

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2022 calendar year, or tax year beginning 04/01, 2022, and ending 03/31, 2023

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

**C** Name of organization: THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.  
 Doing business as: SUSAN G. KOMEN  
 Number and street (or P.O. box if mail is not delivered to street address): 13770 NOEL ROAD  
 Room/suite: SUITE 801889  
 City or town, state or province, country, and ZIP or foreign postal code: DALLAS, TX 75380

**D** Employer identification number: 75-1835298

**E** Telephone number: (972) 855-1600

**G** Gross receipts \$: 118,544,114

**F** Name and address of principal officer: PAULA SUE SCHNEIDER  
 13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380

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

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

**J** Website: WWW.KOMEN.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1982

**M** State of legal domicile: TX

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAK-THROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	468
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	7,089
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	6,104
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	99,456,148	111,805,407
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,500	0
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,437,450	2,453,577
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,365,358	(6,661,279)
	<b>12</b>		111,261,456	107,597,705
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,691,669	29,280,228
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,149,496	45,865,289
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	1,181,706	1,363,728
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	27,230,240	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,609,513	40,554,624
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	100,632,384	117,063,869
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	10,629,072	(9,466,164)	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	207,354,061	192,631,082
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	59,717,916	62,957,218
<b>22</b>		147,636,145	129,673,864	

**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: *Paula Schneider*  
 PAULA SCHNEIDER, PRESIDENT AND CEO  
 Date: 12/12/23

**Paid Preparer Use Only**

Print/Type preparer's name: KATHY PITTS  
 Preparer's signature: *Kathy A. Pitts*  
 Date: 11/15/2023  
 Check  if self-employed  
 PTIN: P00292940  
 Firm's name: ERNST & YOUNG US LLP  
 Firm's EIN: 34-6565596  
 Firm's address: 1901 SIXTH AVENUE NORTH, BIRMINGHAM, AL 35203  
 Phone no.: (205) 251-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SUSAN G. KOMEN'S MISSION IS TO SAVE LIVES FROM BREAST CANCER BY FINDING BREAKTHROUGHS TO PREVENT, DETECT, TREAT, AND CURE BREAST CANCER, AND BY MEETING THE MOST CRITICAL NEEDS IN COMMUNITIES TO ENSURE EVERYONE GETS THE BREAST CANCER CARE THEY NEED WHEN THEY NEED IT.

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 48,712,358 including grants of \$ 10,610,338 ) (Revenue \$ 0 ) PATIENT CARE: PROVISION OF BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS, THIRD-PARTY CONTRACTS AND DIRECTLY BY KOMEN, WITH 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.

4b (Code: ) (Expenses \$ 24,634,101 including grants of \$ 18,669,890 ) (Revenue \$ 0 ) GRANTS TO RESEARCH INSTITUTIONS AND OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH PROJECTS INCLUDING THOSE FOCUSED ON THE BIOLOGY OF BREAST CANCER; NEW STRATEGIES TO TREAT, DETECT, AND PREDICT RISK OF BREAST CANCER, AND UNDERSTANDING AND ADDRESSING DISPARITIES IN OUTCOMES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: ) (Expenses \$ 3,359,841 including grants of \$ 0 ) (Revenue \$ 0 ) PUBLIC POLICY AND ADVOCACY: INITIATIVES THAT HAVE THE POTENTIAL TO IMPACT ALL PEOPLE TOUCHED BY BREAST CANCER, INCLUDING ACTIVITIES ADVOCATING FOR LEGISLATIVE, REGULATORY AND OTHER POLICY SOLUTIONS DESIGNED TO SUPPORT KEY PATIENT PROTECTIONS, EXPAND ACCESS TO HIGH-QUALITY CARE, AND FUND CRITICAL BREAST CANCER RESEARCH. SEE SCHEDULE O FOR DETAILS.

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

4e Total program service expenses 76,706,300

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	468		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> 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			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
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			✓
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O)
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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, 13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380, (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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULA SCHNEIDER PRESIDENT AND CEO	55.0 0.0			✓				888,164	0	27,615
(2) RIA WILLIAMS CHIEF FIN & OPS OFFICER	55.0 0.0			✓				319,076	0	30,635
(3) VICTORIA SMART SVP, MISSION	55.0 0.0				✓			331,477	0	15,705
(4) CATHERINE OLIVIERI SVP, HUMAN RESOURCES	55.0 0.0				✓			277,075	0	26,419
(5) EUNICE NAKAMURA GENERAL COUNSEL AND CORPORATE SECRETARY	55.0 0.0			✓				273,878	0	23,687
(6) SARAH ROSALES VP, CORPORATE PARTNERSHIPS	55.0 0.0					✓		257,358	0	29,351
(7) SRINIVASU AVADHANULA VP, BI PLATFORM & ENGINEERING	55.0 0.0					✓		249,792	0	23,614
(8) LORI MARIS SVP, OPS SERVICES & SUPPORT	55.0 0.0				✓			240,233	0	15,349
(9) MICHELLE STRONG VP, MARKETING STRATEGY	55.0 0.0					✓		233,180	0	22,360
(10) KARI BODELL VP, DEVELOPMENT PROGRAMS STRATEGY	55.0 0.0					✓		239,625	0	14,169
(11) CATHERINE STONE VP, COMMUNITY HEALTH	55.0 0.0					✓		213,060	0	13,131
(12) DANA BROWN CHIEF OPERATING OFFICER (TERM 3/31/22)	0.0 0.0						✓	184,757	0	5,580
(13) ED DANDRIDGE CHAIR OF THE BOARD	1.0 0.0	✓		✓				0	0	0
(14) JERRI JOHNSON BOD MEMBER (VICE CHAIR)	1.0 0.0	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANDI OWEN BOD MEMBER (ENDING MARCH 2023)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) BJ SCHAKNOWSKI BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) BORIS DOLGONOS BOD MEMBER (BEGINNING MARCH 2023)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHRISTINA MINNIS BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) GAIL HEIMANN BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) JOHN O'NEILL BOD MEMBER (ENDED APRIL 2022)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JULIA HARRIS BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JULIE GRUBER BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) KRISTEN RACICH BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) LAQUENTA JACOBS BOD MEMBER (BEGINNING MARCH 2023)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								3,707,675	0	247,615
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								3,707,675	0	247,615

**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 116

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

**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	3,132,937
RKD GROUP LLC, 3400 WATERVIEW PARKWAY, RICHARDSON, TX 75080	CONSULTING	1,014,986
PROMETHEUS RESEARCH, LLC, ONE AUDUBON STREET, 4TH FLLOR, NEW HAVEN, CT 06511	TECHNOLOGY SERVICES	460,000
MSB FINANCIAL SOLUTIONS LLC, 79 CHERRYWOOD DR., NASHUA, NH 03062	SOFTWARE SERVICES	445,942
ERNST & YOUNG, 3712 SOLUTIONS CENTER, CHICAGO, IL 60677	ACCTG & TAX SERVICES	342,243
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<span style="float: right;">17</span>	



**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 432,565				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 35,668,334				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 75,704,508				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 592,477				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		111,805,407			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		-----					
<b>b</b>		-----					
<b>c</b>		-----					
<b>d</b>		-----					
<b>e</b>		-----					
<b>f</b>		All other program service revenue . .		0	0	0	0
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,438,781		1,438,781	
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0		0	
	<b>5</b>	Royalties . . . . .		0		0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	0			
			(ii) Personal	0			
			<b>6a</b>	0			
	<b>b</b>	Less: rental expenses	<b>6b</b>	0			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0			
	<b>d</b>	Net rental income or (loss) . . . . .		0	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	3,316,237			
			(ii) Other	0			
			<b>7a</b>	3,316,237			
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	2,301,441	
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,014,796			
	<b>d</b>	Net gain or (loss) . . . . .		1,014,796	0	0	1,014,796
<b>8a</b>	Gross income from fundraising events (not including \$ 35,668,334 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	1,820,234				
		<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	8,533,874		
		<b>c</b>	Net income or (loss) from fundraising events . . . . .		(6,713,640)	0	(6,713,640)
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	29,627				
		<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	45,162		
		<b>c</b>	Net income or (loss) from gaming activities . . . . .		(15,535)	0	(15,535)
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	107,070				
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	65,932		
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		41,138	0	0
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	OTHER INCOME	900099	26,758	0	6,104	20,654
	<b>b</b>	-----		0	0	0	0
	<b>c</b>	-----		0	0	0	0
	<b>d</b>	All other revenue . . . . .		0	0	0	0
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		26,758				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		107,597,705	0	6,104	(4,213,806)	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	19,635,695	19,635,695		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	9,078,750	9,078,750		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	565,783	565,783		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,482,405	1,282,179	538,632	661,594
<b>6</b> 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
<b>7</b> Other salaries and wages . . . . .	36,277,286	18,726,067	7,828,981	9,722,238
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,479,554	779,973	303,129	396,452
<b>9</b> Other employee benefits . . . . .	3,014,565	1,502,541	748,043	763,981
<b>10</b> Payroll taxes . . . . .	2,611,479	1,337,671	560,570	713,238
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	150,411	60,819	29,864	59,728
<b>c</b> Accounting . . . . .	342,030	0	342,030	0
<b>d</b> Lobbying . . . . .	293,520	293,520	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	1,363,728			1,363,728
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	5,738,163	3,331,081	198,565	2,208,517
<b>13</b> Office expenses . . . . .	16,194,959	8,190,560	162,466	7,841,933
<b>14</b> Information technology . . . . .	2,065,603	846,897	619,681	599,025
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	174,523	107,985	29,887	36,651
<b>17</b> Travel . . . . .	1,194,739	589,628	341,009	264,102
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	224,153	97,027	95,686	31,440
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,162,453	904,513	135,072	122,868
<b>23</b> Insurance . . . . .	499,600	499,600		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONSULT & PROF. FEES	6,582,084	5,401,593	389,052	791,439
<b>b</b> EQUIP RENTAL & MAINT	3,127,554	2,008,073	401,706	717,775
<b>c</b> MERCHANT SERVICES & BANK FEES	1,765,647	1,022,682	105,221	637,744
<b>d</b> EVENT PRODUCTION	235,470	113,585	14,066	107,819
<b>e</b> All other expenses	803,715	330,078	283,669	189,968
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	117,063,869	76,706,300	13,127,329	27,230,240
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	48,508,025	24,374,495	1,206,569	22,926,961

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	23,067,395	<b>2</b>	11,205,049
	<b>3</b> Pledges and grants receivable, net . . . . .	15,045,253	<b>3</b>	15,405,966
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	9,577	<b>8</b>	47,380
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,120,424	<b>9</b>	1,613,365
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 13,932,941		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 9,579,406	3,645,471	<b>10c</b> 4,353,535
	<b>11</b> Investments—publicly traded securities . . . . .	119,988,473	<b>11</b>	114,281,787
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	43,470,000	<b>12</b>	43,470,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,468	<b>15</b>	2,254,000
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	207,354,061	<b>16</b>	192,631,082	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,791,057	<b>17</b>	9,306,708
	<b>18</b> Grants payable . . . . .	49,697,151	<b>18</b>	53,366,811
	<b>19</b> Deferred revenue . . . . .	229,708	<b>19</b>	283,699
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	59,717,916	<b>26</b>	62,957,218
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	98,403,421	<b>27</b>	84,243,927
	<b>28</b> Net assets with donor restrictions . . . . .	49,232,724	<b>28</b>	45,429,937
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
<b>32</b> Total net assets or fund balances . . . . .	147,636,145	<b>32</b>	129,673,864	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	207,354,061	<b>33</b>	192,631,082	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	107,597,705
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	117,063,869
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(9,466,164)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	147,636,145
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(9,184,802)
<b>6</b>	Donated services and use of facilities	<b>6</b>	(63,954)
<b>7</b>	Investment expenses	<b>7</b>	(316,359)
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,068,998
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	129,673,864

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**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 (Check all that apply)						(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			
(25) LUKE SAUTER ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) LYDIA THE ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) MICHELLE BOTTOMLEY ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) PETER BRUNDAGE ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) RENEE BAKER ----- BOAD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) ROBYN SHEPHERD ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) SEAN SLOVENSKI ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(32) TRACI BLUNT ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(33) VALERIE RAINEY ----- BOD MEMBER (BEGINNING MARCH 2023)	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.</b>	Employer identification number <b>75-1835298</b>
-------------------------------------------------------------------------------------	-----------------------------------------------------

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	63,291,987	59,972,314	50,983,746	99,456,148	111,805,407	385,509,602
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	63,291,987	59,972,314	50,983,746	99,456,148	111,805,407	385,509,602
<b>5</b> 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) . . . . .						19,028,970
<b>6 Public support.</b> Subtract line 5 from line 4						366,480,632

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	63,291,987	59,972,314	50,983,746	99,456,148	111,805,407	385,509,602
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,221,701	4,928,838	1,217,543	1,156,360	1,438,781	13,963,223
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	34,200	86,442	15,070	3,574	26,758	166,044
<b>11 Total support.</b> Add lines 7 through 10						399,638,869
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	65,072,779
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	91.70 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	81.99 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017 . . . . .			
b From 2018 . . . . .			
c From 2019 . . . . .			
d From 2020 . . . . .			
e From 2021 . . . . .			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 . . . . .			
b Excess from 2019 . . . . .			
c Excess from 2020 . . . . .			
d Excess from 2021 . . . . .			
e Excess from 2022 . . . . .			

