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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019

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

C Name of organization
SUSAN G KOMEN BREAST CANCER FDN INC
% Ria Williams
Doing business as
SUSAN G KOMEN

Number and street (or P O box if mail is not delivered to street address) 5005 LBJ Freeway Suite 526 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Dallas, TX 752446125

D Employer identification number
75-1835298

E Telephone number
(972) 855-1600

G Gross receipts $ 138,576,137

F Name and address of principal officer
Paula Sue Schneider
5005 LBJ Freeway Suite 526
Dallas, TX 752446125

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 7164

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

J Website: ▶ www komen org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUSAN G KOMENFIGHTS BREAST CANCER ON ALL FRONTS BY DRIVING RSRCH,ADVOCATING FOR COMPASSIONATE PUBLIC POLICIES, PROVIDING TRUSTWORTHY INFO & SUPPORT PEOPLE FACING BREAST CANCER TODAY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	248
6	Total number of volunteers (estimate if necessary)	**6**	2,600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	60,395
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	51,441,732	63,291,987
9	Program service revenue (Part VIII, line 2g)	14,437,717	12,975,072
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,239,081	15,415,716
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,380,561	-1,624,976
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,737,969	90,057,799
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,995,790	29,481,585
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,442,628	22,862,266
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,118,493	2,527,973
b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,711,290		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,719,529	37,154,373
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83,276,440	92,026,197
19	Revenue less expenses Subtract line 18 from line 12	-6,538,471	-1,968,398

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	201,811,514	192,149,996
21	Total liabilities (Part X, line 26)	77,405,059	75,529,111
22	Net assets or fund balances Subtract line 21 from line 20	124,406,455	116,620,885

Part II Signature Block

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

Sign Here

Signature of officer — Date 2019-11-22

Paula Sue Schneider President and CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-11-15		P00292940

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 1901 6TH AVE N
BIRMINGHAM, AL 35203

Phone no (205) 226-0027

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SUSAN G KOMEN IS FIGHTING BREAST CANCER ON ALL FRONTS BY DRIVING RESEARCH BREAKTHROUGHS, ADVOCATING FOR COMPASSIONATE PUBLIC POLICIES, DELIVERING TRUSTWORTHY INFORMATION, AND PROVIDING CRITICAL SUPPORT TO PEOPLE FACING BREAST CANCER TODAY, HELPING THEM LIVE LONGER, HEALTHIER LIVES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data	32) (Expenses $	31,327,575	including grants of $	25,620,549) (Revenue $	12,446,089)
4b	(Code See Additional Data	32) (Expenses $	24,622,304	including grants of $	582,735) (Revenue $	875,657)
4c	(Code See Additional Data	32) (Expenses $	5,143,857	including grants of $	3,278,301) (Revenue $	0)
4d	Other program services (Describe in Schedule O) (Expenses $			including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		61,093,736			

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
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		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	78		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	

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** 248			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
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**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
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**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
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**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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 in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ AL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , IN , KS , KY , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Ria Williams 5005 LBJ Freeway Suite 526 Dallas, TX 75244 (972) 855-1600

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								3,679,441	0	328,376

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 51

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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*	**4**	Yes	
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**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Event 360, 205 N MICHIGAN AVE CHICAGO, IL 60601	EVENT MANAGEMENT	5,238,270
STEPHEN THOMAS LTD, 184 FRONT STREET EAST SUITE 501 TORONTO, ONTARIO M5A 4N3 CA	DIRECT MARKETING SVC	1,964,389
THE ADVERTISING COUNCIL inc, 815 SECOND AVENUE 9TH FLOOR NEW YORK, NY 10017	MARKETING	1,182,990
Wasserman Media Group LLC, 10900 Wilshire Blvd Suite 1200 LOS ANGELES, CA 90024	CONSULTING	550,099
BLACKBAUD INC, 6111 W PLANO PKWY STE 1000YC PLANO, TX 75093	CONSULTING	540,303

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 18

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a** 224,516				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 15,125,344				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 47,942,127				
	g Noncash contributions included in lines 1a - 1f $ 167,207				
	h Total. Add lines 1a-1f . . . . . ▶	63,291,987			
Program Service Revenue		Business Code			
	2a Affiliate Program Funding	900099 12,975,072	12,975,072	0	0
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	12,975,072			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5,202,470			5,202,470
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	19,231			19,231
		(i) Real / (ii) Personal			
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss) 0 / 0				
	d Net rental income or (loss) . . . . . ▶	0			0
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory 55,650,573				
	b Less cost or other basis and sales expenses 45,437,327				
	c Gain or (loss) 10,213,246				
	d Net gain or (loss) . . . . . ▶	10,213,246			10,213,246
	8a Gross income from fundraising events (not including $ 15,125,344 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 549,746				
	b Less direct expenses . . . **b** 3,024,262				
	c Net income or (loss) from fundraising events . . ▶	-2,474,516			-2,474,516
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			0
	10a Gross sales of inventory, less returns and allowances . . **a** 44,254				
	b Less cost of goods sold . . **b** 56,749				
	c Net income or (loss) from sales of inventory . . ▶	-12,495	-12,495		
	Miscellaneous Revenue / Business Code				
	11a Intercompany revenues 900099	449,435	0	0	449,435
	b Shared services income 900099	359,169	359,169	0	0
	c Other Income 900099	34,200	0	60,395	-26,195
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	842,804			
	12 Total revenue. See Instructions . . . . . ▶	90,057,799	13,321,746	60,395	13,383,671

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	27,311,934	27,311,934		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	2,169,651	2,169,651		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,815,687	1,005,240	1,336,665	473,782
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	16,452,459	5,833,744	7,828,105	2,790,610
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	655,698	236,521	312,031	107,146
9 Other employee benefits	1,814,136	593,511	920,148	300,477
10 Payroll taxes	1,124,286	416,047	513,157	195,082
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	168,066	44,819	54,031	69,216
c Accounting	309,286	0	309,286	0
d Lobbying	232,527	232,527	0	0
e Professional fundraising services See Part IV, line 17	2,527,973			2,527,973
f Investment management fees	193,238	0	193,238	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,865	2,223	966	676
12 Advertising and promotion	3,729,462	1,792,238	946,827	990,397
13 Office expenses	9,609,107	5,661,994	200,577	3,746,536
14 Information technology	1,816,388	1,180,652	290,622	345,114
15 Royalties	0	0	0	0
16 Occupancy	1,063,438	414,106	504,201	145,131
17 Travel	1,613,882	714,869	732,185	166,828
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	552,188	391,509	120,277	40,402
20 Interest	175	35	140	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	427,562	79,217	275,582	72,763
23 Insurance	333,755	166,878	83,439	83,438
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CONSULTING & PROF SVCS	10,851,269	9,309,593	1,032,401	509,275
b EVENT PRODUCTION	2,920,637	1,987,977	277,112	655,548
c EQUIP RENTAL & MAINT	1,406,703	423,225	848,163	135,315
d Bank Fees	898,851	517,744	148,187	232,920
e All other expenses	1,023,974	607,482	293,831	122,661
25 **Total functional expenses.** Add lines 1 through 24e	92,026,197	61,093,736	17,221,171	13,711,290
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)	35,267,442	20,475,918	640,144	14,151,380

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	31,040,869	2	17,950,693
	3	Pledges and grants receivable, net	18,645,179	3	26,578,028
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	209,655	8	217,555
	9	Prepaid expenses and deferred charges	1,215,980	9	1,410,475
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 9,431,581			
	b	Less accumulated depreciation — 10b: 8,498,691	1,168,202	10c	932,890
	11	Investments—publicly traded securities	101,757,276	11	77,611,324
	12	Investments—other securities See Part IV, line 11	47,753,580	12	67,428,258
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	20,773	15	20,773
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	201,811,514	16	192,149,996
Liabilities	17	Accounts payable and accrued expenses	6,873,683	17	8,480,242
	18	Grants payable	70,283,876	18	66,857,399
	19	Deferred revenue	247,500	19	191,470
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	77,405,059	26	75,529,111
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	86,358,517	27	67,602,118
	28	Temporarily restricted net assets	37,722,938	28	48,693,767
	29	Permanently restricted net assets	325,000	29	325,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	124,406,455	33	116,620,885
	34	Total liabilities and net assets/fund balances	201,811,514	34	192,149,996

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,057,799
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,026,197
3	Revenue less expenses Subtract line 2 from line 1	3	-1,968,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124,406,455
5	Net unrealized gains (losses) on investments	5	-7,539,434
6	Donated services and use of facilities	6	39,999
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,682,263
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	116,620,885

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAST CANCER FDN INC

Form 990 (2018)

Form 990, Part III, Line 4a:

GRANTS TO RESEARCH INSTITUTIONS AND OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH PROJECTS INCLUDING THOSE FOCUSED ON THE BIOLOGY OF BREAST CANCER, EARLY DETECTION, DIAGNOSIS, AND PREVENTION STRATEGIES, DEVELOPING TARGETED THERAPIES, OVERCOMING BREAST CANCER PROGRESSION, TREATMENT RESISTANCE AND METASTASIS, PREDICTING RISK, DEVELOPING NEW IMAGING TECHNIQUES, AND UNDERSTANDING AND ADDRESSING DISPARITIES IN OUTCOMES AS WELL AS RESEARCH RESOURCES AND CONFERENCES SEE SCHEDULE O FOR ADDITIONAL DETAILS

Form 990, Part III, Line 4b:

PROVISION OF BREAST HEALTH/CANCER EDUCATION RESOURCES & PATIENT SUPPORT PROGRAMS WERE MADE POSSIBLE DIRECTLY BY KOMEN AND THROUGH GRANTS TO OTHER NONPROFIT ORGANIZATIONS TO INCREASE THE PUBLIC'S KNOWLEDGE OF BREAST CANCER, ITS RISK FACTORS, THE IMPORTANCE OF EARLY DETECTION & SCREENING, KNOWING WHAT IS NORMAL FOR YOU, LIFESTYLE CHOICES, DIAGNOSIS AND TREATMENT, METASTATIC BREAST CANCER, CLINICAL TRIALS, SOCIAL SUPPORT, COMMUNICATION, COMPLEMENTARY AND INTEGRATIVE THERAPIES, AND COMMUNITY RESOURCES SEE SCHEDULE O FOR ADDITIONAL DETAILS

Form 990, Part III, Line 4c:

