## Form **990**

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public

| epai<br>ntern      | rtment o            | of the Treasury<br>nue Service        | Go to www.irs.gov/F                                                      | form990 for instructions and         | the latest in | formation.                                              | Inspection                  |
|--------------------|---------------------|---------------------------------------|--------------------------------------------------------------------------|--------------------------------------|---------------|---------------------------------------------------------|-----------------------------|
| ۱ F                | or the              | e 2022 calend                         | lar year, or tax year beginning                                          |                                      |               |                                                         |                             |
| 3 C                | heck if<br>oplicabl |                                       | f organization                                                           | D Employer identifica                | ation number  |                                                         |                             |
|                    | Addre               | ss BREA                               | KTHROUGH                                                                 |                                      |               |                                                         |                             |
|                    | Name                |                                       | usiness as                                                               |                                      |               | 74-299134                                               | 6                           |
|                    | Initial<br>return   |                                       | and street (or P.O. box if mail is not de                                | E Telephone number                   |               |                                                         |                             |
|                    | Final<br>return     | 1050                                  | EAST 11TH STREET                                                         |                                      | 350           | 512-692-9                                               | 444                         |
|                    | termin<br>ated      | City or t                             | own, state or province, country, and                                     | ZIP or foreign postal code           |               | G Gross receipts \$                                     | 6,972,115.                  |
|                    | Ameno<br>return     | AUSI                                  | 'IN, TX 78702                                                            |                                      |               | H(a) Is this a group ret                                | urn                         |
|                    | Application pendir  |                                       | ind address of principal officer: MIC<br>AS C ABOVE                      | HAEL GRIFFITH                        |               | for subordinates? <b>H(b)</b> Are all subordinates incl | Yes X No                    |
| ΙT                 | ax-ex               | empt status:                          | <b>X</b> 501(c)(3) 501(c) (                                              | (insert no.) 4947(a)(1)              | or 527        | 1                                                       | st. See instructions        |
| J۷                 | Vebsi               | te: WWW.                              | BREAKTHROUGHCTX.OR                                                       | G                                    |               | H(c) Group exemption                                    | number                      |
|                    |                     | f organization:                       | X Corporation Trust As                                                   | ssociation Other                     | <b>L</b> Year | of formation: 2001 M                                    | State of legal domicile: TX |
| Pa                 | rt I                | Summary                               |                                                                          |                                      |               |                                                         |                             |
| o)                 |                     |                                       | oe the organization's mission or most                                    |                                      |               |                                                         |                             |
| Governance         |                     | PROVIDE                               | S INTENSIVE, COMPRI                                                      | EHENSIVE AND SUS                     | STAINED       | PROGRAMMING                                             | DESIGNED                    |
| erne               |                     | Check this bo                         |                                                                          | ntinued its operations or dispos     | sed of more   | than 25% of its net asse                                |                             |
| )<br>V             |                     |                                       | ting members of the governing body                                       |                                      |               | 3                                                       | 24                          |
|                    |                     |                                       | dependent voting members of the go                                       |                                      |               |                                                         | 24                          |
| Activities &       |                     |                                       | of individuals employed in calendar y                                    |                                      |               |                                                         | 351                         |
| iviti              |                     |                                       | of volunteers (estimate if necessary)                                    |                                      |               |                                                         | 218                         |
| Act                |                     |                                       | d business revenue from Part VIII, co                                    |                                      |               | 7a                                                      | 0.                          |
|                    | b                   | Net unrelated                         | business taxable income from Form                                        | 990-T, Part I, line 11               | ·····         | Prior Year                                              | O.                          |
|                    |                     |                                       |                                                                          |                                      |               |                                                         | Current Year                |
| ne                 |                     |                                       | • • • • • • • • • • • • • • • • • • • •                                  |                                      |               | 7,258,913.                                              | 6,862,817.                  |
| /en                |                     |                                       |                                                                          |                                      |               | 35,732.                                                 | 50,923.                     |
| Revenue            |                     |                                       | come (Part VIII, column (A), lines 3, 4                                  |                                      |               | -11,071.                                                | -27,997.                    |
|                    |                     |                                       | e (Part VIII, column (A), lines 5, 6d, 8c                                |                                      |               | 7,283,574.                                              | 6,885,743.                  |
|                    |                     |                                       | - add lines 8 through 11 (must equal                                     |                                      |               | 0.                                                      | 0,005,745.                  |
|                    |                     |                                       | milar amounts paid (Part IX, column (                                    |                                      |               | 0.                                                      | 0.                          |
|                    |                     | · · · · · · · · · · · · · · · · · · · | to or for members (Part IX, column (Arcompensation, employee benefits (I |                                      |               | 5,640,449.                                              | 6,623,867.                  |
| Expenses           |                     |                                       | undraising fees (Part IX, column (A), I                                  |                                      |               | 0.                                                      | 0.                          |
| )en                |                     |                                       | ing expenses (Part IX, column (D), lin                                   |                                      | 63.           |                                                         |                             |
| Exp                |                     |                                       | es (Part IX, column (A), lines 11a-11d                                   |                                      |               | 1,408,531.                                              | 1,899,461.                  |
|                    |                     |                                       | es. Add lines 13-17 (must equal Part I                                   |                                      |               | 7,048,980.                                              | 8,523,328.                  |
|                    |                     |                                       | expenses. Subtract line 18 from line                                     |                                      |               | 234,594.                                                | -1,637,585.                 |
| es                 |                     | Tieveriae iess                        | experioes. Subtract line 10 from line                                    | 12                                   |               | ginning of Current Year                                 | End of Year                 |
| sets or<br>alances | 20                  | Total assets (F                       | Part X, line 16)                                                         |                                      |               | 6,336,652.                                              | 4,685,058.                  |
| ASS<br>d Ba        | 21                  |                                       |                                                                          |                                      |               | 18,275.                                                 | 269,594.                    |
| -Net               |                     |                                       | fund balances. Subtract line 21 from                                     |                                      |               | 6,318,377.                                              | 4,415,464.                  |
|                    | rt II               | Signature                             |                                                                          |                                      |               |                                                         |                             |
| Jnde               | er pena             | alties of perjury,                    | I declare that I have examined this return,                              | including accompanying schedule      | s and stateme | ents, and to the best of my k                           | knowledge and belief, it is |
| rue,               | correc              | ct, and complete                      | . Declaration of preparer (other than office                             | er) is based on all information of w | hich preparer | has any knowledge.                                      |                             |
|                    |                     |                                       |                                                                          |                                      |               |                                                         |                             |
| Sigr               | 1                   | Signature of of                       | fficer                                                                   |                                      |               | Date                                                    |                             |
| ler                | е                   |                                       | GRIFFITH, EXECUTI                                                        | VE DIRECTOR                          |               |                                                         |                             |
|                    |                     | Type or print n                       | name and title                                                           | T                                    | T =           | )                                                       | T DTIN:                     |
|                    |                     | Print/Type pre                        | •                                                                        | Preparer's signature                 | l l           | Date Check                                              | PTIN                        |
| aid                |                     | RENAE D                               |                                                                          | <u> </u>                             |               | 1/14/23 self-employed                                   |                             |
|                    | arer                | Firm's name                           | ATCHLEY & ASSOCIA                                                        |                                      |               | Firm's EIN 74                                           | -2920819                    |
| Jse                | Only                | Firm's address                        | 1005 LA POSADA DR                                                        | TAE                                  |               | ,                                                       | 01246 0006                  |
|                    |                     | 1                                     | AUSTIN, TX 78752                                                         |                                      |               | Phone no. ( <b>5 1</b>                                  | 2)346-2086                  |
| Лаγ                | the IF              | RS discuss this                       | s return with the preparer shown abo                                     | ve? See instructions                 |               |                                                         | X Yes No                    |

May the IRS discuss this return with the preparer shown above? See instructions

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| Par       | Statement of Program Service Accomplishments                                                                                               | 77         |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|
|           | Check if Schedule O contains a response or note to any line in this Part III                                                               | X          |
| 1         | Briefly describe the organization's mission:                                                                                               |            |
|           | BREAKTHROUGH CENTRAL TEXAS PROVIDES OUT-OF-SCHOOL LEARNING AND                                                                             |            |
|           | ACADEMIC CASE MANAGEMENT FROM MIDDLE SCHOOL THROUGH COLLEGE TO                                                                             |            |
|           | STUDENTS FROM LOW-INCOME COMMUNITIES WHO WILL BE THE FIRST IN THEIR                                                                        |            |
|           | FAMILIES TO GRADUATE FROM COLLEGE. THE PROGRAM ADMITS STUDENTS AS 61                                                                       | <u>rh</u>  |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the                               |            |
|           |                                                                                                                                            | s X 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                            | s X 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        | <b>3.</b>  |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a | and        |
|           | revenue, if any, for each program service reported.                                                                                        |            |
| 4a        |                                                                                                                                            | )          |
|           | EDUCATIONAL PROGRAM SERVICES THAT ARE PROVIDED YEAR-ROUND AND                                                                              |            |
|           | TUITION-FREE THAT INCLUDE SUMMER SESSIONS, AFTER SCHOOL SUPPORT,                                                                           |            |
|           | COMPREHENSIVE CASE MANAGEMENT AND COLLEGE GUIDANCE AND COUNSELING.                                                                         |            |
|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
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|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
| 4b        | (Code:) (Expenses \$ including grants of \$) (Revenue \$)                                                                                  | )          |
|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
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|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
| 4c        | (Code:) (Expenses \$                                                                                                                       | )          |
|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
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|           |                                                                                                                                            |            |
|           |                                                                                                                                            |            |
| 4d        | Other program services (Describe on Schedule O.)                                                                                           |            |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ )                                                                                        |            |
| <u>4e</u> | Total program service expenses 7,089,545.                                                                                                  | 200        |
|           | Form                                                                                                                                       | 990 (2022) |

# Form 990 (2022) BREAKTHROUGH Part IV Checklist of Required Schedules

|             |                                                                                                                                                                                                                      |                   | Yes | No           |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|--------------|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                                  |                   |     |              |
|             | If "Yes," complete Schedule A                                                                                                                                                                                        | 1_                | X   |              |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                                                                                                      | 2                 | Х   |              |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                                      |                   |     |              |
|             | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                 | 3                 |     | X            |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                                                                     |                   |     |              |
|             | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                          | 4                 | Х   |              |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                                                         |                   |     |              |
|             | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                                                                                                              | 5                 |     | Х            |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                            | L,                |     |              |
|             | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                         | 6                 |     | Х            |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                            | ۰                 |     | <del></del>  |
| •           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                 | 7                 |     | X            |
|             | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>                                                                           | <b>-</b> '-       |     | 1            |
| 8           | , ,                                                                                                                                                                                                                  |                   |     | x            |
| _           | Schedule D, Part III                                                                                                                                                                                                 | 8                 |     |              |
| 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?                                                                                            |                   |     | 3,7          |
|             | If "Yes," complete Schedule D, Part IV                                                                                                                                                                               | 9                 |     | <u> </u>     |
| 10          | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                                                         |                   |     |              |
|             | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                        | 10                | X   |              |
| 11          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,                                                                                    |                   |     |              |
|             | as applicable.                                                                                                                                                                                                       |                   |     |              |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                          |                   |     |              |
|             | Part VI                                                                                                                                                                                                              | 11a               | X   |              |
| b           | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                                                                                         |                   |     |              |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                          | 11b               |     | X            |
| С           | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                                                                                          |                   |     |              |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                         | 11c               |     | X            |
| d           | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in                                                                                        |                   |     |              |
|             | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                              | 11d               |     | X            |
| е           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                | 11e               |     | Х            |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                              |                   |     |              |
|             | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                               | 11f               | Х   |              |
| 12a         | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                  |                   |     |              |
|             | Schedule D, Parts XI and XII                                                                                                                                                                                         | 12a               | Х   |              |
| h           | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                            |                   |     |              |
| ~           | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                | 12b               |     | x            |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                    | 13                | Х   | <u></u> -    |
| 14a         |                                                                                                                                                                                                                      | 14a               |     | Х            |
| 14a<br>b    | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | <del>  17</del> a |     | <del></del>  |
| D           | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                           |                   |     |              |
|             |                                                                                                                                                                                                                      | 14b               |     | x            |
| 15          | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                                    | 140               |     | 1            |
| 15          |                                                                                                                                                                                                                      | 45                |     | x            |
| 40          | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                 | 15                |     |              |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                                                                                             | 4.                |     | x            |
|             | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                          | 16                |     |              |
| 17          | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                              |                   |     | <sub>V</sub> |
|             | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions                                                                                                                                 | 17                |     | <u> X</u>    |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                         |                   | 37  |              |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                    | 18                | X   | $\vdash$     |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                               |                   |     |              |
|             | complete Schedule G, Part III                                                                                                                                                                                        | 19                |     | X            |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                          | 20a               |     | X            |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                         | 20b               |     | <u> </u>     |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                                                                                          |                   |     | l _          |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                    | 21                |     | X            |

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| Part IV   Checklist of Required Schedules (contin | nued) |
|---------------------------------------------------|-------|
|---------------------------------------------------|-------|

|        |                                                                                                                                                                                                                                                  |           | Yes | No        |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|-----------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                                                    |           |     |           |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                                      | 22        |     | X         |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                                                                                                                      |           |     |           |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                                                                   |           |     |           |
|        | Schedule J                                                                                                                                                                                                                                       | 23        | X   |           |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                                                          |           |     |           |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                                               |           |     |           |
|        | Schedule K. If "No," go to line 25a                                                                                                                                                                                                              | 24a       |     | X         |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                | 24b       |     |           |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                                             | ١         |     |           |
|        | any tax-exempt bonds?                                                                                                                                                                                                                            | 24c       |     |           |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                          | 24d       |     |           |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                                                                                                                     | 25a       |     | x         |
| h      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                                    | 25a       |     |           |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete |           |     |           |
|        |                                                                                                                                                                                                                                                  | 25b       |     | X         |
| 26     | Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                              | 200       |     |           |
| 20     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                                                                          |           |     |           |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                                                               | 26        |     | х         |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                                                                      |           |     |           |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                                                                      |           |     |           |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                                         | 27        |     | Х         |
| 28     | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,                                                                                                                           |           |     |           |
|        | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                      |           |     |           |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                                                                                                                 |           |     |           |
|        | "Yes," complete Schedule L, Part IV                                                                                                                                                                                                              | 28a       |     | X         |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                                  | 28b       |     | X         |
| С      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                                                                                                                                         |           |     |           |
|        | "Yes," complete Schedule L, Part IV                                                                                                                                                                                                              | 28c       |     | <u>X</u>  |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                         | 29        |     | X         |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                                                      |           |     |           |
|        | contributions? If "Yes," complete Schedule M                                                                                                                                                                                                     | 30        |     | X         |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                               | 31        |     | X         |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                                                                                                                 |           |     | .,        |
|        | Schedule N, Part II                                                                                                                                                                                                                              | 32        |     | X         |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                                                       |           |     |           |
| •      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                                        | 33        |     | <u> </u>  |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                                                                                        |           |     | ₩         |
| 25.0   | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                          | 34        |     | X         |
|        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                                                                        | 35a       |     |           |
| b      |                                                                                                                                                                                                                                                  | 35b       |     |           |
| 36     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                              | 333       |     |           |
| 00     | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                    | 36        |     | Х         |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                                                 |           |     | _ <u></u> |
| ٠.     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                                     | 37        |     | Х         |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                                                                                                                                   |           |     |           |
| _      | Note: All Form 990 filers are required to complete Schedule O                                                                                                                                                                                    | 38        | Х   |           |
| Pai    |                                                                                                                                                                                                                                                  |           |     |           |
|        | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                                       | <u></u> . |     |           |
|        |                                                                                                                                                                                                                                                  |           | Yes | No        |
| 1a     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                     |           |     |           |
| b      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                                                                                                                                                  |           |     |           |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                                                               |           |     |           |
|        | (gambling) winnings to prize winners?                                                                                                                                                                                                            | 1c        | X   |           |
| 232004 | ¥ 12-13-22                                                                                                                                                                                                                                       | Form      | 990 | (2022)    |

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Form 990 (2022) BREAKTHROUGH

