0
44	Neat Repeats - Furniture and fixtures	9/06/23	36,000	1,259
46	Neat Repeats - Cash Registers	9/16/23	7,000	269
47	Furniture and Fixtures	12/18/23	17,085	598
48	Flooring	1/02/24	8,000	213
49	GTO New Phone System	1/08/24	3,773	370
50	GTO New Dell Desktop PC	1/16/24	3,560	455
			<u>95,877</u>	<u>3,164</u>

Other Depreciation:

2	3 laptop computers	7/28/08	2,508	0
3	Security equipment	4/01/10	4,790	0
4	Infill	4/01/10	15,740	0
5	Fixtures	4/01/10	485	0
6	Furniture	4/01/10	17,028	0
7	Fixtures	4/01/10	9,013	0
9	Marjean's computer	3/11/11	1,629	0
10	Kristi's computer	8/02/11	677	0
11	Kyocera 32ppm color printer	1/01/12	1,700	0
12	CH computer & monitor	3/09/12	885	0
13	Furniture & equipment	7/01/14	6,163	0
14	Furniture & equipment	9/01/14	14,424	0
15	Leasehold improvements	9/01/14	5,340	0
16	Furniture & equipment	7/01/14	15,147	0
17	Furniture & equipment	12/31/14	4,869	0
18	Furniture	12/31/15	2,225	0
19	Shelving	7/01/15	1,006	0
20	Cameras	7/01/15	860	0
21	Furniture & equipment	7/01/15	4,685	0
22	Remodel	7/01/15	17,033	0
23	Printer	7/01/16	635	0
24	Printer	7/01/16	635	0
25	Chairs	7/01/16	876	0
26	Chairs	7/01/16	876	0
27	Infill	1/12/21	4,995	333
28	Vinyl Flooring	4/14/21	2,719	272
29	Chairs	7/01/16	447	0
30	Refrigerator	7/01/16	250	0
31	DVR	7/01/16	834	0
32	Two new computers	7/01/16	2,175	0
33	Shelving - client records	7/01/16	1,214	0
34	Conference room furniture	7/01/16	1,733	0
35	Shelving - file room	7/06/17	2,045	0
36	GiveEffect Donor	12/15/22	66,468	0
	Total Other Depreciation		<u>212,109</u>	<u>605</u>
	Total ACRS and Other Depreciation		<u>212,109</u>	<u>605</u>

Amortization:

8	Raiser's Edge Software	3/07/11	27,261	0
45	Neat Repeats - Intellectual Property	9/06/23	4,000	266

MO Future Depreciation Report

FYE: 12/31/25

FYE: 12/31/2024

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MO</u>
			<u>31,261</u>	<u>266</u>
	Grand Totals		<u>339,247</u>	<u>4,035</u>

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SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2024
	For calendar year 2024, or tax year beginning _____, and ending _____	

Name BREAST CANCER FOUNDATION OF THE OZARKS	Employer Identification Number **-***1450
---	---

		(a) Other event <u>TIME TO SHARE</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	73,283			73,283
	2 Less: Charitable contributions	73,283			73,283
	3 Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	28,349			28,349

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Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$ 49,347		14			
			14			
TOTAL	\$ <u>49,347</u>					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDEND INCOME	\$ 548,265		14			
TOTAL	\$ <u>548,265</u>					

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-*1450

Federal Statements

FYE: 12/31/2024

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 61,788	\$ 10,952	\$ 41,576	\$ 9,260
DUES AND SUBSCRIPTIONS	18,127	8,898	2,285	6,944
TOTAL	\$ 79,915	\$ 19,850	\$ 43,861	\$ 16,204

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
IN-KIND EXPENSE	\$ 93,390	\$ 60,157	\$	\$ 33,233
CHILDREN'S FUND	53,233	53,233		
CFO FEES	44,810		44,810	
BANK FEES	36,091	16,300	6,667	13,124
PUBLIC RELATIONS	16,515	5,220	3,750	7,545
SUPPORT GROUPS	14,628	14,628		
LYMPHEDEMA	14,619	14,619		
REPAIRS & MAINTENANCE	7,812	3,734	1,062	3,016
MISC EXPENSE	6,471	2,026	520	3,925
TOTAL	\$ 287,569	\$ 169,917	\$ 56,809	\$ 60,843