GRANTS TO OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS WITH A SPECIAL EMPHASIS ON PATIENT NAVIGATION, ESPECIALLY IN COMMUNITIES WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS LIMITED SEE SCHEDULE O FOR ADDITIONAL DETAILS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Peter D Brundage Chair of Board (Beg 6/18)	1 0 0 0	X		X				0	0	0
Michael B GreenwaldBEG 618 BOARD MEMBER AND TREASURER	1 0 0 0	X		X				0	0	0
Connie O'Neill BOARD MEMBER FMR BOARD CHAIR (END 6/18)	1 0 0 0	X						0	0	0
Linda Custard BOARD MEMBER	1 0 0 0	X						0	0	0
Meghan Shannon BOARD MEMBER	1 0 0 0	X						0	0	0
Trish Wheaton BOARD MEMBER	1 0 0 0	X						0	0	0
Angela Zepeda BOARD MEMBER	1 0 0 0	X						0	0	0
Kim Bohr BOARD MEMBER	1 0 0 0	X						0	0	0
Andrew Robinson BOARD MEMBER	1 0 0 0	X						0	0	0
Kaye Ceille BOARD Member (BEG 6/18)	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Doug Knutson MD BOARD Member (BEG 6/18)	1 0 0 0	X						0	0	0
Kristin Nimsger Board Member (Beg 6/18)	1 0 0 0	X						0	0	0
Stephanie Stahl BOARD MEMBER (Beg 6/18)	1 0 0 0	X						0	0	0
Dan Glennon End 618 Board Member and Treasurer	1 0 0 0	X		X				0	0	0
Jane Abraham BOARD Member (End 6/18)	1 0 0 0	X						0	0	0
Alan Feld Board Member (End 6/18)	1 0 0 0	X						0	0	0
Dr Olufunmilayo Olopade Board Member (End 6/18)	1 0 0 0	X						0	0	0
Janet Dunn Frantz Board Member (End 6/18)	1 0 0 0	X						0	0	0
Melissa Maxfield Board Member (End 6/18)	1 0 0 0	X						0	0	0
Paula Schneider President and CEO	55 0 0 0			X				552,025	0	7,081

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Catherine Olivieri Beg 319 VP, HR and Corporate Secretary	55 0 0 0			X				225,406	0	45,568
Dana Brown Beg 319 SVP CHIEF STRATEGY & OPS	55 0 0 0			X				44,118	0	140
Ria Williams Beg 1018 Chief Financial Officer	55 0 0 0			X				181,446	0	16,424
Robert Green End 1018 Chief Financial Officer	55 0 0 0			X				309,315	0	13,027
Adam Vanek END 219 GEN COUNSEL & CORPORATE SECY	55 0 0 0			X				245,603	0	25,485
Christina Alford SVP, Development	55 0 0 0				X			287,093	0	23,635
Victoria Wolodzko VP RESEARCH AND COM HEALTH PR	55 0 0 0				X			228,703	0	23,240
Lori Maris SVP, Affiliate Network	55 0 0 0				X			188,269	0	18,100
Eric Montgomery VP, I T	55 0 0 0				X			198,546	0	17,621
Linda Fisk SVP, Marketing (BEG 5/18)	55 0 0 0				X			161,063	0	3,779

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sue Aldana VP, Collaborative Revenue	55 0 0 0					X		163,312	0	19,864
Carrie Hodges Sr Dir, ACC STR & Stewardship	55 0 0 0					X		177,509	0	12,556
Subhendu Rath Sr Dir, IT Enterprise Systems	55 0 0 0					X		169,182	0	29,510
Vanessa Hewitt Sr Dir , Internal Audit	55 0 0 0					X		163,029	0	28,776
Kimberly Sabelko Sr Dir , Scientific Strategy	55 0 0 0					X		159,567	0	27,873
Ellen Willmott Former Officer	0 0 0 0						X	225,255	0	15,697

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

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

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

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	77,337,857	105,234,559	55,634,984	51,441,732	63,291,987	352,941,119
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	77,337,857	105,234,559	55,634,984	51,441,732	63,291,987	352,941,119
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)						42,585,598
6 **Public support.** Subtract line 5 from line 4						310,355,521

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	77,337,857	105,234,559	55,634,984	51,441,732	63,291,987	352,941,119
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,542,123	2,523,145	2,265,964	5,667,273	5,221,701	19,220,206
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	153,632	336,857	51,821	124,523	34,200	701,033
11 **Total support.** Add lines 7 through 10						372,862,358

12 Gross receipts from related activities, etc (see instructions)	12	90,730,880

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	83 236 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	85 794 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAST CANCER FDN INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493330004359

SCHEDULE C (Form 990 or 990-EZ)

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

2018

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) organizations Complete Part III

Name of the organization	Employer identification number
SUSAN G KOMEN BREAST CANCER FDN INC	75-1835298

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	46,137	64,115
b Total lobbying expenditures to influence a legislative body (direct lobbying)	186,390	215,154
c Total lobbying expenditures (add lines 1a and 1b)	232,527	279,269
d Other exempt purpose expenditures	74,572,499	144,099,673
e Total exempt purpose expenditures (add lines 1c and 1d)	74,805,026	144,378,942
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	218,796	274,215	253,525	279,269	1,025,805
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	66,033	19,341	19,478	64,115	168,967

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
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 expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
LOBBYING EXPENSES	SCHEDULE C, PART II-A PUBLIC POLICY INITIATIVES HAVE THE POTENTIAL TO IMPACT PEOPLE TOUCHED BY BREAST CANCER RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, KOMEN SUPPORTS LIMITED LOBBYING ACTIVITIES TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO END BREAST CANCER FOREVER

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,362,090	1,377,855	1,376,069	1,346,721	1,346,267
b Contributions	0	0			
c Net investment earnings, gains, and losses	-4,016	10,034	1,786	29,808	4,717
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	24,267	25,799	0	460	4,263
f Administrative expenses	204	0			
g End of year balance	1,333,603	1,362,090	1,377,855	1,376,069	1,346,721

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

- a Board designated or quasi-endowment ▶ 75 000 %
- b Permanent endowment ▶ 24 000 %
- c Temporarily restricted endowment ▶ 1 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings			0	
c Leasehold improvements		610,067	293,736	316,331
d Equipment		2,475,592	2,232,574	243,018
e Other		6,345,922	5,972,381	373,541
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				932,890

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Defensive equity fund	19,773,258	F
(B) Private Equity fund	47,655,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	67,428,258	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-1835298
Name: SUSAN G KOMEN BREAST CANCER FDN INC

Supplemental Information

Return Reference	Explanation
Intended use of endowment funds	SCHEDULE D, PART V, LINE 4 KOMEN HAS THREE PERMANENT ENDOWMENTS GOODMAN-BRINKER, FIRNBERG , AND A GENERAL ENDOWMENT THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FEL LOWSHIPS, THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH AW ARDS, AND THE GENERAL ENDOWMENT'S EARNINGS ARE RESTRICTED FOR ORGANIZATIONAL MISSION ACTIV ITIES

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FINANCIAL STATEMENT DISCLOSURE	SCHEDULE D, PART X, LINE 2 THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEAS UREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TA KEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THERE WERE NO UNCERTAIN TAX POSITIONS RECORDE D IN THE CONSOLIDATED FINANCIAL STATEMENTS AT MARCH 31, 2019 OR MARCH 31, 2018

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		35			12,062,067
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		35			12,062,067

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 25

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES	SCHEDULE F, PART I, LINE 2 AS OUTLINED IN EACH GRANT AGREEMENT, ALL GRANTEES ARE REQUIRED TO SUBMIT, AT A MINIMUM, ONE FINANCIAL AND PROGRESS REPORT WITHIN EACH YEAR OF THE GRANT TERM, AND ANY CHANGE REQUESTS THEY MAY HAVE FOR THEIR PROJECTS ALL PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY QUALIFIED STAFF SEE SCHEDULE I, PART IV FOR MORE DETAILS

Additional Data

Software ID:

Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAST CANCER FDN INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific		3	Grantmaking	Research	339,873
Central America and the Caribbean		2	Grantmaking	Education	33,104

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		1	Grantmaking	Screening	5,000
Europe (Including Iceland and Greenland)		1	Program Services	Legal Services	1,449

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		1	Grantmaking	Education	75,000
Europe (Including Iceland and Greenland)		10	Grantmaking	Research	889,080

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		1	Grantmaking	Education	120,000
North America		2	Grantmaking	Screening & Treatment	135,756

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		4	Grantmaking	Research	492,282
North America		1	Fundraising	Direct Mail Processing	9,817,849

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		4	Program Services	Marketing Services	59,625
North America		1	Program Services	Software Maintenance	5,242

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America		1	Grantmaking	Education	1,500
South America		1	Program Services	Consulting	4,651

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa		1	Grantmaking	Research	78,056
North America		1	Program Services	Consulting	3,600

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Screening Education Education Research Education Education Research Research Screening Research Research Screening Screening Research Research Research Treatment Research Education Research Research Education Research Education Research Research Research Research EDUCATION, TREATMENT RESEARCH RESEARCH, SCREENING, EDUCATION Treatment Research Research Education, Screening and Treatment Education Treatment Research Research Research Education Treatment Research Treatment Research Research Research Education and Treatment Treatment Research Research Research Research Research Research Research Treatment Research Education Research Treatment Education Research Research Education Research Research Research Research Research Research Research Education Treatment Research Research Treatment Screening and Treatment Research Education Education Treatment Education and Treatment Research Research Research Research Research Research Research Education Research Education, Screening, Treatment Research Education Edu	7,104	WIRE TRANSFE			
		North America	Research	135,756	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Treatment	16,000	WIRE TRANSFE			
		Europe (Including Iceland and Greenland)	RESEARCH	30,000	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	138,750	WIRE TRANSFE			
		North America	Education	27,100	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Research	53,781	WIRE TRANSFE			
		North America	Research	89,854	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Education	126,716	WIRE TRANSFE			
		East Asia and the Pacific	Research	149,790	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Screening	149,540	WIRE TRANSFE			
		East Asia and the Pacific	Research	75,000	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Treatment	10,000	WIRE TRANSFE			
		Sub-Saharan Africa	Education	78,056	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Education	36,000	WIRE TRANSFE			
		Europe (including Iceland and Greenland)	Research	75,000	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Research	81,000	WIRE TRANSFE			
		Europe (including Iceland and Greenland)	Research	23,760	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Research	158,085	WIRE TRANSFE			
		North America	Research	49,964	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Research	7,978	WIRE TRANSFE			
		Europe (including Iceland and Greenland)	Research	36,000	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Research	61,301	WIRE TRANSFE			
		North America	Education, Screening Treatment	66,612	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RESEARCH	120,000	WIRE TRANSFE			
		Europe (including Iceland and Greenland)	Research	120,000	WIRE TRANSFE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	EDUCATION	120,000	WIRE TRANSFE			
		Europe (Including Iceland and Greenland)	EDUCATION	120,000	WIRE TRANSFE			

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SCHEDULE G (Form 990 or 990-EZ)

