

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 04/01, **2021**, and ending 03/31, **20 22**

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) Room/suite
13770 NOEL ROAD 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 \$ 165,642,733

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

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	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 556
	6	Total number of volunteers (estimate if necessary)	6 1,456
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 10,933
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 50,983,746 Current Year 99,456,148
	9	Program service revenue (Part VIII, line 2g)	3,259,501 2,500
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,389,057 7,437,450
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,113,354 4,365,358
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,745,658 111,261,456
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,229,334 25,691,669
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,327,944 36,149,496
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,158,758 1,181,706
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>22,781,842</u>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,051,187 37,609,513
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	74,767,223 100,632,384	
19	Revenue less expenses. Subtract line 18 from line 12	12,978,435 10,629,072	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 193,189,248 End of Year 207,354,061
	21	Total liabilities (Part X, line 26)	55,926,370 59,717,916
	22	Net assets or fund balances. Subtract line 21 from line 20	137,262,878 147,636,145

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 SUE SCHNEIDER, PRESIDENT AND CEO Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KATHY PITTS Preparer's signature: Kathy A. Pitts Date: 12/15/22 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, SUITE 1200, BIRMINGHAM, AL 35203 Phone no. (205) 251-2000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
KOMEN'S MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 40,955,788 including grants of \$ 4,503,337) (Revenue \$ (5,448))
PATIENT CARE AND ADVOCACY: PROVISION OF BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS, THIRD-PARTY CONTRACTS AND DIRECTLY BY KOMEN, WITH A SPECIAL EMPHASIS ON PATIENT NAVIGATION, ESPECIALLY IN COMMUNITIES WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS LIMITED. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code:) (Expenses \$ 24,901,656 including grants of \$ 21,181,617) (Revenue \$ 2,500)
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 \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 65,857,444

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	133	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	556		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
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	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
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	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
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		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [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 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, 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			✓				682,520	0	31,412
(2) DANA BROWN CHIEF OPERATING OFFICER	55.0 0.0			✓				465,537	0	15,637
(3) VICTORIA WOLODZKO SVP, MISSION	55.0 0.0				✓			340,267	0	9,729
(4) CATHERINE OLIVIERI SVP, HUMAN RESOURCES	55.0 0.0				✓			289,457	0	22,580
(5) RIA WILLIAMS CHIEF FINANCIAL OFFICER	55.0 0.0			✓				290,183	0	21,782
(6) EUNICE NAKAMURA GENERAL COUNSEL & CORPORATE SECRETARY	55.0 0.0			✓				269,473	0	14,336
(7) LORI MARIS SVP, OPS SERVICES & SUPPORT	55.0 0.0				✓			243,277	0	12,596
(8) SARAH ROSALES VP, CORP PARTNERSHIPS	55.0 0.0					✓		233,478	0	16,798
(9) SRINIVASU AVADHANULA VP, BI PLATFM & ENG	55.0 0.0					✓		241,720	0	7,910
(10) MICHELLE STRONG VP, MARKETING STRAT	55.0 0.0					✓		225,607	0	13,095
(11) KARI BODELL VP, DEV PROGS STRAT	55.0 0.0					✓		229,605	0	7,955
(12) KIMBERLY SABELKO VP, SCI STRAT & PROGRAMS	55.0 0.0					✓		202,212	0	15,723
(13) KIMBERLY JOHNSON FORMER SR. DIRECTOR AAHEI	0.0						✓	182,424	0	1,769
(14) ED DANDRIDGE CHAIR OF THE BOARD (BEG JUN 2021)	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) JERRI JOHNSON BOD MEMBER (VICE CHAIR BEG MAR 2021)	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) ANDI OWEN BOD MEMBER (BEG MAR 2021)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) BJ SCHAKNOWSKI BOD MEMBER (BEG MAR 2022)	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) EUGENE KIM BOD MEMBER (END MAR 2022)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) GAIL HEIMANN BOD MEMBER (BEG MAR 2021)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JOHN O'NEILL BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JULIA HARRIS BOD MEMBER (BEG MAR 2021)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JULIE GRUBER BOD MEMBER (BEG MAR 2022)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) KRISTEN RACICH BOD MEMBER (BEG MAR 2022)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								3,895,760	0	191,322
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,895,760	0	191,322

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 **▶** 92

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<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	2,349,796
RKD GROUP LLC, 3400 WATERVIEW PARKWAY, SUITE 250, RICHARDSON, TX 75080	CONSULTING	1,086,596
CSM SPORT & ENTERTAINMENT INC, 8770 GUION ROAD, INDIANAPOLIS, IN 46268	CONSULTING	458,250
ERNST & YOUNG, 3712 SOLUTIONS CENTER, CHICAGO, IL 60677	ACCTG & TAX SERVICES	329,983
MSB FINANCIAL SOLUTIONS LLC, 79 CHERRYWOOD DR., NASHUA, NH 03062	CONSULTING	323,309
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	20	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 262,529				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 25,041,236				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 4,527,545				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 69,624,838				
	g	Noncash contributions included in lines 1a-1f	1g \$ 182,327				
	h	Total. Add lines 1a-1f ▶		99,456,148			
	Program Service Revenue	2a	AFFILIATE TREATMENT ASSISTANCE FUND Business Code 900099	2,500	2,500	0	0
b			0	0	0	0	
c			0	0	0	0	
d			0	0	0	0	
e			0	0	0	0	
f		All other program service revenue		0	0	0	
g		Total. Add lines 2a-2f ▶		2,500			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	1,152,853	0	0	1,152,853	
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0	
	5	Royalties ▶	3,507	0	0	3,507	
	6a	Gross rents	(i) Real	0			
			(ii) Personal	0			
				0			
	b	Less: rental expenses	0				
	c	Rental income or (loss)	0				
	d	Net rental income or (loss) ▶	0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	56,458,504			
			(ii) Other	0			
				50,173,907			
				6,284,597			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶	6,284,597	0	0	6,284,597	
	8a	Gross income from fundraising events (not including \$ 25,041,236 of contributions reported on line 1c). See Part IV, line 18	8a 977,618				
b	Less: direct expenses	8b 4,150,957					
c	Net income or (loss) from fundraising events ▶	(3,173,339)		0	(3,173,339)		
9a	Gross income from gaming activities. See Part IV, line 19	9a 4,642					
b	Less: direct expenses	9b 31,204					
c	Net income or (loss) from gaming activities ▶	(26,562)	0	0	(26,562)		
10a	Gross sales of inventory, less returns and allowances		14,061				
			25,209				
			(11,148)	(11,148)	0	0	
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	11a	SHARED SERVICES Business Code 900099	5,700	5,700	0	0	
	b	OTHER INCOME Business Code 900099	3,574	0	10,933	(7,359)	
	c	MERGER RELATED INCOME Business Code 900099	7,563,626	0	0	7,563,626	
	d	All other revenue	0	0	0	0	
	e	Total. Add lines 11a-11d ▶		7,572,900			
12	Total revenue. See instructions ▶		111,261,456	(2,948)	10,933	11,797,323	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,294,309	21,294,309		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,829,950	3,829,950		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	567,410	567,410		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,708,786	1,405,372	658,068	645,346
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	28,161,837	14,624,022	6,764,699	6,773,116
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	783,595	402,287	206,904	174,404
9	Other employee benefits	2,420,853	1,196,985	686,865	537,003
10	Payroll taxes	2,074,425	1,082,439	487,763	504,223
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	242,415	97,066	48,283	97,066
c	Accounting	508,141	57,633	392,894	57,614
d	Lobbying	204,997	204,997	0	0
e	Professional fundraising services. See Part IV, line 17	1,181,706			1,181,706
f	Investment management fees	179,154	0	179,154	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	5,010,574	2,770,603	336,748	1,903,223
13	Office expenses	16,533,412	8,238,874	130,075	8,164,463
14	Information technology	1,863,957	745,583	559,187	559,187
15	Royalties	0	0	0	0
16	Occupancy	198,411	125,740	38,890	33,781
17	Travel	276,760	144,731	44,116	87,913
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	211,178	77,693	50,538	82,947
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	900,298	665,856	126,593	107,849
23	Insurance	543,188	543,188	0	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	CONSULT & PROF. FEES	6,641,802	5,326,482	556,519	758,801
b	EQUIP RENTAL & MAINT	1,744,826	1,102,803	346,119	295,904
c	EVENT PRODUCTION	108,740	40,854	23,002	44,884
d	MERCHANT SERVICES & BANK FEES	1,367,858	777,580	94,358	495,920
e	All other expenses	1,073,802	534,981	262,329	276,492
25	Total functional expenses. Add lines 1 through 24e	100,632,384	65,857,438	11,993,104	22,781,842
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	42,779,147	21,416,390	1,814,928	19,547,829