**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.)

Area with horizontal dashed lines for supplemental information.

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) OTHER INCOME	34,200	86,442	15,070	3,574	26,758	166,044
	Total	34,200	86,442	15,070	3,574	26,758	166,044

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.) and Employer identification number (75-1835298)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [x] 501(c)( 3 ) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization <b>THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.</b>	Employer identification number <b>75-1835298</b>
---------------------------------------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 7,500,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 3,569,490	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 2,254,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,415,656	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.</b>	Employer identification number <b>75-1835298</b>
---------------------------------------------------------------------------------	-----------------------------------------------------

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <b>THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.</b>	Employer identification number <b>75-1835298</b>
---------------------------------------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 2 columns: Name of organization (THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.) and Employer identification number (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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6 are empty.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	15,803	15,803												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	277,717	277,717												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	293,520	293,520												
<b>d</b>	Other exempt purpose expenditures . . . . .	103,643,020	103,669,862												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	103,936,540	103,963,382												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000	250,000												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	343,462	172,474	204,997	293,520	1,014,453
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	86,368	386,160	26,906	15,803	515,237

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.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; 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).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

SEE NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.

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 - Identifier	Explanation
SCHEDULE C, PART II-A - LOBBYING EXPENSES	PUBLIC POLICY AND ADVOCACY INITIATIVES HAVE THE POTENTIAL TO IMPACT ALL PEOPLE TOUCHED BY BREAST CANCER. RECOGNIZING THE IMPORTANCE OF THIS WORK TO ACCOMPLISH ITS MISSION, KOMEN SUPPORTS LIMITED LOBBYING ACTIVITIES TO ACHIEVE LEGISLATIVE AND REGULATORY SOLUTIONS DESIGNED TO SUPPORT KEY PATIENT PROTECTIONS, EXPAND ACCESS TO HIGH-QUALITY CARE AND FUND CRITICAL BREAST CANCER RESEARCH.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and end of year, and Yes/No questions regarding donor advisement.

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

Form for Conservation Easements including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and revenue/assets.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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 on 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
<b>1a</b> Beginning of year balance	1,346,868	1,342,173	1,337,562	1,333,603	1,362,090
<b>b</b> Contributions	2,279,000	0	0	0	0
<b>c</b> Net investment earnings, gains, and losses	(7,607)	10,613	10,279	9,803	(4,016)
<b>d</b> Grants or scholarships		0	0	0	0
<b>e</b> Other expenditures for facilities and programs	5,713	5,918	5,668	5,844	24,267
<b>f</b> Administrative expenses		0	0	0	204
<b>g</b> End of year balance	3,612,548	1,346,868	1,342,173	1,337,562	1,333,603

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

- a** Board designated or quasi-endowment 27.70 %
- b** Permanent endowment 72.10 %
- c** Term endowment 0.20 %

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
<b>(i)</b> Unrelated organizations		✓
<b>(ii)</b> Related organizations		✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		2,357,161	1,967,638	389,523
<b>e</b> Other		11,575,780	7,611,768	3,964,012
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,353,535



**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) PRIVATE EQUITY FUND	43,470,000	END OF YEAR MARKET VALUE
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	43,470,000	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 127,818,234, adjusted to 107,281,346, and finally to 107,597,705.

**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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 148,480,516, adjusted to 117,063,869.

**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.

SEE STATEMENT

Series of horizontal dashed lines provided for entering supplemental information.

Part XIII

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 - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	IN KIND SERVICES DIRECT COSTS	- 342,617
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RESCINDED GRANTS	- 1,101,560
	PROGRAM COST OF GOODS SOLD	32,563

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 - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>KOMEN HAS FIVE PERMANENT ENDOWMENTS: GOODMAN-BRINKER, FIRNBERG, TWO GENERAL ENDOWMENTS, AND A PERPETUAL TRUST.</p> <p>THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FELLOWSHIPS, THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH AWARDS, THE GENERAL ENDOWMENT AND PERPETUAL TRUST'S EARNINGS ARE RESTRICTED FOR ORGANIZATIONAL MISSION ACTIVITIES.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO UNCERTAIN TAX POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT MARCH 31, 2023</p>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activities 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0	1	GRANTMAKING	RESEARCH	31,483
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	FUNDRAISING	FUNDRAISING SUPPORT	21,940
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	4	GRANTMAKING	RESEARCH	238,914
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	LEARNING MGMT SYSTEM	15,007
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	MISSION TOOL DEVELOPMENT	30,375
(6) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	PROFESSIONAL MEMBERSHIP	3,250
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	3	GRANTMAKING	RESEARCH	295,386
(8) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	MISSION SUPPORT	68,946
(9) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	MISSION TOOL DEVELOPMENT	33,308
(10) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	PROFESSIONAL MEMBERSHIP	18,000
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	SOFTWARE LICENSES	24,261
(12) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	RESEARCH	1,000
(13) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PUBLIC RELATIONS	PUBLIC RELATIONS	8,141
(14) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	SPONSORSHIP OF MISSION PROGRAMS	102,500
(15)					
(16)					
(17)					
<b>3a Subtotal</b>	0	19			892,511
<b>b Total from continuation sheets to Part I</b>	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	0	19			892,511

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	RESEARCH	31,483				
(2)			EAST ASIA AND THE PACIFIC	RESEARCH	74,544				
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	74,544				
(4)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	89,827				
(5)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	145,385				
(6)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	75,000				
(7)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	75,000				
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 5

3 Enter total number of other organizations or entities . . . ▶ 0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR RESEARCH AND TRAINING GRANTS, ALL GRANTEEES ARE REQUIRED TO SUBMIT SCIENTIFIC PROGRESS REPORTS AND FINANCIAL REPORTS IN THE FORMAT REQUIRED BY KOMEN AND IN ACCORDANCE WITH THE SCHEDULE SET FORTH IN THE POLICIES 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 AND SCHEDULE O, PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> EVENT 360, 55 E JACKSON BLVD, SUITE 1010, CHICAGO, IL 60604	FUNDRAISING CONSULTANT		✓	14,471,684	783,234	13,688,450
<b>2</b> REVUNAMI, INC., 228 E. 85TH ST, SUITE 9C, NEW YORK, NY 10028	MARKETING CONSULTANT		✓		14,061	
<b>3</b> RKD GROUP LLC, 3400 WATERVIEW PARKWAY, SUITE 250, RICHARDSON, TX 75080	FUNDRAISING CONSULTANT		✓	24,004,781	533,010	23,471,771
<b>4</b> INKIND, INC. DBA GOODUNITED, 796 MEETING STREET, CHARLESTON, SC 29403	FUNDRAISING CONSULTING		✓	1,484,191	33,423	1,450,768
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				39,960,656	1,363,728	38,610,989

- 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	(b) Event #2	(c) Other events	(d) Total events
		<u>3 DAY SERIES</u> (event type)	<u>RACE-WALK EVENTS</u> (event type)	<u>50</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	14,385,465	20,377,979	2,725,124	37,488,568
	<b>2</b> Less: Contributions . . . . .	14,171,508	19,569,955	1,926,871	35,668,334
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	213,957	808,024	798,253	1,820,234
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	15,601	731,448	21,957	769,006
	<b>6</b> Rent/facility costs . . . . .	2,020,744	263,961	190,649	2,475,354
	<b>7</b> Food and beverages . . . . .	475,001	264,485	325,855	1,065,341
	<b>8</b> Entertainment . . . . .	0	18,952	26,300	45,252
	<b>9</b> Other direct expenses . . . . .	1,351,776	2,643,606	183,539	4,178,921
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					(6,713,640)

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					
<b>8</b> 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:
 

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . \$

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

[SEE NEXT PAGE](#)

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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 - Identifier	Explanation
SCHEDULE G, PART II - NET INCOME SUMMARY	GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF FUNDRAISING CONTRIBUTIONS, PER IRS INSTRUCTIONS. THE CONTRIBUTIONS FOR FISCAL YEAR 2023 WERE \$35,668,334.

**SCHEDULE I  
(Form 990)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

**Part I General Information on Grants and Assistance**

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	02-0464400		103,344				RESEARCH
(2) AMITA HEALTH 2233 WEST DIVISION STREET, CHICAGO, IL, 60623	36-2235165		12,600				PATIENT CARE
(3) (SEE STATEMENT)	23-7309937		37,500				PATIENT CARE
(4) (SEE STATEMENT)	74-1613878		347,799				RESEARCH
(5) BAYLOR UNIVERSITY ONE BEAR PLACE #97043, WACO, TX, 76798-7043	74-1159753		330,000				RESEARCH
(6) (SEE STATEMENT)	73-1563627		57,504				RESEARCH
(7) (SEE STATEMENT)	04-2103547		199,448				RESEARCH
(8) (SEE STATEMENT)	04-2312909		36,000				RESEARCH
(9) (SEE STATEMENT)	51-0197108		49,994				RESEARCH
(10) (SEE STATEMENT)	95-1644600		115,337				RESEARCH
(11) (SEE STATEMENT)	13-5598093		386,422				RESEARCH
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 61

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

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

Cat. No. 50055P

Schedule I (Form 990) 2022



**Part II** Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) DANA FARBER CANCER INSTITUTE. 44 BINNEY STREET, MAIL STOP 439C, BOSTON, MA, 02115	04-2263040		892,588				RESEARCH
(13) DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE: BP 412, BOSTON, MA, 02215-5450	04-2263040		392,380				RESEARCH
(14) DUKE UNIVERSITY MEDICAL CENTER. P.O. BOX 602651, CHARLOTTE, NC, 28260- 2651	56-0532129		546,914				RESEARCH
(15) EASTERN MICHIGAN UNIVERSITY ATTN: SUSAN SHIPLEY 204 HOVER BUILD, YPSILANTI, MI, 48197	38-2953297		87,500				EDUCATION
(16) ECOG RESEARCH AND EDUCATION FOUNDATION 1818 MARKET STREET SUITE 1100, PHILADELPHIA, PA, 19109	39-1723095		101,486				RESEARCH
(17) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR MAI, ATLANTA, GA, 30322-4250	58-0566256		189,917				RESEARCH
(18) GEORGETOWN UNIVERSITY 37TH & O STREETS, NW, WASHINGTON, DC, 20057-0004	52-2339873		5,815				RESEARCH
(19) HARVARD MEDICAL SCHOOL HOLYOKE CENTER, ROOM 600 1350 MASSA, CAMBRIDGE, MA, 02138	04-2103580		100,000				RESEARCH
(20) INDIANA UNIVERSITY (INDIANAPOLIS) FINANCIAL MGMT SVCS P.O. BOX 66057, INDIANAPOLIS, IN, 46266-6057	35-6001673		809,308				RESEARCH
(21) JOHNS HOPKINS UNIVERSITY 1650 ORLEANS STREET SUITE 141, BALTIMORE, MD, 21231	52-0595110		312,500				RESEARCH
(22) JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET, EASTERN C220, BALTIMORE, MD, 21218	52-0595110		75,000				RESEARCH
(23) LAKE COUNTY HEALTH DEPARTMENT ATTN: DAVID MCDERMOTT 3010 GRAND AV, WAUKEGAN, IL, 60085	59-3502843		5,105				PATIENT CARE
(24) LELAND STANFORD JR UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA, 94144-4253	94-1156365		300,000				RESEARCH
(25) LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVENUE SUITE 1300, CHICAGO, IL, 60611	36-1408475		165,000				RESEARCH
(26) MAYO CLINIC JACKSONVILLE GRIFFIN BUILDING, ROOM 170 4500 SAN, JACKSONVILLE, FL, 32224	59-3337028		220,000				RESEARCH