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 351                                                        |     |     |    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b  | X   |    |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                   | За  |     | Х  |
| 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  |     | Х  |
| 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  |     | Х  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b  |     | X  |
| С      | 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).                                                                   |     |     |    |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a  | X   |    |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                 | 7b  | Х   |    |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |     |     |    |
|        | to file Form 8282?                                                                                                                              | 7с  |     | X  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year                                                                               |     |     | 37 |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e  |     | X  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f  |     | X  |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g  |     |    |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h  |     |    |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                            |     |     |    |
| •      | sponsoring organization have excess business holdings at any time during the year?                                                              | 8   |     |    |
| 9      | Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |    |
| a<br>b |                                                                                                                                                 | 9b  |     |    |
| 10     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:      | 30  |     |    |
| а      | Initiation fees and capital contributions included on Part VIII, line 12                                                                        |     |     |    |
| 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:                                                                                                        |     |     |    |
| а      | Gross income from members or shareholders                                                                                                       |     |     |    |
| b      |                                                                                                                                                 |     |     |    |
|        | amounts due or received from them.)                                                                                                             |     |     |    |
| 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                                                           |     |     |    |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                |     |     |    |
| а      | Is the organization licensed to issue qualified health plans in more than one state?                                                            | 13a |     |    |
|        | Note: See the instructions for additional information the organization must report on Schedule O.                                               |     |     |    |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the                                                |     |     |    |
|        | organization is licensed to issue qualified health plans                                                                                        |     |     |    |
| С      | Enter the amount of reserves on hand                                                                                                            |     |     |    |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?                                                      | 14a |     | X  |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                       | 14b |     |    |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                   |     |     |    |
|        | excess parachute payment(s) during the year?                                                                                                    | 15  |     | X  |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                  |     |     | 77 |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                 | 16  |     | X  |
|        | If "Yes," complete Form 4720, Schedule O.                                                                                                       |     |     |    |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities                                   |     |     |    |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                                                          | 17  |     |    |
|        | If "Yes," complete Form 6069.                                                                                                                   |     |     |    |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI                                                         |        |         | X   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|--------|---------|-----|
| Sec | tion A. Governing Body and Management                                                                                               |        |         |     |
|     |                                                                                                                                     |        | Yes     | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                                 |        |         |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |        |         |     |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |        |         |     |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b 24                                            |        |         |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |        |         |     |
|     | officer, director, trustee, or key employee?                                                                                        | 2      |         | X   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |        |         |     |
|     | of officers, directors, trustees, or key employees to a management company or other person?                                         | 3      |         | X   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4      |         | Х   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5      |         | Х   |
| 6   | Did the organization have members or stockholders?                                                                                  | 6      |         | Х   |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |        |         |     |
|     | more members of the governing body?                                                                                                 | 7a     |         | X   |
| b   |                                                                                                                                     |        |         |     |
|     | persons other than the governing body?                                                                                              | 7b     |         | Х   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |        |         |     |
| а   | The governing body?                                                                                                                 | 8a     | X       |     |
| b   | Each committee with authority to act on behalf of the governing body?                                                               | 8b     | X       |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |        |         |     |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                             | 9      |         | X   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |        |         |     |
|     |                                                                                                                                     |        | Yes     | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                  | 10a    |         | X   |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |        |         |     |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b    |         |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a    | Х       |     |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |        |         |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                             | 12a    | Х       |     |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b    | Х       |     |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |        |         |     |
|     | on Schedule O how this was done                                                                                                     | 12c    | Х       |     |
| 13  | Did the organization have a written whistleblower policy?                                                                           | 13     | Х       |     |
| 14  | Did the organization have a written document retention and destruction policy?                                                      | 14     | Х       |     |
| 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?                                   |        |         |     |
| а   | The organization's CEO, Executive Director, or top management official                                                              | 15a    | X       |     |
| b   | Other officers or key employees of the organization                                                                                 | 15b    |         | X   |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                  |        |         |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |        |         |     |
|     | taxable entity during the year?                                                                                                     | 16a    |         | X   |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |        |         |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |        |         |     |
|     | exempt status with respect to such arrangements?                                                                                    | 16b    |         |     |
| Sec | tion C. Disclosure                                                                                                                  |        |         |     |
| 17  | List the states with which a copy of this Form 990 is required to be filed                                                          |        |         |     |
| 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)  | availat | ole |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                 |        |         |     |
|     | Own website Another's website X Upon request Other (explain on Schedule O)                                                          |        |         |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | financ | cial    |     |
|     | 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                      |        |         |     |
|     | DONNIE SPIER - 512-692-9444                                                                                                         |        |         |     |
|     | 1050 EAST 11TH STREET, 350, AUSTIN, TX 78702                                                                                        |        |         |     |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- 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.

| (A)                            | (B)                    |                                |                       | ((      | C)           |                                 |        | (D)                          | (E)             | (F)                         |
|--------------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|------------------------------|-----------------|-----------------------------|
| Name and title                 | Average                | (do                            | not cl                |         | ition        |                                 | one    | Reportable                   | Reportable      | Estimated                   |
|                                | hours per              | box                            | , unles               | ss per  | rson is      | s both                          | n an   | compensation                 | compensation    | amount of                   |
|                                | week                   |                                | cer an                | id a d  | irecto       | r/trus                          | tee)   | from                         | from related    | other                       |
|                                | (list any              | rector                         |                       |         |              |                                 |        | the                          | organizations   | compensation                |
|                                | hours for              | or di                          | ee                    |         |              | ated                            |        | organization                 | (W-2/1099-MISC/ | from the                    |
|                                | related                | ustee                          | trust                 |         | 9.0          | suadı                           |        | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)       | organization<br>and related |
|                                | organizations<br>below | ual tr                         | tional                |         | yoldı        | t con                           | _      | 1099-NEC)                    |                 | organizations               |
|                                | line)                  | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                              |                 | organizations               |
| (1) MICHAEL GRIFFITH           | 60.00                  | <del>  -</del>                 | _                     |         |              | 1 0                             |        |                              |                 |                             |
| EXECUTIVE DIRECTOR             |                        |                                |                       | Х       |              |                                 |        | 167,700.                     | 0.              | 8,146.                      |
| (2) KENDRA STRANGE             | 40.00                  |                                |                       |         |              |                                 |        |                              |                 |                             |
| CHIEF SCHOOLS OFFICER          |                        |                                |                       |         |              | Х                               |        | 123,754.                     | 0.              | 10,860.                     |
| (3) DONNIE SPIER               | 40.00                  |                                |                       |         |              |                                 |        |                              |                 |                             |
| CHIEF OPERATIONS OFFICER       |                        |                                |                       |         |              | Х                               |        | 120,326.                     | 0.              | 10,955.                     |
| (4) ANDREA GUENGERICH          | 40.00                  |                                |                       |         |              |                                 |        |                              |                 |                             |
| CHIEF PROGRAM STRATEGY OFFICER |                        |                                |                       |         |              | Х                               |        | 119,067.                     | 0.              | 10,952.                     |
| (5) ZAKIYYAH KAREEM            | 40.00                  |                                |                       |         |              |                                 |        |                              |                 |                             |
| CHIEF STUDENT SUPPORT OFFICER  |                        |                                |                       |         |              | X                               |        | 118,216.                     | 0.              | 10,892.                     |
| (6) GRACE HOLLAND              | 40.00                  | <u> </u>                       |                       |         |              |                                 |        |                              |                 |                             |
| CHIEF DEVELOPMENT OFFICER      |                        |                                |                       |         |              | X                               |        | 117,094.                     | 0.              | 9,493.                      |
| (7) CHRISTIE BYBEE             | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (8) CHRISTINA CORONA           | 2.00                   | <u> </u>                       |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (9) CYNDI BOCK                 | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (10) DR. CHARLES MARTINEZ      | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (11) ESTEBAN ARMENTA           | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (12) IRMA BRAND                | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (13) JABRELL SCOTT             | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (14) JASMINE VARA              | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| SECRETARY                      |                        | Х                              |                       | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (15) JEANETTE AUERBACH         | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (16) JEFFREY MCDOWELL          | 2.00                   |                                |                       |         |              |                                 |        |                              |                 |                             |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (17) JESSICA SLADE             | 2.00                   | 1                              |                       |         |              |                                 |        |                              |                 | _                           |
| DIRECTOR                       |                        | Х                              |                       |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| 232007 12-13-22                |                        |                                |                       |         |              |                                 |        |                              |                 | Form <b>990</b> (2022)      |

232007 12-13-22 Form **990** (2022)

| Form 990 (2022) BREAKTHRO                      | OUGH                   |                               |                      |         |              |                              |         |                                 | 74-2991                      | 346 Page 8               |
|------------------------------------------------|------------------------|-------------------------------|----------------------|---------|--------------|------------------------------|---------|---------------------------------|------------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Emp          | oloy                          | ees,                 | and     | l Hig        | ghes                         | t C     | ompensated Employee             | s (continued)                |                          |
| (A)                                            | (B)                    |                               |                      | (0      | C)           |                              |         | (D)                             | (E)                          | (F)                      |
| Name and title                                 | Average                | (do                           | not cl               | Pos     |              |                              | nne     | Reportable                      | Reportable                   | Estimated                |
|                                                | hours per              | box                           | unles                | ss per  | rson i       | s both                       | n an    | compensation                    | compensation                 | amount of                |
|                                                | week                   |                               | er an                | u a u   | recto        | r/trus                       | lee)    | from                            | from related                 | other                    |
|                                                | (list any<br>hours for | recto                         |                      |         |              |                              |         | the                             | organizations                | compensation             |
|                                                | related                | or di                         | ee                   |         |              | sated                        |         | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the<br>organization |
|                                                | organizations          | ndividual trustee or director | nstitutional trustee |         | 99           | ubeu                         |         | 1099-NEC)                       | 1099-NEC)                    | and related              |
|                                                | below                  | dual t                        | ıtiona               | _       | nploy        | st cor                       | <u></u> | 10001420)                       |                              | organizations            |
|                                                | line)                  | Indivi                        | Institu              | Officer | Key employee | Highest compensated employee | Former  |                                 |                              | 3                        |
| (18) JULIE FISHER                              | 2.00                   |                               |                      |         |              |                              |         |                                 |                              |                          |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (19) KAREY ODDO                                | 2.00                   |                               |                      |         |              |                              |         |                                 |                              |                          |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (20) MARC CHAVEZ                               | 2.00                   |                               |                      |         |              |                              |         |                                 |                              |                          |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (21) MICHAEL RAMIREZ                           | 2.00                   |                               |                      |         |              |                              |         |                                 |                              |                          |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (22) MUNIRA FAREED                             | 2.00                   |                               |                      |         |              |                              |         |                                 |                              |                          |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (23) MYSHA LUBKE                               | 2.00                   |                               |                      |         |              |                              |         |                                 |                              |                          |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (24) REVELYNN LAWSON                           | 2.00                   |                               |                      |         |              |                              |         |                                 |                              |                          |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (25) RICK MORALES                              | 2.00                   |                               |                      |         |              |                              |         |                                 | _                            | _                        |
| DIRECTOR                                       |                        | Х                             |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| (26) RICKY GREEN                               | 2.00                   |                               |                      |         |              |                              |         |                                 |                              | _                        |
| CHAIR                                          |                        | Х                             |                      | X       |              |                              |         | 0.                              | 0.                           | 0.                       |
| 1b Subtotal                                    |                        |                               |                      |         |              |                              |         | 766,157.                        | 0.                           | 61,298.                  |
| c Total from continuation sheets to Part VI    |                        |                               |                      |         |              |                              |         | 0.                              | 0.                           | 0.                       |
| d Total (add lines 1b and 1c)                  |                        |                               |                      |         |              |                              |         | 766,157.                        | 0.                           | 61,298.                  |
| 2 Total number of individuals (including but n | ot limited to th       | ose                           | liste                | d ab    | ove          | ) wh                         | o re    | ceived more than \$100,         | 000 of reportable            | _                        |
| compensation from the organization             |                        |                               |                      |         |              |                              |         |                                 |                              | 7                        |
|                                                |                        |                               |                      |         |              |                              |         |                                 |                              | 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

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

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

5 X

#### **Section B. Independent Contractors**

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

|   | <b>(A)</b><br>Name and business address                  | NONE                       | (B) Description of services     | (C)<br>Compensation |
|---|----------------------------------------------------------|----------------------------|---------------------------------|---------------------|
|   |                                                          |                            |                                 |                     |
|   |                                                          |                            |                                 |                     |
|   |                                                          |                            |                                 |                     |
|   |                                                          |                            |                                 |                     |
|   |                                                          |                            |                                 |                     |
| 2 | Total number of independent contractors (including but n | ot limited to those listed | I above) who received more than |                     |

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 BREAKTHROUGH 74-2991346

| Form 990 BREAKTHRO                             | DUGH                                                                                |                                |                       |           |                     |                              |        |                                                | 74-299                                           | 1346                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|-----------------------|-----------|---------------------|------------------------------|--------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| Part VII   Section A. Officers, Directors, Tru | stees, Key En                                                                       | nplo                           | yee                   | s, a      | nd F                | ligh                         | est (  | Compensated Employe                            | ees (continued)                                  |                                                                                   |
| <b>(A)</b><br>Name and title                   | (B)<br>Average<br>hours                                                             |                                |                       | (e<br>Pos | <b>C)</b><br>sition |                              |        | ( <b>D)</b> Reportable compensation            | <b>(E)</b> Reportable compensation               | <b>(F)</b> Estimated amount of                                                    |
|                                                | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer   | Key employee        | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (27) SERGIO RODRIGUEZ<br>VICE CHAIR            | 2.00                                                                                | Х                              |                       | х         |                     |                              |        | 0.                                             | 0.                                               | 0.                                                                                |
| (28) TAYLOR SISSON<br>DIRECTOR                 | 2.00                                                                                | х                              |                       |           |                     |                              |        | 0.                                             | 0.                                               | 0.                                                                                |
| (29) TITO VIDAURRI<br>TREASURER                | 2.00                                                                                | х                              |                       | х         |                     |                              |        | 0.                                             | 0.                                               | 0.                                                                                |
| (30) WALT PENN DIRECTOR                        | 2.00                                                                                | X                              |                       |           |                     |                              |        | 0.                                             | 0.                                               | 0.                                                                                |
| DIRECTOR                                       |                                                                                     |                                |                       |           |                     |                              |        | 0.                                             | 0.                                               | <b>0</b> •                                                                        |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
|                                                |                                                                                     |                                |                       |           |                     |                              |        |                                                |                                                  |                                                                                   |
| Total to Part VII, Section A, line 1c          |                                                                                     |                                |                       |           |                     | <u></u>                      |        |                                                |                                                  |                                                                                   |

| art VIII | Statement | of | Revenue |
|----------|-----------|----|---------|
|----------|-----------|----|---------|