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
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	27,119,307	2	23,067,395
	3 Pledges and grants receivable, net	20,276,918	3	15,045,253
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	6,957	8	9,577
	9 Prepaid expenses and deferred charges	2,239,524	9	2,120,424
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,062,424		
	b Less: accumulated depreciation	10b 8,416,953	2,249,769	10c 3,645,471
	11 Investments—publicly traded securities	102,135,416	11	119,988,473
	12 Investments—other securities. See Part IV, line 11	39,150,000	12	43,470,000
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	11,357	15	7,468
16 Total assets. Add lines 1 through 15 (must equal line 33)	193,189,248	16	207,354,061	
Liabilities	17 Accounts payable and accrued expenses	9,143,376	17	9,791,057
	18 Grants payable	41,640,671	18	49,697,151
	19 Deferred revenue	614,778	19	229,708
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,527,545	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	55,926,370	26	59,717,916
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	90,698,864	27	98,403,421
	28 Net assets with donor restrictions	46,564,014	28	49,232,724
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	137,262,878	32	147,636,145	
33 Total liabilities and net assets/fund balances	193,189,248	33	207,354,061	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111,261,456
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,632,384
3	Revenue less expenses. Subtract line 2 from line 1	3	10,629,072
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	137,262,878
5	Net unrealized gains (losses) on investments	5	(693,580)
6	Donated services and use of facilities	6	(179,874)
7	Investment expenses	7	0
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	617,649
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	147,636,145

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
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) KWANZA JONES ----- BOD MEMBER (END MAR 2022)	1.0 ----- 0.0	✓						0	0	0
(26) LUKE SAUTER ----- BOD MEMBER (BEG MAR 2021)	1.0 ----- 0.0	✓						0	0	0
(27) LYDIA THE ----- BOD MEMBER (BEG MAR 2022)	1.0 ----- 0.0	✓						0	0	0
(28) MICHELLE BOTTOMLEY ----- BOD MEMBER (BEG MAR 2021)	1.0 ----- 0.0	✓						0	0	0
(29) PETER D. BRUNDAGE ----- BOD MEMBER (FRMR CHAIR, CHAIR END JUN 2021)	1.0 ----- 0.0	✓						0	0	0
(30) RENEE BAKER ----- BOD MEMBER (BEG MAR 2021)	1.0 ----- 0.0	✓						0	0	0
(31) ROBYN SHEPHERD ----- BOD MEMBER (BEG MAR 2022)	1.0 ----- 0.0	✓						0	0	0
(32) SEAN SLOVENSKI ----- BOD MEMBER (BEG MAR 2021)	1.0 ----- 0.0	✓						0	0	0
(33) SUSANNAH GRAY ----- BOD MEMBER (END MAR 2022)	1.0 ----- 0.0	✓						0	0	0
(34) TRACI BLUNT ----- BOD MEMBER (BEG MAR 2021)	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number 75-1835298
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51,441,732	63,291,987	59,972,314	50,983,746	99,456,148	325,145,927
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	51,441,732	63,291,987	59,972,314	50,983,746	99,456,148	325,145,927
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,149,718
6 Public support. Subtract line 5 from line 4						304,996,209

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	51,441,732	63,291,987	59,972,314	50,983,746	99,456,148	325,145,927
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,667,273	5,221,701	4,928,838	1,217,543	1,156,360	18,191,715
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	124,523	34,200	86,442	15,070	3,574	263,809
11 Total support. Add lines 7 through 10						343,601,451
12 Gross receipts from related activities, etc. (see instructions)					12	81,700,047
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	88.76 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	81.99 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990) 2021

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) OTHER INCOME	124,523	34,200	86,442	15,070	3,574	263,809
	Total	124,523	34,200	86,442	15,070	3,574	263,809

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

2021

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 THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number 75-1835298
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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		\$ 5,191,759	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number 75-1835298
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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) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

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

2021

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.**

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number 75-1835298
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	26,906	26,906												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	178,091	178,447												
c	Total lobbying expenditures (add lines 1a and 1b)	204,997	205,353												
d	Other exempt purpose expenditures	88,434,283	98,589,124												
e	Total exempt purpose expenditures (add lines 1c and 1d)	88,639,280	98,794,477												
f	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	279,269	343,462	172,474	204,997	1,000,202
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	64,115	86,368	386,160	26,906	563,549

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

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 ADVOCACY AND LOBBYING EFFORTS TO ACHIEVE LEGISLATIVE AND REGULATORY SOLUTIONS DESIGNED TO SUPPORT KEY PATIENT PROTECTIONS, EXPAND ACCESS TO HIGH-QUALITY CARE AND FUND CRITICAL BREAST HEALTH PROGRAMS AND 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.

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

2021

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 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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 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 Part III with questions 1a, 1b, and 2 regarding art and historical treasures, including revenue and asset reporting requirements.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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
1a Beginning of year balance	1,342,173	1,337,562	1,333,603	1,362,090	1,377,855
b Contributions	0	0	0	0	
c Net investment earnings, gains, and losses	10,613	10,279	9,803	(4,016)	10,034
d Grants or scholarships	0	0	0	0	
e Other expenditures for facilities and programs	5,918	5,668	5,844	24,267	25,799
f Administrative expenses	0	0	0	204	0
g End of year balance	1,346,868	1,342,173	1,337,562	1,333,603	1,362,090

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

- a** Board designated or quasi-endowment **▶** 74.00 %
- b** Permanent endowment **▶** 24.00 %
- c** Term endowment **▶** 2.00 %

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

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		83,890	66,413	17,477
d Equipment		2,171,260	1,724,500	446,760
e Other		9,807,274	6,626,040	3,181,234
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,645,471

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

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 THREE PERMANENT ENDOWMENTS: GOODMAN-BRINKER, FIRNBERG, AND A GENERAL ENDOWMENT.</p> <p>THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FELLOWSHIPS, THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH AWARDS, AND THE GENERAL ENDOWMENT'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, 2022</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

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 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	PATIENT CARE	500
(2) EAST ASIA AND THE PACIFIC	0	2	GRANTMAKING	RESEARCH	182,226
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	FUNDRAISING	FUNDRAISING SUPPORT	13,402
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	4	GRANTMAKING	RESEARCH	221,030
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	LEARNING MGMT SYSTEM	16,189
(6) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	LEGAL SERVICES	7,113
(7) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	PROFESSIONAL MEMBERSHIP	3,288
(8) NORTH AMERICA (CANADA & MEXICO ONLY)	0	3	GRANTMAKING	RESEARCH	149,156
(9) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	ADVOCACY	47,096
(10) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	MISSION TOOL DEVELOPMENT	500,639
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	PROFESSIONAL MEMBERSHIP	2,000
(12) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	SOFTWARE LICENSES	22,482
(13) MIDDLE EAST AND NORTH AFRICA	0	1	GRANTMAKING	TREATMENT	19,998
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	19			1,185,119
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	19			1,185,119

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

Cat. No. 50082W

Schedule F (Form 990) 2021

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	135,000	ELECTRONIC FUND OR WIRE TRANSFER			
(2)			EAST ASIA AND THE PACIFIC	RESEARCH	47,226	ELECTRONIC FUND OR WIRE TRANSFER			
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	58,749	ELECTRONIC FUND OR WIRE TRANSFER			
(4)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	74,992	ELECTRONIC FUND OR WIRE TRANSFER			
(5)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	15,415	ELECTRONIC FUND OR WIRE TRANSFER			
(6)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	51,878	ELECTRONIC FUND OR WIRE TRANSFER			
(7)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	74,685	ELECTRONIC FUND OR WIRE TRANSFER			
(8)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	89,467	ELECTRONIC FUND OR WIRE TRANSFER			
(9)			SUB-SAHARAN AFRICA	TREATMENT	19,998	ELECTRONIC FUND OR WIRE TRANSFER			
(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 . . . ▶ 9

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, MIDDLE EAST AND NORTH AFRICA -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 SUB-SAHARAN AFRICA -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.