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, lines 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

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
EVENT 360	FUNDRAISING CONSULTING		No	16,586,106	1,309,568	15,276,538
STEPHEN THOMAS LTD 184 FRONT STREET EAST SUITE 501 TORONTO, ONTARIO CA M5A 4N3	DIRECT MARKETING		No	12,858,860	785,756	12,073,104
INFINITE AGENCY	MARKETING CONSULTING		No	2,050,109	164,632	1,885,477
BOB CARTER COMPANIES	FUNDRAISING CONSULTING		No		15,069	
BLUE STATE DIGITAL INC	FUNDRAISING CONSULTING		No		70,000	
TURNKEY PROMOTIONS INC	FUNDRAISING CONSULTING		No		66,377	
RKD GROUP LLC	FUNDRAISING CONSULTING		No		40,800	
REVUNAMI INC	FUNDRAISING CONSULTING		No		36,831	
GROW FUNDRAISING CONSULTING INC	FUNDRAISING CONSULTING		No	3,361	25,190	-21,829
CAUSEFORCE LLC	FUNDRAISING CONSULTING		No		13,750	
Total	▶			31,498,436	2,527,973	29,213,290

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1 3 Day 7 (event type)	(b) Event #2 DC Walk 1 (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	14,353,334	839,530	482,226	15,675,090
	2 Less Contributions	13,980,368	672,945	472,031	15,125,344
	3 Gross income (line 1 minus line 2)	372,966	166,585	10,195	549,746
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	11,524	8,204	54,668	74,396
	6 Rent/facility costs	902,892	51,371	10,201	964,464
	7 Food and beverages	907,907	29,701	26,748	964,356
	8 Entertainment			35,000	35,000
	9 Other direct expenses	964,519	3,844	17,683	986,046
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				3,024,262
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-2,474,516

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G PART I	THE MAJORITY OF FUNDRAISING CONSULTING COSTS WITHOUT CORRESPONDING GROSS RECEIPTS ARE ASSOCIATED WITH KOMEN'S AFFILIATE NETWORK FUNDRAISING EFFORTS THE GROSS RECEIPTS ARE RETAINED BY THE AFFILIATES
NET INCOME SUMMARY	SCHEDULE G PART II Gross receipts are reduced by the amount of contributions, per IRS instructions The contributions for fiscal year 2019 were $15,125,344

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 136

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANTS	Schedule I, PART I, LINE 2 SUSAN G KOMEN'S (KOMEN) POLICIES FOR MANAGING GRANTS FROM THE TIME OF PRE-AWARD THROUGH CLOSEOUT ARE DESIGNED TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING A HIGH STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE REVIEW AND AWARD PROCESS KOMEN REQUIRES ALL GRANTEES TO SIGN A GRANT AGREEMENT SETTING FORTH THE TERMS OF THE GRANT, INCLUDING PURPOSE, AMOUNT, BUDGETARY RESTRICTIONS, DURATION, PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AUDIT, AND EARLY TERMINATION RIGHTS FOR RESEARCH GRANTS, SCIENTIFIC PROGRESS AND FINANCIAL OVERSIGHT IS MONITORED THROUGHOUT THE GRANT TERM BY A PH D OR MASTERS-LEVEL RESEARCH GRANT MANAGER FOR EDUCATION, SCREENING, AND TREATMENT GRANTS, PROGRESS AND FINANCIAL OVERSIGHT IS MONITORED OR SUPERVISED THROUGHOUT THE GRANT TERM BY QUALIFIED PROFESSIONALS SERVING AS GRANTS MANAGERS EACH YEAR OF THE GRANT TERM, GRANTEES ARE REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS DETAILING PROGRESS TOWARD AIMS AND OBJECTIVES, MAJOR ACCOMPLISHMENTS, KEY DELIVERABLES AND CHALLENGES ENCOUNTERED, WITH A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES) AND WRITTEN JUSTIFICATION OF EXPENSES AS APPROPRIATE, THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH GRANTEES TO GAIN A BETTER UNDERSTANDING OF THEIR WORK AND ADDRESS ANY CHALLENGES IMPACTING THE FUNDED PROGRAM ALL GRANT FUNDS MUST BE EXPENDED IN ACCORDANCE WITH THE PROJECT'S APPROVED BUDGET AND ARE DISBURSED IN ACCORDANCE WITH THE SCHEDULE DOCUMENTED WITHIN THE GRANT AGREEMENT REQUESTS FOR CHANGES TO THE DESIGN OF THE FUNDED PROJECT OR BUDGET ARE SUBJECT TO PRIOR APPROVAL BY KOMEN IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT AS PART OF ITS OVERSIGHT PRACTICES, THE TERMS OF THE GRANT AGREEMENT MAY PROVIDE KOMEN WITH, AMONG OTHER THINGS, THE RIGHT TO REQUEST WITH REASONABLE PRIOR NOTICE TO THE GRANTEE (1) ADDITIONAL PROGRESS AND/OR FINANCIAL REPORTING FROM THE GRANTEE, (2) GRANTEE PARTICIPATION IN SITE VISITS, TELEPHONE CONFERENCES, PRESENTATIONS, OR OTHER SPEAKING ENGAGEMENTS, AND (3) WITH PRIOR WRITTEN NOTICE, ADJUSTMENT TO THE PROJECT REPORTING PERIOD AND ASSOCIATED DISBURSEMENT OF GRANT FUNDS AT ANY TIME DURING THE GRANT TERM

Additional Data

Software ID:
Software Version:
EIN: 75-1835298
Name: SUSAN G KOMEN BREAST CANCER FDN INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
African Women's Cancer Awareness Assoc 333 Cottman Avenue Philadelphia, PA 19111	73-1704355	501c3	28,321				Education
Albany Medical College ATTN FRANCES ALBERT ALBANY, NY 12208	14-1338310	501c3	150,000				Research

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Association for Cancer Research 615 CHESTNUT 17TH FL PHILADELPHIA, PA 19106	23-6251649	501c3	90,000				Research
American Association on Health & Disabil 110 N WASHINGTON ST STE 328J ROCKVILLE, MD 20850	52-1884887	501c3	84,907				Research

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Jewish Joint ATTN ITAI SHAMIR NEW YORK, NY 100174014	13-1656634	501c3	83,460				Education
Arlington Free Clinic 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501c3	29,999				Research

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Baylor College Medicine GRANTS ACCOUNTS RECEIVABLE HOUSTON, TX 770303411	74-1613878	501c3	803,148				RESEARCH
Baylor University ONE BEAR PLACE 97043 WACO, TX 767987043	74-1159753	501c3	150,000				Research

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Beth Israel Deaconess Medical Center RESEARCH FINANCE OFFICE BR109 BOSTON, MA 02215	04-2103831	501c3	149,510				Research
Black Nurses Rock 2519 W CHESTNUTE AVE ENID, OK 73703	71-0609582	501c3	10,000				EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boat People SOS 60066 LEESBURG PIKE 100 FALLS CHURCH, VA 02220	54-1563619	501c3	21,027				TREATMENT
Boston University EVENTS CONFERENCES BOSTON, MA 02215	04-2103547	501c3	100,000				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Breast Care for Washington 4 ATLANTIC ST SW WASHINGTON, DC 20032	45-5574713	501c3	30,000				TREATMENT
Brigham & Women's Hospital PO BOX 3149 BOSTON, MA 022413149	04-2312909	501c3	255,982				Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broad Institute Inc 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501c3	12,000				Research
Burnham Institute for Medical Research CANCER CTR LA JOLLA, CA 92037	51-0197108	501c3	123,111				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cancer Care 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501c3	2,389,297				EDUCATION AND TREATMENT
CASA of Maryland Inc ATTN JENNIFER FREEDMAN HYATTSVILLE, MD 20783	52-1372972	501c3	15,000				TREATMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University CONTROLLERS OFFICE CLEVELAND, OH 441067006	34-1018992	501c3	177,643				RESEARCH
Children's Hospital Boston RESEARCH FINANCE BOSTON, MA 022414413	04-2774441	501c3	48,000				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cold Spring Harbor Laboratory ATTN WALTER GOLDSCHMIDTS COLD SPRING HARBOR, NY 11724	11-2013303	501c3	48,000				Education, Screening, Treatment
Columbia University Medical Center 722 WEST 168TH STREET 4TH FL NEW YORK, NY 10032	13-5598093	501c3	340,000				Research

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

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Cornell University ATTN ILENE LAMBIASE ITHACA, NY 14850	15-0532082	501c3	12,000				Research
Dana Farber Cancer Institute 450I BROOKLINE AVENUE BP 412 BOSTON, MA 022155450	04-2263040	501c3	1,412,417				Research

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

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Doctors Community Hospital 8118 GOOD LUCK ROAD LANHAM, MD 20706	52-1638026	501c3	40,000				TREATMENT
Duke University Medical Center ATTN MARY JOHNSON DURHAM, NC 27701	56-0532129	501c3	378,014				Research

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Eastern Michigan University ATTN SUSAN SHIPLEY YPSILANTI, MI 48197	38-2953297	501c3	87,500				EDUCATION
Emory University Winship Cancer Inst PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501c3	150,000				Research

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

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Ethiopian Community Development Council ATTN AZEB TADESSE ARLINGTON, VA 22204	52-1308986	501c3	30,000				TREATMENT
Facing Our Risk of Cancer Empowered 16057 TAMPA PALMS BLVD W 373 TAMPA, FL 33647	65-0927702	501c3	10,000				EDUCATION

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

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Fox Chase Cancer Center' 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-2003072	501c3	90,000				Research
Fred Hutchinson Cancer Research Center PO BOX 19024 MS J6-330 SEATTLE, WA 981091024	56-3744111	501c3	323,500				Research

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Georgia Tech Research Corporation 505 TENTH STREET NW ATLANTA, GA 30318	58-0603146	501c3	150,000				Research
H Lee Moffitt Cancer Center 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501c3	240,000				Research

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Harvard Medical School HOLYOKE CENTER ROOM 600 CAMBRIDGE, MA 02138	04-2103580	501c3	160,000				RESEARCH
Harvard University 25 SHATTUCK STREET BOSTON, MA 02115	04-2103580	501c3	80,000				Research

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

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Henry Ford Health System ONE FORD PLACE 5E DETROIT, MI 48202	38-1357020	501c3	41,092				Research
Holy Cross Health ATTN ANNE GILLIS SILVER SPRING, MD 20910	52-0738041	501c3	6,380				EDUCATION

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

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Howard University 2041 GEORGIA AVENUE NW WASHINGTON, DC 20060	53-0204707	501c3	29,996				TREATMENT
Indiana U (Indianapolis) FINANCIAL MGMT SERVICES INDIANAPOLIS, IN 462666057	35-6001673	501c3	1,230,000				RESEARCH