|                                                        |    | Check if Schedule O contains a response of       | or note to any lin | e in this Part VIII |                   |                  |                                    |
|--------------------------------------------------------|----|--------------------------------------------------|--------------------|---------------------|-------------------|------------------|------------------------------------|
|                                                        |    |                                                  |                    | (A)                 | (B)               | (C)              | (D)                                |
|                                                        |    |                                                  |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|                                                        |    |                                                  |                    |                     | function revenue  | business revenue | sections 512 - 514                 |
| <b>'0</b> '0                                           | _  | - Fadavatad assumations   4a                     |                    |                     |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts | 1  | Federated campaigns 1a                           |                    | -                   |                   |                  |                                    |
| Gra                                                    |    | Membership dues 1b                               | 101 120            |                     |                   |                  |                                    |
| s, (<br>An                                             |    |                                                  | 481,132.           | -                   |                   |                  |                                    |
| Giff                                                   |    | Related organizations1d                          |                    |                     |                   |                  |                                    |
| imi                                                    |    | e Government grants (contributions) 1e 1,        | 763,341.           |                     |                   |                  |                                    |
| rior<br>S                                              | 1  | All other contributions, gifts, grants, and      |                    |                     |                   |                  |                                    |
| bul                                                    |    | similar amounts not included above $\dots$ 1f 4, | 618,344.           |                     |                   |                  |                                    |
| j Ç                                                    |    | Noncash contributions included in lines 1a-1f    |                    |                     |                   |                  |                                    |
| Col                                                    |    | Total. Add lines 1a-1f                           |                    | 6,862,817.          |                   |                  |                                    |
|                                                        |    |                                                  | Business Code      |                     |                   |                  |                                    |
| σ.                                                     | 2  | ·                                                |                    |                     |                   |                  |                                    |
| ζ                                                      |    |                                                  |                    |                     |                   |                  |                                    |
| er<br>ue                                               |    |                                                  |                    |                     |                   |                  |                                    |
| n S                                                    | '  |                                                  |                    |                     |                   |                  |                                    |
| ıraı<br>Re                                             | '  |                                                  |                    |                     |                   |                  |                                    |
| Program Service<br>Revenue                             | ,  |                                                  |                    |                     |                   |                  |                                    |
| ۵                                                      |    | All other program service revenue                |                    |                     |                   |                  |                                    |
|                                                        |    | Total. Add lines 2a-2f                           |                    |                     |                   |                  |                                    |
|                                                        | 3  | Investment income (including dividends, interes  | st, and            |                     |                   |                  |                                    |
|                                                        |    | other similar amounts)                           |                    | 50,923.             |                   |                  | 50,923.                            |
|                                                        | 4  | Income from investment of tax-exempt bond pr     | oceeds             |                     |                   |                  |                                    |
|                                                        | 5  | Royalties                                        |                    |                     |                   |                  |                                    |
|                                                        |    | (i) Real                                         | (ii) Personal      |                     |                   |                  |                                    |
|                                                        | 6  | Gross rents 6a                                   |                    |                     |                   |                  |                                    |
|                                                        |    | Less: rental expenses 6b                         |                    |                     |                   |                  |                                    |
|                                                        |    | Rental income or (loss) 6c                       |                    |                     |                   |                  |                                    |
|                                                        |    | Net rental income or (loss)                      |                    |                     |                   |                  |                                    |
|                                                        |    | ` '                                              | (ii) Other         |                     |                   |                  |                                    |
|                                                        | ′  |                                                  | (ii) Oti lei       | -                   |                   |                  |                                    |
|                                                        |    | assets other than inventory 7a                   |                    | -                   |                   |                  |                                    |
| _                                                      |    | Less: cost or other basis                        |                    |                     |                   |                  |                                    |
| nι                                                     |    | and sales expenses                               |                    | -                   |                   |                  |                                    |
| Ve                                                     | ,  | Gain or (loss) 7c                                |                    |                     |                   |                  |                                    |
| ther Revenue                                           |    | Net gain or (loss)                               |                    |                     |                   |                  |                                    |
| her                                                    | 8  | Gross income from fundraising events (not        |                    |                     |                   |                  |                                    |
| ₹                                                      |    | including \$ 481,132. of                         |                    |                     |                   |                  |                                    |
|                                                        |    | contributions reported on line 1c). See          |                    |                     |                   |                  |                                    |
|                                                        |    | Part IV, line 188a                               | 48,513.            |                     |                   |                  |                                    |
|                                                        |    | Less: direct expenses 8b                         | 86,372.            |                     |                   |                  |                                    |
|                                                        |    |                                                  |                    | -37,859.            |                   |                  | -37,859.                           |
|                                                        |    | Gross income from gaming activities. See         |                    | ·                   |                   |                  |                                    |
|                                                        | _  | Part IV, line 19 9a                              |                    |                     |                   |                  |                                    |
|                                                        |    | Less: direct expenses 9b                         |                    |                     |                   |                  |                                    |
|                                                        |    | Net income or (loss) from gaming activities      |                    |                     |                   |                  |                                    |
|                                                        |    | Gross sales of inventory, less returns           |                    |                     |                   |                  |                                    |
|                                                        | 10 | •                                                |                    |                     |                   |                  |                                    |
|                                                        |    | and allowances 10a                               |                    |                     |                   |                  |                                    |
|                                                        |    | Less: cost of goods sold10b                      |                    |                     |                   |                  |                                    |
|                                                        |    | Net income or (loss) from sales of inventory     |                    |                     |                   |                  |                                    |
| <u>0</u>                                               |    | MIGGELL ANDONE STORMS                            | Business Code      | 0.000               | 0.000             |                  |                                    |
| on<br>e                                                | 11 | MISCELLANEOUS REVENUE                            | 900099             | 9,862.              | 9,862.            |                  |                                    |
| ane                                                    |    |                                                  |                    |                     |                   |                  |                                    |
| Miscellaneous<br>Revenue                               |    | ;                                                |                    |                     |                   |                  |                                    |
| Ais                                                    |    | All other revenue                                |                    |                     |                   |                  |                                    |
| _                                                      |    | Total. Add lines 11a-11d                         |                    | 9,862.              |                   |                  |                                    |
|                                                        | 12 | Total revenue. See instructions                  |                    | 6,885,743.          | 9,862.            | 0.               | 13,064.                            |

232009 12-13-22

# Form 990 (2022) BREAKTHROUGH Part IX Statement of Functional Expenses

| Secti | 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                                                                          |                       |                                           |                                     |                                        |  |  |  |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                           | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>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                                                                                                                          | 175,846.              | 123,092.                                  | 17,585.                             | 35,169.                                |  |  |  |
| 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                                                                                                                             | 5,452,147.            | 4,763,662.                                | 249,878.                            | 438,607.                               |  |  |  |
| 8     | Pension plan accruals and contributions (include                                                                                                     |                       |                                           |                                     |                                        |  |  |  |
|       | section 401(k) and 403(b) employer contributions)                                                                                                    | 87,391.               | 61,174.                                   | 8,739.                              | 17,478.<br>24,162.                     |  |  |  |
| 9     | Other employee benefits                                                                                                                              | 463,745.              | 340,117.                                  | 99,466.                             |                                        |  |  |  |
| 10    | Payroll taxes                                                                                                                                        | 444,738.              | 386,904.                                  | 20,855.                             | 36,979.                                |  |  |  |
| 11    | Fees for services (nonemployees):                                                                                                                    |                       |                                           |                                     |                                        |  |  |  |
| а     | Management                                                                                                                                           |                       |                                           |                                     |                                        |  |  |  |
| b     | Legal                                                                                                                                                |                       |                                           |                                     |                                        |  |  |  |
| С     | Accounting                                                                                                                                           | 23,833.               | 21,471.                                   | 1,316.                              | 1,046.                                 |  |  |  |
| d     | Lobbying                                                                                                                                             |                       |                                           |                                     |                                        |  |  |  |
| е     | Professional fundraising services. See Part IV, line 17                                                                                              |                       |                                           |                                     |                                        |  |  |  |
|       | Investment management fees                                                                                                                           | 12,759.               |                                           | 12,759.                             |                                        |  |  |  |
| g     | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)                                             | 79,194.               | 71,346.                                   | 4,372.                              | 3,476.                                 |  |  |  |
| 12    | Advertising and promotion                                                                                                                            |                       |                                           |                                     |                                        |  |  |  |
| 13    | Office expenses                                                                                                                                      | 86,269.               | 82,958.                                   | 2,073.                              | 1,238.                                 |  |  |  |
| 14    | Information technology                                                                                                                               |                       |                                           |                                     |                                        |  |  |  |
| 15    | Royalties                                                                                                                                            |                       |                                           |                                     |                                        |  |  |  |
| 16    | Occupancy                                                                                                                                            | 277,704.              | 230,741.                                  | 18,122.                             | 28,841.                                |  |  |  |
| 17    | Travel                                                                                                                                               | 135,405.              | 124,925.                                  | 3,807.                              | 6,673.                                 |  |  |  |
| 18    | Payments of travel or entertainment expenses                                                                                                         |                       |                                           | T                                   |                                        |  |  |  |
|       | for any federal, state, or local public officials                                                                                                    |                       |                                           |                                     |                                        |  |  |  |
| 19    | Conferences, conventions, and meetings                                                                                                               |                       |                                           |                                     |                                        |  |  |  |
| 20    | Interest                                                                                                                                             |                       |                                           |                                     |                                        |  |  |  |
| 21    | Payments to affiliates                                                                                                                               | 45.000                |                                           | 45.000                              |                                        |  |  |  |
| 22    | Depreciation, depletion, and amortization                                                                                                            | 47,833.               |                                           | 47,833.                             |                                        |  |  |  |
| 23    | Insurance                                                                                                                                            | 42,053.               | 5,576.                                    | 35,785.                             | 692.                                   |  |  |  |
| 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 0.)                                                                                                       | 406 E70               | 406 E70                                   |                                     |                                        |  |  |  |
|       | STUDENT RECRUITMENT                                                                                                                                  | 426,572.              | 426,572.                                  | EE EOC                              | 20 216                                 |  |  |  |
| b     | RECRUITMENT, TRAINING &                                                                                                                              | 253,174.              | 177,362.                                  | 55,596.                             | 20,216.                                |  |  |  |
| C     | TECHNOLOGY & ASSESSMENT                                                                                                                              | 125,882.<br>106,670.  | 69,482.<br>850.                           | 31,369.                             | 25,031.                                |  |  |  |
| d     | EVENTS                                                                                                                                               | 282,113.              | 203,313.                                  | 36,164.                             | 102,419.                               |  |  |  |
|       | All other expenses Add lines 1 through 24s                                                                                                           | 8,523,328.            | 7,089,545.                                | 649,120.                            | 42,636.<br>784,663.                    |  |  |  |
| 25    | Total functional expenses. Add lines 1 through 24e                                                                                                   | 0,343,340.            | 1,003,345.                                | 043,140.                            | 104,003.                               |  |  |  |
| 26    | Joint costs. Complete this line only if the organization                                                                                             |                       |                                           |                                     |                                        |  |  |  |
|       | reported in column (B) joint costs from a combined                                                                                                   |                       |                                           |                                     |                                        |  |  |  |
|       | educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)                                                   |                       |                                           |                                     |                                        |  |  |  |
|       | Check here if following SOP 98-2 (ASC 958-720)                                                                                                       |                       |                                           |                                     | Earm <b>990</b> (2022)                 |  |  |  |

BREAKTHROUGH

## Form 990 (2022) Part X | Balance Sheet

| Part          | X        | Balance Sheet                                                                           |           |                                       |                                 |    |                           |
|---------------|----------|-----------------------------------------------------------------------------------------|-----------|---------------------------------------|---------------------------------|----|---------------------------|
|               |          | Check if Schedule O contains a response or no                                           | te to an  | y line in this Part X                 |                                 |    |                           |
|               |          |                                                                                         |           |                                       | <b>(A)</b><br>Beginning of year |    | <b>(B)</b><br>End of year |
|               | 1        |                                                                                         |           |                                       | 250,934.                        | 1  | 251,484                   |
|               | 2        | Savings and temporary cash investments                                                  |           |                                       | 2,601,333.                      | 2  | 2,364,991                 |
|               | 3        | Pledges and grants receivable, net                                                      |           |                                       | 201,276.                        | 3  | 91,117                    |
|               | 4        | Accounts receivable, net                                                                |           |                                       |                                 | 4  |                           |
|               | 5        | Loans and other receivables from any current o                                          |           |                                       |                                 |    |                           |
|               |          | trustee, key employee, creator or founder, subs                                         | tantial c | contributor, or 35%                   |                                 |    |                           |
|               |          | controlled entity or family member of any of the                                        | se perso  | ons                                   |                                 | 5  |                           |
|               | 6        | Loans and other receivables from other disqual                                          | fied per  | sons (as defined                      |                                 |    |                           |
|               |          | under section 4958(f)(1)), and persons describe                                         | d in sec  | tion 4958(c)(3)(B)                    |                                 | 6  |                           |
| ts            | 7        | Notes and loans receivable, net                                                         |           |                                       |                                 | 7  |                           |
| Assets        | 8        | Inventories for sale or use                                                             |           |                                       |                                 | 8  |                           |
| ₹             | 9        | Prepaid expenses and deferred charges                                                   |           |                                       | 12,633.                         | 9  | 17,536                    |
| 1             | 10a      | Land, buildings, and equipment: cost or other                                           |           |                                       |                                 |    |                           |
|               |          | basis. Complete Part VI of Schedule D                                                   | 10a       | 339,318.                              |                                 |    |                           |
|               | b        | Less: accumulated depreciation                                                          |           |                                       | 71,048.                         |    | 94,885<br>1,588,154       |
| 1             | 11       | Investments - publicly traded securities                                                |           |                                       | 3,187,127.                      | 11 | 1,588,154                 |
| 1             | 12       | Investments - other securities. See Part IV, line                                       |           |                                       |                                 | 12 |                           |
| 1             | 13       | Investments - program-related. See Part IV, line                                        |           |                                       |                                 | 13 |                           |
| 1             | 14       | Intangible assets                                                                       |           |                                       | 10 201                          | 14 | 0.7.6 0.01                |
| 1             | 15       | Other assets. See Part IV, line 11                                                      |           |                                       | 12,301.                         | 15 | 276,891                   |
| 1             | 16       | Total assets. Add lines 1 through 15 (must equ                                          |           |                                       | 6,336,652.                      | 16 | 4,685,058                 |
| - 1           | 17       | Accounts payable and accrued expenses                                                   | 18,275.   | 17                                    | 178,681                         |    |                           |
|               | 18       | 9 Deferred revenue                                                                      |           |                                       | 18                              |    |                           |
|               | 19       |                                                                                         |           |                                       | 19                              |    |                           |
| - 1           | 20       | Tax-exempt bond liabilities                                                             |           |                                       |                                 | 20 |                           |
| - 1           | 21       | Escrow or custodial account liability. Complete                                         |           |                                       |                                 | 21 |                           |
| နှု   2       | 22       | Loans and other payables to any current or form                                         |           |                                       |                                 |    |                           |
|               |          | trustee, key employee, creator or founder, subs                                         |           |                                       |                                 |    |                           |
| <u> </u>      |          | controlled entity or family member of any of the                                        |           |                                       |                                 | 22 |                           |
| 4             | 23       | Secured mortgages and notes payable to unrela                                           |           | · · · · · · · · · · · · · · · · · · · |                                 | 23 |                           |
|               | 24       | Unsecured notes and loans payable to unrelate                                           |           |                                       |                                 | 24 |                           |
| 2             | 25       | Other liabilities (including federal income tax, pa                                     |           |                                       |                                 |    |                           |
|               |          | parties, and other liabilities not included on line                                     |           | •                                     | 0                               | 25 | 90,913                    |
|               | 06       | of Schedule D                                                                           |           |                                       | 18,275.                         | 26 | 269,594                   |
| -   2         | 26       | Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che |           |                                       | 10,275                          | 20 | 209,394                   |
| ဖွ            |          | and complete lines 27, 28, 32, and 33.                                                  | CK HEI    |                                       |                                 |    |                           |
| ຍັ   ຸ        | 27       | Net assets without donor restrictions                                                   |           |                                       | 3,271,208.                      | 27 | 1,919,493                 |
| 2   2         | 28       | Net assets with donor restrictions                                                      |           |                                       | 3,047,169.                      | 28 | 2,495,971                 |
| ב <u></u>   ב | _0       | Organizations that do not follow FASB ASC 9                                             |           |                                       | 3,01,,105                       | 20 | 2,133,371                 |
| 돌             |          | and complete lines 29 through 33.                                                       | ,, ,,     | JOK HOLE                              |                                 |    |                           |
| <u>ნ</u>   ე  | 29       | Capital stock or trust principal, or current funds                                      |           |                                       |                                 | 29 |                           |
| ets           | 29<br>30 | Paid-in or capital surplus, or land, building, or e                                     |           |                                       |                                 | 30 |                           |
| Ass<br>       | 31       | Retained earnings, endowment, accumulated in                                            |           |                                       |                                 | 31 |                           |
| ا ب           | 32       |                                                                                         |           |                                       | 6,318,377.                      | 32 | 4,415,464                 |
| _             |          |                                                                                         |           |                                       |                                 |    | 4,685,058                 |
|               | 33<br>33 | Total net assets or fund balances  Total liabilities and net assets/fund balances       |           |                                       | 6,336,652.                      | 33 |                           |

| Pa | rt XI Reconciliation of Net Assets                                                                                    |        |               |            |             |
|----|-----------------------------------------------------------------------------------------------------------------------|--------|---------------|------------|-------------|
|    | Check if Schedule O contains a response or note to any line in this Part XI                                           |        | <u></u>       |            |             |
|    |                                                                                                                       |        |               |            |             |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                             | 1      | 6,88          |            |             |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                              | 2      | 8,523         | <u>3,3</u> | <u> 28.</u> |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                                    | 3      | <u>-1,63'</u> | 7,5        | <u>85.</u>  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4      | 6,318         |            |             |
| 5  | Net unrealized gains (losses) on investments                                                                          | 5      | -26!          | 5,3        | <u> 28.</u> |
| 6  | Donated services and use of facilities                                                                                | 6      |               |            |             |
| 7  | Investment expenses                                                                                                   | 7      |               |            |             |
| 8  | Prior period adjustments                                                                                              | 8      |               |            |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                                  | 9      |               |            | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |        |               |            |             |
|    | column (B))                                                                                                           | 10     | 4,41          | 5,4        | 64.         |
| Pa | rt XII Financial Statements and Reporting                                                                             |        |               |            |             |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                          |        |               |            | X           |
|    |                                                                                                                       |        |               | Yes        | No          |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other                                                  |        |               |            |             |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | O.     |               |            |             |
| 2a |                                                                                                                       |        | 2a            |            | Х           |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a   |               |            |             |
|    | separate basis, consolidated basis, or both:                                                                          |        |               |            |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis                                                |        |               |            |             |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |        | 2b            | Х          |             |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      |        |               |            |             |
|    | consolidated basis, or both:                                                                                          | ,      |               |            |             |
|    | X Separate basis Consolidated basis Both consolidated and separate basis                                              |        |               |            |             |
| С  | 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?                        | •      | 2c            | X          |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Scho    |        |               |            |             |
| За | 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?                                                                       |        | За            |            | x           |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |        |               |            |             |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |        | 3b            |            |             |

#### **SCHEDULE A**

(Form 990)

Total

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.