-*1450

Federal Statements

FYE: 12/31/2024

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
SPECIAL GRANTS	\$ 105,735
4 STATE REGION	144,159
PUBLIC SUPPORT	265,920
PLANNED GIVING	8,020
CENTRAL FLORIDA	422,213
NW ARKANSAS	21,341
NAP CONTRIBUTIONS	103,000
NEAT REPEATS - SPRINGFIELD	83,775
NEAT REPEATS - OZARK	148,396
IN-KIND CONTRIBUTIONS	30,015
IN-KIND CONTRIBUTIONS JOPLIN	45,601
IN-KIND CONTRIBUTIONS BCFCF	1,130
NEAT REPEATS - JOPLIN	118,264
NEAT REPEATS - WAREHOUSE	7,821
HOOKED ON DANCE	
CASH CONTRIBUTION	505,914
TIME TO SHARE	
CASH CONTRIBUTION	73,283
OTHER EVENTS	
CASH CONTRIBUTION	209,249
TOTAL	<u>\$ 2,293,836</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 49,347
DIVIDEND INCOME	548,265
TOTAL	<u>\$ 597,612</u>

-*1450

Federal Statements

FYE: 12/31/2024

Schedule A, Part II, Line 12 - Current year

Description

Amount

MISCELLANEOUS	\$ 18,848
HOOKED ON DANCE	
TIME TO SHARE	
CYCLE FOR LIFE	
JOPLIN GALA	
OTHER EVENTS	
TOTAL	\$ <u>18,848</u>

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

Name **BREAST CANCER FOUNDATION OF THE OZARKS** Taxpayer Identification Number **** - ***1450**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1,683,695	2,043,942	360,247
	2. Membership dues and assessments			
	3. Government contributions and grants	138,170	249,894	111,724
	4. Program service revenue			
	5. Investment income	555,248	597,612	42,364
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	39,788	39,269	-519
	8. Net income or (loss) from fundraising events	-78,984	-151,487	-72,503
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	145,845	18,848	-126,997
	12. Total revenue. Add lines 1 through 11	2,483,762	2,798,078	314,316
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		227,112	227,112
	16. Salaries, other compensation, and employee benefits	727,691	296,981	-430,710
	17. Professional fundraising fees			
	18. Other professional fees	119,862	79,915	-39,947
	19. Occupancy, rent, utilities, and maintenance	33,139	29,261	-3,878
	20. Depreciation and Depletion		26,823	26,823
	21. Other expenses	1,469,727	2,230,246	760,519
	22. Total expenses. Add lines 13 through 21	2,350,419	2,890,338	539,919
	23. Excess or (Deficit). Subtract line 22 from line 12	133,343	-92,260	-225,603
Other Information	24. Total exempt revenue	2,483,762	2,798,078	314,316
	25. Total unrelated revenue	143,640		-143,640
	26. Total excludable revenue	597,241	655,729	58,488
	27. Total assets	26,275,985	28,762,433	2,486,448
	28. Total liabilities	80,531	12	-80,519
	29. Retained earnings	26,195,454	28,762,421	2,566,967
	30. Number of voting members of governing body	15	15	
	31. Number of independent voting members of governing body	15	15	
	32. Number of employees	22	84	
	33. Number of volunteers	100	100	

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

Name **BREAST CANCER FOUNDATION OF THE OZARKS** Taxpayer Identification Number **** - ***1450**

		2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1		-1
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
29. Activity Losses NOL (Post-2017)		-14,024		14,024