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(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
(27) MCDONOUGH COUNTY HEALTH DEPARTMENT ATTN: KERRI ALLEN 505 E JACKSON STR, MACOMB, IL, 61455	37-6001537		4,419				PATIENT CARE
(28) MEMORIAL SLOAN-KETTERING CANCER CTR ATTN: RICHARD K. NAUM 633 THIRD AVE, NEW YORK, NY, 10017	13-1924236		374,999				RESEARCH
(29) MOUNT SINAI SCHOOL OF MEDICINE SPONSORED PROJ ACTG ONE GUSTAVE L, NEW YORK, NY, 10029-6574	13-6171197		134,750				RESEARCH
(30) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT MAIL CODE L106SPA, PORTLAND, OR, 97239	75-2668014		429,396				RESEARCH
(31) PARKLAND FOUNDATION 2777 NORTH STEMMONS FREEWAY SUITE 1, DALLAS, TX, 75207	75-2089180		100,000				PATIENT CARE
(32) PRESENCE HOSPITALS PRV ATTN: STEPHANIE YATES 1400 WEST PAR, URBANA, IL, 61801-0001	34-4195126		6,300				PATIENT CARE
(33) PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 413, PRINCETON, NJ, 08540	21-0634501		300,000				RESEARCH
(34) ROSWELL PARK ALLIANCE FOUNDATION. DEPARTMENT OF IMMUNOLOGY ELM & CARL, BUFFALO, NY, 14263	16-1391608		75,000				RESEARCH
(35) RUSH UNIVERSITY MEDICAL CENTER ATTN: SOPHIA WOROBEK 1700 W VAN BUR, CHICAGO, IL, 60612	36-2174823		220,000				RESEARCH
(36) STANFORD UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA, 94144-4253	94-1156365		375,137				RESEARCH
(37) SUNY AT STONY BROOK ATTN: JOANN DELUCIA-CONLON W5510 ME, STONY BROOK, NY, 11794	14-1368361		33,783				RESEARCH
(38) THE OHIO STATE UNIVERSITY COLLEGE ATTN: KATHY MILEM 700 CHILDREN'S DR, COLUMBUS, OH, 43205	31-6025986		67,500				RESEARCH
(39) THE SALK INSTITUTE ATTN: CHRISTINE MARCKESE 10010 NORT, LA JOLLA, CA, 92037-1002	95-2160097		75,000				RESEARCH
(40) THE UNIVERSITY OF CHICAGO RESEARCH ADMINISTRATION 970 EAST 58, CHICAGO, IL, 60637	36-2177139		67,500				RESEARCH
(41) THE UNIVERSITY OF TOLEDO ATTN: DR. AMY THOMPSON 2801 W. BANC, TOLEDO, OH, 43606-3390	34-6401483		57,190				RESEARCH
(42) TOUCHETTE REGIONAL HOSPITAL INC. 5900 BOND AVE., CENTREVILLE, IL, 62207	37-1305510		37,500				PATIENT CARE

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(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
(43) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CB #, CHAPEL HILL, NC, 27599-1350	56-6001393		652,667				RESEARCH
(44) UNIV OF TEXAS MD ANDERSON CANCER CENTER GRANTS & CONTRACTS P.O. BOX 4390, HOUSTON, TX, 77210-4390	74-6001118		731,645				RESEARCH, PATIENT CARE
(45) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO ANDREW BOULTER 3333 CALIFORNIA ST., SAN FRANCISCO, CA, 94118	94-6036493		283,458				RESEARCH
(46) UNIVERSITY OF CALIFORNIA-DAVIS CASHIER'S OFFICE, P.O. BOX 989062, WEST SACRAMENTO, CA, 95798-9062	94-6036494		100,000				RESEARCH
(47) UNIVERSITY OF CHICAGO ATTN: MICHAEL LUDWIG 5801 S. ELLIS , CHICAGO, IL, 60637	36-2177139		200,000				RESEARCH
(48) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL ROAD, LAWRENCE, KS, 66045	48-0680117		59,518				RESEARCH
(49) UNIVERSITY OF KENTUCKY RESEARCH FNDN. MARKEY CANCER CENTER 500 SOUTH LIME, LEXINGTON, KY, 40526-0001	61-6033693		224,933				RESEARCH
(50) UNIVERSITY OF MICHIGAN ALEXANDRA THEBAUD WOLVERINE TOWER, ANN ARBOR, MI, 48109-1274	38-6006309		180,000				RESEARCH
(51) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200, CB# , CHAPEL HILL, NC, 27599-9525	56-6001393		220,000				RESEARCH
(52) UNIVERSITY OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES 3451 WA, PHILADELPHIA, PA, 19104-6205	23-1352685		571,450				RESEARCH, PATIENT CARE
(53) UNIVERSITY OF PITTSBURGH OFFICE OF RESEARCH 123 UNIVERSITY P, PITTSBURGH, PA, 15213-2303	25-0966691		29,958				RESEARCH
(54) UNIVERSITY OF PITTSBURGH OFFICE OF BUDGET & CONTROLLER 3100 , PITTSBURGH, PA, 15260	25-0965591		135,319				RESEARCH
(55) UNIVERSITY OF TEXAS AT HEALTH SCIENCE CTR ELIZABETH FRANTZ 7000 FANNIN STREET, HOUSTON, TX, 77030	74-1587488		53,764				RESEARCH
(56) UNIVERSITY OF UTAH. 201 SOUTH PRESIDENT'S CIRCLE, ROOM , SALT LAKE CITY, UT, 84112-9020	87-6000525		292,180				RESEARCH
(57) UT HSC - SAN ANTONIO OFFICE OF SPONSORED PROGRAMS 7703 F, SAN ANTONIO, TX, 77229-3900	74-1586031		393,124				RESEARCH

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(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
(58) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD, DALLAS, TX, 75390-9020	74-6000203		150,000				RESEARCH
(59) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVENUE SOUTH DEPT AT 4030, ATLANTA, GA, 31192-0303	62-0476822		486,465				RESEARCH
(60) VIRGINIA COMMONWEALTH UNIVERSITY 800 E. LEIGH ST., SUITE 3100 ATTN: , RICHMOND, VA, 23284	54-6001758		240,000				RESEARCH
(61) WAKE FOREST UNIVERSITY HEALTH SCIENCES GRANTS MANAGEMENT MEDICAL CENTER BL, WINSTON-SALEM, NC, 27157	22-3849199		59,926				RESEARCH
(62) WASHINGTON UNIVERSITY AT ST. LOUIS 700 ROSEDALE AVENUE, CAMPUS BOX 103, SAINT LOUIS, MO, 63110	43-0653611		131,984				RESEARCH
(63) WAYNE STATE UNIVERSITY ATTN: JULIE BOERNER 4100 JOHN R PRE, DETROIT, MI, 48201	36-6028429		33,240				RESEARCH
(64) WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVENUE, NEW YORK, NY, 10061	13-1623978		100,000				RESEARCH
(65) YALE UNIVERSITY 2 WHITNEY AVENUE 6TH FLOOR, NEW HAVEN, CT, 06510	03-0179440		307,788				RESEARCH

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>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.</p> <p>KOMEN REQUIRES ALL GRANTEEES 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.</p> <p>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 COMMUNITY HEALTH AND EDUCATION GRANTS, PROGRESS AND FINANCIAL OVERSIGHT IS MONITORED OR SUPERVISED THROUGHOUT THE GRANT TERM BY QUALIFIED PROFESSIONALS SERVING AS GRANTS MANAGERS.</p> <p>AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR RESEARCH AND TRAINING GRANTS, GRANTEEES 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.</p> <p>AS APPROPRIATE, THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH GRANTEEES 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.</p> <p>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.</p> <p>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.</p> <p>SEE SCHEDULE O, PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.</p>
<p>(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY 125 S. WACKER DRIVE SUITE 1600, CHICAGO, IL, 60606-4404</p>
<p>(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>BARNES-JEWISH HOSPITAL ATTN: BRYAN LINCK 4249 CLAYTON AVEN, ST. LOUIS, MO, 63110</p>
<p>(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>BAYLOR COLLEGE MEDICINE. GRANTS - ACCOUNTS RECEIVABLE ONE BA, HOUSTON, TX, 77030-3411</p>
<p>(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>BOARD OF REGENTS OF THE UNIVERSITY OF PO BOX 36901, RP865 ROOM 560, OKLAHOMA CITY, OK, 73126-0901</p>
<p>(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>BOSTON UNIVERSITY 580 HARRISON AVENUE, 3-W EVENTS &amp; C, BOSTON, MA, 02118</p>
<p>(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>BRIGHAM AND WOMEN'S HOSPITAL ATTN: JEFFREY RIVERA 181 LONGWOOD A, BOSTON, MA, 02115</p>
<p>(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>BURNHAM INSTITUTE FOR MEDICAL RESEARCH CANCER CTR 10901 NORTH TORREY PINES, LA JOLLA, CA, 92037</p>
<p>(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>CEDARS SINAI MEDICAL CENTER ATTN: JOANNE LAZZARO 8700 BEVERLY B, LOS ANGELES, CA, 90048</p>

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Return Reference - Identifier	Explanation
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COLUMBIA UNIVERSITY MEDICAL CENTER SPONSORED PROJECTS FINANCE 615 WEST, NEW YORK, NY, 10027-0000

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	PAULA SCHNEIDER PRESIDENT AND CEO	(i)	631,275	252,285	4,604	20,057	7,558	915,779	0
		(ii)	0	0	0	0	0	0	0
2	RIA WILLIAMS CHIEF FIN & OPS OFFICER	(i)	282,221	34,800	2,055	16,874	13,761	349,711	0
		(ii)	0	0	0	0	0	0	0
3	VICTORIA SMART SVP, MISSION	(i)	294,149	34,800	2,528	13,911	1,794	347,182	0
		(ii)	0	0	0	0	0	0	0
4	CATHERINE OLIVIERI SVP, HUMAN RESOURCES	(i)	243,713	30,000	3,362	14,714	11,705	303,494	0
		(ii)	0	0	0	0	0	0	0
5	EUNICE NAKAMURA GENERAL COUNSEL AND CORPORATE SECRETARY	(i)	244,099	28,200	1,579	16,754	6,933	297,565	0
		(ii)	0	0	0	0	0	0	0
6	SARAH ROSALES VP, CORPORATE PARTNERSHIPS	(i)	227,827	28,200	1,331	13,683	15,668	286,709	0
		(ii)	0	0	0	0	0	0	0
7	SRINIVASU AVADHANULA VP, BI PLATFORM & ENGINEERING	(i)	223,372	24,960	1,460	12,379	11,235	273,406	0
		(ii)	0	0	0	0	0	0	0
8	LORI MARIS SVP, OPS SERVICES & SUPPORT	(i)	212,699	25,800	1,734	8,401	6,948	255,582	0
		(ii)	0	0	0	0	0	0	0
9	MICHELLE STRONG VP, MARKETING STRATEGY	(i)	207,548	24,000	1,632	14,372	7,988	255,540	0
		(ii)	0	0	0	0	0	0	0
10	KARI BODELL VP, DEVELOPMENT PROGRAMS STRATEGY	(i)	213,599	24,600	1,426	12,375	1,794	253,794	0
		(ii)	0	0	0	0	0	0	0
11	CATHERINE STONE VP, COMMUNITY HEALTH	(i)	189,677	22,000	1,383	11,337	1,794	226,191	0
		(ii)	0	0	0	0	0	0	0
12	DANA BROWN CHIEF OPERATING OFFICER (TERM 3/31/22)	(i)	136,744	46,800	1,213	4,200	1,380	190,337	0
		(ii)	0	0	0	0	0	0	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	56	148,547	COST
20				
21				
22				
23				
24				
25	✓	53	424,435	COST
26	✓	7	19,495	COST
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** **2**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