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

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Johns Hopkins University 1650 ORLEANS STREET BALTIMORE, MD 21231	52-0595110	501c3	2,117,480				RESEARCH
Kingman Regional Medical Center 3269 STOCKTON HILL RD KINGMAN, AZ 86409	74-2388735	501c3	7,473				TREATMENT

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

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Korean Community Svc Ctr of Greater WA CTR OF GREATER WA ANNANDALE, VA 22003	38-6005984	501c3	75,231				SCREENING AND TREATMENT
Leland Stanford Jr University PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501c3	120,000				RESEARCH

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

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Living Beyond Breast Cancer ATTN JEAN SACHS CEO HAVERFORD, PA 19041	53-0196932	501c3	24,000				Education
Maasai Wildernes Conservation Fund PO BOX 1413 SANTA BARBARA, CA 93102	54-1943145	501c3	15,000				EDUCATION

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

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Maricopa Health Foundation 2910 E CAMELBACK ROAD SUITE 180 PHOENIX, AZ 85016	86-0777567	501c3	7,500				TREATMENT
Mary's Ctr for Maternal&Child Care Inc 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501c3	88,949				Education AND TREATMENT

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Massachusetts General Hospital PO BOX 414876 BOSTON, MA 022414876	04-1564655	501c3	137,681				Research
Massachusetts Institute of Technology 160 MEMORIAL DRIVE CAMBRIDGE, MA 02139	04-2103594	501c3	169,077				RESEARCH

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

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Mayo Clinic Jacksonville GRIFFIN BUILDING ROOM 170 JACKSONVILLE, FL 32224	59-3337028	501c3	200,000				Research
Mayo Clinic Rochester DBA MAYO CLINIC COLLEGE OF MEDICINE ROCHESTER, MN 559034008	41-6011702	501c3	224,000				Research

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Medical College of Wisconsin 1234 ANY STREET ANYWHERE, TX 75244	39-0806261	501c3	150,000				Research
Memorial Sloan-Kettering Cancer Ctr 633 3RD AVENUE 28TH FL NEW YORK, NY 10017	13-1924236	501c3	400,000				RESEARCH

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Metastasis Research Society METASTASIS RESEARCH SOCIETY VESTAVIA HILLS, AL 35242	25-1824374	501c3	33,000				Research
METAvivor Research and Support 312 SEVERN AVE W302 ANNAPOLIS, MD 21403	37-1578088	501c3	20,000				EDUCATION

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Mount Sinai School of Medicine SPONSORED PROJ ACTG NEW YORK, NY 100296574	13-6171197	501c3	418,779				RESEARCH
Mountain Park Health Cntr ATTN KYLE MUNSON PHOENIX, AZ 85012	86-0498020	501c3	22,500				EDUCATION, SCREENING, TREATMENT

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National Black Nurses Association 8630 FENTON STREET SUITE 910 SILVER SPRING, MD 20910	23-7194995	501c3	7,000				Education
National Minority Quality Forum Inc 1201 15TH ST NW SUITE 340 WASHINGTON, DC 20005	31-1750942	501c3	50,000				EDUCATION

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New York University School of Med ACCOUNTING/ACCOUNTS RECEIVABLE NEW YORK, NY 10016	13-5562308	501c3	30,000				RESEARCH
North Carolina Central University 1801 FAYETTEVILLE STREET DURHAM, NC 27707	56-6000730	501c3	81,000				Research

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North Country Community Health Center 2920 N 4TH STREET FLAGSTAFF, AZ 860041816	86-0663432	501c3	7,500				TREATMENT
Northwestern University - Chicago 633 CLARK EVANSTON, IL 60208	36-2167817	501c3	389,366				Research

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Nueva Vida Inc 2000 P STREET NW SUITE 300 WASHINGTON, DC 20036	54-1943145	501c3	28,634				TREATMENT
Obesity Society 8757 GEORGIA AVENUE SILVER SPRING, MD 20910	54-1438429	501c3	11,000				Research

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Oregon Health & Science University SPONSORED PROGRAM ADMIN PORTLAND, OR 97239	75-2668014	501c3	2,183,734				Research
Partners for Cancer Care and Prevention 10 EAST LEE STREET UNIT 1901 BALTIMORE, MD 21202	45-1605551	501c3	67,500				SCREENING

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Princeton University 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501c3	320,000				Research
Program for Appropriate PO BOX 900922 SEATTLE, WV 98109	91-1157127	501c3	14,246				EDUCATION

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Providence Health Foundation 1150 VARNUM ST NE WASHINGTOM, DC 20017	52-1275583	501c3	14,285				EDUCATION
Providence Portland Medical Center 4805 NE GLISAN ST 5F40 PORTLAND, OR 97213	93-0386906	501c3	30,000				Research

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Purdue University SPONSORED PROGRAM SERVICES CHICAGO, IL 606731235	35-6002041	501c3	150,000				Research
Regents of University of Michigan ROOM 7110 CCGC INTERNAL MEDICINE ANN ARBOR, MI 481091274	38-6006309	501c3	12,000				Research

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Research Advocacy Network 6505 WEST PARK BLVD PLANO, TX 75093	56-6001393	501c3	47,539				Research
Rockefeller University ATTN SHAWN DAVIS NEW YORK, NY 10065	13-1624158	501c3	90,000				Research

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Roswell Park Alliance Foundation DEPARTMENT OF IMMUNOLOGY BUFFALO, NY 14263	16-1391608	501c3	215,794				Research
Stanford University PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501c3	335,840				Research

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Stevens Institute of Technology 1 CASTLE POINT TERRACE HOBOKEN, NJ 07030	22-1487354	501c3	36,000				Research
SUNY at Stony Brook ATTN JOANN DELUCIA-CONLON STONY BROOK, NY 11794	14-6013200	501c3	299,872				Research

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Temple University ATTN JEANNETTE WEST PASTELAK PHILADELPHIA, PA 19122	23-1365971	501c3	36,000				Research
The Ohio State University College ATTN KATHY MILEM COLUMBUS, OH 43205	31-6025986	501c3	75,000				Research

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The Salk Institute ATTN CHRISTINE MARCKESE LA JOLLA, CA 92037	37-6000511	501c3	100,000				Research
The University of Chicago RESEARCH ADMINISTRATION CHICAGO, IL 60637	36-2177139	501c3	181,000				Research

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The University of Toledo ATTN DR AMY THOMPSON TOLEDO, OH 436063390	34-6401483	501c3	149,958				Research
The Vanderbilt University PMB 406310 NASHVILLE, TN 372406310	62-0476822	501c3	112,049				Research

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The Wistar Institute 3601 SPRUCE STREET PHILADELPHIA, PA 04265	23-6434390	501c3	150,000				Research
Trustees of Columbia Univ SPONSORED PROJECTS FINANCE NEW YORK, NY 10027	13-5598093	501c3	120,000				Research

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Trustees of Dartmouth College OFFICE OF SPONSORED PROJECTS HANOVER, NH 037551404	02-0222111	501c3	29,999				Research
Tulane University Health Sciences Center 800 E COMMERCE HARAHAN, LA 70023	72-0423889	501c3	72,000				Research

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Univ of Colorado Health Sciences Cent ATTN GEORGE JOHNSTON DENVER, CO 802910238	84-6002597	501c3	150,000				Research
Univ of North Carolina at Chapel Hill 104 AIRORT DRIVE SUITE 2200 CB 1 CHAPEL HILL, NC 275991350	56-6001393	501c3	1,647,977				EDUCATION, SCREENING, TREATMENT

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Univ of Texas MD Anderson Cancer Center GRANTS CONTRACTS HOUSTON, TX 772104390	74-6001118	501c3	833,173				Research
University Miami School of Medicine ATTN MARIA A GARCIA CORAL GABLES, FL 33146	59-0624458	501c3	30,000				Research

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University of Alabama at Birmingham 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 352940111	63-6005396	501c3	27,000				Research
University of California at San Francis ANDREW BOULTER SAN FRANCISCO, CA 94118	94-6036493	501c3	200,000				Research

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University of California-Davis CASHIERS OFFICE WEST SACRAMENTO, CA 957989062	95-6006143	501c3	35,992				Research
University of California-Los Angeles ADMINISTRATIVE MAIN CASHIER OFFICE LOS ANGELES, CA 900959000	95-6006143	501c3	90,000				Research

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University of California-San Diego USCD CASHIERS OFFICE LA JOLLA, CA 92093	95-6006143	501c3	41,999				Research
University of California-San Francisco 1600 DIVISADERO ST BOX 1710 SAN FRANCISCO, CA 94115	95-6006143	501c3	59,999				Research

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University of Delaware 30 LOVETT AVENUE NEWARD, DE 19716	51-6000279	501c3	90,000				Research
University of Illinois at Chicago PO BOX 20787 SPRINGFIELD, IL 627080787	37-6000511	501c3	66,938				RESEARCH

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University of Illinois--Urbana-Champaign GRANTS CONTRACTS POST AWARD SPRINGFIELD, IL 10061	37-6000511	501c3	36,000				Research
University of Kansas Center for Research 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	501c3	150,000				Research

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Kansas Medical Center ATTN TIM SISKEY KANSAS CITY, KS 66140	48-1108830	501c3	446,888				Research
University of Kentucky Research Fndn MARKEY CANCER CENTER LEXINGTON, KY 405260001	61-6033693	501c3	90,000				Research