▶ Attach to Form 990 or Form 990-EZ.

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

2021

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 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			
1 EVENT 360, 55 E JACKSON BLVD, SUITE 1010, CHICAGO, IL 60604	FUNDRAISING CONSULTANT		✓	7,185,057	576,810	6,608,247
2 REVUNAMI, INC., 228 E. 85TH ST, SUITE 9C, NEW YORK, NY 10028	MARKETING CONSULTANT		✓		20,593	
3 RKD GROUP LLC, 3400 WATERVIEW PARKWAY, SUITE 250, RICHARDSON, TX 75080	FUNDRAISING CONSULTANT		✓	27,711,220	578,703	27,132,517
4 ARMSTRONG MCGUIRE LLC, PO BOX 6485, RALEIGH, NC 27628	FUNDRAISING CONSULTANT		✓		5,600	
5						
6						
7						
8						
9						
10						
Total				34,896,277	1,181,706	33,740,764

- 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>RACE-WALK EVENTS</u> (event type)	<u>3 DAY EVENT</u> (event type)	<u>32</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	14,499,847	9,614,231	1,904,776	26,018,854
	2 Less: Contributions	14,043,859	9,343,514	1,653,863	25,041,236
	3 Gross income (line 1 minus line 2)	455,988	270,717	250,913	977,618
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	304,015	10,334	31,084	345,433
	6 Rent/facility costs	79,551	268,834	130,022	478,407
	7 Food and beverages	117,659	293,462	69,402	480,523
	8 Entertainment	11,009	0	20,165	31,174
	9 Other direct expenses	1,431,367	1,122,211	261,842	2,815,420
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				4,150,957
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(3,173,339)

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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 2022 WERE \$25,041,236

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206, HOUSTON, TX 77030	74-1613878	501C(3)	175,000				RESEARCH
(2) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE, BOSTON, MA 02215	04-2103881	501C(3)	149,729				RESEARCH
(3) UNIVERSITY OF OKLAHOMA PO BOX 36901, OKLAHOMA CITY, OK 73126-0901	73-1563627	501C(3)	9,539				EDUCATION
(4) BOSTON UNIVERSITY 225 BAY STATE RPAD, BOSTON, MA 02215	04-2103547	501C(3)	100,000				RESEARCH
(5) BRIGHAM AND WOMEN'S HOSPITAL 181 LONGWOOD AVE 5TH FL, BOSTON, MA 02115	04-2312909	501C(3)	61,803				RESEARCH
(6) CANCER CARE 275 SEVENTH AVENUE, NEW YORK, NY 10001	13-1825919	501C(3)	29,274				EDUCATION
(7) COLUMBIA UNIVERSITY MED CTR 722 WEST 168TH ST, 4TH FL, NEW YORK, NY 10032	13-5598093	501C(3)	260,000				RESEARCH
(8) DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE, BP 412, BOSTON, MA 02215	04-2263040	501C(3)	1,385,042				RESEARCH
(9) DUKE UNIVERSITY MEDICAL CENTER. P.O. BOX 602651, CHARLOTTE, NC 28260-2651	56-0532129	501C(3)	140,000				RESEARCH
(10) EMORY UNIVERSITY 1599 CLIFTON RD NE 4TH FL, ATLANTA, GA 30322	58-0566256	501C(3)	148,222				RESEARCH
(11) FEDERACIO DE CLUBES MICHOCANOS 1638 S BLUE ISLAND AVE, CHICAGO, IL 60608	41-2061019	501C(3)	29,175				SCREENING
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 67

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) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT CARE ASSISTANCE @ \$300	4,894	1,468,200	0	FMV	0
2 PATIENT CARE ASSISTANCE @\$500	3,666	1,833,000	0	FMV	0
3 PATIENT CARE ASSISTANCE @ \$750	705	528,750	0	FMV	0
4					
5					
6					
7					

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

(SEE STATEMENT)

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) FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, SEATTLE, WA 98109	56-3744111	501C(3)	225,000				RESEARCH
(13) FULTON COUNTY HEALTH DEPARTMENT 700 EAST OAK STREET, CANTON, IL 61520	37-6000896	501C(3)	5,438				SCREENING
(14) HARVARD MEDICAL SCHOOL HOLYOKE CENTER, ROOM 600, 1350 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138	04-2103580	501C(3)	100,000				RESEARCH
(15) INDIANA UNIVERSITY (INDIANAPOLIS) FINANCIAL MGMT SVCS P.O. BOX 66057,, INDIANAPOLIS, IN 46266-6057	35-6001673	501C(3)	716,595				RESEARCH
(16) INTERMOUNTAIN HEALTHCARE FOUNDATION, INC 36 SOUTH STATE STREET, SALT LAKE CITY, UT 84111	94-2854057	501C(3)	9,375				RESEARCH
(17) JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET, EASTERN C220, BALTIMORE, MD 21218	52-0595110	501C(3)	834,671				RESEARCH
(18) LAKE COUNTY HEALTH DEPARTMENT 3010 GRAND AVENUE, WAUKEGAN, IL 60085	59-3502843	501C(3)	5,105				SCREENING
(19) LELAND STANFORD JR UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 94144-4253	94-1156365	501C(3)	200,000				RESEARCH
(20) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 160 MEMORIAL DRIVE, CAMBRIDGE, MA 02139	04-2103594	501C(3)	200,000				RESEARCH
(21) MAYO CLINIC JACKSONVILLE GRIFFIN BUILDING, ROOM 170, 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224	59-3337028	501C(3)	400,000				RESEARCH
(22) MCDONOUGH COUNTY HEALTH DEPARTMENT 505 E JACKSON STREET, MACOMB, IL 61455	37-6001537	501C(3)	4,419				SCREENING
(23) MEMORIAL SLOAN-KETTERING CANCER CTR 633 THIRD AVENUE, 28TH FLOOR, NEW YORK, NY 10017	13-1924236	501C(3)	425,000				RESEARCH
(24) MOUNTAIN PARK HEALTH CNTR. 3003 N. 3RD STREET, SUITE 1600, PHOENIX, AZ 85012	86-0498020	501C(3)	16,667				EDUCATION
(25) NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE STREET, DURHAM, NC 27707	56-6000730	501C(3)	50,809				RESEARCH

(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
(26) NORTHWESTERN UNIVERSITY - CHICAGO 633 CLARK ROOM G547, EVANSTON, IL 60208	36-2167817	501C(3)	224,933				RESEARCH
(27) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT, PORTLAND, OR 97239	75-2668014	501C(3)	468,663				RESEARCH
(28) PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 413, PRINCETON, NJ 08540	21-0634501	501C(3)	100,000				RESEARCH
(29) PROVIDENCE PORTLAND MEDICAL CENTER P.O. BOX 13993, PORTLAND, OR 97213	93-0386906	501C(3)	165,000				RESEARCH
(30) ROSWELL PARK ALLIANCE FOUNDATION DEPARTMENT OF IMMUNOLOGY, ELM & CARLTON STREETS, BUFFALO, NY 14263	16-1391608	501C(3)	60,000				RESEARCH
(31) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST, SUITE 250, CHICAGO, IL 60612	36-2174823	501C(3)	200,000				RESEARCH
(32) STANFORD UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 94144-4253	94-1156365	501C(3)	100,000				SCREENING
(33) STEPHENSON COUNTY HEALTH DEPARTMENT 10 WEST LINDEN STREET, FREEPORT, IL 61032	36-6006654	501C(3)	5,125				RESEARCH
(34) SUNY AT STONY BROOK W5510 MELVILLE LIBRARY, STONY BROOK, NY 11794	14-1368361	501C(3)	110,607				EDUCATION
(35) SUPPORTING OUR SISTERS INTERNATIONAL, INC 2604 PINEBROOK AVE C2, HYATTSVILLE, MD 20785	47-2511778	501C(3)	2,500				SCREENING
(36) TAZEWELL COUNTY HEALTH DEPARTMENT 21306 ILLINOIS RT 9, TREMONT, IL 61568-9252	37-6002170	501C(3)	27,593				SCREENING
(37) THE OHIO STATE UNIVERSITY COLLEGE 700 CHILDREN'S DRIVE, COLUMBUS, OH 43205	31-6025986	501C(3)	142,485				RESEARCH
(38) THE UNIVERSITY OF CHICAGO 970 EAST 58TH STREET, 3RD FL., CHICAGO, IL 60637	36-2177139	501C(3)	389,674				RESEARCH
(39) THE WISTAR INSTITUTE 3601 SPRUCE STREET, PHILADELPHIA, PA 19104-4265	23-6434390	501C(3)	165,000				RESEARCH
(40) TUFTS UNIVERSITY 800 WASHINGTON STREET, BOSTON, MA 02111	04-3400617	501C(3)	66,840				RESEARCH