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

**Employer identification number** Name of the organization BREAKTHROUGH 74-2991346 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

| Sec  | ction A. Public Support                                                |          |                 |                  |                       |          |                 |
|------|------------------------------------------------------------------------|----------|-----------------|------------------|-----------------------|----------|-----------------|
| Cale | ndar year (or fiscal year beginning in)                                | (a) 2018 | <b>(b)</b> 2019 | (c) 2020         | (d) 2021              | (e) 2022 | (f) Total       |
| 1    | Gifts, grants, contributions, and                                      |          |                 |                  |                       |          |                 |
|      | membership fees received. (Do not                                      |          |                 |                  |                       |          |                 |
|      | include any "unusual grants.")                                         |          |                 |                  |                       |          |                 |
| 2    | Tax revenues levied for the organ-                                     |          |                 |                  |                       |          |                 |
|      | ization's benefit and either paid to                                   |          |                 |                  |                       |          |                 |
|      | or expended on its behalf                                              |          |                 |                  |                       |          |                 |
| 3    | The value of services or facilities                                    |          |                 |                  |                       |          |                 |
|      | furnished by a governmental unit to                                    |          |                 |                  |                       |          |                 |
|      | the organization without charge                                        |          |                 |                  |                       |          |                 |
| 4    | Total. Add lines 1 through 3                                           |          |                 |                  |                       |          |                 |
| 5    | The portion of total contributions                                     |          |                 |                  |                       |          |                 |
|      | by each person (other than a                                           |          |                 |                  |                       |          |                 |
|      | governmental unit or publicly                                          |          |                 |                  |                       |          |                 |
|      | supported organization) included                                       |          |                 |                  |                       |          |                 |
|      | on line 1 that exceeds 2% of the                                       |          |                 |                  |                       |          |                 |
|      | amount shown on line 11,                                               |          |                 |                  |                       |          |                 |
|      | column (f)                                                             |          |                 |                  |                       |          |                 |
|      | Public support. Subtract line 5 from line 4.                           |          |                 |                  |                       |          |                 |
| Sec  | ction B. Total Support                                                 | T        | Т               | Γ                | 1                     | <b>r</b> |                 |
|      | ndar year (or fiscal year beginning in)                                | (a) 2018 | <b>(b)</b> 2019 | (c) 2020         | (d) 2021              | (e) 2022 | (f) Total       |
| 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, whether or not the                                         |          |                 |                  |                       |          |                 |
|      | business is regularly carried on                                       |          |                 |                  |                       |          |                 |
| 10   | Other income. Do not include gain                                      |          |                 |                  |                       |          |                 |
|      | or loss from the sale of capital                                       |          |                 |                  |                       |          |                 |
|      | assets (Explain in Part VI.)                                           |          |                 |                  |                       |          |                 |
|      | <b>Total support.</b> Add lines 7 through 10                           |          |                 |                  |                       |          |                 |
|      | Gross receipts from related activities,                                |          |                 |                  |                       | 12       |                 |
| 13   | First 5 years. If the Form 990 is for th                               |          |                 |                  |                       |          |                 |
| 80   | organization, check this box and stop<br>ction C. Computation of Publi |          |                 |                  |                       |          |                 |
|      | Public support percentage for 2022 (I                                  |          |                 | oolumn (f))      |                       | 14       | 04              |
|      | Public support percentage from 2021                                    |          |                 |                  |                       | 15       | <u>%</u>        |
|      | 33 1/3% support test - 2022. If the                                    | •        |                 | line 13 and line |                       |          |                 |
| 100  | stop here. The organization qualifies                                  |          |                 |                  | 14 13 00 17070 01 111 |          |                 |
| h    | 33 1/3% support test - 2021. If the                                    |          | •               |                  |                       |          |                 |
|      | and <b>stop here.</b> The organization qual                            | -        |                 |                  |                       |          |                 |
| 17a  | 10% -facts-and-circumstances test                                      |          | • • •           |                  |                       |          |                 |
|      | and if the organization meets the fact                                 |          |                 |                  |                       |          |                 |
|      | meets the facts-and-circumstances te                                   |          |                 | =                | •                     |          |                 |
| b    | 10% -facts-and-circumstances test                                      | -        | •               | *                | -                     |          |                 |
|      | more, and if the organization meets the                                | -        |                 |                  |                       |          |                 |
|      | organization meets the facts-and-circle                                |          |                 |                  |                       |          |                 |
| 18   | <b>Private foundation.</b> If the organization                         |          | -               |                  |                       |          | s               |
|      |                                                                        |          | •               | ·                |                       |          | (Form 990) 2022 |

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

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

| Section A. Public Support                                                                                                                           |                     |                                        |                      |                     |                        |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------|----------------------|---------------------|------------------------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                         | <b>(a)</b> 2018     | <b>(b)</b> 2019                        | (c) 2020             | (d) 2021            | (e) 2022               | (f) Total |
| 1 Gifts, grants, contributions, and                                                                                                                 |                     |                                        |                      |                     |                        |           |
| membership fees received. (Do not                                                                                                                   |                     |                                        |                      |                     |                        |           |
| include any "unusual grants.")                                                                                                                      |                     |                                        |                      |                     |                        |           |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the |                     |                                        |                      |                     |                        |           |
| organization's tax-exempt purpose                                                                                                                   |                     |                                        |                      |                     |                        |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus-                                                                     |                     |                                        |                      |                     |                        |           |
| iness under section 513                                                                                                                             |                     |                                        |                      |                     |                        |           |
| 4 Tax revenues levied for the organ-                                                                                                                |                     |                                        |                      |                     |                        |           |
| ization's benefit and either paid to                                                                                                                |                     |                                        |                      |                     |                        |           |
| or expended on its behalf                                                                                                                           |                     |                                        |                      |                     |                        |           |
| 5 The value of services or facilities                                                                                                               |                     |                                        |                      |                     |                        |           |
| furnished by a governmental unit to                                                                                                                 |                     |                                        |                      |                     |                        |           |
| the organization without charge                                                                                                                     |                     |                                        |                      |                     |                        |           |
| 6 Total. Add lines 1 through 5                                                                                                                      |                     |                                        |                      |                     |                        |           |
| <b>7a</b> Amounts included on lines 1, 2, and                                                                                                       |                     |                                        |                      |                     |                        |           |
| 3 received from disqualified persons                                                                                                                |                     |                                        |                      |                     |                        |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the            |                     |                                        |                      |                     |                        |           |
| amount on line 13 for the year                                                                                                                      |                     |                                        |                      |                     |                        |           |
| c Add lines 7a and 7b                                                                                                                               |                     |                                        |                      |                     |                        |           |
| 8 Public support. (Subtract line 7c from line 6.)                                                                                                   |                     |                                        |                      |                     |                        |           |
| Section B. Total Support                                                                                                                            |                     | Ī                                      | I                    | <u> </u>            | 1                      | 1         |
| alendar year (or fiscal year beginning in)                                                                                                          | (a) 2018            | <b>(b)</b> 2019                        | (c) 2020             | (d) 2021            | (e) 2022               | (f) Total |
| 9 Amounts from line 6                                                                                                                               |                     |                                        |                      |                     | 1                      |           |
| loa Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources        |                     |                                        |                      |                     |                        |           |
| <b>b</b> Unrelated business taxable income                                                                                                          |                     |                                        |                      |                     |                        |           |
| (less section 511 taxes) from businesses                                                                                                            |                     |                                        |                      |                     |                        |           |
| acquired after June 30, 1975                                                                                                                        |                     |                                        |                      |                     |                        |           |
| c Add lines 10a and 10b                                                                                                                             |                     |                                        |                      |                     |                        |           |
| Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                |                     |                                        |                      |                     |                        |           |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                   |                     |                                        |                      |                     |                        |           |
| 3 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                    |                     |                                        |                      |                     |                        |           |
| 4 First 5 years. If the Form 990 is for the                                                                                                         | e organization's fi | rst, second, third,                    | fourth, or fifth tax | year as a section   | 501(c)(3) organization | on,       |
| check this box and stop here                                                                                                                        | <u></u>             | ······································ | <u></u>              | <u></u>             | <u></u>                | <u></u> [ |
| ection C. Computation of Public                                                                                                                     | Support Per         | centage                                |                      |                     |                        |           |
| 5 Public support percentage for 2022 (lii                                                                                                           | ne 8, column (f), d | livided by line 13, o                  | column (f))          |                     | 15                     |           |
| 6 Public support percentage from 2021                                                                                                               | Schedule A, Part    | III, line 15                           |                      |                     | 16                     |           |
| ection D. Computation of Inves                                                                                                                      |                     |                                        |                      |                     |                        |           |
| 7 Investment income percentage for 20                                                                                                               | 22 (line 10c, colur | mn (f), divided by li                  | ne 13, column (f))   |                     | 17                     |           |
| 8 Investment income percentage from 2                                                                                                               | •                   |                                        |                      |                     | 18                     |           |
| 9a 33 1/3% support tests - 2022. If the                                                                                                             |                     |                                        |                      |                     |                        | 7 is not  |
| more than 33 1/3%, check this box an                                                                                                                |                     |                                        |                      |                     |                        | · · ·     |
| <b>b 33 1/3% support tests - 2021.</b> If the                                                                                                       | organization did r  | not check a box on                     | line 14 or line 19a  | a, and line 16 is m | ore than 33 1/3%, a    |           |
| line 18 is not more than 33 1/3%, chec                                                                                                              |                     |                                        |                      |                     |                        | _         |
| 20 Private foundation. If the organization                                                                                                          | n did not check a   | box on line 14, 19                     | a, or 19b, check th  | nis box and see in: | structions             | L         |

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

|            | Yes    | No   |
|------------|--------|------|
|            |        |      |
| 1          |        |      |
| •          |        |      |
| 2          |        |      |
| За         |        |      |
| Sa         |        |      |
| 3b         |        |      |
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| 8          |        |      |
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| 9a         |        |      |
| 9b         |        |      |
|            |        |      |
| 9c         |        |      |
|            |        |      |
| 10a        |        |      |
| 106        |        |      |
| le A (Forn | n 990) | 2022 |

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| Par        | Tiv Supporting Organizations (continued)                                                                                                                                                                                                                     |                |     |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|
|            |                                                                                                                                                                                                                                                              | Yes            | No  |
| 11         | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                      |                |     |
| а          | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                                                                                                                                               |                |     |
|            | 11c below, the governing body of a supported organization?                                                                                                                                                                                                   | 3              |     |
|            | A family member of a person described on line 11a above?                                                                                                                                                                                                     | )              |     |
| С          | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                                                                                                                                           |                | 4   |
|            | detail in Part VI.                                                                                                                                                                                                                                           |                |     |
| Sec        | tion B. Type I Supporting Organizations                                                                                                                                                                                                                      | 1              | _   |
|            |                                                                                                                                                                                                                                                              | Yes            | No_ |
| 1          | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or                                                                                                                                   |                |     |
|            | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |                |     |
|            | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported                                                                                                                               |                |     |
|            | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the                                                                                                                                     |                |     |
| _          | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                                                                                                                                             |                |     |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                                          |                |     |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                                                                                                                                                   |                |     |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                                                                                                                                                  |                |     |
| <u>Sac</u> | supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations                                                                                                                                                            |                |     |
| <u> </u>   | tion 6. Type it supporting Organizations                                                                                                                                                                                                                     |                | Τ   |
| _          | Ways a spaintiful of the comparisor to direct one out to obtain a the target of the control of the direct one                                                                                                                                                | Yes            | No  |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                                                                                                                                             |                |     |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                                                                                                                                                |                |     |
|            | or management of the supporting organization was vested in the same persons that controlled or managed                                                                                                                                                       |                |     |
| Sec        | the supported organization(s).  tion D. All Type III Supporting Organizations                                                                                                                                                                                |                |     |
|            |                                                                                                                                                                                                                                                              | Yes            | No  |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                                                                                                                               | 163            | 140 |
| •          | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax                                                                                                                                        |                |     |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the                                                                                                                                       |                |     |
|            | organization's governing documents in effect on the date of notification, to the extent not previously provided?                                                                                                                                             |                |     |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                                                                                                                                             |                |     |
| _          | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                                                                                                                                           |                |     |
|            | the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                                                  |                |     |
| 3          | By reason of the relationship described on line 2, above, did the organization's supported organizations have a                                                                                                                                              |                |     |
| •          | significant voice in the organization's investment policies and in directing the use of the organization's                                                                                                                                                   |                |     |
|            | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's                                                                                                                                          |                |     |
|            | supported organizations played in this regard.                                                                                                                                                                                                               |                |     |
| Sec        | tion E. Type III Functionally Integrated Supporting Organizations                                                                                                                                                                                            | •              |     |
| 1          | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                            |                |     |
| а          | The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                       |                |     |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                |                |     |
| С          | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)                                                                                                                             | ion <u>s).</u> |     |
| 2          | Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                               | Yes            | No  |
| а          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                                                                                                                                           |                |     |
|            | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                                                                                                                                                   |                |     |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,                                                                                                                                                     |                |     |
|            | how the organization was responsive to those supported organizations, and how the organization determined                                                                                                                                                    |                |     |
|            | that these activities constituted substantially all of its activities.                                                                                                                                                                                       |                |     |
| b          | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,                                                                                                                                          |                |     |
|            | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in                                                                                                                                                 |                |     |
|            | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in                                                                                                                                                 |                |     |
|            | these activities but for the organization's involvement.                                                                                                                                                                                                     |                |     |
| 3          | Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                             |                |     |
| а          | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                                                                                                                                  |                |     |
|            | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                                                                                                                                                |                | _   |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                          |                |     |
|            | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.                                                                                                                                            |                |     |

Schedule A (Form 990) 2022

232025 12-09-22

| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | ıg Orga        | nizations                      |                                |
|------|---------------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on     | Nov. 20, 1970 ( explain in l   | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mus     | t complete     | e Sections A through E.        |                                |
| Sect | ion A - Adjusted Net Income                                                     | (A) Prior Year | (B) Current Year<br>(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              |                                |                                |
| Sect | ion B - Minimum Asset Amount                                                    |                | (A) Prior Year                 | (B) Current Year<br>(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):               |                |                                |                                |
| а    | Average monthly value of securities                                             | 1a             |                                |                                |
| b    | Average monthly cash balances                                                   | 1b             |                                |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c             |                                |                                |
| d    | Total (add lines 1a, 1b, and 1c)                                                | 1d             |                                |                                |
| е    | 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              |                                |                                |
| Sect | ion 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-functiona   | lly integra    | ted Type III supporting orga   | nization (see                  |
|      | instructions).                                                                  |                |                                |                                |