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 - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	FOOD INVENTORY - FOOD & BEVERAGE NUMBER OF CONTRIBUTIONS OTHER - GIFT BAGS/GIFT CARDS NUMBER OF CONTRIBUTIONS

<b>SCHEDULE O (Form 990)</b>  Department of Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2022</b> Open to Public Inspection
Name of the Organization <b>THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.</b>		Employer Identification Number <b>75-1835298</b>

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREATEST NUMBERS OF VOLUNTEERS ASSIST WITH THE MORE THAN PINK WALKS, RACE FOR THE CURE RUNS, THE SUSAN G. KOMEN 3 DAY® SERIES, AND ADVOCACY PROGRAMS.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>SUSAN G. KOMEN'S MISSION IS TO SAVE LIVES FROM BREAST CANCER BY FINDING BREAKTHROUGHS TO PREVENT, DETECT, TREAT, AND CURE BREAST CANCER, AND BY MEETING THE MOST CRITICAL NEEDS IN COMMUNITIES TO ENSURE EVERYONE GETS THE BREAST CANCER CARE THEY NEED WHEN THEY NEED IT.</p> <p>KOMEN TAKES A 360 DEGREE APPROACH TO FIGHT BREAST CANCER THROUGH:                      - RESEARCH, TO DRIVE BREAKTHROUGHS THAT WILL BRING US NEW KNOWLEDGE AND ADVANCES IN CARE FOR ALL.                      -COMMUNITY HEALTH, TO EMPOWER PEOPLE WITH TRUSTWORTHY INFORMATION AND SUPPORT PEOPLE IN THEIR BREAST HEALTH JOURNEY THROUGH DIRECT SERVICES, COMMUNITY PROGRAMS AND HEALTH SYSTEMS CHANGE.                      - AND PUBLIC POLICY, WHERE WE ADVOCATE FOR POLICIES TO CREATE SYSTEMIC AND LASTING CHANGES THAT WILL FUND AND FACILITATE RESEARCH AND ALLEVIATE THE BURDEN ON PATIENTS AND PROTECT ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL.</p> <p>KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, HAVING FUNDED MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE OF THE U.S. GOVERNMENT WHILE PROVIDING REAL-TIME HELP TO THOSE FACING THE DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN HAS INVESTED OVER \$1.1 BILLION IN BREAST CANCER RESEARCH IN MORE THAN 2800 GRANTS AND MORE THAN 500 CLINICAL TRIALS CONDUCTED BY THOUSANDS OF THE WORLD'S BEST AND BRIGHTEST RESEARCHERS ACROSS THE US AND AROUND THE WORLD. KOMEN HAS ALSO PROVIDED OVER \$3.2 BILLION IN COMMUNITY INVESTMENT FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT, EDUCATION, ADVOCACY, AND PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 60 COUNTRIES WORLDWIDE. 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.</p> <p>WITH THIS INVESTMENT, KOMEN IS SUPPORTING LABORATORY RESEARCH, TRANSLATIONAL STUDIES, AND CLINICAL TRIALS THAT ARE PAVING THE ROAD WITH SCIENTIFIC DISCOVERIES THAT ARE:                      - UNRAVELLING THE BIOLOGY OF BREAST CANCER,                      - LEADING TO THE DEVELOPMENT OF NEW BREAST CANCER DRUGS,                      - DEVELOPMENT OF NEW TECHNOLOGIES AND TESTS, AND                      - NEW INTERVENTIONS THAT ARE CHANGING THE STANDARD OF BREAST CANCER CARE AND IMPROVING THE DELIVERY OF THAT CARE.</p> <p>OUR GOAL IS TO ADVANCE PERSONALIZED MEDICINE AND IMPROVE HEALTH OUTCOMES FOR EVERYONE. KOMEN HAS HAD MORE THAN 3,100 RESEARCH DISCOVERIES THAT ARE MOVING US CLOSER TO THAT GOAL. THIS INCLUDES OVER 700 NEW DISCOVERIES FOCUSED ON METASTATIC BREAST CANCER, MORE THAN 1,200 POTENTIAL TREATMENTS AND NEARLY 400 NEW STRATEGIES TO ELIMINATE BREAST CANCER DISPARITIES. THEY INCLUDE SUCH THINGS AS NEW BIOMARKERS, NEW DRUG TARGETS, NEW TREATMENTS, AND NEW HEALTH CARE DELIVERY TOOLS IN PAVING THIS ROAD WITH SCIENTIFIC DISCOVERIES, WE'RE ALSO PAVING IT WITH HOPE. THE HOPE THAT NEW WAYS TO DETECT, DIAGNOSE, TREAT, PREVENT AND, ULTIMATELY, CURE BREAST CANCER ARE AROUND THE CORNER AND THERE WHEN PEOPLE WITH BREAST CANCER NEED THEM TO ALLOW THEM TO LIVE LONGER, WITH IMPROVED QUALITY OF LIFE.</p> <p>RESEARCH</p> <p>SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MANY MAJOR ADVANCES IN BREAST CANCER SCIENCE. 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 CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT, AND PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION MEDICINE.</p> <p>KOMEN'S RESEARCH PROGRAMS ARE FOCUSED ON BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER THROUGH BETTER APPROACHES FOR EARLY DETECTION AND DIAGNOSIS, UNDERSTANDING METASTASIS AND RECURRENCE, DEVELOPING NOVEL THERAPIES FOR ALL STAGES OF BREAST CANCER, AND DEVELOPING NEW APPROACHES TO ADDRESS DISPARITIES IN BREAST CANCER OUTCOMES, WITH THE GOAL OF SUPPORTING WORK THAT HAS SIGNIFICANT POTENTIAL TO LEAD TO NEW TREATMENTS, TECHNOLOGIES AND INTERVENTIONS.</p> <p>KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 54 OF THE WORLD'S LEADERS IN BREAST CANCER RESEARCH, ONCOLOGY AND ADVOCACY. THE SCIENTIFIC ADVISORY BOARD ASSISTS KOMEN IN SETTING ITS RESEARCH STRATEGY AND PRIORITIZING ITS RESEARCH INVESTMENT. THE KOMEN SCHOLARS LEAD AND PARTICIPATE IN KOMEN'S WORLD-CLASS SCIENTIFIC PEER REVIEW PROCESS. OUR ADVOCATES IN SCIENCE BRING THE COLLECTIVE PATIENT VOICE TO KOMEN'S RESEARCH PROGRAMS AND SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT. THIS YEAR WE ANNOUNCED THE NEW CLASS OF NINE ESTEEMED BREAST CANCER RESEARCHERS AND TWO NEW PATIENT ADVOCATES TO THE KOMEN SCHOLARS. THESE INDIVIDUALS JOIN AN EXCLUSIVE GROUP OF BREAST CANCER RESEARCHERS, CLINICIANS AND ADVOCATES WHO HELP GUIDE THE ORGANIZATION'S WORK TO SAVE LIVES AND END BREAST CANCER.</p> <p>KOMEN AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND ORGANIZATIONS AROUND THE WORLD THROUGH A FAIR, TRANSPARENT, RIGOROUS, AND COMPETITIVE REVIEW PROCESS THAT ENSURES MAXIMUM IMPACT FOR OUR RESEARCH INVESTMENT. IN FY23, KOMEN AWARDED 49 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, IN THE UNITED STATES, PUERTO RICO AND PORTUGAL. CAREER CATALYST RESEARCH GRANTS SUPPORT EARLY CAREER INVESTIGATORS CONDUCTING OUTSTANDING RESEARCH FOCUSED THE DEVELOPMENT OF NEXT GENERATION-TARGETED THERAPIES AND THE DEVELOPMENT OF INTERVENTIONS TO ELIMINATE BREAST CANCER HEALTH DISPARITIES. LEADERSHIP GRANTS SUPPORT KOMEN SCHOLARS PURSUING INNOVATIVE RESEARCH PROJECTS WHICH WILL IMPROVE THE UNDERSTANDING, DETECTION, TREATMENT OR PREVENTION OF BREAST CANCER, WITH A FOCUS ON CONQUERING METASTATIC BREAST CANCER AND ELIMINATING BREAST CANCER DISPARITIES. A SUPPLEMENT TO PROMOTE INCLUSION FOR RESEARCH EXCELLENCE (ASPIRE)</p>