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Form 990	Tax Return History	2024
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Name	BREAST CANCER FOUNDATION OF THE OZARKS	Employer Identification Number **_***1450
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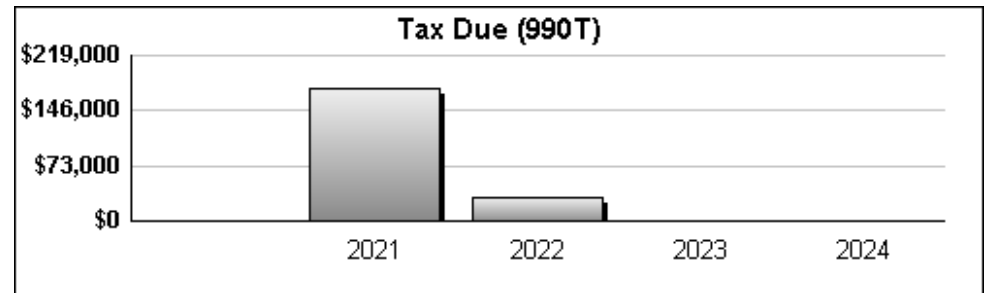
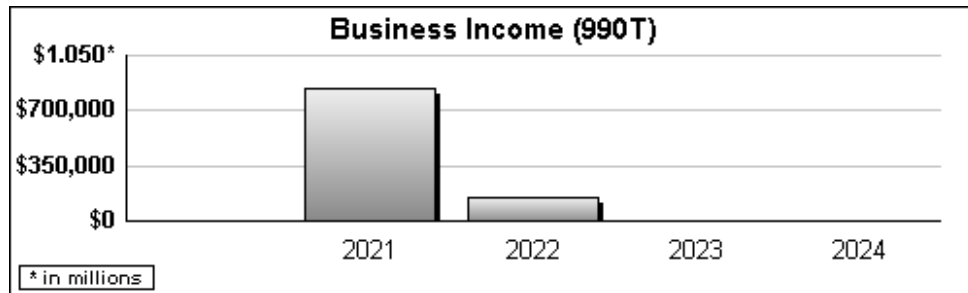
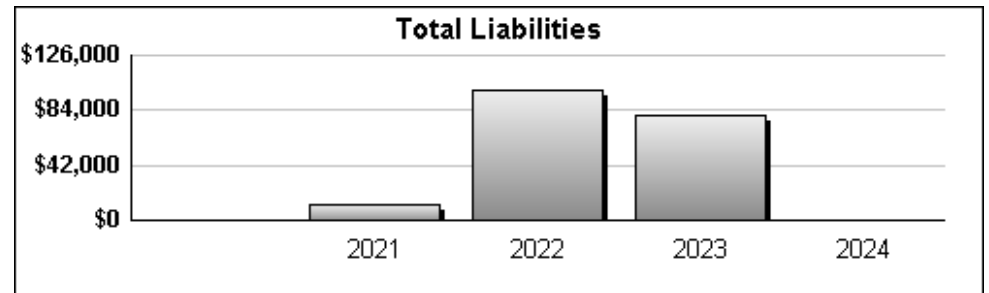
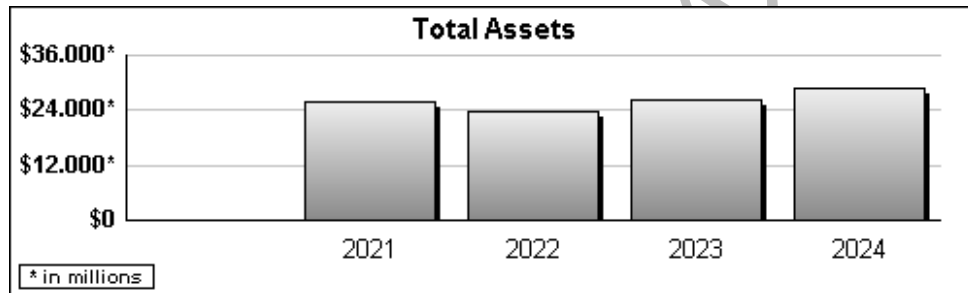
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants		1,939,439	2,066,515	1,821,865	2,293,836	
Membership dues						
Program service revenue		3,392,146				
Capital gain or loss		286,072	202,889	39,788	39,269	
Investment income		409,406	502,909	555,248	597,612	
Fundraising revenue (income/loss)		-75,786	-114,700	-78,984	-151,487	
Gaming revenue (income/loss)						
Other revenue		10,000	143,640	145,845	18,848	
Total revenue		5,961,277	2,801,253	2,483,762	2,798,078	
Grants and similar amounts paid		925,187	943,629			
Benefits paid to or for members						
Compensation of officers, etc.					227,112	
Other compensation		2,305,551	500,644	727,691	296,981	
Professional fees		3,006	19,896	119,862	79,915	
Occupancy costs		199,533	25,375	33,139	29,261	
Depreciation and depletion		7,714	3,090		26,823	
Other expenses		925,482	340,659	1,469,727	2,230,246	
Total expenses		4,366,473	1,833,293	2,350,419	2,890,338	
Excess or (Deficit)		1,594,804	967,960	133,343	-92,260	
Total exempt revenue		5,961,277	2,801,253	2,483,762	2,798,078	
Total unrelated revenue		3,392,146	143,640	143,640		
Total excludable revenue		705,478	705,798	597,241	655,729	
Total Assets		26,034,891	23,576,084	26,275,985	28,762,433	
Total Liabilities		12,189	100,000	80,531	12	
Net Fund Balances		26,022,702	23,476,084	26,195,454	28,762,421	