Schedule A (Form 990) 2022

| Par   | t V   Type III Non-Functionally Integrated 509(                 | a)(3) Supporting Orga         | inizations <sub>(continu</sub> | ıed) |                                  |
|-------|-----------------------------------------------------------------|-------------------------------|--------------------------------|------|----------------------------------|
| Secti | on D - Distributions                                            |                               |                                |      | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exer      |                               | 1                              |      |                                  |
| 2     | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                |      |                                  |
|       | organizations, in excess of income from activity                |                               | 2                              |      |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose       | s of supported organizations  | <br>S                          | 3    |                                  |
| 4     | Amounts paid to acquire exempt-use assets                       |                               |                                | 4    |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                                | 5    |                                  |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               |                                | 6    |                                  |
| 7     | <b>Total annual distributions.</b> Add lines 1 through 6.       |                               |                                | 7    |                                  |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |                                |      |                                  |
|       | (provide details in Part VI). See instructions.                 |                               |                                | 8    |                                  |
| 9     | Distributable amount for 2022 from Section C, line 6            |                               |                                | 9    |                                  |
|       | Line 8 amount divided by line 9 amount                          |                               |                                | 10   |                                  |
|       |                                                                 | (i)                           | (ii)                           |      | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)              | Excess Distributions          | Underdistribution<br>Pre-2022  | ıs   | Distributable<br>Amount for 2022 |
| _1_   | Distributable amount for 2022 from Section C, line 6            |                               |                                |      |                                  |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-    |                               |                                |      |                                  |
|       | able cause required - explain in Part VI). See instructions.    |                               |                                |      |                                  |
| 3     | Excess distributions carryover, if any, to 2022                 |                               |                                |      |                                  |
| а     | From 2017                                                       |                               |                                |      |                                  |
| b     | From 2018                                                       |                               |                                |      |                                  |
| С     | From 2019                                                       |                               |                                |      |                                  |
| d     | From 2020                                                       |                               |                                |      |                                  |
| е     | From 2021                                                       |                               |                                |      |                                  |
| f     | Total of lines 3a through 3e                                    |                               |                                |      |                                  |
| g     | Applied to underdistributions of prior years                    |                               |                                |      |                                  |
| h     | Applied to 2022 distributable amount                            |                               |                                |      |                                  |
| i     | Carryover from 2017 not applied (see instructions)              |                               |                                |      |                                  |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                |      |                                  |
| 4     | Distributions for 2022 from Section D,                          |                               |                                |      |                                  |
|       | line 7: \$                                                      |                               |                                |      |                                  |
| a     | Applied to underdistributions of prior years                    |                               |                                |      |                                  |
| b     | Applied to 2022 distributable amount                            |                               |                                |      |                                  |
| С     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                |      |                                  |
| 5     | Remaining underdistributions for years prior to 2022, if        |                               |                                |      |                                  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                |      |                                  |
|       | than zero, explain in <b>Part VI.</b> See instructions.         |                               |                                |      |                                  |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h        |                               |                                |      |                                  |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |                                |      |                                  |
|       | Part VI. See instructions.                                      |                               |                                |      |                                  |
| 7     | Excess distributions carryover to 2023. Add lines 3             |                               |                                |      |                                  |
|       | and 4c.                                                         |                               |                                |      |                                  |
| 8     | Breakdown of line 7:                                            |                               |                                |      |                                  |
|       | Excess from 2018                                                |                               |                                |      |                                  |
|       | Excess from 2019                                                |                               |                                |      |                                  |
|       | Excess from 2020                                                |                               |                                |      |                                  |
|       | Excess from 2021                                                |                               |                                |      |                                  |
|       | Excess from 2022                                                |                               |                                |      |                                  |

Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization Employer identification number  $BREAKTHROUGH \\ 74-2991346$ 

| Organization type (cneck one): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Filers of                      | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Section:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| Form 99                        | 0 or 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | $\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 527 political organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Form 99                        | 0-PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| Note: Or                       | nly a section 501(c)(                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| General                        | Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| X                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Special                        | Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|                                | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|                                | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|                                | year, contributions<br>is checked, enter h<br>purpose. Don't con                                                                                                                                                                                                                                                                                                                                                                                                                       | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., explete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively expected, contributions totaling \$5,000 or more during the year |  |  |  |  |  |
| answer "                       | 'No" on Part IV, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 a requirements of Schedule B (Form 990).                                                                                                                                                                                                                                                                         |  |  |  |  |  |

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

| BREAKTHROUGH | 74-2991346 |
|--------------|------------|
|              |            |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if add | itional space is needed.                                                                                           |
|------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) (d) Total contributions Type of contribution                                                                   |
| 1          |                                                                        | \$ 1,351,919. Person X Payroll Noncash (Complete Part II for noncash contributions.)                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) (d) Total contributions Type of contribution                                                                   |
| 2          |                                                                        | \$ 582,000.  Person X Payroll  Noncash (Complete Part II for noncash contributions.)                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) (d) Total contributions Type of contribution                                                                   |
| 3          | Nume, address, and Zir + 4                                             | Person X Payroll Noncash (Complete Part II for noncash contributions.)                                             |
| (a)        | (b)                                                                    | (c) (d)                                                                                                            |
| No. 4      | Name, address, and ZIP + 4                                             | Total contributions  Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) (d) Total contributions Type of contribution                                                                   |
| 5          |                                                                        | Person X Payroll Noncash (Complete Part II for noncash contributions.)                                             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c) (d) Total contributions Type of contribution                                                                   |
| 6          |                                                                        | Person X Payroll  Noncash (Complete Part II for noncash contributions.)                                            |

| Name of organization | Employer identification number |
|----------------------|--------------------------------|
| BREAKTHROUGH         | 74-2991346                     |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed.      |                             |
|------------|-----------------------------------------------------------------------------|----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution |
| 7          |                                                                             | _ \$15,549.<br>_           | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c) Total contributions    | (d)<br>Type of contribution |
| 8          |                                                                             |                            | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c) Total contributions    | (d) Type of contribution    |
| 9          |                                                                             | \$35,000.<br>              | Person X Payroll            |
| (a)        | (b)                                                                         | (c)                        | (d)                         |
| No. 10     | Name, address, and ZIP + 4                                                  | Total contributions  -     | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c) Total contributions    | (d) Type of contribution    |
| 11         |                                                                             | 90,439.                    | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution |
| 12         |                                                                             | \$30,000.                  | Person X Payroll            |

Name of organization Employer identification number 74-2991346

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 13         |                                                                               | \$ <b>147,580.</b>         | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 14         |                                                                               | \$15,000 <b>.</b>          | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 15         |                                                                               | \$\$                       | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 16         |                                                                               | \$12,000 <b>.</b>          | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 17         |                                                                               | \$10,000 <b>.</b> _        | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 18         |                                                                               | \$                         | Person X Payroll                                                         |

Name of organization Employer identification number

| BREAK      | THROUGH                                                                       |                            | 74-2991346                                                               |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 19         |                                                                               | \$10,30                    | Person X Payroll  Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 20         |                                                                               | \$50,00                    | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 21         |                                                                               | \$10,00                    | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 22         |                                                                               | \$\$                       | Person X Payroll  Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 23         |                                                                               | \$\$                       | Person X Payroll  Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 24         |                                                                               | \$276,75                   | Person X Payroll                                                         |

Name of organization Employer identification number

| BREAK'     | THROUGH                                                                       | 74                         | -2991346                                                                 |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed.        |                                                                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 25         |                                                                               | \$60,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d) Type of contribution                                                 |
| 26         |                                                                               | \$5,000.                   | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d)<br>Type of contribution                                              |
| 27         |                                                                               | \$60,500.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 28         |                                                                               | \$10,000.                  | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 29         |                                                                               | \$8,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 30         |                                                                               | \$10,000.                  | Person X Payroll                                                         |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed.                                                                                          |     |
|------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution                                                                    | on  |
| 31         |                                                                      | Person X Payroll  Noncash  (Complete Part II for noncash contributions                                              | s.) |
| (a)        | (b)                                                                  | (c) (d)                                                                                                             |     |
| No. 32     | Name, address, and ZIP + 4                                           | Total contributions  Type of contribution  Person X Payroll IN Noncash (Complete Part II for noncash contributions) |     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d)  Total contributions Type of contribution                                                                   |     |
| 33         |                                                                      | Person X Payroll  Noncash (Complete Part II for noncash contributions                                               |     |
| (a)        | (b)                                                                  | (c) (d)                                                                                                             |     |
| No. 34     | Name, address, and ZIP + 4                                           | Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions     |     |
| (a)        | (b)                                                                  | (c) (d)                                                                                                             |     |
| No. 35     | Name, address, and ZIP + 4                                           | Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions     |     |
| (a)        | (b)                                                                  | (c) (d)                                                                                                             |     |
| 36         | Name, address, and ZIP + 4                                           | Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions)                          |     |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 37         |                                                                               | \$10,000.                  | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 38         |                                                                               | \$10,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 39         |                                                                               | \$\$                       | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 40         |                                                                               | \$5,000.                   | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 41         |                                                                               | \$ 20,304.                 | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 42         |                                                                               | \$ <u>152,060.</u>         | Person X Payroll                                                         |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 43         |                                                                               | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 44         |                                                                               | \$15,000.                  | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 45         |                                                                               | \$ 25,000.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 46         |                                                                               | \$7,074.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 47         |                                                                               | \$ <u>261,000.</u>         | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 48         |                                                                               | \$137,500 <b>.</b>         | Person X Payroll                                                         |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 49         |                                                                               | \$10,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 50         |                                                                               | \$5,000.                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 51         |                                                                               | \$                         | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 52         |                                                                               | \$5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 53         |                                                                               | \$                         | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 54         |                                                                               | \$52,550.                  | Person X Payroll                                                         |

| Name of organization |                                                                                                       |                           | Employ     | er identification number    |
|----------------------|-------------------------------------------------------------------------------------------------------|---------------------------|------------|-----------------------------|
| BREAKTHROUGH         |                                                                                                       |                           | 74-2991346 |                             |
| Part I               | Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                           |            |                             |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contribution | ns         | (d)<br>Type of contribution |
| 55                   |                                                                                                       | \$9,0                     | 00.        | Person X Payroll            |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contribution | ns         | (d)<br>Type of contribution |
| 56                   |                                                                                                       | \$50,2                    | 04.        | Person X Payroll            |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contribution | ns         | (d) Type of contribution    |
| 57                   |                                                                                                       | \$13,0                    |            | Person X Payroll            |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contribution | ns         | (d) Type of contribution    |
| 58                   |                                                                                                       | \$ 188,4                  | 05.        | Person X Payroll            |
| (a)                  | (b)                                                                                                   | (c)                       |            | (d)                         |

| 59         |                                   | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|-------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 60         |                                   | \$5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |

Name, address, and ZIP  $\pm$  4

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 61         |                                                                               | \$                         | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 62         |                                                                               | \$ 22,500.                 | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 63         |                                                                               | \$ 35,000.                 | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 64         |                                                                               | \$5,000.                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 65         |                                                                               | \$5,000.                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 66         |                                                                               | \$5,149.                   | Person X Payroll                                                         |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. |                             |
|------------|----------------------------------------------------------------------|-----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions  | (d)<br>Type of contribution |
| 67         |                                                                      | \$\$                        | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions     | (d)<br>Type of contribution |
| 68         |                                                                      | \$\$                        | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions     | (d)<br>Type of contribution |
| 69         |                                                                      | \$50,93 <b>4.</b>           | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions     | (d)<br>Type of contribution |
| 70         |                                                                      | \$\$                        | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions     | (d)<br>Type of contribution |
| 71         |                                                                      | \$\$                        | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions  | (d)<br>Type of contribution |
| 72         |                                                                      | \$\$,714.                   | Person X Payroll            |

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| BREAK      | THROUGH                                                                       |                            | 74-2991346                                                              |
|------------|-------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 73         |                                                                               | \$15,000                   | Person X Payroll  Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| <u>74</u>  |                                                                               | \$6,500                    | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 75         |                                                                               | \$7,500                    | Person X Payroll  Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 76         |                                                                               | \$5,000                    | Person X Payroll  Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 77         |                                                                               | \$15,000                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 78         |                                                                               | \$5,000                    | Person X Payroll  Noncash (Complete Part II for noncash contributions.) |

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| BREAK      | THROUGH                                                                       | 7                          | 74-2991346                                                               |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed.        |                                                                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d)<br>Type of contribution                                              |
| 79         |                                                                               | \$ 28,200.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 80         |                                                                               | \$5,000.                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d) Type of contribution                                                 |
| 81         |                                                                               | \$5,604.                   | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 82         |                                                                               | \$ 20,000.                 | Person X Payroll  Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 83         |                                                                               | \$35,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 84         |                                                                               | \$ 20,000.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed.                                                          |
|------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution                                     |
| 85         |                                                                      | \$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution                                     |
| 86         |                                                                      | \$ 7,500.  Person X Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution                                     |
| 87         |                                                                      | \$ 5,000.  Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution                                     |
| 88         |                                                                      | \$ 5,000.  Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution                                     |
| 89         |                                                                      | \$ 15,000.  Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution                                     |
| 90         |                                                                      | \$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)    |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed.       |                                                                         |
|------------|-----------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d) Type of contribution                                                |
| 91         |                                                                             | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 92         |                                                                             | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 93         |                                                                             | \$ 16,120.                 | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 94         |                                                                             | \$\$                       | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 95         |                                                                             | -<br>-<br>-<br>-<br>-      | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c) Total contributions    | (d) Type of contribution                                                |
| 96         |                                                                             | -<br>\$\$5,000.            | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.               |                                                                         |
|------------|-------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions     | (d)<br>Type of contribution                                             |
| 97         |                                                                               | \$ 65,300.                     | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions     | (d)<br>Type of contribution                                             |
| 98         |                                                                               | \$300,000.                     | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions     | (d)<br>Type of contribution                                             |
| 99         |                                                                               | \$ 27,371.                     | Person X Payroll                                                        |
| (a)        | (b)                                                                           | (c)                            | (d)                                                                     |
| No.<br>100 | Name, address, and ZIP + 4                                                    | Total contributions  \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions     | (d)<br>Type of contribution                                             |
| 101        |                                                                               | \$ 29,700.                     | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions     | (d)<br>Type of contribution                                             |
| 102        |                                                                               | \$6,000.                       | Person X Payroll                                                        |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                                                                                             |  |  |
|------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                              | (c) (d) Total contributions Type of contribution                                            |  |  |
| 103        |                                                                                                | Person X Payroll  Noncash (Complete Part II for noncash contributions.)                     |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                              | (c) (d) Total contributions Type of contribution                                            |  |  |
| 104        |                                                                                                | Person X Payroll Noncash (Complete Part II for noncash contributions.)                      |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                              | (c) (d) Total contributions Type of contribution                                            |  |  |
| 105        |                                                                                                | Person X Payroll Noncash (Complete Part II for noncash contributions.)                      |  |  |
| (a)        | (b)                                                                                            | (c) (d)                                                                                     |  |  |
| No.<br>106 | Name, address, and ZIP + 4                                                                     | Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                              | (c) (d) Total contributions Type of contribution                                            |  |  |
| 107        |                                                                                                | Person X Payroll Noncash (Complete Part II for noncash contributions.)                      |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                              | (c) (d) Total contributions Type of contribution                                            |  |  |
| 108        |                                                                                                | Person X Payroll  Noncash (Complete Part II for noncash contributions.)                     |  |  |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if ac | dditional space is needed. |                                                                          |
|------------|-----------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution                                                 |
| 109        |                                                                       | \$\$, 9,861.               | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 110        |                                                                       | \$10,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution                                                 |
| 111        |                                                                       | \$\$                       | Person X Payroll                                                         |
| (a)        | (b)                                                                   | (c)                        | (d)                                                                      |
| No. 112    | Name, address, and ZIP + 4                                            | * \$ 20,000.               | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution                                                 |
| 113        |                                                                       | \$\$\$\$\$\$\$             | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d) Type of contribution                                                 |
| 114        |                                                                       | \$\$_                      | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.                |                          |
|------------|-------------------------------------------------------------------------------|---------------------------------|--------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d) Type of contribution |
| 115        |                                                                               | \$5,120.                        | Person X Payroll         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d) Type of contribution |
| 116        |                                                                               | \$100,000 <b>.</b>              | Person X Payroll         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d) Type of contribution |
| 117        |                                                                               | \$5,000.                        | Person X Payroll         |
| (a)        | (b)                                                                           | (c)                             | (d)                      |
| No. 118    | Name, address, and ZIP + 4                                                    | Total contributions  \$ 27,609. | Person X Payroll         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d) Type of contribution |
| 119        |                                                                               | \$                              | Person X Payroll         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d) Type of contribution |
| 120        |                                                                               | \$6,500.                        | Person X Payroll         |

Name of organization Employer identification number 74-2991346

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 121        |                                                                               | \$10,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 122        |                                                                               | \$5,414.                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 123        |                                                                               | \$5,000.                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 124        |                                                                               | \$15,000 <b>.</b> _        | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 125        |                                                                               | \$                         | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 126        |                                                                               | \$5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |