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Massachusetts Amherst Goodell Bldg Room 405 Amherst, MA 010033210	04-3167352	501c3	89,549				Education, Treatment
University of Miami School of Medicine Center for Cancer Prevention and Ge Miami, FL 33136	59-0624458	501c3	36,000				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Michigan Alexandra Thebaud Ann Arbor, MI 481091274	38-6006309	501c3	425,969				Research
University of Michigan Health Systems 3003 S State St Rm 1054 Ann Arbor, MI 481091274	38-6006309	501c3	171,067				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Minnesota McNamara Alumni Center Minneapolis, MN 554552070	41-6007513	501c3	80,000				EDUCATION
University of Notre Dame du Lac 731 Grace Hall Notre Dame, IL 46556	35-0868188	501c3	179,990				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Pennsylvania Office of Research Services Philadelphia, PA 191046205	23-1352685	501c3	779,085				EDUCATION
University of Pittsburgh Office of Research Pittsburgh, PA 152132303	25-0966691	501c3	725,296				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of South CarolinaThe 1600 Hampton Street Suite 404H Columbia, SC 29208	57-6001153	501c3	135,000				RESEARCH
University of Southern California Attn Robert Osuna Los Angeles, CA 900898001	95-1642394	501c3	234,778				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Texas at Health Science Center Elizabeth Frantz Houston, TX 77030	74-1587488	501c3	135,000				RESEARCH
University of Utah 201 South Presidents Circle Room Salt Lake City, UT 841129020	87-6000525	501c3	280,000				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Virginia at School of Medi PO Box 400195 Charlottesville, VA 229044195	87-6000525	501c3	150,000				RESEARCH
University of Washington Attn Tami Sadusky Seattle, WA 98105	91-6001537	501c3	260,000				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Wisconsin - Madison Research Sponsored Programs Madison, WI 537151218	39-6006492	501c3	60,000				RESEARCH
UT HSC - San Antonio Office of Sponsored Programs San Antonio, TX 772293900	74-1586031	501c3	475,634				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UT Southwestern Medical Center UT Southwestern Grants Mgmt Dallas, TX 752841753	74-6000203	501c3	190,000				RESEARCH
Utah Cancer Control Program Attn Shari Watkins Salt Lake City, UT 841144620	87-6000545	501c3	49,962				SCREENING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTMD Anderson Cancer Ctr 1515 Holcombe Boulevard Unit 1644 Houston, TX 770304009	74-6001118	501c3	174,103				RESEARCH
Vanderbilt University Medical Center Dept AT 40303 Atlanta, GA 311920303	62-0476822	501c3	853,242				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Vermont Cancer Ctr UVM College of Med Attn Jennifer Gagnon Burlington, VT 05405	03-0219309	501c3	104,719				RESEARCH
Vietnamese Resettlement Association Inc Attn Kim O Cook Falls Church, VA 22044	54-1512549	501c3	19,942				EDUCATION AND TREATMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Virginia Commonwealth University Attn Presepine Fleming Richmond, VA 23284	54-6001758	501c3	150,000				RESEARCH
Wake Forest University Health Sciences Grants Management WinstonSalem, NC 27157	22-3849199	501c3	150,000				RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Washington University at St Louis Scho 700 Rosedale Avenue Campus Box 103 Saint Louis, MO 63112	43-0653611	501c3	104,755				EDUCATION, RESEARCH
Wayne State University Attn Julie Boerner Detroit, MI 48201	36-6028429	501c3	60,000				RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Weill Medical College of Cornell Univ 1300 York Avenue New York, NY 10061	13-1623978	501c3	60,000				RESEARCH
Wesley Community Center 1300 S 10th Street Phoenix, AZ 85034	86-0133770	501c3	7,500				TREATMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Whitehead Inst for Biomedical Research 9 Cambridge Center Cambridge, MA 021421479	06-1043412	501c3	12,000				RESEARCH
Yale University 2 Whitney Avenue New Haven, CT 06521	06-0646973	501c3	200,000				RESEARCH

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing 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	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION ONE TRIP DURING FY19 INCLUDED FIRST CLASS AIR FARE ALL OTHER REIMBURSED TRAVEL EXPENSES DO NOT INCLUDE FIRST CLASS AIR FARE EXCEPT AS MAY BE APPROVED IN ADVANCE FOR MEDICAL ACCOMMODATION HOWEVER, PERSONAL FREQUENT FLIER MILEAGE AND COUPONS MAY BE USED FOR NO COST UPGRADES IN THE EVENT OF INTERNATIONAL TRAVEL WITH FLIGHT TIMES OF SIX HOURS OR MORE, AND PRE-APPROVAL, BUSINESS OR FIRST CLASS TRAVEL MAY BE PERMITTED IF THERE IS A MEDICAL ACCOMMODATION OR BUSINESS PURPOSE WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COSTS SEVERANCE PAYMENT FORM 990, SCHEDULE J, PART I, LINE 4A ROBERT GREEN RECEIVED A SEVERANCE PAYMENT OF $22,121 ELLEN WILLMOTT RECEIVED A SEVERANCE PAYMENT OF $133,754

Additional Data

Software ID:

Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAST CANCER FDN INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Paula Schneider President and CEO	(I)	546,901	0	5,124	0	7,081	559,106	0
	(II)	0	0	0	0	0	0	0
Catherine Olivieri Beg 319 VP, HR and Corporate Secretary	(I)	221,648	0	3,758	14,137	31,431	270,974	0
	(II)	0	0	0	0	0	0	0
Ria Williams Beg 1018 Chief Financial Officer	(I)	179,382	0	2,064	8,586	7,838	197,870	0
	(II)	0	0	0	0	0	0	0
Robert Green End 1018 Chief Financial Officer	(I)	271,798	22,121	15,396	9,040	3,987	322,342	0
	(II)	0	0	0	0	0	0	0
Adam Vanek END 219 GEN COUNSEL & CORPORATE SECY	(I)	243,233	0	2,370	0	25,485	271,088	0
	(II)	0	0	0	0	0	0	0
Christina Alford SVP, Development	(I)	284,993	0	2,100	16,414	7,221	310,728	0
	(II)	0	0	0	0	0	0	0
Victoria Wolodzko VP RESEARCH AND COM HEALTH PR	(I)	226,401	0	2,302	11,131	12,109	251,943	0
	(II)	0	0	0	0	0	0	0
Lori Maris SVP, Affiliate Network	(I)	185,646	0	2,623	7,616	10,484	206,369	0
	(II)	0	0	0	0	0	0	0
Eric Montgomery VP, I T	(I)	196,541	0	2,005	7,792	9,829	216,167	0
	(II)	0	0	0	0	0	0	0
Linda Fisk SVP, Marketing (BEG 5/18)	(I)	130,039	25,000	6,024	0	3,779	164,842	0
	(II)	0	0	0	0	0	0	0
Sue Aldana VP, Collaborative Revenue	(I)	159,647	0	3,665	4,592	15,272	183,176	0
	(II)	0	0	0	0	0	0	0
Carrie Hodges Sr Dir, ACC STR & Stewardship	(I)	175,738	0	1,771	10,638	1,918	190,065	0
	(II)	0	0	0	0	0	0	0
Subhendu Rath Sr Dir, IT Enterprise Systems	(I)	167,313	0	1,869	10,195	19,315	198,692	0
	(II)	0	0	0	0	0	0	0
Vanessa Hewitt Sr Dir , Internal Audit	(I)	161,167	0	1,862	10,151	18,625	191,805	0
	(II)	0	0	0	0	0	0	0
Kimberly Sabelko Sr Dir , Scientific Strategy	(I)	157,063	0	2,504	9,401	18,472	187,440	0
	(II)	0	0	0	0	0	0	0
Ellen Willmott Former Officer	(I)	90,322	133,754	1,179	5,484	10,213	240,952	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		73,616	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	1	841	FMV
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	3	22,375	FMV
19 Food inventory	X	3	20,875	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gift cards)	X	5	23,550	fmv
26 Other ▶ (Event venue)	X	1	25,950	fmv
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE AMOUNTS IN THIS COLUMN REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED OTHER THAN FOOD, WHICH IS NUMBER OF CONTRIBUTIONS