Form 990T	Tax Return History	2024
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Name	BREAST CANCER FOUNDATION OF THE OZARKS	Employer Identification Number **-***1450
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	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	837,188	143,640	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction		1,000	1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions		836,188	142,640			
Income tax (corporate or trust)		175,599	29,954			
Other taxes						
Total taxes		175,599	29,954			
General business credit						
Other credits						
Net tax after credits		175,599	29,954			
Estimated tax payments		243,439	20,836			
Other payments			9,118			
Balance due /-Overpayment		-67,840				

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Forms 990 / 990-EZ Return Summary

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

**BREAST CANCER FOUNDATION OF THE
OZARKS**

-*1450

Net Asset / Fund Balance at Beginning of Year 26,195,454

Revenue

Contributions	<u>2,293,836</u>	
Program service revenue		
Investment income	<u>597,612</u>	
Capital gain / loss	<u>39,269</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>151,487</u>	
Net income	<u>-151,487</u>	
Other income	<u>18,848</u>	
Total revenue		<u>2,798,078</u>

Expenses

Program services	<u>2,132,055</u>	
Management and general	<u>256,100</u>	
Fundraising	<u>502,183</u>	
Total expenses		<u>2,890,338</u>

Excess / (deficit) -92,260

Changes 2,659,227

Net Asset / Fund Balance at End of Year 28,762,421

Reconciliation of Revenue

Total revenue per financial statements	<u>5,459,832</u>	
Less:		
Unrealized gains	<u>2,493,623</u>	
Donated services	<u>16,644</u>	
Recoveries		
Other	<u>151,487</u>	
Plus:		
Investment expenses		
Other		
Total revenue per return	<u>2,798,078</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>3,058,469</u>	
Less:		
Donated services	<u>16,644</u>	
Prior year adjustments		
Losses		
Other	<u>151,487</u>	
Plus:		
Investment expenses		
Other		
Total expenses per return	<u>2,890,338</u>	

Balance Sheet

	Beginning	Ending	
Assets	<u>26,275,985</u>	<u>28,762,433</u>	
Liabilities	<u>80,531</u>	<u>12</u>	
Net assets	<u>26,195,454</u>	<u>28,762,421</u>	<u>2,566,967</u>

Miscellaneous Information

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

Form 990-T Return Summary

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

BREAST CANCER FOUNDATION OF THE OZARKS **** - *** 1450**

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>0</u>	
Income from all activities	_____		
Losses from all activities	_____		
Unrelated business taxable income from all trades			_____
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits	_____		
Charitable contributions	_____		
Net operating loss (prior to 2018)	_____		
Specific deduction	_____	<u>1,000</u>	
Section 199A Deduction (Trusts Only)	_____		
Total adjustments			<u>(1,000)</u>
Unrelated business taxable income			_____

Taxes & Credits (Form 990-T, Part II and III)			
Regular tax	_____		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities	_____		
Tax Due			_____
Foreign tax credit and other credits	_____		
General business credits	_____		
Prior year minimum tax credit	_____		
Total nonrefundable credits			_____
Other taxes	_____		
Total tax			_____

Payments & Penalties			
Estimated tax payments and Tax withheld	_____		
Paid with extension	_____		
Refundable credits and other payments	_____		
Payments			_____
Net tax due			_____
Estimated tax penalty	_____		
Interest on late payments	_____		
Failure to file penalty	_____		
Failure to pay penalty	_____		
Penalties			_____
Balance due			_____
Total overpayment	_____		
Overpayment applied to next year's tax	_____		
Refund			_____