Return Reference - Identifier	Explanation
	<p>GRANTS ARE SUPPLEMENT GRANTS TO AMPLIFY EXISTING FUNDING TO ENHANCE THE DIVERSITY OF THE BREAST CANCER RESEARCH WORKFORCE BY PROVIDING ESTABLISHED BREAST CANCER SCIENTISTS WITH SUPPLEMENTAL FUNDING TO SUPPORT RESEARCH TRAINEES FROM COMMUNITIES HISTORICALLY MINORITIZED AND MARGINALIZED IN RESEARCH.</p> <p>THE 49 RESEARCH GRANTS AWARDED IN FY23 ARE:</p> <p>CAREER CATALYST RESEARCH GRANTS:            JULIA MCGUINNESS, M.D., FROM COLUMBIA UNIVERSITY, WILL DEVELOP A NEW MODEL TO ACCURATELY PREDICT BREAST CANCER RISK FROM SCREENING MAMMOGRAMS. SHE WILL UTILIZE SAMPLES FROM A RACIALLY/ETHNICALLY DIVERSE POPULATION IN NEW YORK CITY TO ENSURE THE MODEL REPRESENTS ALL BREAST CANCER PATIENTS.</p> <p>SHEARWOOD MCCLELLAND, M.D., FROM CASE WESTERN UNIVERSITY IS TESTING HOW PATIENT NAVIGATION IMPACTS ACCESS TO SHORT-COURSE RADIATION THERAPY (RT) FOR BLACK BREAST CANCER PATIENTS AND HOW FINANCIAL TOXICITIES INFLUENCE RT ADHERENCE. THE GOAL OF THIS RESEARCH IS TO DEMONSTRATE HOW PATIENT NAVIGATION AND SHORT-COURSE RT CAN ALLEVIATE FINANCIAL BURDEN AND HELP BLACK BREAST CANCER PATIENTS COMPLETE THEIR RT TREATMENTS. THIS WORK WILL ALSO CREATE A NEW EDUCATIONAL TOOL FOR PATIENT NAVIGATORS THAT EDUCATES ON THE USE OF SHORT-COURSE RT TO OVERCOME EXISTING BARRIERS TO CARE AND IMPROVE TREATMENT OUTCOMES.</p> <p>ANAND NARAYAN, M.D., PH.D., FROM THE UNIVERSITY OF WISCONSIN-MADISON, WILL CREATE A FREE ELECTRONIC HEALTH RECORDS PROGRAM THAT WILL IMPROVE HOW CLINICIANS MONITOR DELAYS IN MAMMOGRAMS, AND WILL ALSO QUANTIFY BARRIERS TO SCREENING AND CREATE PATIENT-CENTERED INTERVENTIONS THAT IMPROVE ACCESS TO BREAST IMAGING. THE GOAL IS TO IMPROVE TIMELY ACCESS TO MAMMOGRAMS TO CATCH MORE CANCERS EARLIER, PARTICULARLY IN MINORITY, RURAL AND UNINSURED POPULATIONS.</p> <p>BRUNO BARUFALDI, PH.D., FROM THE UNIVERSITY OF PENNSYLVANIA, WILL DEVELOP AN ARTIFICIAL INTELLIGENCE SYSTEM THAT INCORPORATES RACIALLY UNBIASED DESCRIPTORS OF BREAST COMPLEXITY AND SOCIOECONOMIC STATUS TO BETTER IDENTIFY INDIVIDUALS THAT NEED SUPPLEMENTAL BREAST SCREENING. THE GOAL OF THIS STUDY IS TO ENSURE ALL PATIENTS RECEIVE ACCESS TO THE SCREENING TESTS THEY NEED TO IDENTIFY BREAST CANCER EARLY.</p> <p>PRIYANKA VERMA, PH.D., FROM WASHINGTON UNIVERSITY IN ST. LOUIS, WILL AIM TO DEVELOP A NEW THERAPY FOR BRCA-MUTANT BREAST CANCERS THAT WILL TARGET AMPLIFIED IN LIVER CANCER 1 (ALC1), A PROTEIN THAT, WHEN INHIBITED, CAUSES DEATH OF BRCA-MUTANT BREAST CANCER CELLS WITH MINIMAL DAMAGE TO SURROUNDING HEALTHY CELLS. THE GOAL OF THIS STUDY IS TO PROVIDE AN INNOVATIVE AND PROMISING NEW THERAPY FOR HIGH-RISK WOMEN WITH BRCA MUTATIONS WHO CURRENTLY HAVE LIMITED TREATMENT OPTIONS.</p> <p>AIMILIA GASTOUNIOTI, PH.D., FROM WASHINGTON UNIVERSITY IN ST. LOUIS, WILL USE DIGITAL MAMMOGRAMS AND BREAST TOMOSYNTHESIS FROM BLACK WOMEN TO ENHANCE ARTIFICIAL INTELLIGENCE (AI) MODELS THAT BETTER PREDICT BREAST CANCER RISK FOR THIS GROUP, WHO HAVE BEEN HISTORICALLY OVERLOOKED IN PAST RISK ASSESSMENTS. THE GOAL OF THIS WORK IS TO DEVELOP CLINICALLY RELEVANT AI METHODS THAT DIFFERENTIATE BETWEEN HIGH- AND LOW-RISK INDIVIDUALS, AND ADVANCE BREAST CANCER RISK ASSESSMENTS AND PRECISION SCREENING RECOMMENDATIONS FOR BLACK WOMEN.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>SARAH HILL, M.D., PH.D., FROM DANA- FARBER CANCER INSTITUTE, WILL INVESTIGATE THE ROLE OF A DNA DAMAGE REPAIR PROTEIN CALLED HBO1 IN TRIPLE NEGATIVE BREAST CANCER (TNBC). DR. HILL'S RESEARCH WILL DETERMINE IF HBO1 IS A PROMISING PHARMACEUTICAL TARGET FOR PATIENTS WITH TNBC, FOR WHOM TARGETED THERAPIES ARE URGENTLY NEEDED.</p> <p>LUCIA BORRIELLO, PH.D., FROM TEMPLE UNIVERSITY, WILL USE PRECLINICAL MODELS AND PATIENT DATA TO INVESTIGATE WHAT CAUSES BREAST TUMOR CELLS TO SPREAD AND LIE DORMANT BEFORE DEVELOPING INTO A DETECTABLE METASTATIC TUMOR. BY UNDERSTANDING THE CAUSES OF DORMANCY, DR. BORRIELLO HOPES THAT THERAPEUTIC STRATEGIES CAN BE DEVELOPED TO PREVENT DORMANT CELLS FROM DEVELOPING INTO METASTATIC BREAST CANCER.</p> <p>SHEHERYAR KABRAJI, BMBCH, OF ROSWELL PARK, WILL IDENTIFY MOLECULAR FEATURES ON TUMOR CELLS THAT CAUSE BLACK WOMEN WITH TRIPLE NEGATIVE BREAST CANCER (TNBC) TO RESPOND DIFFERENTLY TO NEOADJUVANT CHEMOTHERAPY THAN OTHER POPULATIONS, AND DETERMINE WHETHER THESE FEATURES COULD SERVE AS BIOMARKERS FOR THE DEVELOPMENT OF PERSONALIZED TNBC TREATMENTS. THIS RESEARCH COULD HELP REDUCE EXISTING DISPARITIES IN CHEMOTHERAPY BENEFITS AND ENSURE ALL TNBC PATIENTS HAVE EQUITABLE ACCESS TO THE BEST TREATMENTS POSSIBLE. NATHAN MERRILL, PH.D., FROM THE UNIVERSITY OF MICHIGAN, WILL EVALUATE A NOVEL DRUG COMBINATION THAT INCLUDES DNA DAMAGE RESPONSE (DDR) THERAPIES AND TREATMENTS THAT PREVENT TUMOR CELL GROWTH. USING PRECLINICAL MODELS AND CLINICAL MARKERS, THE GOAL OF THIS STUDY IS TO TARGET MARKERS OF SENSITIVITY AND RESISTANCE IN TRIPLE NEGATIVE BREAST CANCER (TNBC) TO HELP IDENTIFY DRUG COMBINATIONS THAT OFFER A PROMISING THERAPEUTIC STRATEGY FOR TNBC PATIENTS.</p> <p>GANG XIN, PH.D., FROM THE OHIO STATE UNIVERSITY, WILL INVESTIGATE HOW A POTENTIAL PROTEIN SWITCH COULD REGULATE TUMOR-ASSOCIATED MACROPHAGES (TAMS), A TYPE OF IMMUNE CELL, AND THE IMPACT ON THE RESPONSE OF BREAST TUMORS TO IMMUNOTHERAPY. THE GOAL OF THIS STUDY IS TO DEVELOP A TARGETED THERAPY THAT IMPROVES THE EFFICACY OF IMMUNOTHERAPY.</p> <p>ADRIENNE WAKS, M.D., FROM DANA FARBER CANCER INSTITUTE, WILL EXPLORE THE RELATIONSHIP BETWEEN ANTI-HER2 ANTIBODY THERAPY, ANTI-TUMOR IMMUNE RESPONSES AND CLINICAL OUTCOMES FOR PEOPLE WITH HER2+ BREAST CANCER. THE HOPE IS THAT THIS STUDY WILL IDENTIFY WHICH HER2+ PATIENTS WILL BENEFIT MOST FROM ANTI-HER2 THERAPIES AND GUIDE DEVELOPMENT OF NEW THERAPIES THAT WILL OVERCOME IMMUNE RESISTANCE FOR THESE PATIENTS.</p> <p>ERIKA CROSBY, PH.D., FROM DUKE UNIVERSITY, WILL USE A MOUSE MODEL TO INVESTIGATE HOW OBESITY IMPACTS RESPONSE TO IMMUNOTHERAPY IN TRIPLE NEGATIVE BREAST CANCER (TNBC), AND EVALUATE WHETHER THESE STUDY RESULTS CORRELATE WITH OBSERVATIONS FOR WOMEN PARTICIPATING IN THE CAROLINA BREAST CANCER STUDY. THIS RESEARCH WILL PROVIDE INSIGHT INTO THE PARADOX OF IMMUNOTHERAPY, OBESITY AND THEIR POTENTIAL EFFECTS IN TNBC.</p> <p>ISAAC CHAN, M.D., PH.D., FROM THE UNIVERSITY OF TEXAS SOUTHWESTERN, WILL CONDUCT A STUDY USING LYMPHOCYTES CALLED NATURAL KILLER CELLS THAT SUPPORT BREAST CANCER METASTASIS AND REPROGRAM THEM TO RETURN TO THEIR ORIGINAL TUMOR-FIGHTING ACTIVITY. THIS STUDY WILL HELP IDENTIFY PATIENTS WHO WOULD MOST BENEFIT FROM IMMUNOTHERAPIES, AS WELL AS INFLUENCE STRATEGIES FOR THE FUTURE DEVELOPMENT OF DRUGS THAT WILL MANIPULATE IMMUNE CELLS TO FIGHT METASTATIC TUMORS.</p> <p>ASPIRE GRANTS</p> <p>JULIE PALMER, SC.D., M.P.H., FROM BOSTON UNIVERSITY, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL RESEARCHER ETIENNE X. HOLDER, PH.D., WHO WILL EXAMINE NEIGHBORHOOD-LEVEL PSYCHOSOCIAL FACTORS TO DETERMINE WHETHER CHRONIC PSYCHOSOCIAL DISTRESS LEADS TO THE ADVERSE BIOLOGICAL OUTCOMES THAT CONTRIBUTE TO THE DISPROPORTIONATELY HIGH BREAST CANCER MORTALITY EXPERIENCED BY BLACK WOMEN. THE GOAL OF THIS RESEARCH IS TO EXPLAIN THIS HIGH MORTALITY RATE AND DEVELOP INDIVIDUAL-LEVEL INTERVENTIONS SUCH AS MEDICATIONS AND MINDFULNESS TRAINING, AS WELL AS THE DEVELOPMENT OF NEW PROGRAMS AND POLICIES, TO COUNTERACT THE EFFECTS OF CHRONIC PSYCHOSOCIAL DISTRESS EXPERIENCED IN THESE COMMUNITIES.</p> <p>JENNIFER GUERRIERO, PH.D., FROM BRIGHAM AND WOMEN'S HOSPITAL, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL RESEARCHER CARLOS WAGNER DE SOUZA WANDERLEY, PH.D., WHO IS STUDYING HOW DIFFERENT FACTORS IN THE TUMOR MICROENVIRONMENT IMPACT THE RESPONSE OF BRCA-MUTANT TUMOR CELLS TO PARP INHIBITORS, A TYPE OF TARGETED THERAPY FOR TREATING TUMORS WITH A BRCA MUTATION. THE GOAL OF THIS RESEARCH IS TO PROVIDE INSIGHT INTO POTENTIAL COMBINATION THERAPIES THAT WOULD IMPROVE THE RESPONSE TO PARP INHIBITORS.</p> <p>HARIKRISHNA NAKSHATRI, PH.D., FROM INDIANA UNIVERSITY, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE ADEDEJI. K. ADEBAYO, D.V.M., WHO WILL STUDY THE IMPACT OF OXYGEN EXPOSURE ON TUMOR CELLS DERIVED FROM TUMORS ACQUIRED FROM THE KOMEN TISSUE BANK AT THE INDIANA UNIVERSITY SIMON COMPREHENSIVE CANCER CENTER. THE GOAL OF THIS RESEARCH IS TO IDENTIFY HOW DIFFERENT OXYGEN CONDITIONS MODIFY TUMOR SIGNALING, GROWTH AND RESPONSE TO BREAST CANCER TREATMENTS.</p> <p>MARIA SOSA, PH.D., FROM ALBERT EINSTEIN COLLEGE OF MEDICINE, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL RESEARCHER CAROLINA RODRIGUEZ TIRADO, PH.D., WHO WILL INVESTIGATE HOW THE PROTEIN ZFP296 ALLOWS DISSEMINATED, DORMANT CANCER CELLS TO FORM A METASTATIC TUMOR. THE GOALS OF THIS PROJECT ARE TO ILLUSTRATE THE ROLE OF ZFP296 IN REACTIVATING DORMANT CANCER CELLS, IDENTIFY POSSIBLE THERAPIES AGAINST ZFP296, AND ULTIMATELY, TO USE THESE FINDINGS TO HELP PREVENT BREAST CANCER METASTASIS.</p>