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number
75-1835298

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, QUESTION 6 - VOLUNTEERS	VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREATEST NUMBERS OF VOLUNTEERS ASSIST WITH THE SUSAN G KOMEN 3 DAY SERIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS	SUSAN G KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, HAVING FUNDED MORE BREAST C ANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE THE U S GOVERNMENT WHILE PROVIDING REAL T IME HELP TO THOSE FACING THE DISEASE SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED MORE TH AN $1 BILLION IN BREAST CANCER RESEARCH AND PROVIDED OVER $2 3 BILLION IN FUNDING FOR PATI ENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT, EDUCATION, HEALTH SYSTEMS IMPROVEMENT, AN D PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 60 COUNTRIES WORLD WIDE KOMEN WAS FOUNDED BY NANCY G BRINKER, WHO PROMISED HER SISTER, SUSAN G KOMEN, THAT SHE WOULD END THE DISEASE THAT CLAIMED SUZY'S LIFE RESEARCH SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MANY MAJOR ADVANCES IN BREAST CANCER SCIE NCE THE PROGRESS HAS BEEN SIGNIFICANT - TODAY, WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE DISEASE WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER AND THE CR ITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT, AND PREVENTION STRATEGIES TO INDIVI DUALS THROUGH ADVANCES IN PRECISION MEDICINE KOMEN'S RESEARCH PROGRAMS ARE FOCUSED ON BRE AKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER THROUGH BETTER APPROACHES FOR EARLY D ETECTION AND DIAGNOSIS, UNDERSTANDING METASTASIS AND RECURRENCE, AND DEVELOPING NOVEL THER APIES FOR ALL STAGES OF BREAST CANCER, WITH THE GOAL OF SUPPORTING WORK THAT HAS SIGNIFICA NT POTENTIAL TO LEAD TO NEW TREATMENTS AND TECHNOLOGIES THAT WILL REDUCE THE NUMBER OF BRE AST CANCER DEATHS IN THE U S BY 50 PERCENT BY 2026 KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 67 OF THE WORLD'S LEADERS IN BREAST CANCER RESEARCH, ONCOLOGY AND ADVOCACY THE SCIENTI FIC ADVISORY BOARD ASSISTS KOMEN IN SETTING ITS RESEARCH STRATEGY AND PRIORITIZING ITS RES EARCH INVESTMENT THE KOMEN SCHOLARS LEAD AND PARTICIPATE IN KOMEN'S WORLD-CLASS SCIENTIFI C PEER REVIEW PROCESS OUR ADVOCATES IN SCIENCE BRING THE COLLECTIVE PATIENT VOICE TO KOME N'S RESEARCH PROGRAMS AND SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT K OMEN AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND ORGANIZATIONS AROUND THE WORLD THROUGH A FAIR, TRANSPARENT, RIGOROUS, AND COMPETITIVE REVIEW PROCESS THAT ENSURES M AXIMUM IMPACT FOR OUR RESEARCH INVESTMENT IN FY19, KOMEN AWARDED 60 GRANTS THROUGH ITS RE SEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, CANADA, FRANCE, ITALY, AND SOUTH AFRICA WE HAVE A STRONG COMMITMENT TO SUPPORTING THE NEXT GENERATION OF LEADERS IN BREAST CANCER RESEARCH SUSTAINING THE WORKFORCE IS CRITICAL, WE WANT TO UNLEASH THEIR CREATIVITY AND I NNOVATION TO DRIVE DISCOVERY THE PUBLIC CANNOT AFFORD TO LOSE PROMISING EARLY CAREER INVE STIGATORS DUE TO A LACK OF FUNDING OPPORTUNITIES TO THAT END, KOMEN AWARDED CAREER CATALY ST RESEARCH GRANTS TO SUPPORT EARLY CAREER INVESTIGATORS IN BREAST CANCER RESEARCH IN THEI R EFFORTS TO CONQUER METASTASI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS	S KOMEN ALSO AWARDED GRADUATE TRAINING IN DISPARITIES RESEARCH COMPETITIVE RENEWAL GRANTS TO SUPPORT TRAINING LEADERS IN THE FIELD OF BREAST CANCER DISPARITIES RESEARCH KOMEN ALS O OFFERED LEADERSHIP GRANTS TO SUPPORT KEY WORK BY LEADERS IN THE FIELD OF BREAST CANCER R ESEARCH EACH MECHANISM IS DESCRIBED BELOW CAREER CATALYST RESEARCH GRANTS (CCR) CCR GRA NTS PROVIDE UNIQUE OPPORTUNITIES FOR SCIENTISTS WHO HAVE HELD FACULTY POSITIONS FOR NO MOR E THAN 5 YEARS AT THE TIME OF APPLICATION TO ACHIEVE RESEARCH INDEPENDENCE THE GOAL OF TH E FY19 CCR GRANTS IS TO SUPPORT OUTSTANDING TRANSLATIONAL RESEARCH FOCUSED ON THE UNDERSTA NDING, DETECTION, AND TREATMENT OF METASTATIC BREAST CANCER WHICH WILL LEAD TO A REDUCTION IN BREAST CANCER DEATHS BY 2026 GRADUATE TRAINING IN DISPARITIES RESEARCH - COMPETITIVE RENEWAL GRANTS (GTDR-CR) GTDR-CR GRANTS PROVIDES FUNDING TO OUTSTANDING PROGRAMS TO ESTAB LISH AND/OR SUSTAIN INNOVATIVE TRAINING PROGRAMS FOR GRADUATE STUDENTS SEEKING CAREERS DED ICATED TO ACHIEVING HEALTH EQUITY THE GOAL OF THE FY19 COMPETITIVE RENEWAL IS TO SUPPORT PROGRAMS FOR AN ADDITIONAL YEAR TO MAINTAIN SUCCESSFUL PROGRAMS THAT ARE WORKING TOWARDS A CHIEVING KOMEN'S BOLD GOAL LEADERSHIP GRANTS LEADERSHIP GRANTS PROVIDE SUPPORT FOR HYPOT HESIS-DRIVEN RESEARCH PROJECTS CONDUCTED BY THE DISTINGUISHED BREAST CANCER RESEARCHERS AN D CLINICIANS WHO SERVE AS KOMEN'S SCIENTIFIC ADVISORS AND SEEK TO DISCOVER AND DELIVER THE CURES FOR BREAST CANCER OPPORTUNITY GRANTS / STRATEGIC PARTNERSHIP AND PROGRAM GRANTS (O G/SPP) OG AND SPP GRANTS SUPPORT SPECIAL RESEARCH PROJECTS, PROGRAMS, AND COLLABORATIONS THAT LEVERAGE RESEARCH AND COMMUNITY RESOURCES TO FACILITATE THE DEVELOPMENT OF THE INFRAS TRUCTURE, TOOLS, AND OTHER MEANS TO ACCELERATE THE TRANSLATION OF SCIENTIFIC DISCOVERIES F ROM BENCH TO BEDSIDE TO CURBSIDE FUNDING FROM ORGANIZATIONS LIKE KOMEN AND ITS SUPPORTERS HAS PROVEN CRITICAL FOR ALL THESE ACTIVITIES, PARTICULARLY FOR CANCER RESEARCH AND FOR CL INICAL TRIALS KOMEN'S RESEARCH INVESTMENT THROUGH THESE GRANT MECHANISMS SUPPORTS PROJECT S THAT AIM TO, AMONG OTHER THINGS (A) DEVELOP NOVEL TREATMENT STRATEGIES FOR METASTATIC D ISEASE, (B) CREATE NEW STRATEGIES TO DETECT AND PREVENT RECURRENCE, (C) OVERCOME TREATMENT RESISTANCE, (D) UNDERSTAND AND ADDRESS DISPARITIES IN OUTCOMES, (E) ACCELERATE MEDICAL DI SCOVERY AND DELIVERY USING DATA SCIENCE, AND (F) BUILDING ESSENTIAL TOOLS AND RESOURCES TO DRIVE SCIENTIFIC DISCOVERY EXAMPLES OF RESEARCH GRANTS AWARDED IN FY19 INCLUDE (A) DEVE LOP NOVEL TREATMENT STRATEGIES FOR METASTATIC BREAST CANCER JOE GRAY, PH D , OF OREGON HE ALTH & SCIENCE UNIVERSITY, WAS AWARDED A LEADERSHIP GRANT TO IMPROVE THE TREATMENT OF HORM ONE RECEPTOR POSITIVE METASTATIC BREAST CANCER HE WILL IDENTIFY FDA-APPROVED DRUGS THAT C OULD INCREASE THE EFFICACY OF IMMUNE THERAPIES AND THEN TEST THOSE DRUGS IN PRECLINICAL MO DELS THE GOAL OF THIS STUDY IS TO BETTER INFORM THERAPEUTIC STRATEGIES FOR THESE PATIENTS BY ENHANCING THE IMMUNE SYSTE

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FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS	M'S ABILITY TO KILL THE CANCER CELLS

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(B) CREATE NEW STRATEGIES TO DETECT AND PREVENT RECURRENCE	ERIC WINER, M D , OF DANA-FARBER CANCER INSTITUTE, WAS AWARDED A LEADERSHIP GRANT TO IDENT IFY NEW RISK FACTORS OF LATE RECURRENCE OF ESTROGEN RECEPTOR-POSITIVE (ER+) BREAST CANCER DR WINER WILL EXAMINE THE IMPACT OF RISK FACTORS SUCH AS BMI, POST-DIAGNOSIS WEIGHT GAIN , POST-DIAGNOSIS PHYSICAL ACTIVITY, AND DIET ON LATE RECURRENCE AND IDENTIFY POTENTIAL THE RAPEUTIC INTERVENTIONS (C) OVERCOME TREATMENT RESISTANCE AKI MORIKAWA, M D , PH D, OF UN IVERSITY OF MICHIGAN, WAS AWARDED A CAREER CATALYST RESEARCH GRANT TO STUDY WAYS TO IMPROV E TREATMENT RESPONSE FOR BREAST CANCER PATIENTS THAT HAVE DEVELOPED BRAIN METASTASES DR MORIKAWA WILL TEST THE EFFECTIVENESS OF A LARGE PANEL OF DRUGS ON BRAIN METASTASES SAMPLES FROM PATIENTS THE GOAL IS TO DETERMINE IF REAL-TIME DRUG TESTING CAN GUIDE TREATMENT DEC ISIONS IN THE CLINIC AND IMPROVE OUTCOMES FOR BREAST CANCER PATIENTS WHO DEVELOP BRAIN MET ASTASES (D) UNDERSTAND AND ADDRESS DISPARITIES IN OUTCOMES LAUREN MCCULLOUGH, PH D , OF EMORY UNIVERSITY, WAS AWARDED A CAREER CATALYST RESEARCH GRANT TO IDENTIFY CONTRIBUTORS TO POOR OUTCOMES IN A LARGE DIVERSE POPULATION IN GEORGIA, INCLUDING SOCIOECONOMIC FACTORS, URBAN/RURAL BARRIERS AND RACIAL/ETHNIC FACTORS WHICH CAN ALL LEAD TO DIFFERENCES IN BREAST CANCER METASTASIS OUTCOMES HER TEAM WILL WORK TO UNDERSTAND WHY THESE DISPARITIES EXIST AND INFORM FUTURE THERAPEUTIC, BEHAVIORAL AND POLICY INTERVENTIONS TO IMPROVE OUTCOMES IN MARGINALIZED POPULATIONS MELINA ARNOLD, PH D , OF THE INTERNATIONAL AGENCY FOR RESEARCH O N CANCER, WAS AWARDED A CAREER CATALYST RESEARCH GRANT TO CONDUCT THE FIRST INTERNATIONAL STUDY TO DETERMINE THE TRUE BURDEN OF METASTATIC BREAST CANCER AMONG HIGH-INCOME COUNTRIES USING POPULATION-BASED DATA AND CANCER REGISTRIES, DR ARNOLD WILL DETERMINE IF THERE AR E DIFFERENCES IN SURVIVAL OF WOMEN WITH METASTATIC BREAST CANCER ACROSS COUNTRIES AND IDEN TIFY FACTORS THAT CONTRIBUTE TO DIFFERENCES IN OUTCOMES THIS INFORMATION WILL BE USED TO CREATE RECOMMENDATIONS TO HELP ADDRESS METASTATIC BREAST CANCER DISPARITIES AND IMPROVE OU TCOMES (E) ACCELERATE MEDICAL DISCOVERY AND DELIVERY USING DATA SCIENCE REGINA BARZILAY, PH D , OF THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY, WAS AWARDED A LEADERSHIP GRANT TO DE VELOP AN ACCURATE RISK ASSESSMENT MODEL TO PREDICT PATIENTS AT HIGH RISK OF DEVELOPING PRI MARY BREAST CANCER DR BARZILAY WILL USE A LARGE COLLECTION OF PATIENTS' MAMMOGRAPH IMAGE S WITH KNOWN OUTCOMES TO TEACH MACHINES (ARTIFICIAL INTELLIGENCE) TO IDENTIFY FEATURES THA T PREDICT BREAST CANCER RISK OVERALL, THE GOAL OF THIS PROJECT IS TO IMPROVE EARLY DETECT ION OF BREAST CANCER BY IDENTIFYING WOMEN AT HIGH RISK WHO MIGHT BENEFIT FROM A MORE PERSO NALIZED BREAST CANCER SCREENING PROGRAM MIA LEVY, M D , OF RUSH UNIVERSITY MEDICAL CENTER WAS AWARDED A LEADERSHIP GRANT TO DEVELOP NOVEL DOCUMENTATION AND REPORTING STRATEGIES WI THIN THE PATIENT ELECTRONIC HEALTH RECORD THAT WOULD ALLOW FOR COLLECTION AND REPORTING OF OUTCOMES RELATED TO THE MANAG