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Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	_____

Miscellaneous Information

Amended return
Return / extended due date 05/15/25

Elliott, Robinson and Company, LLP
2305 S Blackman Rd Ste D
Springfield, MO 65809-2809
417-887-0585

BREAST CANCER FOUNDATION OF THE
620 W REPUBLIC ROAD, SUITE 107
SPRINGFIELD, MO 65807

To Management of BREAST CANCER FOUNDATION OF THE

We are pleased to confirm our understanding of the services we are to provide for the year ended 2024 and 2025. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We have marked the frequency of the services that we expect to provide. Please review the information below and make any changes necessary.

	Monthly	Quarterly	Annually
Bookkeeping Services			
Record journals			
Post general ledger			
Post other ledgers (specify)			
Reconcile bank statements			
Post earnings records			
Prepare payroll tax returns			
Prepare W-2's			
Prepare 1099's			
Maintain depreciation schedules			
Tax Services			
Federal income tax return			X
State income tax return			X
State franchise report			
Other state returns (specify)			
Tax planning and/or consulting			X
Other tax services (specify)			

We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities since performing those procedures or taking such action would impair our independence.

You are responsible for ensuring compliance with the Corporate Transparency Act (CTA), if applicable to your business. This includes the timely filing of any required beneficial ownership information with the Financial Crimes Enforcement Network ("FinCEN") as mandated by the CTA. Please note that Elliott, Robinson & Company, LLP is not providing legal services as part of this engagement and, therefore, will not advise you on the legal or regulatory requirements related to your entity's CTA compliance. We are also not responsible for preparing or submitting beneficial ownership information reports to FinCEN on your behalf. If you have questions about your compliance with the CTA, such as determining whether an exemption applies to your organization or assessing relationships that may qualify as beneficial ownership under CTA rules, we strongly recommend consulting qualified legal counsel with expertise in this area.

This engagement does not cover the preparation of any bookkeeping services or tax returns not listed above.

The objective of the tax services portion of the engagement is to prepare the tax returns in accordance with Statements on Standards for Tax Services issued by the AICPA and comply with the AICPA's Code of Professional Conduct, including the principles of integrity, objectivity, professional competence, and due care.

You are responsible for the safeguarding of assets, the proper recording of transactions in the books of accounts, the substantial accuracy of the financial records, and the full and accurate disclosure to us of all relevant facts affecting the return(s). You also have final responsibility for the tax return and, therefore, the appropriate company officials should review the return carefully before an authorized officer signs and files it.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation, and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosures before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit disclosure, we reserve the right to withdraw from the tax services portion of the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of the withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

Certain communications involving tax advice may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The return(s) may be selected for review by the taxing authorities. You may receive inquiries or proposed adjustments by letter, or may be selected for full examination. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. Our tax return preparation fee does not include responding to inquiries from the tax authorities, and you understand that the tax preparer is not responsible for disallowed deductions or deductions unsupported by adequate documentation nor for resulting taxes, penalties, and interest. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in our fees for preparation of the tax return(s).

In connection with this engagement, we may communicate with you or others via email transmission. As

emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

Other Relevant Information

You are responsible for all management decisions and responsibilities and for designating an individual with suitable skill, knowledge, and experience to oversee the services we provide (listed in exhibit above). You are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for such services.

Our fees will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement, plus out-of-pocket expenses. Invoices for these fees will be rendered each month as work progresses and are payable on presentation. All invoices not paid within thirty (30) days of the invoice are subject to a 1 ½% monthly finance charge. The fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the work performed. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

In accordance with our firm policies, work may be suspended if your account becomes 90 days or more overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our preparation services. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

You may request that we perform additional services not contemplated by this engagement letter. If this occurs, we will communicate with you regarding the scope of the additional services and the estimated fee. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

You agree to hold us harmless and to release, indemnify, and defend us from any liability or cost, including attorney's fees, resulting from management's knowing misrepresentations to us.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you acknowledge and agree with the terms of our engagement as described in this letter, please sign the enclosed copy, and return it to us.

Sincerely,

Elliott, Robinson & Company, LLP

Acknowledged:

BREAST CANCER FOUNDATION OF THE

Date: _____