Return Reference - Identifier	Explanation
	<p>JUSTIN BALKO, PH.D., PHARM.D., FROM VANDERBILT UNIVERSITY, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT BRANDIE TAYLOR, WHO WILL INVESTIGATE WHY HETEROGENEOUS LEVELS OF THE PROTEIN MHC-I WITHIN A SINGLE TUMOR CAN NEGATIVELY IMPACT BREAST TUMOR RESPONSE TO IMMUNOTHERAPY. THESE STUDIES WILL LEAD TO AN INCREASED UNDERSTANDING OF WHY SOME TUMORS DON'T RESPOND TO IMMUNOTHERAPY.</p> <p>TASNEEM BAWA-KHALFE, PH.D., FROM THE UNIVERSITY OF HOUSTON, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO KACIE WAITERS, WHO WILL INVESTIGATE HOW THE MODIFICATION OF DNA VIA A PROCESS CALLED SUMOYLATION (SUMO) REDUCES TREATMENT EFFICACY AND DRIVES PROGRESSION OF BREAST TUMORS IN ADVANCED ENDOCRINE RESISTANT HORMONE RECEPTOR-POSITIVE (HR+) BREAST CANCER. THE GOAL OF THIS STUDY IS TO DEMONSTRATE HOW SUMO IS INVOLVED IN THIS PROCESS AND TO EVALUATE AND PRODUCE NOVEL THERAPIES THAT WILL PREVENT TUMOR PROGRESSION.</p> <p>MICHELLE MARTINEZ-MONTEMAYOR, PH.D., FROM THE UNIVERSIDAD CENTRAL DEL CARIBE, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL RESEARCHER LUZ V. ARROYO-CRUZ, PH.D., WHOSE STUDY WILL INVESTIGATE WHETHER A NATURAL STEROIDAL COMPOUND CAN TARGET SPECIFIC PROTEINS IN TUMOR CELLS, IMPAIRING THEM AND CAUSING THEM TO DIE, WITHOUT DAMAGING SURROUNDING HEALTHY CELLS. THE GOAL OF THIS STUDY IS TO DEMONSTRATE HOW THIS NATURAL COMPOUND CAN LEAD TO TUMOR CELL DEATH.</p> <p>MATTHEW BRADY, M.D., FROM THE UNIVERSITY OF CHICAGO, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT DOCTORAL STUDENT BRIANA BANKS FOR THIS RESEARCH, WHICH WILL DETERMINE WHETHER HIGHER LEVELS OF A STEROID HORMONE CALLED GLUCOCORTICOID (GC) MAY INCREASE THE RISK OF BREAST CANCER DURING CRITICAL TIMES OF DEVELOPMENT LIKE PUBERTY. USING PRECLINICAL MODELS OF BREAST CANCER, THEY WILL IDENTIFY HOW GC RELEASE AFFECTS THE DEVELOPMENT OF MAMMARY GLAND DUCTS AND DETERMINE WHETHER USE OF A GC-BLOCKING DRUG CAN REVERSE MANY OF THESE CHANGES THAT INCREASE BREAST CANCER RISK.</p> <p>CHRISTY HAGAN, PH.D., OF THE UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT DOCTORAL STUDENT HARMONY SAUNDERS, WHO WILL INVESTIGATE HOW PROGESTERONE TREATMENTS IMPACT BREAST CANCER. THIS STUDY WILL DETERMINE WHETHER ACTIVATION OF PROGESTERONE RECEPTORS IN THE MAMMARY GLAND ALLOWS TUMORS TO ESCAPE DETECTION BY THE IMMUNE SYSTEM AND AVOID CELL DEATH.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>JULIE RHOADES, PH.D., OF VANDERBILT UNIVERSITY MEDICAL CENTER, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT DOCTORAL STUDENT LOGAN NORTHCUTT, WHO WILL INVESTIGATE HOW ESTROGEN RECEPTOR (ER) SIGNALING IS REGULATED WHEN TUMOR CELLS METASTASIZE TO THE BONE USING A NOVEL MODEL OF BONE STIFFNESS. THE INFORMATION GAINED FROM THIS STUDY WILL HELP RESEARCHERS UNDERSTAND HOW BREAST CANCER CELLS RESPOND TO ENDOCRINE THERAPY IN THE BONE, THE MOST COMMON SITE OF METASTASIS IN ER+ BREAST CANCER.</p> <p>ZACHARY T. SCHUG, PH.D., OF THE UNIVERSITY OF PENNSYLVANIA, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT DOCTORAL STUDENT KELSEY SALCIDO, WHO WILL INVESTIGATE THE RELATIONSHIP BETWEEN ALCOHOL CONSUMPTION AND BREAST CANCER RISK. BY DETERMINING WHETHER THE ACETATE FOUND IN ALCOHOLIC BEVERAGES SERVES AS A FUEL FOR TUMOR METABOLISM AND GROWTH. THE GOAL OF THIS STUDY IS TO IDENTIFY WAYS TO MITIGATE THE IMPACT OF ALCOHOL CONSUMPTION ON BREAST CANCER RISK.</p> <p>LEADERSHIP GRANTS:  SCIENTIFIC ADVISORY BOARD MEMBER ALAN ASHWORTH, PH.D., OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, WILL IDENTIFY GENES THAT ALTER RESPONSE TO NEW FORMS OF IMMUNOTHERAPY CALLED CAR-T AND NK CELL THERAPY. THE GOAL OF THIS RESEARCH IS TO BRING NEW OPTIONS FOR IMMUNOTHERAPY TO PATIENTS WITH METASTATIC BREAST CANCER.  KOMEN SCHOLAR DONALD MCDONNELL, PH.D., OF DUKE UNIVERSITY, RECEIVED FUNDS TO STUDY A PROTEIN CALLED LYPD3, WHICH IS ASSOCIATED WITH AGGRESSIVE BREAST CANCER. THROUGH THIS RESEARCH, DR. MCDONNELL HOPES TO DISCOVER NEW DRUGS FOR METASTATIC BREAST CANCER.</p> <p>KOMEN SCHOLAR, BEN H. PARK, M.D., PH.D., OF VANDERBILT UNIVERSITY MEDICAL CENTER, WILL INVESTIGATE WHY MUTATIONS IN THE SF3B1 PROTEIN CAUSE BREAST CANCER. BY UNDERSTANDING HOW THESE MUTATIONS CAUSE BREAST CANCER, DR. PARK HOPES TO IDENTIFY NEW STRATEGIES TO THERAPEUTICALLY TARGET BREAST TUMORS WITH SF3B1 MUTATIONS.  SCIENTIFIC ADVISORY BOARD MEMBER LISA A. CAREY, M.D., SC.M., OF THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, WILL INVESTIGATE HOW TUMORS DEVELOP RESISTANCE TO ANTIBODY- DRUG CONJUGATE (ADC) TREATMENTS. THE GOAL OF THIS RESEARCH IS TO IDENTIFY BIOMARKERS THAT INFORM ONCOLOGISTS HOW WELL A BREAST CANCER PATIENT'S TUMOR RESPONDS TO TREATMENT WITH ADCS</p> <p>KOMEN SCHOLAR DAWN HERSHMAN, M.D., OF COLUMBIA UNIVERSITY, WILL CONDUCT A CLINICAL TRIAL TO DETERMINE IF INTERVENTIONS TO RELIEVE FOOD INSECURITY IMPROVES THE QUALITY OF LIFE FOR PATIENTS WITH METASTATIC BREAST CANCER THAT STRUGGLE WITH FOOD INSECURITY. THE GOAL OF THIS STUDY IS TO INVESTIGATE THE FEASIBILITY OF THESE INTERVENTIONS, WHILE PAVING THE WAY FOR A LARGER CLINICAL TRIAL THAT WILL INVESTIGATE HOW INTERVENTIONS TO RELIEVE FOOD INSECURITY IMPACT BREAST CANCER OUTCOMES.</p> <p>SCIENTIFIC ADVISORY BOARD MEMBER LISA NEWMAN, M.D., OF WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY, WILL STUDY THE GENETIC MAKEUP OF BREAST TUMORS FROM WOMEN OF AFRICAN ANCESTRY. THE GOAL OF THIS RESEARCH IS TO BETTER UNDERSTAND THE UNIQUE FEATURES OF THESE BREAST TUMORS TO ELIMINATE RACIAL DISPARITIES IN BREAST CANCER OUTCOMES.</p> <p>CHIEF SCIENTIFIC ADVISOR ANN PARTRIDGE, M.D., OF DANA-FARBER CANCER INSTITUTE, WILL INVESTIGATE UNIQUE BIOLOGICAL AND PSYCHOSOCIAL CHARACTERISTICS IN YOUNG WOMEN WITH BREAST CANCER. THE GOAL OF THIS RESEARCH IS TO IMPROVE TREATMENT OUTCOMES AND QUALITY OF LIFE FOR YOUNG WOMEN WITH BREAST CANCER WHO OFTEN EXPERIENCE GREATER DISTRESS THAN OLDER PATIENTS WITH BREAST CANCER.</p> <p>KOMEN SCHOLAR OLUFUNMILAYO OLOPADE, M.D., OF THE UNIVERSITY OF CHICAGO, WAS AWARDED A GRANT TO INVESTIGATE DIFFERENCES IN TREATMENT RESPONSE BETWEEN WHITE AND BLACK BREAST CANCER PATIENTS. BY PROVIDING A BETTER UNDERSTANDING OF HOW BLACK WOMEN'S TUMORS RESPOND TO TREATMENTS, THIS STUDY WILL HELP IMPROVE OUTCOMES IN THIS POPULATION.</p> <p>LEADERSHIP GRANTS - NEW KOMEN SCHOLARS:  KOMEN SCHOLAR JEFFREY M. ROSEN, PH.D., OF BAYLOR COLLEGE OF MEDICINE, WILL STUDY HOW MACROPHAGES, A TYPE OF IMMUNE CELL, AFFECT TRIPLE NEGATIVE BREAST CANCER (TNBC). THE GOAL OF THIS STUDY IS TO IDENTIFY NEW MACROPHAGE-TARGETED IMMUNOTHERAPY DRUGS THAT COULD BE USED IN FUTURE CLINICAL TRIALS TO TREAT METASTATIC TNBC.</p> <p>KOMEN SCHOLAR BRYAN SCHNEIDER, M.D., OF INDIANA UNIVERSITY, WAS AWARDED A GRANT TO STUDY A TOXIC SIDE EFFECT FROM CHEMOTHERAPY THAT OCCURS MORE FREQUENTLY IN AFRICAN AMERICAN BREAST CANCER PATIENTS COMPARED TO OTHER POPULATIONS. THE GOAL OF THIS STUDY IS TO DECREASE THE DISPARITY IN SURVIVAL RATES FOR AFRICAN AMERICAN BREAST CANCER PATIENTS THROUGH PERSONALIZED MEDICINE.</p> <p>KOMEN SCHOLAR CARLOS ARTEAGA, M.D., OF THE UNIVERSITY OF TEXAS SOUTHWESTERN, WILL INVESTIGATE WHY SOME ER+ BREAST TUMORS BECOME RESISTANT TO CDK4/6 INHIBITORS. THE GOAL OF THIS STUDY IS TO CIRCUMVENT RESISTANCE TO THESE DRUGS TO IMPROVE OUTCOMES FOR PATIENTS WITH METASTATIC ER+ BREAST CANCER.</p> <p>KOMEN SCHOLAR MYLES BROWN, M.D., OF DANA-FARBER CANCER INSTITUTE, WILL STUDY HOW BREAST TUMORS FORM USING CUTTING-EDGE RNA SEQUENCING TECHNIQUES. THROUGH UNDERSTANDING THE FORMATION OF BREAST TUMORS, DR. BROWN HOPES TO UNCOVER NEW THERAPEUTIC TARGETS FOR BREAST CANCER PREVENTION</p> <p>KOMEN SCHOLAR SUSAN DOMCHEK, M.D., OF THE UNIVERSITY OF PENNSYLVANIA, WILL INVESTIGATE NEW STRATEGIES FOR HELPING WOMEN WITH BRCA1 AND BRCA2 MUTATIONS MAKE DECISIONS REGARDING BREAST CANCER SCREENING AND RISK-REDUCING SURGERY. THE GOAL OF THIS PROJECT IS TO CAPITALIZE ON NEW ADVANCES IN GENETIC TESTING TECHNOLOGY TO EMPOWER PATIENTS TO MAKE THE BEST DECISIONS FOR THEIR BREAST HEALTH.</p>