(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
(41) UNITYPOINT HEALTH-METHODIST/PROCTOR 5409 N. KNOXVILLE AVE, PEORIA, IL 61614	51-0186460	501C(3)	9,928				SCREENING
(42) UNIV OF COLORADO HEALTH SCIENCES CENT 13001 E 17TH PLACE, DENVER, CO 80291-0238	73-1563627	501C(3)	92,496				RESEARCH
(43) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CB # 1350, CHAPEL HILL, NC 27599-1350	56-6001393	501C(3)	775,531				RESEARCH
(44) UNIV OF TEXAS MD ANDERSON CANCER CENTER P.O. BOX 4390, HOUSTON, TX 77210-4390	74-6001118	501C(3)	495,766				RESEARCH
(45) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH, ROOM 1170, BIRMINGHAM, AL 35294-0111	63-6005396	501C(3)	90,000				RESEARCH
(46) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIFORNIA ST. SUITE 315, SAN FRANCISCO, CA 94118	94-6036493	501C(3)	100,000				RESEARCH
(47) LOYOLA UNIVERSITY CHICAGO 820 N MICHIGAN AVE STE 1300, CHICAGO, IL 60611	36-1408475	501C(3)	165,000				RESEARCH
(48) UNIVERSITY OF MASSACHUSETTS AMHERST GOODELL BLDG. ROOM 405 BOX 33210, AMHERST, MA 01003-3210	04-3167352	501C(3)	37,109				RESEARCH
(49) UNIVERSITY OF MICHIGAN ALEXANDRA THEBAUD WOLVERINE TOWER, ANN ARBOR, MI 48109-1274	38-6006309	501C(3)	423,873				RESEARCH
(50) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200, CB # 1350, CHAPEL HILL, NC 27599-9525	56-6001393	501C(3)	100,000				RESEARCH
(51) UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL, NOTRE DAME, IN 46556-5612	35-0868188	501C(3)	60,000				RESEARCH
(52) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, P-211 FRANKLIN BLDG, PHILADELPHIA, PA 19104-6205	23-1352685	501C(3)	211,881				RESEARCH
(53) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE SUITE, B21, PITTSBURGH, PA 15213-2303	25-0966691	501C(3)	120,000				RESEARCH
(54) UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL LEARNING, PITTSBURGH, PA 15260	25-0965591	501C(3)	210,000				RESEARCH
(55) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, SUITE 404H, COLUMBIA, SC 29208	57-6001153	501C(3)	53,727				RESEARCH
(56) UNIVERSITY OF UTAH 201 SOUTH PRESIDENT'S CIRCLE, ROOM 406, SALT LAKE CITY, UT 84112-9020	87-6000525	501C(3)	220,000				RESEARCH

(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
(57) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE, SEATTLE, WA 98105	74-1586031	501C(3)	115,000				RESEARCH
(58) UT HSC - SAN ANTONIO 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 77229-3900	74-1586031	501C(3)	209,959				RESEARCH
(59) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD, DALLAS, TX 75390-9020	74-6000203	501C(3)	579,255				RESEARCH
(60) UTAH CANCER CONTROL PROGRAM PO BOX 144620, SALT LAKE CITY, UT 84114-4620	87-6000545	501C(3)	30				EDUCATION
(61) VALLEYWISE HEALTH FOUNDATION 2901 E CAMELBACK RD STE. 202, PHOENIX, AZ 85016	86-0777567	501C(3)	16,667				EDUCATION
(62) VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303, ATLANTA, GA 31192-0303	62-0476822	501C(3)	627,363				RESEARCH
(63) VIRGINIA COMMONWEALTH UNIVERSITY 800 E. LEIGH ST., SUITE 3100, RICHMOND, VA 23284-3039	54-6001758	501C(3)	75,000				RESEARCH
(64) VNA OF FOX VALLEY 400 NORTH HIGHLAND AVE., AURORA, IL 60506	36-2182095	501C(3)	19,992				SCREENING
(65) WAKE FOREST UNIVERSITY HEALTH SCIENCES GRANTS MGMT MEDICAL CTR BLVD, WINSTON-SALEM, NC 27157	22-3849199	501C(3)	90,000				RESEARCH
(66) WAYNE STATE UNIVERSITY 5057 WOODWARD AVE, 13TH FLOOR, DETROIT, MI 48202	36-6028429	501C(3)	18,789				RESEARCH
(67) WINNEBAGO COUNTY HEALTH DEPARTMENT 555 N.COURT ST. P.O. BOX 4009, ROCKFORD, IL 61110-0509	36-4529968	501C(3)	6,097				SCREENING
(68) YALE UNIVERSITY 2 WHITNEY AVENUE 6TH FLOOR, NEW HAVEN, CT 06510	03-0179440	501C(3)	135,000				RESEARCH

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. 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>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

75-1835298

Part I Questions Regarding Compensation

	Yes	No
<p>1a 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 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>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</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>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c 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>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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)	609,111	68,805	4,604	15,875	15,537	713,932	0
	(ii)	0	0	0	0	0	0	0
2 DANA BROWN CHIEF OPERATING OFFICER	(i)	415,375	46,800	3,362	13,948	1,689	481,174	0
	(ii)	0	0	0	0	0	0	0
3 VICTORIA WOLODZKO SVP, MISSION	(i)	302,964	34,800	2,503	6,710	3,019	349,996	0
	(ii)	0	0	0	0	0	0	0
4 CATHERINE OLIVIERI SVP, HUMAN RESOURCES	(i)	256,095	30,000	3,362	8,941	13,639	312,037	0
	(ii)	0	0	0	0	0	0	0
5 RIA WILLIAMS CHIEF FINANCIAL OFFICER	(i)	259,268	29,046	1,869	7,341	14,441	311,965	0
	(ii)	0	0	0	0	0	0	0
6 EUNICE NAKAMURA GENERAL COUNSEL & CORPORATE SECRETARY	(i)	241,539	26,400	1,534	8,188	6,148	283,809	0
	(ii)	0	0	0	0	0	0	0
7 LORI MARIS SVP, OPS SERVICES & SUPPORT	(i)	217,465	24,102	1,710	4,012	8,584	255,873	0
	(ii)	0	0	0	0	0	0	0
8 SARAH ROSALES VP, CORP PARTNERSHIPS	(i)	213,743	18,450	1,285	3,525	13,273	250,276	0
	(ii)	0	0	0	0	0	0	0
9 SRINIVASU AVADHANULA VP, BI PLATFDM & ENG	(i)	216,663	23,643	1,414	5,964	1,946	249,630	0
	(ii)	0	0	0	0	0	0	0
10 MICHELLE STRONG VP, MARKETING STRAT	(i)	204,015	20,000	1,592	6,888	6,207	238,702	0
	(ii)	0	0	0	0	0	0	0
11 KARI BODELL VP, DEV PROGS STRAT	(i)	203,596	24,600	1,409	5,942	2,013	237,560	0
	(ii)	0	0	0	0	0	0	0
12 KIMBERLY SABELKO VP, SCI STRAT & PROGRAMS	(i)	185,656	15,000	1,556	5,008	10,715	217,935	0
	(ii)	0	0	0	0	0	0	0
13 KIMBERLY JOHNSON FORMER SR. DIRECTOR AAHEI	(i)	170,979	10,000	1,445	0	1,769	184,193	0
	(ii)	0	0	0	0	0	0	0
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		30,975	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT BAGS/GIFT CARDS)	✓	30	41,795	COST
26 Other ▶ (GOODS INVENTORY)	✓	34	96,622	COST
27 Other ▶ (PHOTOGRAPHY)	✓	1	35	COST
28 Other ▶ (SEE STATEMENT)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three 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 I

Types of Property (continued)

Property Type	(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
SUPPLIES	✓	4	8,900	COST
TICKETS	✓	3	400	COST
TRAVEL	✓	2	3,600	COST

**SCHEDULE O
(Form 990)**

Department of Treasury Internal
Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer Identification Number
75-1835298

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, AND THE SUSAN G. KOMEN 3 DAY® SERIES.