BREAKTHROUGH

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 127        |                                                                               | \$                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 128        |                                                                               | \$5,850.                   | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 129        |                                                                               | \$11,076.                  | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 130        |                                                                               | \$11,044                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                 |
| 131        |                                                                               | \$8,000.                   | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 132        |                                                                               | \$8,000.                   | Person X Payroll                                                         |

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74-2991346

Name of organization Employer identification number

BREAKTHROUGH

| Part II                      | <b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if | additional space is needed.               |                      |
|------------------------------|--------------------------------------------------------------------------------|-------------------------------------------|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                | -<br>-<br>-<br>-<br>- \$                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                | -<br>-<br>-<br>-<br>-<br>\$               |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                | -<br>-<br>-<br>-<br>- \$                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                | -<br>-<br>-<br>-<br>- \$                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                | -<br>-<br>-<br>-<br>-<br>\$               |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                | -<br>-<br>-<br>-   \$                     |                      |

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Name of organization **Employer identification number** BREAKTHROUGH 74-2991346 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE C**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. 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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

|     | Section 501(c)(4), (5), or (6) organizat                                                                             | tions: Complete Part III.         |                        |                                                                           |                              |
|-----|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|---------------------------------------------------------------------------|------------------------------|
| Nan | ne of organization                                                                                                   |                                   |                        | Em                                                                        | ployer identification number |
|     | BREAKTH                                                                                                              |                                   |                        |                                                                           | 74-2991346                   |
| Pa  | art I-A Complete if the org                                                                                          | anization is exempt und           | ler section 501(c)     | or is a section 527 o                                                     | rganization.                 |
| 2   | Provide a description of the organiz<br>Political campaign activity expendit<br>Volunteer hours for political campai | ures                              |                        |                                                                           |                              |
| Pa  | art I-B Complete if the org                                                                                          | anization is exempt und           | ler section 501(c)(    | <b>3</b> ).                                                               |                              |
|     | Enter the amount of any excise tax                                                                                   | -                                 |                        | -                                                                         | \$                           |
| 2   | Enter the amount of any excise tax                                                                                   | incurred by organization manag    | ers under section 4955 | ;                                                                         | \$                           |
| 3   | If the organization incurred a section                                                                               | n 4955 tax, did it file Form 4720 | for this year?         |                                                                           | Yes No                       |
| 4a  | a Was a correction made?                                                                                             |                                   |                        |                                                                           | Yes No                       |
|     | If "Yes," describe in Part IV.                                                                                       |                                   |                        |                                                                           |                              |
| Pa  | art I-C Complete if the org                                                                                          | janization is exempt und          | ler section 501(c),    | except section 501                                                        | c)(3).                       |
|     | Enter the amount directly expended                                                                                   |                                   | ·                      | ***************************************                                   | \$                           |
| 2   | Enter the amount of the filing organ                                                                                 |                                   | -                      |                                                                           |                              |
|     | exempt function activities                                                                                           |                                   |                        |                                                                           | \$                           |
| 3   | Total exempt function expenditures                                                                                   |                                   |                        | •                                                                         |                              |
|     | line 17b                                                                                                             |                                   |                        |                                                                           |                              |
| 4   | 3 3                                                                                                                  |                                   |                        |                                                                           |                              |
| 5   | Enter the names, addresses and en made payments. For each organiza                                                   |                                   | •                      |                                                                           |                              |
|     | contributions received that were pro-                                                                                |                                   |                        |                                                                           | •                            |
|     | political action committee (PAC). If                                                                                 |                                   |                        | •                                                                         | gg                           |
|     | (a) Name                                                                                                             | (b) Address                       | (c) EIN                | (d) Amount paid from<br>filing organization's<br>funds. If none, enter -0 | contributions received and   |
|     |                                                                                                                      |                                   |                        |                                                                           |                              |
|     |                                                                                                                      |                                   |                        |                                                                           |                              |
|     |                                                                                                                      |                                   |                        |                                                                           |                              |
|     |                                                                                                                      |                                   |                        |                                                                           |                              |
|     |                                                                                                                      |                                   |                        |                                                                           |                              |
|     |                                                                                                                      |                                   |                        |                                                                           | 1                            |

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

|    | ,                                                       |                                  | BREAKTHROUG:              |                          |                         |                        | 991346 Page 2        |  |  |
|----|---------------------------------------------------------|----------------------------------|---------------------------|--------------------------|-------------------------|------------------------|----------------------|--|--|
| Pa | art II-A                                                |                                  | anization is exen         | npt under section        | 501(c)(3) and file      | ed Form 5768 (ele      | ction under          |  |  |
|    |                                                         | section 501(h)).                 |                           |                          |                         |                        |                      |  |  |
| Α  | Check                                                   | if the filing organiza           | tion belongs to an affil  | iated group (and list in | Part IV each affiliated | group member's name    | e, address, EIN,     |  |  |
|    |                                                         | expenses, and shar               | re of excess lobbying e   | expenditures).           |                         |                        |                      |  |  |
| В  | Check                                                   | if the filing organiza           | ition checked box A ar    | d "limited control" pro  | visions apply.          |                        |                      |  |  |
|    |                                                         | Limi                             | ts on Lobbying Exper      | odituros                 |                         | (a) Filing             | (b) Affiliated group |  |  |
|    |                                                         |                                  | ditures" means amou       |                          |                         | organization's         | totals               |  |  |
|    |                                                         | (                                |                           |                          |                         | totals                 |                      |  |  |
| 1  | a Total lo                                              | bbying expenditures to influ     | uence public opinion (g   | grassroots lobbying)     |                         | 13,431.                |                      |  |  |
| ı  | <b>b</b> Total lo                                       | bbying expenditures to influ     | uence a legislative bod   | y (direct lobbying)      |                         | 4,500.                 |                      |  |  |
| (  | c Total lo                                              | bbying expenditures (add li      | nes 1a and 1b)            |                          |                         | 17,931.                |                      |  |  |
| (  | d Other e                                               | exempt purpose expenditure       | es                        |                          |                         | 8,505,397.             |                      |  |  |
| •  | e Total e                                               | xempt purpose expenditure        | s (add lines 1c and 1d)   | )                        |                         | 8,523,328.             |                      |  |  |
|    | f Lobbyii                                               | ng nontaxable amount. Ente       | er the amount from the    | following table in both  | n columns.              | 576,166.               |                      |  |  |
|    | If the ar                                               | nount on line 1e, column (a) o   | or (b) is: The lob        | bying nontaxable amo     | ount is:                |                        |                      |  |  |
|    | Not ove                                                 | er \$500,000                     | 20% of t                  | the amount on line 1e.   |                         |                        |                      |  |  |
|    | Over \$5                                                | 500,000 but not over \$1,000     | 0,000 \$100,00            | 0 plus 15% of the exce   | ess over \$500,000.     |                        |                      |  |  |
|    | Over \$                                                 | 1,000,000 but not over \$1,5     | 00,000 \$175,00           | 0 plus 10% of the exce   | ess over \$1,000,000.   |                        |                      |  |  |
|    | Over \$                                                 | 1,500,000 but not over \$17,     | 000,000 \$225,00          | 0 plus 5% of the exces   | ss over \$1,500,000.    |                        |                      |  |  |
|    | Over \$                                                 | 17,000,000                       | \$1,000,0                 | 000.                     |                         |                        |                      |  |  |
|    |                                                         |                                  |                           |                          |                         |                        |                      |  |  |
|    | g Grassro                                               | oots nontaxable amount (en       | iter 25% of line 1f)      |                          |                         | 144,042.               |                      |  |  |
| ı  | h Subtrac                                               | ct line 1g from line 1a. If zer  | o or less, enter -0-      |                          |                         | 0.                     |                      |  |  |
|    | i Subtra                                                | ct line 1f from line 1c. If zero | o or less, enter -0-      |                          |                         | 0.                     |                      |  |  |
|    | j If there                                              | is an amount other than ze       | ro on either line 1h or l | ine 1i, did the organiza | tion file Form 4720     |                        |                      |  |  |
|    | reportir                                                | ng section 4911 tax for this     | year?                     |                          |                         |                        | Yes No               |  |  |
|    |                                                         |                                  | 4-Year Ave                | raging Period Under      | Section 501(h)          |                        |                      |  |  |
|    |                                                         | (Some organizations the          |                           |                          |                         | of the five columns be | low.                 |  |  |
|    | See the separate instructions for lines 2a through 2f.) |                                  |                           |                          |                         |                        |                      |  |  |
|    |                                                         |                                  | Lobbying Exper            | nditures During 4-Yea    | r Averaging Period      |                        |                      |  |  |
|    |                                                         | Calandar voor                    |                           |                          |                         |                        |                      |  |  |
|    |                                                         | Calendar year                    | (a) 2019                  | <b>(b)</b> 2020          | (c) 2021                | (d) 2022               | (e) Total            |  |  |

| Lobbying Expenditures During 4-Year Averaging Period |                 |                                               |                                                                                  |                                                                                                                     |  |  |  |  |
|------------------------------------------------------|-----------------|-----------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>(a)</b> 2019                                      | <b>(b)</b> 2020 | (c) 2021                                      | ( <b>d)</b> 2022                                                                 | (e) Total                                                                                                           |  |  |  |  |
|                                                      | 428,102.        | 502,449.                                      | 576,166.                                                                         | 1,506,717.                                                                                                          |  |  |  |  |
|                                                      |                 |                                               |                                                                                  | 2,260,076.                                                                                                          |  |  |  |  |
|                                                      | 9,473.          | 17,063.                                       | 17,931.                                                                          | 44,467.                                                                                                             |  |  |  |  |
|                                                      | 107,026.        | 125,612.                                      | 144,042.                                                                         | 376,680.                                                                                                            |  |  |  |  |
|                                                      |                 |                                               |                                                                                  | 565,020.                                                                                                            |  |  |  |  |
|                                                      | 7,147.          | 12,669.                                       | 13,431.                                                                          | 33,247.                                                                                                             |  |  |  |  |
|                                                      | , , ,           | (a) 2019 (b) 2020  428,102.  9,473.  107,026. | (a) 2019 (b) 2020 (c) 2021  428,102. 502,449.  9,473. 17,063.  107,026. 125,612. | (a) 2019 (b) 2020 (c) 2021 (d) 2022  428,102. 502,449. 576,166.  9,473. 17,063. 17,931.  107,026. 125,612. 144,042. |  |  |  |  |

Schedule C (Form 990) 2022

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For $\epsilon$ | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description                                                                                                                                    | (a)                 |          | (b)       |       |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|-----------|-------|
|                | e lobbying activity.                                                                                                                                                                                                           | Yes No              |          | Amount    |       |
| 1              | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |                     |          |           |       |
| b              | Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                      |                     |          |           |       |
|                | Media advertisements?                                                                                                                                                                                                          |                     |          |           |       |
|                | Mailings to members, legislators, or the public?                                                                                                                                                                               |                     |          |           |       |
|                | Publications, or published or broadcast statements?                                                                                                                                                                            |                     |          |           |       |
|                | Grants to other organizations for lobbying purposes?                                                                                                                                                                           |                     |          |           |       |
| 9              |                                                                                                                                                                                                                                |                     |          |           |       |
| n              | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                      |                     |          |           |       |
|                | Other activities?                                                                                                                                                                                                              |                     |          |           |       |
|                | Total. Add lines 1c through 1i                                                                                                                                                                                                 |                     |          |           |       |
|                | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                  |                     |          |           |       |
|                | If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                  |                     |          |           |       |
|                | • • •                                                                                                                                                                                                                          |                     |          |           |       |
|                | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  † III-A   Complete if the organization is exempt under section 501(c)(4), section                                                | n 501(c)(5).        | or sec   | tion      |       |
|                | 501(c)(6).                                                                                                                                                                                                                     |                     |          |           |       |
|                |                                                                                                                                                                                                                                |                     |          | Yes       | No    |
| 1              | Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                                                   |                     |          |           |       |
| 2              | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                                              |                     | 2        |           |       |
| 3              | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section                                         |                     | 3        | Li        |       |
|                | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."                                                                                                                                       |                     |          |           | 3, is |
| 1              | Dues, assessments and similar amounts from members                                                                                                                                                                             |                     | 1        |           |       |
| 2              | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).                                                                       | cal                 |          |           |       |
| а              | Current year                                                                                                                                                                                                                   |                     | 2a       |           |       |
|                | Carryover from last year                                                                                                                                                                                                       |                     | 2b       |           |       |
| С              | Total                                                                                                                                                                                                                          |                     | 2c       |           |       |
| 3              | 4                                                                                                                                                                                                                              |                     | 3        |           |       |
| 4              | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc                                                                                                                           | ess                 |          |           |       |
|                | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p                                                                                                                            |                     |          |           |       |
|                | expenditures next year?                                                                                                                                                                                                        |                     | 4        |           |       |
| 5              | Taxable amount of lobbying and political expenditures. See instructions                                                                                                                                                        |                     | 5        |           |       |
| Par            | t IV Supplemental Information                                                                                                                                                                                                  |                     |          |           |       |
|                | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.                  | list); Part II-A, I | ines 1 a | nd 2 (See |       |
|                |                                                                                                                                                                                                                                |                     |          |           |       |
|                |                                                                                                                                                                                                                                |                     |          |           |       |
|                |                                                                                                                                                                                                                                |                     |          |           |       |
|                |                                                                                                                                                                                                                                |                     |          |           |       |
|                |                                                                                                                                                                                                                                |                     |          |           |       |
|                |                                                                                                                                                                                                                                |                     |          |           |       |

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

BREAKTHROUGH

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

Name of the organization

**Employer identification number** 74-2991346

| Par    |                                                                                                                                |                                             | or Accounts. Complete if the         |
|--------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------|
|        | organization answered "Yes" on Form 990, Part IV, lin                                                                          | e 6.  (a) Donor advised funds               | (b) Funds and other accounts         |
|        | Takel assessed as and of season                                                                                                | (a) Donor advised funds                     | (b) Funds and other accounts         |
| 1      | Total number at end of year                                                                                                    |                                             |                                      |
| 2<br>3 | Aggregate value of contributions to (during year)  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 v                                                                 | writing that the assets held in donor advis | eed funds                            |
| J      | are the organization's property, subject to the organization's                                                                 | _                                           |                                      |
| 6      | Did the organization inform all grantees, donors, and donor a                                                                  |                                             |                                      |
|        | for charitable purposes and not for the benefit of the donor o                                                                 |                                             |                                      |
|        |                                                                                                                                |                                             |                                      |
| Par    |                                                                                                                                |                                             |                                      |
| 1      | Purpose(s) of conservation easements held by the organization                                                                  | on (check all that apply).                  |                                      |
|        | Preservation of land for public use (for example, recrea                                                                       | tion or education) Preservation o           | f a historically important land area |
|        | Protection of natural habitat                                                                                                  | Preservation o                              | f a certified historic structure     |
|        | Preservation of open space                                                                                                     |                                             |                                      |
| 2      | Complete lines 2a through 2d if the organization held a qualif                                                                 | fied conservation contribution in the form  |                                      |
|        | day of the tax year.                                                                                                           |                                             | Held at the End of the Tax Year      |
|        | Total number of conservation easements                                                                                         |                                             | l l                                  |
|        |                                                                                                                                |                                             | I I                                  |
|        | Number of conservation easements on a certified historic stru                                                                  |                                             | 2c                                   |
| d      | Number of conservation easements included in (c) acquired a                                                                    | •                                           |                                      |
| •      | historic structure listed in the National Register                                                                             |                                             |                                      |
| 3      | Number of conservation easements modified, transferred, rel                                                                    | eased, extinguished, or terminated by the   | e organization during the tax        |
| 4      | year<br>Number of states where property subject to conservation eas                                                            | coment is located                           |                                      |
| 5      | Does the organization have a written policy regarding the per                                                                  |                                             |                                      |
| Ŭ      | violations, and enforcement of the conservation easements it                                                                   |                                             | Yes No                               |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,                                                                   |                                             |                                      |
|        |                                                                                                                                |                                             | ,                                    |
| 7      | Amount of expenses incurred in monitoring, inspecting, hand                                                                    | lling of violations, and enforcing conserva | tion easements during the year       |
|        |                                                                                                                                |                                             |                                      |
| 8      | Does each conservation easement reported on line 2(d) abov                                                                     | e satisfy the requirements of section 170   | (h)(4)(B)(i)                         |
|        | and section 170(h)(4)(B)(ii)?                                                                                                  |                                             | Yes No                               |
| 9      | In Part XIII, describe how the organization reports conservation                                                               | on easements in its revenue and expense     | statement and                        |
|        | balance sheet, and include, if applicable, the text of the footn                                                               | note to the organization's financial statem | ents that describes the              |
| Dos    | organization's accounting for conservation easements.                                                                          | i Aut Historiaal Trassures or Of            | thay Cimilay Assats                  |
| Par    | t III Organizations Maintaining Collections of                                                                                 |                                             | ther Similar Assets.                 |
|        | Complete if the organization answered "Yes" on Form                                                                            |                                             |                                      |
| па     | If the organization elected, as permitted under FASB ASC 95                                                                    | •                                           |                                      |
|        | of art, historical treasures, or other similar assets held for pub                                                             | , ,                                         | '                                    |
| h      | service, provide in Part XIII the text of the footnote to its finar                                                            |                                             |                                      |
| D      | If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public |                                             |                                      |
|        | provide the following amounts relating to these items:                                                                         | exhibition, education, or research in full  | lerance of public service,           |
|        | (i) Revenue included on Form 990, Part VIII, line 1                                                                            |                                             | \$                                   |
|        |                                                                                                                                |                                             |                                      |
| 2      | If the organization received or held works of art, historical trea                                                             |                                             |                                      |
| _      | the following amounts required to be reported under FASB A                                                                     |                                             | J , F                                |
| а      | Revenue included on Form 990, Part VIII, line 1                                                                                | · ·                                         | \$                                   |
|        | Assets included in Form 990, Part X                                                                                            |                                             |                                      |
|        | For Paperwork Reduction Act Notice, see the Instructions                                                                       |                                             | Schedule D (Form 990) 2022           |