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(B) CREATE NEW STRATEGIES TO DETECT AND PREVENT RECURRENCE	EMENT OF ADJUVANT ENDOCRINE THERAPY (AET), DEFINED AS LEARNING HEALTHCARE SYSTEM (LHS) TH E ULTIMATE GOAL OF THIS STUDY IS TO IMPLEMENT THE LHS AND CHANGE HEALTHCARE DELIVERY FOR P ATIENTS WITH BREAST CANCER, DECREASING RATES OF RECURRENCE AND DEATH FROM BREAST CANCER (F) BUILDING ESSENTIAL TOOLS AND RESOURCES TO DRIVE SCIENTIFIC DISCOVERY JOHNS HOPKINS UNIV ERSITY WAS AWARDED A SPONSORED PROGRAMS GRANT TO SUPPORT THE TRANSLATIONAL BREAST CANCER R ESEARCH CONSORTIUM (TBCRC) THE TBCRC IS A COLLABORATION OF 19 CLINICAL SITES THAT WORK TO GETHER TO CONDUCT INNOVATIVE, HIGH-IMPACT, BIOLOGICALLY-DRIVEN TRANSLATIONAL AND CLINICAL RESEARCH TO IMPROVE OUTCOMES FOR BREAST CANCER PATIENTS SINCE 2006, THE TBCRC HAS DEVELOP ED 50 CLINICAL TRIALS, ABOUT HALF OF WHICH HAVE FOCUSED ON METASTATIC BREAST CANCER, DRUG RESISTANCE AND/OR RECURRENCE TBCRC FINDINGS HAVE BEEN REPORTED IN OVER 80 SCIENTIFIC PEER REVIEWED PUBLICATIONS AND PRESENTATIONS TO DATE, INCLUDING 8 JOURNAL ARTICLES, AND 10 POS TER PRESENTATIONS, 3 POSTER DISCUSSIONS AND 1 TALK AT SCIENTIFIC CONFERENCES IN FY19 THE SUSAN G KOMEN TISSUE BANK AT THE INDIANA UNIVERSITY SIMON CANCER CENTER (KTB), WAS AWARDE D A SPONSORED PROGRAMS GRANT TO SUPPORT THE WORLD'S ONLY BIOREPOSITORY OF HEALTHY BREAST T ISSUE THE KTB COLLECTS AND STORES HEALTHY TISSUE AND BLOOD SAMPLES FROM DIVERSE POPULATIO NS OF WOMEN REPRESENTING THE ENTIRE CONTINUUM OF BREAST DEVELOPMENT FROM PUBERTY TO MENOPA USE THE SAMPLES CAN BE UTILIZED BY RESEARCHERS WORLDWIDE TO STUDY BREAST ONCOGENESIS (WHE N CANCER FORMS AND NORMAL CELLS ARE TRANSFORMED INTO CANCER CELLS) SINCE ITS FOUNDING IN 2007, THE KTB HAS COLLECTED BREAST TISSUE SPECIMENS FROM MORE THAN 5,000 HEALTHY DONORS AN D BLOOD FROM OVER 11,000 INDIVIDUALS TO DATE, KTB'S RESOURCES HAVE LED TO 44 SCIENTIFIC P EER REVIEWED PUBLICATIONS, INCLUDING 5 JOURNAL ARTICLES IN FY19 EDUCATION AND PATIENT SUP PORT KOMEN IS A TRUSTED SOURCE OF BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CONNECTING PEOPLE WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGAI NST BREAST CANCER OUR WEBSITE, KOMEN ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE , AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE CONTENT IS O FFERED IN A VARIETY OF FORMATS INCLUDING INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER I N ENGLISH AND SPANISH, ILLUSTRATIONS, CHARTS, GRAPHS, AND SHORT VIDEOS TO MEET THE LEARNIN G PREFERENCES AND NEEDS OF OUR WEB VISITORS THE "ABOUT BREAST CANCER" SECTION OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOME N'S CANCER CENTER STAFF, RECEIVED MORE THAN 5 5 MILLION PAGE VIEWS DURING FY19 KOMEN ALSO PROVIDES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS IN DOWNLOADABLE FORMATS ON KO MEN ORG EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE A) BREAST SELF-AWARENESS MESSAGE CARDS IN MORE THAN 40 LANGUAGES, B) BREAST CANCER SPECIFIC BROCHURES AND FACTSHEETS, C) B OOKLETS WITH SUPPORT INFORMATI

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(B) CREATE NEW STRATEGIES TO DETECT AND PREVENT RECURRENCE	ON FOR SURVIVORS AND CO-SURVIVORS, AND D) TOOLKITS FOR BREAST CANCER OUTREACH AND EDUCATIO N FOR HISPANIC/LATINO IN ENGLISH AND SPANISH AND FOR BLACK AND AFRICAN-AMERICAN COMMUNITIE S THE SUSAN G KOMEN "1-877 GO KOMEN" (1-877-465-6636) BREAST CARE HELPLINE OFFERS BREAST CANCER EDUCATION, PSYCHOSOCIAL SUPPORT, AND INFORMATION ABOUT COMMUNITY RESOURCES FOR PAT IENTS, FAMILIES, AND FRIENDS THE CLINICAL TRIAL INFORMATION HELPLINE PROVIDES INFORMATION , RESOURCES, COACHING AND SUPPORT RELATED TO BREAST CANCER CLINICAL TRIALS THE HELPLINE O PERATES FROM 9 A M - 10 P M E T THE SERVICE IS OFFERED IN ENGLISH, SPANISH, AND TAGALOG DURING FY19, THE KOMEN HELPLINE RESPONDED TO MORE THAN 15,000 CALLS AND EMAILS IN ADDIT ION, IN FY19 KOMEN PARTNERED WITH LIVING BEYOND BREAST CANCER TO DEVELOP AND DELIVER A CON FERENCE FOR WOMEN LIVING WITH METASTATIC BREAST CANCER IN THE WASHINGTON, D C REGION THE CONFERENCE BRINGS PEOPLE WITH METASTATIC BREAST CANCER, CAREGIVERS, HEALTHCARE PROFESSION ALS, HEALTHCARE ORGANIZATIONS, SUPPORT ORGANIZATIONS AND OTHERS, WHO PARTICIPATE IN THE CA RE OF PATIENTS WITH METASTATIC BREAST CANCER, TO DISCUSS SCIENTIFIC BREAKTHROUGHS, ONGOING CLINICAL TRIALS, QUALITY OF LIFE, AND INTEGRATIVE MEDICINE THE CONFERENCE IS DESIGNED TO FILL THE NEEDS OF THE METASTATIC BREAST CANCER COMMUNITY AND SEEKS TO STRENGTHEN METASTAT IC BREAST CANCER VOICES IN THE NATIONAL CAPITAL REGION BY CREATING OPPORTUNITIES FOR LEARN ING, ENGAGEMENT AND ACTION BREAST CANCER IS THE MOST COMMON CANCER IN WOMEN, WORLDWIDE, A ND THE NUMBER OF CASES IS INCREASING IN NEARLY EVERY COUNTRY THE NUMBER OF NEW BREAST CAN CER CASES HAS MORE THAN DOUBLED AROUND THE WORLD IN THE LAST THREE DECADES, WITH HIGHEST I NCREASES OBSERVED IN LOW- AND MIDDLE-INCOME COUNTRIES THESE TRENDS ARE CONCERNING, WHICH IS WHY KOMEN WORKS TIRELESSLY TO PROVIDE SUPPORT TO BREAST HEALTH PROGRAMS WORLDWIDE IT T AKES COLLABORATION AND STRONG PARTNERSHIPS TO MAKE A GLOBAL IMPACT KOMEN STRIVES TO SERVE AS A "BRIDGE" - COLLABORATING WITH INTERNATIONAL NONPROFITS, CORPORATIONS, AND MINISTRIES OF HEALTH TO BRING TOGETHER PEOPLE AND ORGANIZATIONS TO DEVELOP PROGRAMS THAT ARE TAILORE D TO THE SPECIFIC NEEDS OF THE COMMUNITY AND SENSITIVE TO CULTURAL DIFFERENCES IN FY19, K OMEN'S GLOBAL PROGRAM AWARDED TEN GRANTS TO SUPPORT EDUCATION PROGRAMMING FOR PATIENTS AND FOR HEALTH PROFESSIONALS AND TO REDUCE BARRIERS TO BREAST CANCER CARE IN CHINA, COLOMBIA, MEXICO, PANAMA, AND ZAMBIA

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PUBLIC POLICY AND ADVOCACY	SUSAN G KOMEN IS COMMITTED TO DOING EVERYTHING WE CAN TO SERVE MORE THAN 260,000 WOMEN AN D MEN IN THE UNITED STATES WHO WILL BE DIAGNOSED WITH BREAST CANCER THIS YEAR, THE MORE TH AN 150,000 WHO ARE CURRENTLY LIVING WITH INCURABLE BREAST CANCER, AND TO SAVE THE MORE THA N 42,000 WOMEN AND MEN WHO WILL LOSE THEIR LIVES IN 2019 THIS INCLUDES MOBILIZING THE VOI CE OF EVERYONE IMPACTED BY THE DISEASE TO IMPROVE OUTCOMES AND SAVE LIVES THROUGH SOUND PU BLIC POLICY ONLY THROUGH INFORMED GOVERNMENT ACTION CAN WE MAKE THE BROAD, SYSTEMIC AND L ASTING CHANGE WE NEED TO HELP US ACHIEVE OUR BOLD GOAL OF REDUCING THE CURRENT NUMBER OF B REAST CANCER DEATHS BY 50% IN THE U S BY 2026 KOMEN WORKS TO ENSURE THAT THE FIGHT AGAIN ST BREAST CANCER IS A PRIORITY AMONG POLICYMAKERS IN WASHINGTON, D C , AND EVERY STATE CAP ITOL ACROSS THE COUNTRY EVERY TWO YEARS, THROUGH A TRANSPARENT, BROAD-BASED AND INTENSIVE VETTING AND SELECTION PROCESS, KOMEN WORKS TO IDENTIFY THE POLICY ISSUES WITH THE GREATES T POTENTIAL MISSION IMPACT THIS PROCESS INCLUDES COLLECTING FEEDBACK FROM KOMEN AFFILIATE S FROM ACROSS THE COUNTRY, ADVISORY GROUPS INCLUDING ADVOCATES IN SCIENCE (AIS) AND KOMEN SCHOLARS, REPRESENTATIVES FROM THE METASTATIC BREAST CANCER COMMUNITY AND KOMEN'S AFRICAN AMERICAN HEALTH EQUITY INITIATIVE, AND OTHER STAKEHOLDERS WITH A VESTED INTEREST IN BREAST CANCER-RELATED ISSUES THE SELECTED ISSUES ARE THE BASIS FOR KOMEN'S STATE AND FEDERAL AD VOCACY KOMEN'S 2018-2019 ADVOCACY PRIORITIES INCLUDED SUPPORTING EXPANDED FEDERAL FUNDIN G FOR BREAST CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE DEPARTMENT OF DEFENSE (DOD), SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTRO L AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCC EDP), ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CA NCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS, ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING, AND EVALUATING STATE AND FEDERAL POLICIES TO INCREASE PUBLIC ACCESS TO INFORMATION ABOUT AND PARTICIPATIO N IN CLINICAL TRIALS FOR ALL PATIENT POPULATIONS IN ADDITION TO THE STATE AND FEDERAL WOR K ON OUR 2018-2019 ADVOCACY PRIORITIES, KOMEN CONTINUED OUR EFFORTS TO ENSURE EVERY BREAST CANCER PATIENT AND SURVIVOR HAS ACCESS TO AFFORDABLE, QUALITY HEALTH INSURANCE AND CARE KOMEN ALSO ENGAGED ON ISSUES RELATED TO BREAST DENSITY, COMPASSIONATE USE, GENETIC TESTING , LYMPHEDEMA, PALLIATIVE CARE AND SURVIVORSHIP KOMEN DEVELOPED AND IMPLEMENTED ADVOCACY C AMPAIGNS TO ENCOURAGE LAWMAKERS AND AGENCY OFFICIALS TO SUPPORT AND IMPLEMENT PROGRAMS THA T WOULD ADVANCE OUR PRIORITY ISSUES AND ADDITIONAL POLICY AREAS TO ACHIEVE KOMEN'S BOLD GO AL KOMEN CONTINUED TO RECRUIT AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS A DVOCACY NETWORK SCREENING AND