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 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 FUNDED NEARLY \$1.1 BILLION IN BREAST CANCER RESEARCH IN MORE THAN 2700 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 \$2.3 BILLION IN FUNDING 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:</p> <ul style="list-style-type: none"> - 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>OUR GOAL IS TO ADVANCE PERSONALIZED MEDICINE AND IMPROVE HEALTH OUTCOMES FOR EVERYONE. KOMEN HAS HAD MORE THAN 680 RESEARCH DISCOVERIES SINCE WE STARTED TRACKING THEM IN 2016 THAT ARE MOVING US CLOSER TO THAT GOAL. NEARLY TWO-THIRDS OF THESE DISCOVERIES FOCUS ON OUR RESEARCH PRIORITIES OF CONQUERING METASTATIC AND AGGRESSIVE BREAST CANCERS AND ELIMINATING BREAST CANCER DISPARITIES. THEY INCLUDE SUCH THINGS AS NEW BIOMARKERS, NEW DRUG TARGETS, NEW TREATMENTS, AND NEW HEALTHCARE 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. 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 46 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 SIX ESTEEMED BREAST CANCER RESEARCHERS AND TWO NEW PATIENT ADVOCATES TO THE KOMEN SCHOLARS. THESE WOMEN AND MEN 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 FY22, KOMEN AWARDED 48 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, IN THE UNITED STATES, AND CANADA. CAREER CATALYST RESEARCH GRANTS SUPPORT EARLY CAREER INVESTIGATORS CONDUCTING OUTSTANDING RESEARCH THAT WILL USE LIQUID BIOPSY TECHNOLOGY TO IMPROVE THE TREATMENT AND EARLY DETECTION OF METASTATIC BREAST CANCER. 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.</p>