|    | dule D (Form 990) 2022 BREAKTH                    |                          | · ·                     |                |             |             | 74-29      |            |        | age 2 |
|----|---------------------------------------------------|--------------------------|-------------------------|----------------|-------------|-------------|------------|------------|--------|-------|
| Pa | rt III   Organizations Maintaining C              | collections of Art       | t, Historical Tre       | easures, o     | r Other     | Similar     | Assets     | (contir    | nued)  |       |
| 3  | Using the organization's acquisition, accessi     | on, and other records    | s, check any of the     | following that | make si     | gnificant ι | use of its |            |        |       |
|    | collection items (check all that apply):          |                          |                         |                |             |             |            |            |        |       |
| а  | Public exhibition                                 | d                        | Loan or exc             | change progra  | am          |             |            |            |        |       |
| b  | Scholarly research                                | е                        | Other                   |                |             |             |            |            |        |       |
| С  | Preservation for future generations               |                          |                         |                |             |             |            |            |        |       |
| 4  | Provide a description of the organization's co    | ollections and explain   | how they further th     | ne organizatio | n's exen    | npt purpos  | se in Part | XIII.      |        |       |
| 5  | During the year, did the organization solicit of  | or receive donations o   | of art, historical trea | sures, or othe | er similar  | assets      |            |            |        |       |
|    | to be sold to raise funds rather than to be ma    |                          |                         |                |             |             |            | Yes        |        | No    |
| Pa | t IV Escrow and Custodial Arran                   | gements. Comple          | ete if the organization | n answered '   | 'Yes" on    | Form 990    | , Part IV, | line 9, or |        |       |
|    | reported an amount on Form 990, Pa                | rt X, line 21.           |                         |                |             |             |            |            |        |       |
| 1a | Is the organization an agent, trustee, custodi    | ian or other intermed    | ary for contribution    | s or other ass | sets not i  | ncluded     |            |            |        |       |
|    | on Form 990, Part X?                              |                          |                         |                |             |             |            | Yes        |        | No    |
| b  | If "Yes," explain the arrangement in Part XIII    |                          |                         |                |             |             |            |            |        |       |
|    |                                                   |                          |                         |                |             |             |            | Amoun      | t      |       |
| С  | Beginning balance                                 |                          |                         |                |             | . 1c        |            |            |        |       |
| d  | Additions during the year                         |                          |                         |                |             | . 1d        |            |            |        |       |
| е  | Distributions during the year                     |                          |                         |                |             |             |            |            |        |       |
| f  | Ending balance                                    |                          |                         |                |             |             |            |            |        |       |
| 2a | Did the organization include an amount on F       | orm 990, Part X, line    | 21, for escrow or co    | ustodial acco  | unt liabili | ty?         | $\square$  | Yes        |        | No    |
| b  | If "Yes," explain the arrangement in Part XIII.   |                          |                         |                |             |             |            |            |        |       |
| Pa | rt V Endowment Funds. Complete                    | if the organization an   | swered "Yes" on Fo      | orm 990, Part  | IV, line 1  | 0.          |            |            |        |       |
|    |                                                   | (a) Current year         | (b) Prior year          | (c) Two year   | rs back     | (d) Three y | ears back  | (e) Four   | years  | back  |
| 1a | Beginning of year balance                         | 25,967.                  | 22,100.                 | 19             | 9,919.      |             | 16,815.    |            | 18,    | 173.  |
| b  | Contributions                                     |                          |                         |                |             |             |            |            |        |       |
| С  | Net investment earnings, gains, and losses        | -3,781.                  | 3,867.                  |                | 2,181.      |             | 3,104.     |            | -1,    | 358.  |
| d  | Grants or scholarships                            |                          |                         |                |             |             |            |            |        |       |
| е  | Other expenditures for facilities                 |                          |                         |                |             |             |            |            |        |       |
|    | and programs                                      |                          |                         |                |             |             |            |            |        |       |
| f  | Administrative expenses                           |                          |                         |                |             |             |            |            |        |       |
| g  | End of year balance                               | 22,186.                  | 25,967.                 | 22             | 2,100.      |             | 19,919.    |            | 16,    | 815.  |
| 2  | Provide the estimated percentage of the curr      | rent year end balance    | e (line 1g, column (a   | )) held as:    |             |             |            |            |        |       |
| а  | Board designated or quasi-endowment               |                          | _%                      |                |             |             |            |            |        |       |
| b  | Permanent endowment                               | %                        |                         |                |             |             |            |            |        |       |
| С  | Term endowment100                                 | %                        |                         |                |             |             |            |            |        |       |
|    | The percentages on lines 2a, 2b, and 2c sho       | uld equal 100%.          |                         |                |             |             |            |            |        |       |
| За | Are there endowment funds not in the posse        | ssion of the organiza    | tion that are held a    | nd administer  | ed for th   | е           |            | ,          |        |       |
|    | organization by:                                  |                          |                         |                |             |             |            |            | Yes    | No    |
|    | (i) Unrelated organizations                       |                          |                         |                |             |             |            | 3a(i)      | Х      |       |
|    | (ii) Related organizations                        |                          |                         |                |             |             |            | 3a(ii)     |        | X     |
| b  | If "Yes" on line 3a(ii), are the related organiza | ations listed as require | ed on Schedule R?       |                |             |             |            | 3b         |        |       |
| 4  | Describe in Part XIII the intended uses of the    |                          | wment funds.            |                |             |             |            |            |        |       |
| Pa | rt VI Land, Buildings, and Equipm                 |                          |                         |                |             |             |            |            |        |       |
|    | Complete if the organization answere              |                          |                         |                |             |             | Г          |            |        |       |
|    | Description of property                           | (a) Cost or o            | . ,                     | t or other     | ٠,          | ccumulate   | ed         | (d) Boo    | k valu | е     |
|    |                                                   | basis (investr           | nent) basis             | (other)        | dep         | oreciation  |            |            |        |       |
|    | Land                                              |                          |                         |                |             |             |            |            |        |       |
|    | Buildings                                         |                          |                         |                |             |             |            |            |        |       |
|    | Leasehold improvements                            |                          |                         | 5,537.         |             | 55,53       |            |            |        | 0.    |
|    | Equipment                                         |                          |                         | 4,946.         |             | 64,94       |            |            |        | 0.    |
| е  | Other                                             |                          | 21                      | .8,835.        | 1           | L23,9!      | 50.        | 9.         | 4,8    | 85.   |

Schedule D (Form 990) 2022

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

| Schedule D (Form 990) 2022 BREAKTHROUG                                                                     | ₽H                         | 74                                        | -2991346 Page 3        |
|------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------|------------------------|
| Part VII Investments - Other Securities.                                                                   |                            |                                           |                        |
| Complete if the organization answered "Yes"                                                                |                            | T                                         |                        |
| (a) Description of security or category (including name of security)                                       | (b) Book value             | (c) Method of valuation: Cost or end      | d-of-year market value |
| (1) Financial derivatives                                                                                  |                            |                                           |                        |
| (2) Closely held equity interests                                                                          |                            |                                           |                        |
| (3) Other                                                                                                  |                            |                                           |                        |
| _ (A)                                                                                                      |                            |                                           |                        |
| (B)                                                                                                        |                            |                                           |                        |
| (C)                                                                                                        |                            |                                           |                        |
| (D)                                                                                                        |                            |                                           |                        |
| (E)                                                                                                        |                            |                                           |                        |
| <u>(F)</u>                                                                                                 |                            |                                           |                        |
| (G)                                                                                                        |                            |                                           |                        |
| (H)                                                                                                        |                            |                                           |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related. |                            |                                           |                        |
|                                                                                                            | on Form 000 Dort IV line:  | 11a Cas Farm 000 Bart V line 12           |                        |
| Complete if the organization answered "Yes"  (a) Description of investment                                 | (b) Book value             | (c) Method of valuation: Cost or end      | l of year market value |
|                                                                                                            | (b) Book value             | (c) Method of Valuation. Cost of end      | 1-01-year market value |
| <u>(1)</u>                                                                                                 |                            |                                           |                        |
| (2)                                                                                                        |                            |                                           |                        |
| (3)                                                                                                        |                            |                                           |                        |
| (4)                                                                                                        |                            |                                           |                        |
| (5)                                                                                                        |                            |                                           |                        |
| (6)                                                                                                        |                            |                                           |                        |
| <u>(7)</u><br>(8)                                                                                          |                            |                                           |                        |
| (9)                                                                                                        |                            |                                           |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                                           |                            |                                           |                        |
| Part IX Other Assets.                                                                                      |                            |                                           |                        |
| Complete if the organization answered "Yes"                                                                | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.       |                        |
|                                                                                                            | ) Description              |                                           | (b) Book value         |
| (1) SECURITY DEPOSITS                                                                                      | •                          |                                           | 12,301.                |
| (2) RIGHT OF USE ASSET                                                                                     |                            |                                           | 264,590.               |
| (3)                                                                                                        |                            |                                           | •                      |
| (4)                                                                                                        |                            |                                           |                        |
| (5)                                                                                                        |                            |                                           |                        |
| (6)                                                                                                        |                            |                                           |                        |
| (7)                                                                                                        |                            |                                           |                        |
| (8)                                                                                                        |                            |                                           |                        |
| (9)                                                                                                        |                            |                                           |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.                    | ne 15.)                    |                                           | 276,891.               |
| 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) OPERATING LEASE LIABILITY                                                                              |                            |                                           | 90,913.                |
| (3)                                                                                                        |                            |                                           |                        |
| (4)                                                                                                        |                            |                                           |                        |
| (5)                                                                                                        |                            |                                           |                        |
| (6)                                                                                                        |                            |                                           |                        |
| (7)                                                                                                        |                            |                                           |                        |
| (8)                                                                                                        |                            |                                           |                        |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

| Par        | rt XI Reconciliation of Revenue per Audited Financial Sta                                                                                |                        | Revenue per Re         | turn.     |                       |
|------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------|-----------------------|
|            | Complete if the organization answered "Yes" on Form 990, Part IV, I                                                                      | ine 12a.               |                        |           |                       |
| 1          | Total revenue, gains, and other support per audited financial statements                                                                 |                        |                        | 1         | 6,694,029.            |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                      | 1 1                    |                        |           |                       |
| а          | <b>3</b>                                                                                                                                 |                        | -265,328.              | -         |                       |
| b          | Donated services and use of facilities                                                                                                   |                        |                        | -         |                       |
| С          | Recoveries of prior year grants                                                                                                          | 2c                     |                        | -         |                       |
| d          | Other (Describe in Part XIII.)                                                                                                           | 2d                     |                        |           |                       |
| е          | Add lines 2a through 2d                                                                                                                  |                        |                        | 2e        | -265,328.             |
| 3          | Subtract line 2e from line 1                                                                                                             |                        |                        | 3         | 6,959,357.            |
| 4          | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                     | 1 1                    |                        |           |                       |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b                                                                         |                        |                        | -         |                       |
| b          | Other (Describe in Part XIII.)                                                                                                           | 4b                     | -73,614.               |           |                       |
| С          | Add lines 4a and 4b                                                                                                                      |                        |                        | 4c        | -73,614.              |
| 5          | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St | 2)                     |                        | 5         | 6,885,743.            |
| Pai        |                                                                                                                                          |                        | Expenses per I         | Returr    | 1.                    |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, I                                                                      |                        |                        |           |                       |
| 1          | Total expenses and losses per audited financial statements                                                                               |                        |                        | 1         | 8,596,942.            |
| 2          | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                        | 1 1                    |                        |           |                       |
| а          | Donated services and use of facilities                                                                                                   | 2a                     |                        | _         |                       |
| b          | Prior year adjustments                                                                                                                   | 2b                     |                        |           |                       |
| С          | Other losses                                                                                                                             | 2c                     |                        |           |                       |
| d          | Other (Describe in Part XIII.)                                                                                                           | 2d                     | 86,373.                |           |                       |
| е          |                                                                                                                                          |                        |                        | 2e        | 86,373.<br>8,510,569. |
| 3          | Subtract line 2e from line 1                                                                                                             |                        |                        | 3         | 8,510,569.            |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                       |                        |                        |           |                       |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b                                                                         | 4a                     |                        |           |                       |
| b          | Other (Describe in Part XIII.)                                                                                                           | 4b                     | 12,759.                |           |                       |
| С          | Add lines 4a and 4b                                                                                                                      |                        |                        | 4c        | 12,759.               |
| 5          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line                                                              | 18.)                   |                        | 5         | 8,523,328.            |
| Pai        | rt XIII Supplemental Information.                                                                                                        |                        |                        |           |                       |
| Provi      | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and                                                     | 4; Part IV, lines 1b a | and 2b; Part V, line 4 | l; Part X | ζ, line 2; Part ΧΙ,   |
| lines      | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a                                                           | any additional inform  | ation.                 |           |                       |
|            |                                                                                                                                          |                        |                        |           |                       |
|            |                                                                                                                                          |                        |                        |           |                       |
| PAF        | RT V, LINE 4:                                                                                                                            |                        |                        |           |                       |
|            |                                                                                                                                          |                        |                        |           |                       |
| THE        | E ENDOWMENT WAS SET UP TO PROVIDE FUNDS                                                                                                  | TO SERVE               | THE STUDEN             | ITS.      | THE FUND              |
|            |                                                                                                                                          |                        |                        |           |                       |
| <u>ALI</u> | LOWS 5% OF THE FUND'S VALUE AS OF DECEM                                                                                                  | BER 31 TO              | BE AVAILAB             | LE T      | ro be used            |
|            |                                                                                                                                          |                        |                        |           |                       |
| <u>IN</u>  | THE FOLLOWING CALENDAR YEAR.                                                                                                             |                        |                        |           |                       |
|            |                                                                                                                                          |                        |                        |           |                       |
|            |                                                                                                                                          |                        |                        |           |                       |
|            |                                                                                                                                          |                        |                        |           |                       |
| PAF        | RT X, LINE 2:                                                                                                                            |                        |                        |           |                       |
|            |                                                                                                                                          |                        |                        |           |                       |
| BRE        | EAKTHROUGH HAS ADOPTED FASB ASC 740, AC                                                                                                  | COUNTING F             | OR UNCERTA             | TNI       | Y IN                  |
|            |                                                                                                                                          |                        |                        |           |                       |
| INC        | COME TAXES. THE BENEFIT OF A TAX POSITI                                                                                                  | ON IS RECO             | GNIZED IN              | THE       | FINANCIAL             |
|            |                                                                                                                                          |                        |                        |           |                       |
| STA        | ATEMENTS IN THE PERIOD DURING WHICH, BA                                                                                                  | SED ON ALL             | AVAILABLE              | EV.       | IDENCE,               |
|            |                                                                                                                                          |                        |                        |           |                       |
| MAN        | NAGEMENT BELIEVES IT IS MORE LIKELY THA                                                                                                  | TAHT TON N             | THE POSIT              | IONS      | S WILL BE             |
|            |                                                                                                                                          |                        |                        |           |                       |
| SUS        | STAINED UPON EXAMINATION, INCLUDING THE                                                                                                  | RESOLUTIO              | N OF APPEA             | LS (      | OR                    |
|            |                                                                                                                                          |                        |                        |           |                       |