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	<p>KOMEN SCHOLAR DAVID MANKOFF, M.D., PH.D., OF THE UNIVERSITY OF PENNSYLVANIA, WAS AWARDED FUNDS TO STUDY NEW APPLICATIONS OF PET MOLECULAR IMAGING IN BREAST CANCER. FROM THESE STUDIES, DR. MANKOFF EXPECTS TO IMPROVE DIAGNOSTIC CAPABILITIES FOR ALL BREAST CANCERS, BUT PARTICULARLY FOR THOSE DIFFICULT TO DETECT WITH CURRENT TECHNOLOGY, SUCH AS INVASIVE LOBULAR BREAST CANCER.</p> <p>KOMEN SCHOLAR HARIKRISHNA NAKSHATRI, PH.D., OF INDIANA UNIVERSITY, WILL STUDY A PROTEIN CALLED TONSL THAT IS ABNORMALLY INCREASED IN BREAST TUMORS AND LEADS TO RESISTANCE OF PARP INHIBITORS, THE TREATMENT OF CHOICE FOR PATIENTS WITH BRCA1/2 GENE MUTATIONS. THE GOAL OF THIS RESEARCH IS TO IDENTIFY DRUGS THAT TARGET TONSL THAT CAN BE USED IN PATIENTS WITH BRCA1/2 MUTATIONS WHOSE TUMORS DEVELOP RESISTANCE TO PARP INHIBITORS.</p> <p>KOMEN SCHOLAR KATHY MILLER, M.D., OF INDIANA UNIVERSITY, WILL CONDUCT A CLINICAL TRIAL THAT WILL TEST WHETHER BLACK WOMEN BENEFIT FROM A NEW DRUG COMBINATION DESIGNED TO DECREASE HEIGHTENED INFLAMMATION THAT IS OFTEN OBSERVED IN BREAST CANCER IN BLACK WOMEN. AS BLACK WOMEN ARE 40% MORE LIKELY TO DIE FROM BREAST CANCER THAN WHITE WOMEN, THIS TRIAL HAS THE POTENTIAL TO CLOSE THE GAP OF THIS DISPARITY AND IMPROVE THE POOR OUTCOMES THAT BLACK WOMEN FACE.</p> <p>KOMEN SCHOLAR, ANTONIO WOLFF, M.D., OF JOHNS HOPKINS UNIVERSITY, WILL CONDUCT A CLINICAL TRIAL EVALUATING THE OPTIMAL STRATEGY FOR TREATING TRIPLE NEGATIVE BREAST CANCER (TNBC) PATIENTS WITH IMMUNOTHERAPY. THE GOAL OF THIS RESEARCH IS TO ENSURE THAT PATIENTS WITH NEWLY DIAGNOSED TNBC RECEIVE IMMUNOTHERAPY AT THE RIGHT TIME, IN AN OPTIMIZED FASHION.</p> <p>MBC COLLABORATIVE RESEARCH INITIATIVE</p> <p>KATHERINE REEDER-HAYES, M.D., OF UNIVERSITY OF NORTH CAROLINA CHAPEL-HILL AND DEVON CHECK, PH.D., OF DUKE UNIVERSITY ARE COLLABORATING ON A RESEARCH STUDY AS PART OF THE MBC-COLLABORATIVE RESEARCH INITIATIVE. THEY WILL WORK TOGETHER TO INCREASE OUR UNDERSTANDING OF THE KEY SOCIAL DETERMINANTS OF HEALTH (SDOH) OF METASTATIC BREAST CANCER (MBC) DEVELOPMENT AND OUTCOMES THROUGH RECRUITING A DIVERSE GROUP OF WOMEN LIVING WITH MBC TO INVESTIGATE HOW CHRONIC STRESS, INFLAMMATION AND IMMUNE SYSTEM CHANGES IMPACT BLACK AND WHITE WOMEN WITH MBC TO IMPROVE PATIENT OUTCOMES.</p> <p>OPPORTUNITY GRANTS:</p> <p>ANTONIO WOLFF, M.D., OF JOHNS HOPKINS UNIVERSITY, WILL RECEIVE FUNDING TO SUPPORT THE TRANSLATIONAL BREAST CANCER RESEARCH CONSORTIUM (TBCRC). THE TBCRC, A GROUP OF 19 CLINICAL SITES, PROVIDES A FORUM WHERE INVESTIGATORS, ADVOCATES, COORDINATORS, SCIENTISTS AND BIOSTATISTICIANS WORK TOGETHER TO PLAN AND REFINE CLINICAL TRIALS, ADVANCING BREAST CANCER KNOWLEDGE MORE EFFICIENTLY ACROSS THE FIELD. MORE THAN HALF OF TBCRC TRIALS HAVE FOCUSED ON METASTATIC BREAST CANCER.</p> <p>MELISSA TROESTER, PH.D., OF THE UNIVERSITY OF NORTH CAROLINA, WILL RECEIVE FUNDING TO CONTINUE THE CAROLINA BREAST CANCER STUDY, INTEGRATING CLINICAL, BIOLOGICAL, AND SOCIAL INFORMATION TO DETERMINE HOW DISPARITIES ARISE ACROSS MULTIPLE LEVELS, FROM THE BIOLOGY OF THEIR TUMORS TO THE FACTORS, THAT IMPACT THEIR CARE WITHIN THEIR COMMUNITIES. THESE STUDIES WILL IDENTIFY INTERVENTIONS THAT IMPROVE OUTCOMES AND CLOSE THE RACIAL GAP IN BREAST CANCER SURVIVAL FOR BLACK WOMEN.</p>



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<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>MICHELE COTE, PH.D., OF INDIANA UNIVERSITY (IU), WILL RECEIVE FUNDING TO SUPPORT A PARTNERSHIP BETWEEN THE SUSAN G. KOMEN TISSUE BANK (KTB) AND KOMEN'S BIG DATA FOR BREAST CANCER (BD4BC) INITIATIVE, A PROGRAM DESIGNED TO EXPLORE THE POWER OF BIG DATA FOR ADVANCING RESEARCH AND IMPROVING BREAST CANCER PATIENT CARE AND OUTCOMES. THIS GRANT WILL SUPPORT THE COLLECTION AND STORAGE OF SALIVA FOR PATIENT-DRIVEN RESEARCH.</p> <p>EDUCATION</p> <p>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 AGAINST BREAST CANCER.</p> <p>OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE. CONTENT IS OFFERED IN A VARIETY OF FORMATS INCLUDING INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER IN ENGLISH AND SPANISH, ILLUSTRATIONS, CHARTS, GRAPHS, AND SHORT VIDEOS TO MEET THE LEARNING PREFERENCES AND NEEDS OF OUR WEB VISITORS. THE ABOUT BREAST CANCER AND PORTIONS OF THE PATIENT &amp; CAREGIVER SECTIONS OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER CANCER INSTITUTE STAFF, RECEIVED MORE THAN 3 MILLION PAGE VIEWS DURING FY23.</p> <p>KOMEN USED THE CLINICAL TRIALS INITIATIVE ON KOMEN.ORG TO EDUCATE PEOPLE ABOUT THE ROLE CLINICAL TRIALS, INCLUDING THOSE FROM UNDER-REPRESENTED POPULATIONS, AND EMPOWERING PEOPLE WITH INFORMATION ON TRIALS AND RESOURCES, WITH PERSONALIZED SUPPORT AVAILABLE THROUGH THE KOMEN BREAST CARE HELPLINE. THE RESOURCES HELP TO ENSURE PATIENTS ARE EQUIPPED TO MAKE INFORMED DECISIONS REGARDING TRIAL PARTICIPATION IN PARTNERSHIP WITH THEIR HEALTH CARE PROVIDERS. THE INITIATIVE ALSO RAISES AWARENESS OF THE DIFFERENT TYPES OF TRIALS, INCLUDING TRIALS SUPPORTED BY KOMEN, FOCUSED ON RISK, SCREENING AND EARLY DETECTION, TREATMENT, FAMILY SUPPORT, QUALITY OF LIFE AND SURVIVORSHIP.</p> <p>KOMEN ALSO PROVIDES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS IN DOWNLOADABLE FORMATS ON KOMEN.ORG. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE: A) BREAST SELF-AWARENESS MESSAGE CARDS IN MORE THAN 40 LANGUAGES, B) BREAST CANCER SPECIFIC BROCHURES AND FACT SHEETS, AND C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS.</p> <p>IN ADDITION, IN FY23 KOMEN CONTINUED TO SUPPORT THE METASTATIC BREAST CANCER (MBC) COMMUNITY BY HOSTING 12 VIRTUAL EVENTS THROUGH THE MBC IMPACT SERIES. THESE EVENTS PROVIDED PEOPLE LIVING WITH METASTATIC BREAST CANCER AND THEIR LOVED ONES A SAFE, COLLABORATIVE SPACE TO GATHER INFORMATION AND DISCOVER PRACTICAL RESOURCES TO HELP MAKE DECISIONS FOR IMPROVED PHYSICAL AND EMOTIONAL HEALTH. WE OFFER ON-DEMAND VIDEOS OF THESE EVENTS IN BOTH ENGLISH AND SPANISH FOR THOSE NOT ABLE TO ATTEND LIVE. THE MBC IMPACT SERIES ALSO OFFERS REGULAR NEWSLETTERS AND QUARTERLY WELLNESS WEDNESDAY VIDEOS FOCUSED ON QUALITY OF LIFE AND OVERALL WELLNESS TOPICS.</p> <p>PATIENT SUPPORT</p> <p>WIDESPREAD BARRIERS TO CARE CONTRIBUTE TO POOR OUTCOMES AND DEATH FROM BREAST CANCER. THESE BARRIERS INCLUDE SOCIOECONOMIC FACTORS, A LACK OF ACCESS TO CARE AND INFORMATION, AND DISCRIMINATION IN HEALTH CARE AND QUALITY OF CARE. SUSAN G. KOMEN'S PATIENT CARE CENTER (PCC) PROVIDES INDIVIDUALIZED CARE TO HELP ENSURE THE BEST POSSIBLE OUTCOMES FOR EVERY PERSON IN NEED OF SUPPORT THROUGHOUT THEIR BREAST CANCER JOURNEY. OUR TEAM OF CULTURALLY RESPONSIVE NAVIGATORS PROVIDED MORE THAN 42,000 SERVICES TO OVER 30,000 PEOPLE THIS YEAR, INCLUDING:</p> <ul style="list-style-type: none"> <li>* ANSWERS TO QUESTIONS ABOUT BREAST CANCER RISK.</li> <li>* EMOTIONAL SUPPORT AND GUIDANCE IN ADDRESSING FEELINGS AND OTHER CONCERNS.</li> <li>* INFORMATION ABOUT BREAST CANCER SCREENING, TREATMENT OPTIONS, CLINICAL TRIALS, SUPPORT RESOURCES, AND GENETIC COUNSELING AND TESTING.</li> <li>* ACCESS TO NO-COST SCREENING MAMMOGRAMS AND DIAGNOSTIC SERVICES BASED ON INCOME ELIGIBILITY.</li> <li>* FINANCIAL ASSISTANCE FOR INCOME-ELIGIBLE BREAST CANCER PATIENTS IN TREATMENT OR LIVING WITH METASTATIC BREAST CANCER.</li> <li>* NAVIGATING THE HEALTH CARE SYSTEM, INCLUDING COMMUNICATING WITH HEALTH CARE PROVIDERS, UNDERSTANDING TREATMENT OPTIONS AND ACCESSING SUPPORT SERVICES.</li> </ul> <p>THE KOMEN PCC TEAM IS MADE UP OF MORE THAN 50 HIGHLY SKILLED PROFESSIONALS WHO ARE AS DIVERSE AS THOSE WE SERVE . OUR CARING AND COMPASSIONATE TEAM INCLUDES ONCOLOGY SOCIAL WORKERS, BILINGUAL SPECIALISTS, SUBJECT MATTER EXPERTS AND BREAST CANCER SURVIVORS FROM AROUND THE COUNTRY WHO UNDERSTAND THAT EVERYONE'S HEALTH CARE JOURNEY IS UNIQUE, THUS PROVIDING INDIVIDUALIZED CARE TO ENSURE THE BEST POSSIBLE OUTCOMES FOR EACH PERSON.</p> <p>METASTATIC BREAST CANCER COLLABORATIVE RESEARCH INITIATIVE</p> <p>KOMEN LAUNCHED THE METASTATIC BREAST CANCER COLLABORATIVE RESEARCH INITIATIVE (MBCCRI) WITH A PILOT PROGRAM AT DUKE UNIVERSITY AND THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. THE GOAL IS TO CATALYZE AND SUPPORT MULTI-INSTITUTIONAL RESEARCH COLLABORATIONS AND BRING TOGETHER THE BEST AND BRIGHTEST RESEARCHERS AT SELECT INSTITUTIONS TO SHARE IDEAS, EXPERTISE AND RESOURCES. KOMEN WILL SUPPORT RESEARCH GRANT TO FIND BREAKTHROUGH DISCOVERIES TO END METASTATIC BREAST CANCER.</p>