Return Reference - Identifier	Explanation
	<p>THE 48 RESEARCH GRANTS AWARDED IN FY22 ARE:</p> <p>CAREER CATALYST RESEARCH GRANTS: DANIEL HOLLERN, PH.D., OF SALK INSTITUTE FOR BIOLOGICAL STUDIES WILL IDENTIFY WAYS THAT METASTATIC TUMOR CELLS AVOID OR SUPPRESS THE IMMUNE SYSTEM'S B CELLS IN TRIPLE NEGATIVE BREAST CANCER (TNBC) PATIENTS, SPECIFICALLY PATIENTS THAT ALSO HAVE LIVER TUMORS. THE GOAL IS TO IMPROVE AN EXISTING TREATMENT CALLED ANTI-PDL1 THERAPY TO HELP BOOST B CELL ACTIVITY AND REDUCE MORTALITY IN TNBC PATIENTS WITH LIVER TUMORS.</p> <p>HARUKA ITAKURA, M.D., PH.D., OF STANFORD UNIVERSITY SCHOOL OF MEDICINE WILL CONDUCT A STUDY THAT WILL TAKE EXISTING MRI AND CT IMAGES COLLECTED FROM HER2+ BREAST CANCER PATIENTS AND USE ADVANCED DATA SCIENCE/AI TO IDENTIFY KEY FACTORS FOR PREDICTING FUTURE BRAIN METASTASIS. THE GOAL OF THIS STUDY IS TO USE NON-INVASIVE TECHNIQUES TO IDENTIFY PATIENTS WITH HER2+ BREAST CANCER WHO ARE ALSO AT RISK FOR DEVELOPING METASTATIC BRAIN TUMORS.</p> <p>MARIYA ROZENBLIT, M.D., OF YALE CANCER CENTER WILL CONDUCT A CLINICAL TRIAL TO EVALUATE VARIOUS THERAPIES OFFERED TO PATIENTS WITH STAGE 4 OLIGOMETASTATIC BREAST CANCER (OMBC) AND TO CREATE AN ONLINE PLATFORM THAT REGISTERS STAGE 4 OMBC PATIENTS, STANDARDIZES THE TREATMENT APPROACH AND ENABLES FOLLOW-UP DATA COLLECTION. DR. ROZENBLIT HOPES THIS COLLECTED DATA WILL DEMONSTRATE HOW THESE TREATMENT OPTIONS MAY PROMOTE LONG-TERM SURVIVAL AND FUTURE PREVENTION OF METASTATIC BREAST CANCER FOR THESE PATIENTS.</p> <p>TARAH BALLINGER, M.D., OF INDIANA UNIVERSITY WILL PILOT A 16-WEEK EXERCISE INTERVENTION FOR METASTATIC BREAST CANCER (MBC) PATIENTS TO DETERMINE WHETHER THE ADDITION OF EXERCISE TO THEIR COMPREHENSIVE CARE PLAN COULD IMPROVE LONG-TERM TREATMENT OUTCOMES.</p> <p>MARIA SOSA, PH.D., OF ICHAN SCHOOL OF MEDICINE WILL STUDY THE EFFECTIVENESS OF A NEW PROPOSED DRUG THERAPY THAT WILL BLOCK THE ACTIVITY OF ZFP296, A PROTEIN THAT IS BELIEVED TO PROMOTE TUMOR CELL GROWTH AND METASTASIS.</p> <p>PEDRAM RAZAVI, M.D., PH.D., OF MEMORIAL SLOAN KETTERING CANCER CENTER WILL ANALYZE CIRCULATING TUMOR CELL DNA (CTDNA) FROM EARLY-STAGE, HIGH RISK PATIENTS TO DETECT EARLY BREAST CANCER METASTASES OR ANY REMAINING BREAST CANCER CELLS AFTER TREATMENT (MINIMAL RESIDUAL DISEASE, OR MRD). DR. RAZAVI WILL USE THIS CTDNA TO IDENTIFY PERSONALIZED TREATMENTS FOR PATIENTS AT RISK FOR DEVELOPING MRD OR TREATMENT RESISTANCE, WITH THE ULTIMATE GOAL OF DECREASING THE RISK OF METASTATIC RECURRENCE AND MORTALITY.</p> <p>HAI WANG, PH.D., OF ROSWELL PARK CANCER INSTITUTE WILL STUDY BREAST CANCER CELL METASTASIS TO THE BONE AND THE METABOLIC CHANGES THESE METASTATIC CELLS GO THROUGH TO GROW IN THE BONE VERSUS THE PRIMARY TUMOR LOCATION IN THE BREAST. DR. WANG WILL INVESTIGATE HOW BREAST CANCER TUMOR CELLS THAT METASTASIZE TO THE BONE SWITCH THEIR SOURCE OF METABOLIC ENERGY PRODUCTION AND AIMS TO USE THESE FINDINGS TO EXPLORE NEW TREATMENT STRATEGIES THAT COULD IMPROVE SURVIVAL RATES FOR METASTATIC BREAST CANCER PATIENTS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>SONYA REID, M.D., M.P.H., OF VANDERBILT UNIVERSITY WILL CONDUCT A CLINICAL TRIAL FOR PATIENTS WITH HORMONE RECEPTOR-POSITIVE (HR+, HER2-) METASTATIC BREAST CANCER (MBC) TO DETERMINE WHETHER A GENE PANEL TEST FOR GENETIC VARIATIONS IN HR+, HER2- MBC COULD INFORM MORE EFFECTIVE TREATMENT STRATEGIES, ESPECIALLY FOR BREAST CANCER TYPES THAT ARE MORE PREVALENT IN RACIAL/ETHNIC MINORITIES. THE GOAL OF THIS PROJECT IS TO CHARACTERIZE THE IMPACT OF GENETIC VARIATION ON MBC SURVIVAL AND DISPARATE OUTCOMES, AND TO DEVELOP MORE PERSONALIZED TREATMENTS THAT COULD IMPACT CLINICAL OUTCOMES AMONG A RACIALLY DIVERSE PATIENT POPULATION.</p> <p>SRINIVAS MALLADI, PH.D., OF THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER WILL STUDY AND TARGET DORMANT BREAST CANCER CELLS TO PREVENT THEM FROM RECURRING AND METASTASIZING TO THE BRAIN AND INTERACTING WITH BRAIN CELLS CALLED ASTROCYTES. BY ANALYZING HOW ASTROCYTES NOURISH NEIGHBORING BREAST CANCER CELLS IN THE BRAIN WITH FATTY ACIDS, THE GOAL IS TO EVALUATE THE IMPACT OF TARGETING THE CREATION OF THESE FATTY ACIDS TO PREVENT METASTATIC RECURRENCE.</p> <p>LEADERSHIP GRANTS: MELINDA TELLI, M.D., OF STANFORD UNIVERSITY WILL CONDUCT TWO CLINICAL TRIALS USING LIQUID BIOPSY TO TEST FOR CIRCULATING TUMOR DNA, AN INDICATOR OF RISK FOR RELAPSE IN PATIENTS WITH TRIPLE NEGATIVE BREAST CANCER (TNBC). THE HOPE IS THAT THIS LIQUID BIOPSY TECHNIQUE CAN BE USED TO MONITOR PATIENTS WHO ARE AT HIGHER RISK FOR A TNBC RELAPSE AND ALLOW FOR BETTER, MORE PERSONALIZED TREATMENTS.</p> <p>LAJOS PUSZTAI, M.D., OF YALE CANCER CENTER WILL TEST AN INNOVATIVE NEW TOOL FOR MEASURING TUMOR GROWTH, A NEW BIOMARKER FOR TRIPLE NEGATIVE BREAST CANCER (TNBC) TREATMENT GUIDANCE AND A NEW ANTI-CANCER THERAPY TARGETING CANCER METABOLISM. DR. PUSZTAI HOPES TO IMPROVE TNBC OUTCOMES AND PREVENT RECURRENCE OF METASTATIC TUMORS THROUGH THIS WORK.</p> <p>JULIE PALMER, SC.D., M.P.H., OF BOSTON UNIVERSITY WILL CONDUCT A STUDY THAT WILL USE TUMOR SAMPLES AND PSYCHOSOCIAL STRESS DATA FROM WOMEN ENROLLED IN THE BLACK WOMEN'S HEALTH STUDY TO DEMONSTRATE HOW PSYCHOSOCIAL STRESS IMPACTS BREAST CANCER BIOLOGY AND OUTCOMES. THE GOAL OF THIS PROJECT IS TO UNDERSTAND HOW PSYCHOSOCIAL STRESS INFLUENCES BREAST CANCER AND TO IDENTIFY POTENTIAL INTERVENTIONS TO REDUCE PSYCHOSOCIAL STRESS, AND TO REDUCE DISPARITIES IN BREAST CANCER MORTALITY FOR BLACK WOMEN.</p> <p>KOMEN SCIENTIFIC ADVISORY BOARD MEMBER KORNELIA POLYAK, M.D., PH.D., OF DANA FARBER CANCER INSTITUTE WILL DETERMINE HOW THE SIGNALING OF THE PROTEIN TRANSFORMING GROWTH FACTOR BETA (TGF) MAY CONTRIBUTE TO EARLY BREAST CANCER DEVELOPMENT, INCLUDING A SMALL MUTATION THAT IS MORE PREVALENT IN AFRICAN AMERICAN WOMEN. THIS RESEARCH WILL HELP TO IDENTIFY AT-RISK POPULATIONS AND POTENTIAL THERAPEUTIC TARGETS, WITH THE GOAL OF BETTER UNDERSTANDING AND ENDING BREAST CANCER HEALTH DISPARITIES AMONG AFRICAN AMERICAN WOMEN.</p> <p>YIBIN KANG, PH.D., OF PRINCETON UNIVERSITY WILL INVESTIGATE WHETHER THE ENZYME ALDH1A2 COULD BE A THERAPEUTIC TARGET FOR PREVENTING BREAST CANCER PROGRESSION. THE GOAL OF THIS RESEARCH IS TO BETTER UNDERSTAND THE IMMUNE SYSTEM'S IMPACT ON BREAST CANCER DEVELOPMENT AND TREATMENT WHILE ALSO EXPLORING THE THERAPEUTIC POTENTIAL OF ALDH1A2 AS A NEW TARGET TO ELIMINATE BREAST TUMORS AND METASTASIS.</p> <p>SOHRAB SHAH, PH.D., OF MEMORIAL SLOAN-KETTERING CANCER CENTER WILL PERFORM A STUDY USING TRIPLE-NEGATIVE BREAST CANCER (TNBC) TUMOR DNA AND LIQUID BIOPSY SAMPLES TO OBSERVE HOW IMMUNE CELLS AND TUMOR DNA MUTATIONS CAN EVOLVE OVER TIME WITH TREATMENT OR DISEASE PROGRESSION. THE GOAL OF THIS PROJECT IS TO DEVELOP A PREDICTIVE MODEL THAT CAN IDENTIFY THE OPTIMAL TIMEFRAME FOR INTERVENTION AFTER NEOADJUVANT CHEMOTHERAPY FOR TNBC PATIENTS THAT ARE AT THE HIGHEST RISK OF RELAPSE.</p> <p>STEFFI OESTERREICH, PH.D., OF UNIVERSITY OF PITTSBURGH WILL UNCOVER THE EVOLUTION OF ESTROGEN RECEPTOR POSITIVE (ER+) PRIMARY CANCER TO METASTATIC RECURRENCE USING TISSUE SAMPLES AND LIQUID BIOPSY, AND TO CREATE GUIDELINES FOR A RAPID AUTOPSY PROGRAM TO BETTER UNDERSTAND METASTATIC DISEASE. THIS WORK WILL CREATE RICH DATASETS FOR OTHER RESEARCHERS AND UNCOVER BETTER TREATMENT OPTIONS FOR PREVENTING THE RECURRENCE OF METASTATIC TUMORS.</p> <p>AMELIE RAMIREZ, DR.P.H., M.P.H., OF THE UNIVERSITY OF TEXAS HEALTH SCIENCES CENTER AT SAN ANTONIO WILL STUDY THE IMPACT OF A CULTURALLY ADAPTED, HOLISTIC BREAST CANCER SURVIVORSHIP PROGRAM ON LATINA BREAST CANCER SURVIVORS THAT INCLUDES YOGA, MEDITATION AND DIETARY GUIDANCE. THE GOAL OF THIS PROJECT IS TO IDENTIFY WHETHER A HOLISTIC SURVIVORSHIP PROGRAM CAN IMPROVE THE QUALITY OF LIFE AND HEALTH OUTCOMES FOR LATINA BREAST CANCER SURVIVORS.</p> <p>ALANA WELM, PH.D., OF THE UNIVERSITY OF UTAH WILL RESEARCH A MOLECULE CALLED SHORT FORM OF RON (SFRON) THAT IS CURRENTLY BEING STUDIED IN CLINICAL TRIALS AS A THERAPEUTIC TARGET TO BLOCK BREAST CANCER TUMOR AND METASTASIS GROWTH. DR. WELM WILL STUDY SFRON TO DETERMINE HOW IT FUNCTIONS IN METASTASIS, AND THE ANTI-TUMOR IMMUNE RESPONSE OF THE BODY. THE GOAL OF THIS PROJECT IS TO IDENTIFY HOW SFRON AND THE IMMUNE SYSTEM MAY BE HARNESSSED TO DEVELOP MORE EFFECTIVE TREATMENTS FOR PATIENTS WITH METASTATIC BREAST CANCER.</p> <p>LEADERSHIP GRANTS - NEW KOMEN SCHOLARS: ALLISON KURIAN, M.D., OF STANFORD UNIVERSITY WILL TEST AN ETHNICALLY DIVERSE STUDY GROUP OF PATIENTS USING A NEW LIQUID BIOPSY TECHNIQUE THAT CAN DETECT PRIMARY AND RECURRENT BREAST CANCER AT AN EARLIER STAGE USING LESS GENETIC MATERIAL. THE GOAL OF THIS PROJECT IS TO IDENTIFY WHICH PATIENT POPULATIONS COULD BENEFIT FROM EARLIER BREAST CANCER DETECTION USING THIS NEW STRATEGY.</p>