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PUBLIC POLICY AND ADVOCACY	PATIENT NAVIGATION GETTING REGULAR SCREENING TESTS, ALONG WITH EFFECTIVE AND QUALITY TREA TMENT IF DIAGNOSED, LOWERS THE RISK OF DYING FROM BREAST CANCER SCREENING TESTS CAN FIND BREAST CANCER EARLY, WHEN CHANCES FOR SURVIVAL ARE HIGHEST PATIENT NAVIGATION IS A PROCES S BY WHICH AN INDIVIDUAL - A PATIENT NAVIGATOR - GUIDES PATIENTS THROUGH AND AROUND BARRIE RS IN THE COMPLEX CANCER CARE SYSTEM EVIDENCE SHOWS NAVIGATION IMPROVES ADHERENCE TO SCRE ENING RECOMMENDATIONS, AND THUS IMPROVES OVERALL OUTCOMES KOMEN SUPPORTS FREE AND LOW-COS T SCREENING PROGRAMS IN UNDERSERVED COMMUNITIES THAT HELP NAVIGATE PEOPLE TO QUALITY CARE, AND/OR PROVIDE COVERAGE FOR SCREENING SERVICES TO PEOPLE WITHOUT HEALTH INSURANCE, OR THO SE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE SCREENING TOO COSTLY IN FY19, KOMEN AWARDE D ONE SCREENING COMMUNITY GRANT TO BREAST CARE FOR WASHINGTON, TO DEVELOP A MOBILE MAMMOGR APHY PROJECT TO INCREASE ACCESS TO QUALITY SCREENING AND NAVIGATE WOMEN INTO DIAGNOSIS AND TREATMENT TREATMENT AND PATIENT NAVIGATION BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATI ON GROUPS ACCORDING TO QUALITATIVE DATA COLLECTED FROM ACROSS KOMEN'S AFFILIATE NETWORK, THE MOST COMMON BARRIERS TO QUALITY CARE IN THE UNITED STATES INCLUDE (1) AVAILABILITY OF LOCAL SERVICES, (2) BREAST CANCER EDUCATION, (3) CULTURAL/LANGUAGE, (4) FEAR, (5) FINANCI AL, (6) INSURANCE, (7) TRANSPORTATION PATIENT NAVIGATION IS A PROCESS BY WHICH AN INDIVID UAL - A PATIENT NAVIGATOR - GUIDES PATIENTS THROUGH AND AROUND BARRIERS IN THE COMPLEX CAN CER CARE SYSTEM TO ENSURE TIMELY DIAGNOSIS AND TREATMENT EVIDENCE SHOWS PATIENT NAVIGATIO N IMPROVES ADHERENCE TO TREATMENT RECOMMENDATIONS, RESULTING IN IMPROVED OUTCOMES IN FY19 , KOMEN FUNDED THREE NONPROFIT ORGANIZATIONS IN SUPPORT OF PROGRAMS TO REDUCE STRUCTURAL, PERSONAL, SOCIOCULTURAL, AND FINANCIAL BARRIERS TO CARE, AND PROVIDE PATIENT NAVIGATION SE RVICES FOR UNDERSERVED COMMUNITIES IN THE WASHINGTON, D C METRO AREA, SPECIFICALLY WARDS 2, 5, 7, AND 8, AND ALEXANDRIA CITY, VA KOMEN'S TREATMENT ASSISTANCE PROGRAM, ADMINISTERE D BY CANCERCARE, AIMS TO HELP WOMEN AND MEN IN BREAST CANCER TREATMENT WHO ARE FACING FINA NCIAL CHALLENGES STAY IN TREATMENT BY PROVIDING LIMITED FINANCIAL ASSISTANCE, EDUCATION, A ND SUPPORT SERVICES FINANCIAL ASSISTANCE IS GRANTED TO UNDERSERVED, UNDERINSURED OR UNINS URED WOMEN AND MEN ACROSS THE COUNTRY UNDERGOING BREAST CANCER TREATMENT WHO MEET PRE-DETE RMINED ELIGIBILITY CRITERIA THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR TREATMENT-RELA TED COSTS, INCLUDING TRANSPORTATION TO AND FROM TREATMENT, CHILD/ELDER CARE, HOME CARE, OR AL PAIN/ANTI-NAUSEA MEDICATIONS, ORAL CHEMOTHERAPY/HORMONE THERAPY, LYMPHEDEMA CARE/SUPPLI ES, PALLIATIVE CARE, AND DURABLE MEDICAL EQUIPMENT WE SERVED MORE THAN 3500 PEOPLE THROUG H THIS PROGRAM IN FY19

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EXECUTIVE COMMITTEE	FORM 990, PART VI, LINE 1A THE ORGANIZATION'S BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE COMPRISED OF A MINIMUM OF FIVE MEMBERS INCLUDING THE BOARD CHAIR, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, AND ADDITIONAL BOARD MEMBERS, AS RECOMMENDED BY THE GOVERNANCE COMMITTEE AND APPOINTED BY THE BOARD OF DIRECTORS MEMBERS OF THE EXECUTIVE COMMITTEE MUST EITHER BE DIRECTORS OF THE ORGANIZATION OR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER THE BYLAWS PROVIDE THE EXECUTIVE COMMITTEE WITH THE AUTHORITY TO (A) APPOINT MEMBERS TO NON-STANDING COMMITTEES OF THE ORGANIZATION, AND NAME CHAIRS OF SUCH COMMITTEES, (B) AUTHORIZE UNBUDGETED DISBURSEMENTS BY THE ORGANIZATION IN ACCORDANCE WITH THE SPECIFIC EXPENDITURE AUTHORITY PRESCRIBED BY THE BOARD OF DIRECTORS, (C) EMPLOY AGENTS, AND (D) CARRY INTO EXECUTION SUCH OTHER MEASURES AS IT DETERMINES WILL PROMOTE THE PURPOSE OF THE ORGANIZATION THE COMMITTEE ALSO MAY EXERCISE, WHEN THE BOARD IS NOT IN SESSION, ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN EXCEPTIONS SUCH AS REPEALING ANY BOARD RESOLUTIONS, AMENDING THE ORGANIZATION'S ARTICLES OR BYLAWS, OR MERGING OR DISSOLVING THE ORGANIZATION THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES

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DESCRIBE THE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO	REVIEW 990 FORM 990, PART VI, QUESTION 11B MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE OF AND REVIEW BY EXTERNAL ACCOUNTANTS SENIOR LEVEL MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR SUBSEQUENT PRESENTATION TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS THE AUDIT COMMITTEE REVIEWS, MAKES RECOMMENDATIONS, AND APPROVES THE FORM 990 FOR PRESENTATION TO THE BOARD OF DIRECTORS THEREAFTER, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING

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DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C Komen's Conflict of Interest Policy requires every board member, officer, committee member, advisory board member, and employee to avoid conflicts of Interest It also requires these persons to report any actual and/or potential conflicts of interest as soon as possible Reports are reviewed by the General Counsel's office and/or Internal Audit, and appropriate action is taken pursuant to the Conflict of Interest Policy Further, Komen produces an annual survey requiring all board members, officers, committee members, advisory board members, and employees to review the Conflict of Interest Policy and disclose any additional actual/potential conflicts of interest These annual disclosures are reviewed in the same manner The Audit Committee of the Board of Directors receives, and reviews all reported actual and potential conflicts of interest and the related action to address them

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OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A & 15B THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN OVERSEEING COMPENSATION POLICIES AND BEST PRACTICES RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER KEY EMPLOYEES, GRANTING THE CHIEF EXECUTIVE OFFICER WITH THE AUTHORITY TO DETERMINE COMPENSATION LEVELS WITHIN AN APPROVED RANGE, AND ANY INCENTIVE/BONUS COMPENSATION PROGRAMS, IF APPROVED THE CURRENT POLICY WAS ADOPTED IN 2010 A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES PERIODICALLY, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA BY ENGAGING INDEPENDENT EXPERTS OR ACQUIRING UPDATED MARKET DATA TO CONDUCT THE BENCHMARKING PROCESS COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION BENCHMARKING WAS CONDUCTED FOR THE CHIEF EXECUTIVE OFFICER AND ALL EXECUTIVE TEAM MEMBERS' COMPENSATION TO EXTERNAL MARKET DATA IN 2019, TO ENSURE MARKET ALIGNMENT KOMEN PROVIDES SALARY INCREASES, PROMOTIONS AND OTHER FORMS OF COMPENSATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION

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AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19 KOMEN'S FINANCIAL STATEMENTS AND THE FORM 990 ARE PUBLICLY AVAILABLE ON OUR WEBSITE THE CERTIFICATE OF FORMATION IS AVAILABLE FROM THE TEXAS SECRETARY OF STATE AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUIRED BY STATE LAW FORM 1023 AND THE CONFLICT OF INTEREST POLICY ARE NOT PUBLISHED ONLINE BUT ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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ADDITIONAL DETAIL ON EVENT PRODUCTION EXPENSES INCLUDED ON OTHER EXP	FORM 990, PART IX, LINE 24 KOMEN PAYS 50% OF THE COST OF ALL T-SHIRTS FOR THE 111 SUSAN G KOMEN RACE FOR THE CURE AND MORE THAN PINK WALK EVENTS CONDUCTED BY THE KOMEN AFFILIATES DURING THE FISCAL YEAR ACCOUNTS RECEIVABLE FORM 990, PART X, LINE 4 The beginning of year amount for accounts receivable was determined by adding the amount of accounts receivable with pledges and grants receivable, net (line 3A)

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OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 RESCINDED GRANTS $1,681,546 UTAH FIELD OFFICE ADJUSTMENT $717 ---------- TOTAL $1,682,263 ==========