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	<p>INFLAMMATORY BREAST CANCER COLLABORATIVE</p> <p>FOR THE FIRST TIME, KOMEN IS LEADING TO DRIVE A NEW DIAGNOSTIC DEFINITION OF BREAST CANCER, SPECIFICALLY INFLAMMATORY BREAST CANCER, A DEADLY AND AGGRESSIVE FORM OF CANCER. KOMEN HAS PARTNERED WITH THE INFLAMMATORY BREAST CANCER RESEARCH FOUNDATION AND THE MILBURN FOUNDATION TO CONVENE PATIENT ADVOCATES, BREAST CANCER RESEARCHERS AND CLINICIANS TO REVIEW THE STATE OF IBC CARE AND RESEARCH GLOBALLY AND PROPOSE SPECIFIC INITIATIVES TO MOVE THE FIELD FORWARD. THE OUTCOME OF THE DISCUSSIONS WAS ABUNDANTLY CLEAR: THE FIELD NEEDS A FORMAL DEFINITION OF IBC. WITHOUT A CLEAR DEFINITION, BOTH PATIENT CARE AND RESEARCH SUFFER. DIAGNOSIS REMAINS SUBJECTIVE AND TREATMENT VARIABLE.</p> <p>THE GOAL IS TO MOVE BEYOND THE SUBJECTIVE 'CLINICAL DIAGNOSIS' TO A SET OF SPECIFIC DIAGNOSTIC CRITERIA AND SCORING SYSTEM THAT WILL ADVANCE IBC RESEARCH AND FACILITATE THE DISCOVERIES THAT WILL IMPROVE CARE OF IBC PATIENTS. A PROPOSED DEFINITION OF IBC, BASED ON A REVIEW OF CLINICAL, AND PATHOLOGIC FEATURES IS BEING VALIDATED.</p> <p>BIG DATA FOR BREAST CANCER</p> <p>KOMEN CONTINUES WORK ON THE BIG DATA FOR BREAST CANCER INITIATIVE, WHICH IS AIMED AT USING BIG DATA TO FUEL SCIENTIFIC DISCOVERIES AND ACCELERATE THE DELIVERY OF EQUITABLE, PATIENT-FOCUSED CARE. KOMEN EMPOWERS BREAST CANCER PATIENTS, ADVOCATES AND THE PUBLIC WITH INFORMATION AND TOOLS TO MAKE DATA SHARING UNDERSTANDABLE THROUGH THE BIG DATA FOR PATIENTS EDUCATIONAL PROGRAMS. WE ALSO ADDRESS THE CHALLENGES OF INCORPORATING BIG DATA APPLICATIONS INTO BREAST CANCER RESEARCH AND CLINICAL CARE THROUGH WORKING WITH PARTNERS REPRESENTING A VARIETY OF STAKEHOLDERS IN BREAST CANCER RESEARCH AND CLINICAL CARE. ADDITIONALLY, KOMEN SUPPORTS DATA SCIENCE PROJECTS TO IMPROVE BREAST CANCER OUTCOMES AND SAVE LIVES.</p> <p>PUBLIC POLICY AND ADVOCACY</p> <p>SUSAN G. KOMEN IS THE NONPARTISAN VOICE OF MORE THAN 4 MILLION BREAST CANCER SURVIVORS AND THOSE LIVING WITH THE DISEASE IN THE U.S. AS WELL AS THE PEOPLE WHO LOVE THEM. KOMEN WORKS TO EDUCATE PEOPLE ABOUT PUBLIC POLICY ISSUES SO THEY ARE EMPOWERED TO BECOME FORCEFUL ADVOCATES FOR THEMSELVES AND THEIR NEIGHBORS AND THEN UNITES THEIR COLLECTIVE VOICES FOR MAXIMUM IMPACT.</p> <p>THE CENTER FOR PUBLIC POLICY IS THE CORNERSTONE OF KOMEN'S MISSION, TO END BREAST CANCER FOREVER, THROUGH SOUND PUBLIC POLICY AND ADVOCACY COUPLED WITH SCIENTIFIC PROGRESS AND PATIENT SUPPORT SERVICES DESIGNED TO OVERCOME BARRIERS TO CARE. THE CENTER FOR PUBLIC POLICY IS THE DRIVING FORCE THAT ENSURES THE VOICE OF BREAST CANCER PATIENTS, SCIENTISTS, HEALTH CARE PROFESSIONALS, CAREGIVERS, AND ENGAGED MEMBERS OF THE PUBLIC WILL BE HEARD BY GOVERNMENT REGULATORS ON LOCAL, STATE AND NATIONAL LEVELS. KOMEN BELIEVES THAT ONLY THROUGH INFORMED GOVERNMENT ACTION CAN BROAD, SYSTEMIC AND LASTING CHANGES BE MADE TO PROTECT BREAST CANCER PATIENTS.</p>
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>KOMEN'S 2022-2023 PUBLIC POLICY AND ADVOCACY PRIORITIES INCLUDED: EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL PATIENT POPULATIONS; SUPPORTING INCREASED STATE AND FEDERAL FUNDING FOR BREAST CANCER RESEARCH AND INCREASED EDUCATION, UTILIZATION OF AND ACCESS TO CLINICAL TRIALS; SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; AND ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING.</p> <p>IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR PUBLIC POLICY AND ADVOCACY PRIORITIES, KOMEN ALSO ENGAGED ON ISSUES RELATED TO CUSTOM BREAST PROTHESES, GENETIC AND GENOMIC TESTING, LYMPHEDEMA, MEDICARE WAITING PERIODS, PALLIATIVE CARE, SURPRISE MEDICAL BILLING AND SURVIVORSHIP.</p> <p>KOMEN DEVELOPED AND IMPLEMENTED ADVOCACY CAMPAIGNS TO ENCOURAGE LAWMAKERS AND AGENCY OFFICIALS TO SUPPORT AND IMPLEMENT PROGRAMS THAT WOULD ADVANCE OUR PRIORITY ISSUES. KOMEN CONTINUED TO RECRUIT AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS ADVOCACY NETWORK.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - EXECUTIVE COMMITTEE	<p>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.</p> <p>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.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>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.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>KOMEN'S CONFLICT OF INTEREST POLICY REQUIRES EVERY BOARD MEMBER, OFFICER, DIRECTOR, COMMITTEE MEMBER, ADVISORY BOARD MEMBER, EMPLOYEE, AND VOLUNTEER 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 REQUIRES ALL BOARD MEMBERS, OFFICERS, DIRECTORS, COMMITTEE MEMBERS, ADVISORY BOARD MEMBERS, AND EMPLOYEES TO REVIEW AND EXECUTE THE CONFLICT OF INTEREST POLICY ANNUALLY 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.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE HUMAN CAPITAL MANAGEMENT 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 AND IS REVIEWED ANNUALLY.</p> <p>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 2023, 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.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE HUMAN CAPITAL MANAGEMENT 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 AND IS REVIEWED ANNUALLY.</p> <p>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 2023, 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.</p>
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	<p>CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, VT, WA, WI, WV</p>

Return Reference - Identifier	Explanation							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.							
FORM 990, PART IX, LINE 1 -	<p>FOR NEARLY 40 YEARS, SUSAN G. KOMEN HAS WORKED TO FULFILL ITS VISION OF CREATING A WORLD WITHOUT BREAST CANCER THROUGH ITS MISSION OF SAVING LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO BETTER DETECT, PREVENT, TREAT BREAST CANCERS.</p> <p>OVER THE LAST THREE YEARS, KOMEN CONTINUED TO IMPLEMENT A SERIES OF CHANGES BEGUN IN 2020 TO STRENGTHEN ITS FINANCIAL AND OPERATIONAL POSITION IN RESPONSE TO THE CHANGING NEEDS OF THE BREAST CANCER COMMUNITY AND ECONOMIC CONDITIONS RESULTING FROM THE COVID-19 PANDEMIC. KOMEN HAS NEARLY COMPLETED THE CONSOLIDATION OF ALL OPERATIONS OF ITS INDEPENDENT AFFILIATES INTO ITS HEADQUARTERS ORGANIZATION, RESULTING IN A SINGLE ORGANIZATION. THIS CONSOLIDATION IS ENABLING KOMEN TO LEVERAGE THE COMBINED EXPERTISE OF ITS MISSION LEADERS TO DELIVER A UNITED MISSION PROGRAM, UTILIZING TECHNOLOGY AS A KEY DRIVER TO CONNECT TO PEOPLE WHO NEED TO ACCESS CARE WHERE THEY ARE AND TO HELP IMPROVE THE PATIENT EXPERIENCE, AS WELL AS RESULTED IN ADMINISTRATIVE AND OPERATIONAL EFFICIENCIES.</p> <p>CENTRAL TO KOMEN'S VISION IS A STEADFAST COMMITMENT TO INVESTING IN BREAKTHROUGH RESEARCH. KOMEN REMAINED COMMITTED TO INVESTING IN RESEARCH CENTERED ON THE PRIMARY FOCUS OF METASTATIC BREAST CANCER AND UNDERSTANDING AND ELIMINATING DISAPARITIES IN BREAST CANCER OUTCOMES BETWEEN BLACK AND WHITE PATIENTS. DESPITE THE ECONOMIC UNCERTAINTY AND CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN AWARDED \$40 MILLION IN NEW RESEARCH AWARDS OVER THE PAST TWO FISCAL YEARS.</p> <p>WHILE WE CONTINUE TO INVEST IN RESEARCH INTO NEW TREATMENTS, KOMEN SUPPORTS PEOPLE WHO ARE FACING BREAST CANCER TODAY THROUGH A GROWING SUITE OF PATIENT CARE SERVICES, INCLUDING DIRECT FINANCIAL ASSISTANCE THROUGH ITS TREATMENT ASSISTANCE PROGRAM, ELIGIBLE TO HELP PAY FOR EXPENSES THAT MAY SERVE AS A BARRIER TO ATTAINING THE CARE NEEDED TO SURVIVE, SUCH AS CO-PAYS, TRANSPORTATION, CHILDCARE OR RENT.</p>							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="461 911 1300 947">(a) Description</th> <th data-bbox="1305 911 1520 947">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="461 953 1300 980">RESCINDED GRANTS</td> <td data-bbox="1305 953 1520 980">1,101,560</td> </tr> <tr> <td data-bbox="461 987 1300 1014">PROGRAM COGS</td> <td data-bbox="1305 987 1520 1014">- 32,562</td> </tr> </tbody> </table>		(a) Description	(b) Amount	RESCINDED GRANTS	1,101,560	PROGRAM COGS	- 32,562
(a) Description	(b) Amount							
RESCINDED GRANTS	1,101,560							
PROGRAM COGS	- 32,562							

PUBLIC INSPECTION COPY

The Susan G Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2023

Form 990, Schedule C, Part II-A - Lobbying Expenditure by Electing Public Charities

Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is:  
 13770 Noel Road, Suite 801889, Dallas, TX 75380

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>	
1 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	-	-	-	19,370	19,370	LA101
2 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964	-	-	-	266	266	CA103
3 Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064	-	-	-	-	-	CA104
4 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063	-	-	-	-	-	OH103
5 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3169358	-	-	-	4,195	4,195	CA101
6 San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911	-	-	-	-	-	CA105
7 San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3047626	-	-	-	-	-	CA106
8 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854974	-	-	-	3,011	3,011	OK101
Totals - Affiliates	<u>-</u>	<u>-</u>	<u>-</u>	<u>26,842</u>	<u>26,842</u>	
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	15,803	277,717	293,520	103,643,020	103,936,540	
Totals for Parent and Affiliates	<u>15,803</u>	<u>277,717</u>	<u>293,520</u>	<u>103,669,862</u>	<u>103,963,382</u>	