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	<p>SUNIL BADVE, M.D., FRCPATH, OF EMORY UNIVERSITY WILL STUDY THE STRUCTURAL DIVERSITY OF BREAST CANCER PATIENT TUMOR CELLS AND THEIR RESISTANCE TO TREATMENTS THAT USE CDK 4/6 INHIBITORS, AND TO USE THIS DATA TO DEVELOP NEW THERAPEUTIC STRATEGIES TO PREVENT RESISTANCE AND RECURRENCE</p> <p>NANCY LIN, M.D., OF DANA FARBER CANCER INSTITUTE WILL EXPLORE WAYS TO IMPROVE THE EFFECTIVENESS OF ANTIBODY-DRUG CONJUGATES FOR PATIENTS WITH METASTATIC BREAST CANCER (MBC). BY USING TISSUE AND PLASMA SAMPLES FROM PATIENTS TREATED WITH THESE DRUGS, DR. LIN AIMS TO UNCOVER HOW TO PREVENT RESISTANCE TO THESE THERAPIES OVER TIME AND IMPROVE LONG-TERM TREATMENT OUTCOMES FOR MBC PATIENTS.</p> <p>SARA M. TOLANEY, M.D., M.P.H., OF DANA FARBER CANCER INSTITUTE WILL TEST THE ABILITY OF AN ANTIBODY-DRUG CONJUGATE DRUG CALLED SACITUZUMAB GOVITECAN (SG) TO INCREASE RESPONSIVENESS TO PEMBROLIZUMAB TREATMENT IN METASTATIC TRIPLE NEGATIVE BREAST CANCER AND HR+/HER2- METASTATIC BREAST CANCER PATIENTS. THIS RESEARCH WILL HELP DETERMINE WHETHER COMBINATION THERAPY USING BOTH SG AND PEMBROLIZUMAB COULD IMPROVE LONG-TERM SURVIVAL OUTCOMES FOR MBC PATIENTS.</p> <p>CYNTHIA MA, M.D., PH.D., OF WASHINGTON UNIVERSITY WILL PERFORM A STUDY USING PATIENT TUMOR SAMPLES COLLECTED POST-SURGERY AND FOLLOWING ENDOCRINE THERAPY TO IDENTIFY GENETIC CHANGES AND MECHANISMS OF ENDOCRINE RESISTANCE. DR. MA HOPES THAT THIS DATA WILL HELP TO IDENTIFY WHICH PATIENTS MAY DEVELOP RESISTANCE TO ENDOCRINE THERAPY AND GUIDE THE DEVELOPMENT OF MORE PERSONALIZED TREATMENTS THAT WILL SAVE LIVES.</p> <p>JORGE REIS-FILHO, M.D., PH.D., FRCPATH, OF MEMORIAL SLOAN-KETTERING CANCER CENTER WILL INVESTIGATE HOW DEFECTS TO DNA REPAIR PROCESSES CAUSE INCREASED INSTABILITY AND RESISTANCE TO ANTI-ESTROGEN THERAPY IN ESTROGEN RECEPTOR POSITIVE (ER+) BREAST CANCER CELLS. THIS RESEARCH WILL PROVIDE VALUABLE INSIGHT INTO THE EVOLUTION OF THERAPEUTIC RESISTANCE OF ER+ BREAST CANCER CELLS THAT CAN BE USED FOR FUTURE DEVELOPMENT OF MORE EFFECTIVE TREATMENTS.</p> <p>SCIENTIFIC ADVISORY BOARD MEMBER ADRIAN LEE, PH.D., OF THE UNIVERSITY OF PITTSBURGH WILL DEVELOP AND CHARACTERIZE A LIVING BIOBANK FROM VARIOUS NORMAL AND BREAST CANCER SPECIMENS DERIVED FROM PATIENT SAMPLES. THIS BIOBANK WILL SERVE AS A PUBLIC RESOURCE FOR RESEARCHERS WITH A FOCUS ON DIVERSITY IN RACE (ANCESTRY) AND BREAST CANCER SUBTYPES AND WILL ACCELERATE RESEARCH LEADING TO NEW INSIGHTS IN DRUG RESISTANCE AND PROGRESSION, NEW THERAPEUTIC TARGETS, AND IMPROVED CLINICAL OUTCOMES.</p> <p>ANGELA DEMICHELE, M.D., M.S.C.E., OF THE UNIVERSITY OF PENNSYLVANIA WILL INVESTIGATE MINIMAL RESIDUAL DISEASE AND DORMANT TUMOR CELLS BY USING NEW ASSAYS TO DETECT DISSEMINATED TUMOR CELLS AND CTDNA IN PATIENT TUMOR AND BLOOD SAMPLES. SHE WILL IDENTIFY AT-RISK PATIENTS, DIFFERENTIATE BETWEEN DORMANT AND REACTIVATED BREAST CANCER CELLS, AND MORE ACCURATELY EVALUATE THE IMPACT OF TREATMENTS ON DORMANT CELLS, WITH THE GOAL OF PREVENTING METASTATIC BREAST CANCER RECURRENCE AND DEATH AND IMPROVING THE QUALITY OF LIFE FOR SURVIVORS.</p>

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<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>MARIANA CHAVEZ MACGREGOR, M.D., M.SC., FASCO, OF THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER WILL STUDY THE SOCIAL AND POLICY-LEVEL FACTORS THAT AFFECT BREAST CANCER PATIENTS FROM UNDERSERVED POPULATIONS WHO FREQUENTLY ENCOUNTER MORE BARRIERS TO SUCCESSFUL TREATMENT THAN OTHER PATIENTS. THE GOAL IS TO IDENTIFY WHAT FACTORS CREATE THESE DISPARITIES AND DEVELOP STRATEGIES THAT WILL STRENGTHEN THE QUALITY OF CARE AND IMPROVE TREATMENT OUTCOMES FOR UNDERSERVED PATIENTS.</p> <p>MBC COLLABORATIVE RESEARCH INITIATIVE MELISSA TROESTER M.D., PH.D. AND TERRY HYSLOP PH.D. ARE COLLABORATING ON A PROPOSAL TO LEVERAGE HIGH QUALITY, INDIVIDUAL-LEVEL TUMOR BIOLOGY AND SOCIAL DETERMINANTS OF HEALTH DATA IN THE CAROLINA BREAST CANCER STUDY (CBCS) DATA TOGETHER WITH COMMUNITY-LEVEL VARIABLES TO EVALUATE HOW STRESS CONTRIBUTES TO HIGHER METASTASIS AND WORSE BREAST CANCER OUTCOMES IN BLACK WOMEN WHEN COMPARED TO WHITE WOMEN.</p> <p>ZACH HARTMAN PH.D. AND BENJAMIN VINCENT M.D. WILL WORK TOGETHER ON A PROPOSAL TO DETERMINE HOW TO MAKE METASTATIC TRIPLE-NEGATIVE BREAST CANCERS MORE SENSITIVE TO IMMUNOTHERAPIES. THE COLLABORATORS PROPOSE A METHOD OF STIMULATING THE ANTI-TUMOR RESPONSE WITH VACCINE TECHNOLOGIES TO INDUCE A SUSTAINABLE, ROBUST, AND BROAD STIMULUS TO THE INNATE IMMUNE SYSTEM THAT WILL BE TESTED FOR THE ABILITY TO ELIMINATE DISTANT METASTASIS.</p> <p>JENIFER FREEDMAN PH.D., STEVEN PATIERNO PH.D., AND KATIE HOADLEY, PH.D. ARE COLLABORATING TO INVESTIGATE DIFFERENCES IN BREAST CANCER OUTCOME BY RACE AS BLACK WOMEN SUFFER DISPROPORTIONATELY AND WITH OFTEN A WORSE PROGNOSIS. THE STUDY LEADERS IDENTIFIED BIOLOGICAL DIFFERENCES IN CANCER BETWEEN AFRICAN AND EUROPEAN ANCESTRY THAT RESULTED FROM A PROCESS CALLED SPLICING. THE RESEARCHERS IN THIS PROPOSAL SEEK TO DETERMINE IF THESE DIFFERENCES CAUSE BREAST CANCER CELLS TO GROW AND SPREAD MORE QUICKLY.</p> <p>OPPORTUNITY GRANTS:</p> <p>MONICA M. BERTAGNOLLI, M.D., OF THE ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY WILL RECEIVE \$249,429 TO PERFORM A GENOMIC ANALYSIS OF PAIRED GERMLINE AND PRE-TREATMENT TUMOR SAMPLES FROM POSTMENOPAUSAL WOMEN WITH STAGE 2 AND 3 ER+/HER2-NEGATIVE (HER2-) BREAST CANCER COLLECTED THROUGH THE ALTERNATE TRIAL. THE GOAL IS TO ESTIMATE THE EFFECT OF GENE MUTATIONS ON ENDOCRINE THERAPY RESISTANCE, DEVELOP BIOMARKER TESTS TO DETECT RESIDUAL DISEASE AND ADVANCE PRECISION MEDICINE CAPABILITIES IN THE FIELD OF ER+ BREAST CANCER.</p> <p>ETTA D. PISANO, M.D., OF THE ECOG-ACRIN CANCER RESEARCH GROUP WILL BE AWARDED \$247,248 TO IMPLEMENT WAYS TO IMPROVE AFRICAN-AMERICAN PARTICIPATION IN THE TOMOSYNTHESIS MAMMOGRAPHIC IMAGING SCREENING TRIAL (TMIST) BIOSPECIMEN SUB-STUDY THROUGH THE DEVELOPMENT AND DISSEMINATION OF EDUCATIONAL MATERIALS HIGHLIGHTING THE IMPORTANCE OF PARTICIPATION IN BIOSPECIMEN RESEARCH. THIS PROJECT WILL INCREASE THE DIVERSITY OF PATIENT SAMPLES IN THE EXISTING BIOBANK THAT WILL BE USED TO SUPPORT FUTURE STUDIES FOCUSED ON BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT INTERVENTIONS.</p> <p>NADINE M. TUNG, M.D., OF THE ECOG-ACRIN CANCER RESEARCH GROUP WILL BE AWARDED \$249,256 TO EXPAND RESEARCH QUESTIONS IN THE COMPASSHER2 PCR TRIAL TO DETERMINE WHETHER UNIQUE BIOMARKERS IDENTIFIED IN STAGE 2 OR 3 HER2-POSITIVE (HER2+) BREAST CANCER PATIENT TUMOR SAMPLES CAN BE USED TO PREDICT OUTCOMES OF PRE-SURGERY THERAPY. THE GOAL OF THIS PROJECT IS TO PROVIDE DATA THAT CAN BE USED TO PERSONALIZE TREATMENT DECISIONS, IMPROVE QUALITY OF LIFE, AND OPTIMIZE TREATMENTS FOR PATIENTS DIAGNOSED WITH HER2+ BREAST CANCER.</p> <p>ANNA MARIA V. STORNILO, M.D., OF INDIANA UNIVERSITY (IU) WILL RECEIVE TWO OPPORTUNITY GRANTS TOTALING \$1,803,000 TO SUPPORT THE SUSAN G. KOMEN TISSUE BANK (KTB) AT THE IU SIMON CANCER CENTER, THE WORLD'S ONLY BIOREPOSITORY OF NORMAL BREAST TISSUE. THESE GRANTS SUPPORT THE COLLECTION AND STORAGE OF BIOSAMPLES, INCLUDING WHOLE BLOOD, DNA, SERUM, PLASMA, AND HEALTHY BREAST TISSUE FROM WOMEN NOT KNOWN TO HAVE BREAST CANCER, AS WELL AS THE DISTRIBUTION OF THE SAMPLES TO RESEARCHERS WORLDWIDE. ACCESS TO THESE NORMAL TISSUE SAMPLES PROVIDE RESEARCHERS THE OPPORTUNITY TO UNDERSTAND THE CHANGES THAT HAPPEN IN A NORMAL BREAST AND HOW THESE MOLECULAR MECHANISMS ARE ALTERED IN THE MALIGNANT PROCESS.</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 & CAREGIVER SECTIONS OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER CANCER INSTITUTE STAFF, RECEIVED NEARLY 3 MILLION PAGE VIEWS DURING FY22.</p> <p>KOMEN LAUNCHED THE CLINICAL TRIALS INITIATIVE ON KOMEN.ORG WITH THE GOAL OF EDUCATING PEOPLE ABOUT THE ROLE CLINICAL TRIALS, INCLUDING THOSE FROM UNDER-REPRESENTED POPULATIONS, AND EMPOWERING PEOPLE WITH INFORMATION ON TRIALS AND RESOURCES, INCLUDING OUR CLINICAL TRIALS HELPLINE. THE RESOURCES HELP TO ENSURE</p>