LITIGATION PROCESSES, IF ANY. TAX POSITIONS THAT MEET THE

| Part XIII   Supplemental Information (continued)                     | - ago o  |
|----------------------------------------------------------------------|----------|
| MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGE | EST      |
| AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED | UPON     |
| SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. AS OF DECEMBER 31,  | 2022     |
| AND 2021, BREAKTHROUGH HAS NOT RECOGNIZED LIABILITIES FOR UNCERTAIN  | TAX      |
| POSITIONS OR ASSOCIATED INTEREST AND PENALTIES.                      |          |
|                                                                      |          |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:                                |          |
| FUNDRAISING EXPENSES INCLUDED IN REVENUE                             | -86,373. |
| INVESTMENT FEES NOT INCLUDED IN REVENUE                              | 12,759.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B                                | -73,614. |
|                                                                      |          |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:                               |          |
| FUNDRAISING EXPENSES INCLUDED IN REVENUE                             | 86,373.  |
|                                                                      |          |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:                               |          |
| INVESTMENT FEES NOT INCLUDED IN REVENUE                              | 12,759.  |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |
|                                                                      |          |

#### **SCHEDULE E**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Name of the organization BREAKTHROUGH Employer identification number 74-2991346

| Pa | πι                                                                                                                                                                                         |    |     |          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----------|
|    |                                                                                                                                                                                            |    | YES | NO       |
| 1  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,                                                                                |    |     |          |
|    | bylaws, other governing instrument, or in a resolution of its governing body?                                                                                                              | 1  | X   |          |
| 2  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,                                                                   |    |     |          |
|    | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?                                                                  | 2  | X   |          |
| 3  | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet                                                                          |    |     |          |
|    | homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the                                                                                 |    |     |          |
|    | homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the                                                                            |    |     |          |
|    | registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general                                                                    |    |     |          |
|    | community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II                                                                               | 3  | X   |          |
|    | ADVERTISEMENT IN LOCAL NEWSPAPER                                                                                                                                                           |    |     |          |
|    |                                                                                                                                                                                            |    |     |          |
|    |                                                                                                                                                                                            |    |     |          |
| 4  | Does the organization maintain the following?                                                                                                                                              |    | Х   |          |
|    | Records indicating the racial composition of the student body, faculty, and administrative staff?                                                                                          | 4a | X   |          |
|    | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?                                                                    | 4b | Λ   |          |
| С  | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing                                                                                 |    | Х   |          |
|    | with student admissions, programs, and scholarships?                                                                                                                                       | 4c | X   |          |
| d  | Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II. | 4d | Λ   |          |
|    |                                                                                                                                                                                            |    |     |          |
| 5  | Does the organization discriminate by race in any way with respect to:                                                                                                                     |    |     |          |
| а  | Students' rights or privileges?                                                                                                                                                            | 5a |     | _X_      |
| b  | Admissions policies?                                                                                                                                                                       | 5b |     | X        |
| С  | Employment of faculty or administrative staff?                                                                                                                                             | 5с |     | _X_      |
| d  | Scholarships or other financial assistance?                                                                                                                                                | 5d |     | X        |
|    | Educational policies?                                                                                                                                                                      | 5е |     | X        |
|    | Use of facilities?                                                                                                                                                                         | 5f |     | X        |
|    | Athletic programs?                                                                                                                                                                         | 5g |     | <u>X</u> |
| h  | Other extracurricular activities?                                                                                                                                                          | 5h |     | _X_      |
|    | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.                                                                                            |    |     |          |
|    |                                                                                                                                                                                            |    |     |          |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency?                                                                                                  | 6a | X   |          |
| b  | Has the organization's right to such aid ever been revoked or suspended?                                                                                                                   | 6b |     | X        |
|    | If you answered "Yes" on either line 6a or line 6b, explain on Part II.                                                                                                                    |    |     |          |
| 7  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through                                                                               |    |     |          |
|    | 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering                                                                                |    |     |          |
|    | racial nondiscrimination? If "No," explain on Part II                                                                                                                                      | 7  | X   |          |

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

Schedule E (Form 990) 2022

### SCHEDULE G (Form 990)

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

2022

Open to Public Inspection

Name of the organization Employer identification number **BREAKTHROUGH** 74-2991346 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

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

Schedule G (Form 990) 2022

|                 |      |                                                                                                    |                                  |                           |                       | 2991346 Page 2                            |
|-----------------|------|----------------------------------------------------------------------------------------------------|----------------------------------|---------------------------|-----------------------|-------------------------------------------|
| Pa              | rt I |                                                                                                    |                                  |                           |                       |                                           |
|                 |      | of fundraising event contributions and gro                                                         |                                  | •                         |                       | s greater than \$5,000.                   |
|                 |      |                                                                                                    | (a) Event #1<br>BEAT THE<br>ODDS | <b>(b)</b> Event #2       | (c) Other events NONE | (d) Total events<br>(add col. (a) through |
|                 |      |                                                                                                    | (event type)                     | (event type)              | (total number)        | col. <b>(c)</b> )                         |
| Revenue         | 1    | Gross receipts                                                                                     | 529,645.                         |                           | ,                     | 529,645.                                  |
|                 | 2    | Less: Contributions                                                                                | 481,132.                         |                           |                       | 481,132.                                  |
|                 | 3    | Gross income (line 1 minus line 2)                                                                 | 48,513.                          |                           |                       | 48,513.                                   |
|                 | 4    | Cash prizes                                                                                        | 0.                               |                           |                       |                                           |
| S               | 5    | Noncash prizes                                                                                     | 2,900.                           |                           |                       | 2,900.                                    |
| sued            | 6    | Rent/facility costs                                                                                | 14,328.                          |                           |                       | 14,328.                                   |
| Direct Expenses | 7    | Food and beverages                                                                                 | 18,435.                          |                           |                       | 18,435.                                   |
|                 | 8    | Entertainment                                                                                      | 16,580.<br>34,129.               |                           |                       | 16,580.                                   |
|                 | 9    | Other direct expenses                                                                              | 34,129.                          |                           |                       | 34,129.                                   |
|                 | 10   | Direct expense summary. Add lines 4 through                                                        | 9 in column (d)                  |                           |                       | 86,372.                                   |
|                 |      | Net income summary. Subtract line 10 from li                                                       |                                  |                           |                       | -37,859.                                  |
|                 | rt I | <b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.                    | Ι                                | (b) Pull tabs/instant     |                       | (d) Total gaming (add                     |
| Revenue         |      |                                                                                                    | (a) Bingo                        | bingo/progressive bingo   | (c) Other gaming      | col. (a) through col. (c))                |
| Щ.              | 1    | Gross revenue                                                                                      |                                  |                           |                       |                                           |
| ses             | 2    | Cash prizes                                                                                        |                                  |                           |                       |                                           |
| Expenses        | 3    | Noncash prizes                                                                                     |                                  |                           |                       |                                           |
| Direct          | 4    | Rent/facility costs                                                                                |                                  |                           |                       |                                           |
|                 | 5    | Other direct expenses                                                                              |                                  |                           |                       |                                           |
|                 | 6    | Volunteer labor                                                                                    | Yes %  No                        | Yes % No                  | Yes % No              |                                           |
|                 | 7    | Direct expense summary. Add lines 2 through                                                        | n 5 in column (d)                |                           |                       |                                           |
|                 | 8    | Net gaming income summary. Subtract line 7                                                         | from line 1, column (d)          |                           |                       |                                           |
| 0               | Ent  | tor the state(s) in which the organization condu                                                   | ects gaming activities:          |                           |                       |                                           |
|                 |      | ter the state(s) in which the organization condu<br>the organization licensed to conduct gaming ac |                                  |                           |                       | Yes No                                    |
|                 |      | No," explain:                                                                                      |                                  |                           |                       |                                           |
| 10a             | We   | ere any of the organization's gaming licenses re                                                   | evoked, suspended, or te         | rminated during the tax v | /ear?                 | Yes No                                    |
|                 |      | Yes," explain:                                                                                     |                                  |                           |                       |                                           |
|                 | _    |                                                                                                    |                                  |                           |                       |                                           |

Schedule G (Form 990) 2022

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| Sch | edule G (Form 990) 2022 BREAKTHROUGH                                                                                                       | 74-299134            | 6 Page <b>3</b> |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|
| 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                  | %               |
|     | An outside facility                                                                                                                        |                      | %               |
|     | Enter the name and address of the person who prepares the organization's gaming/special events books and records                           |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     | Name                                                                                                                                       |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     | Addraga                                                                                                                                    |                      |                 |
|     | Address                                                                                                                                    |                      |                 |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                             | Yes                  | ☐ No            |
| ŀ   | of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization | unt                  |                 |
|     | of gaming revenue retained by the third party \$                                                                                           | J. 10                |                 |
| ,   | c If "Yes," enter name and address of the third party:                                                                                     |                      |                 |
| •   | on 100, onto hamo and address of the time party.                                                                                           |                      |                 |
|     | Nama                                                                                                                                       |                      |                 |
|     | Name                                                                                                                                       |                      |                 |
|     | Address                                                                                                                                    |                      |                 |
|     | Address                                                                                                                                    |                      |                 |
|     |                                                                                                                                            |                      |                 |
| 16  | Gaming manager information:                                                                                                                |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     | Name                                                                                                                                       |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     | Gaming manager compensation \$                                                                                                             |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     | Description of services provided                                                                                                           |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     |                                                                                                                                            |                      |                 |
|     | ☐ Director/officer ☐ Employee ☐ Independent contractor                                                                                     |                      |                 |
|     |                                                                                                                                            |                      |                 |
| 17  | Mandatory distributions:                                                                                                                   |                      |                 |
|     | Is the organization required under state law to make charitable distributions from the gaming proceeds to                                  |                      |                 |
|     | retain the state gaming license?                                                                                                           | Yes                  | ☐ No            |
| ŀ   | 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 \$                                                                                |                      |                 |
| Pa  | supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a                                   | and Part III lines 9 | 9h 10h          |
| -   | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                                           | and rait in, inico o | , 00, 100,      |
| _   | 130, 136, 16, and 175, as applicable. Also provide any additional information. See instructions.                                           |                      |                 |
|     |                                                                                                                                            |                      |                 |
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| Schedule G | (Form 990) BREA                             | KTHROUGH    | 74-2991346 | Page 4 |
|------------|---------------------------------------------|-------------|------------|--------|
| Part IV    | (Form 990) BREA<br>Supplemental Information | (continued) |            |        |
|            |                                             | ,           |            |        |
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## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Name of the organization

BREAKTHROUGH

74-2991346

Part I Questions Regarding Compensation

|            |                                                                                                                        |    | Yes | No       |  |  |  |
|------------|------------------------------------------------------------------------------------------------------------------------|----|-----|----------|--|--|--|
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |          |  |  |  |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |          |  |  |  |
|            | First-class or charter travel Housing allowance or residence for personal use                                          |    |     |          |  |  |  |
|            | Travel for companions Payments for business use of personal residence                                                  |    |     |          |  |  |  |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |          |  |  |  |
|            | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |    |     |          |  |  |  |
|            |                                                                                                                        |    |     |          |  |  |  |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |          |  |  |  |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |          |  |  |  |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |          |  |  |  |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  |     |          |  |  |  |
|            |                                                                                                                        |    |     |          |  |  |  |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |          |  |  |  |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |          |  |  |  |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.                                         |    |     |          |  |  |  |
|            | Compensation committee Written employment contract                                                                     |    |     |          |  |  |  |
|            | Independent compensation consultant  X Compensation survey or study                                                    |    |     |          |  |  |  |
|            | Form 990 of other organizations  X Approval by the board or compensation committee                                     |    |     |          |  |  |  |
|            |                                                                                                                        |    |     |          |  |  |  |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |          |  |  |  |
|            | organization or a related organization:                                                                                |    |     |          |  |  |  |
| а          | Receive a severance payment or change-of-control payment?                                                              | 4a |     | X        |  |  |  |
| b          | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | X        |  |  |  |
| С          | Participate in or receive payment from an equity-based compensation arrangement?                                       |    |     |          |  |  |  |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |          |  |  |  |
|            |                                                                                                                        |    |     |          |  |  |  |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |          |  |  |  |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |          |  |  |  |
|            | contingent on the revenues of:                                                                                         |    |     |          |  |  |  |
| а          | The organization?                                                                                                      | 5a |     | <u>X</u> |  |  |  |
| b          | Any related organization?                                                                                              | 5b |     | X        |  |  |  |
|            | If "Yes" on line 5a or 5b, describe in Part III.                                                                       |    |     |          |  |  |  |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |          |  |  |  |
|            | contingent on the net earnings of:                                                                                     |    |     |          |  |  |  |
|            | The organization?                                                                                                      | 6a |     | <u>X</u> |  |  |  |
| b          | Any related organization?                                                                                              | 6b |     | Х        |  |  |  |
|            | If "Yes" on line 6a or 6b, describe in Part III.                                                                       |    |     |          |  |  |  |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |    |     |          |  |  |  |
|            | not described on lines 5 and 6? If "Yes," describe in Part III                                                         | 7  |     | <u>X</u> |  |  |  |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     |          |  |  |  |
|            | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | <u>X</u> |  |  |  |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |    |     |          |  |  |  |
|            | Regulations section 53.4958-6(c)?                                                                                      | 9  |     |          |  |  |  |

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

Schedule J (Form 990) 2022

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

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

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

|                      |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B)                             |  |
|----------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|---------------------------------|-------------------------------------------|--|
| (A) Name and Title   |      | (i) Base<br>compensation                                           | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation                      |                         |                                 | reported as deferred<br>on prior Form 990 |  |
| (1) MICHAEL GRIFFITH | (i)  | 167,700.                                                           | 0.                                  | 0.                                  | 809.                              | 7,337.                  | 175,846.                        | 0.                                        |  |
| EXECUTIVE DIRECTOR   | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                              | 0.                                        |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 | <u> </u>                                  |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 | <u> </u>                                  |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (i)  |                                                                    |                                     |                                     |                                   |                         |                                 |                                           |  |
|                      | (ii) |                                                                    |                                     |                                     |                                   | l                       | 1                               | <u> </u>                                  |  |

## SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BREAKTHROUGH

Employer identification number 74-2991346

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO HELP STUDENTS SUCCEED IN SCHOOL AND BECOME FIRST GENERATION COLLEGE

GRADUATES. PROGRAMS INCLUDE SUMMER, SATURDAY AND AFTER-SCHOOL

PROGRAMS; CASE MANAGEMENT AND STUDENT SUPPORT; PARENT EDUCATION AND

CONFERENCES; COLLEGE PREPARATION AND GUIDANCE; AND COLLEGE PERSISTENCE

SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRADERS AND MAKES A LONGTERM COMMITMENT TO HELPING THEM GRADUATE FROM

HIGH SCHOOL AND COLLEGE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND REVIEWED AND APPROVED BY
THE FINANCE COMMITTEE PRIOR TO FILING.

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

ANY POSSIBLE CONFLICT BETWEEN THE INTERESTS OF THE CORPORATION AND THE

PERSONAL OR BUSINESS INTERESTS OF A DIRECTOR, AN OFFICER, OR MEMBER OF

THEIR FAMILIES, SHALL BE DISCLOSED TO THE DIRECTORS AND MADE A RECORD

THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN THE INTEREST BECOMES A MATTER OF

BOARD ACTION. ANY DIRECTOR HAVING A DUALITY OF INTEREST OR A POSSIBLE

CONFLICT OF INTEREST ON ANY MATTER SHALL NOT VOTE OR USE PERSONAL INFLUENCE

ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S SALARY BASED ON

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 74-2991346 BREAKTHROUGH A COMPENSATION STUDY DONE IN 2016; THE EXECUTIVE DIRECTOR DETERMINES ALL OTHER SALARIES. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST. PART XII, LINE 2C THE OVERSIGHT POLICIES AND SELECTION OF AN INDEPENDENT ACCOUNTANT BY THE AUDIT COMITTEE HAS NOT CHANGED SINCE PRIOR YEAR. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS. NO OTHER MEMBER OF THE BOARD IS PAID.