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	<p>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 FACTSHEETS, C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS, AND D) TOOLKITS FOR BREAST CANCER OUTREACH AND EDUCATION FOR HISPANIC/LATINO IN ENGLISH AND SPANISH, FOR BLACK AND AFRICAN AMERICAN COMMUNITIES AND FOR LESBIANS, BISEXUAL WOMEN AND TRANSGENDER AND QUESTIONING/QUEER PEOPLE.</p> <p>IN ADDITION, IN FY22 KOMEN CONTINUED TO SUPPORT THE METASTATIC BREAST CANCER (MBC) COMMUNITY BY HOSTING 25 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.</p> <p>PATIENT SUPPORT</p> <p>AT KOMEN, WE ARE FOCUSED ON SAVING LIVES BY REMOVING BARRIERS AND ENSURING ALL PEOPLE RECEIVE THE CARE THEY NEED THROUGH KOMEN'S PATIENT CARE CENTER. OFFICIALLY LAUNCHED IN FY22, THE KOMEN PATIENT CARE CENTER IS A SUITE OF INTEGRATED DIRECT PATIENT PROGRAMS THAT ENSURE NO ONE FACES BREAST CANCER ALONE. THE PATIENT CARE CENTER PROGRAMS AND SERVICES INCLUDE THE BREAST CARE HELPLINE, SCREENING & DIAGNOSTICS PROGRAM, FINANCIAL ASSISTANCE PROGRAM, AND PATIENT NAVIGATION, ALL OF WHICH PROVIDE SUPPORT AND RESOURCES FOR PEOPLE IN LOCAL COMMUNITIES ACROSS THE COUNTRY. KOMEN'S PROGRAMS AND SERVICES REMOVE BARRIERS TO CARE AND WORK SEAMLESSLY TOGETHER SO A PERSON CAN ACCESS ALL THE PROGRAMS THROUGH ONE CENTRAL SOURCE.</p> <p>THE OVERARCHING GOAL OF OUR PATIENT CARE CENTER IS TO SAVE LIVES BY ENSURING PATIENTS STAY IN THE BREAST CANCER CONTINUUM OF CARE, OVERCOME BARRIERS AND CHALLENGES TO HIGH-QUALITY BREAST CARE SERVICES, COMPLETE TREATMENT, AND HAVE A HIGH QUALITY OF LIFE AND IMPROVED LONG-TERM OUTCOMES. THE PATIENT CARE CENTER SERVED ALMOST 27,000 PEOPLE IN FY22.</p> <p>METASTATIC BREAST CANCER COLLABORATIVE RESEARCH INITIATIVE 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>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED</p>	<p>INFLAMMATORY BREAST CANCER COLLABORATIVE 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 WAS SUBMITTED FOR PUBLICATION.</p> <p>BIG DATA FOR BREAST CANCER 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 BREAST CANCER 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. ADDITIONALLY, KOMEN SUPPORTS DATA SCIENCE PROJECTS TO IMPROVE BREAST CANCER OUTCOMES AND SAVE LIVES.</p> <p>PUBLIC POLICY AND ADVOCACY SUSAN G. KOMEN IS THE NONPARTISAN VOICE OF MORE THAN 3.8 MILLION BREAST CANCER SURVIVORS, THOSE LIVING WITH THE DISEASE AND 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. THROUGH OUR CENTER FOR PUBLIC POLICY, KOMEN ENSURES THAT OUR POLICYMAKERS ARE EDUCATED ABOUT THE NEEDS OF BREAST CANCER PATIENTS AND PRIORITIZE THE ISSUES IMPACTING THEM. ONLY THROUGH INFORMED GOVERNMENT ACTION CAN WE MAKE THE BROAD, SYSTEMIC AND LASTING CHANGE REQUIRED.</p> <p>KOMEN'S 2021-2022 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>
<p>FORM 990, PART VI, LINE 1A - EXECUTIVE COMMITTEE</p>	<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>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	KOMEN'S CONFLICT OF INTEREST POLICY REQUIRES EVERY BOARD MEMBER, OFFICER, COMMITTEE MEMBER, ADVISORY BOARD MEMBER, AND EMPLOYEE TO AVOID CONFLICTS OF INTEREST. IT ALSO REQUIRES THESE PERSONS TO REPORT ANY ACTUAL AND/OR POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE. REPORTS ARE REVIEWED BY THE GENERAL COUNSEL'S OFFICE AND/OR AUDIT COMMITTEE, AND APPROPRIATE ACTION IS TAKEN PURSUANT TO THE CONFLICT OF INTEREST POLICY. FURTHER, KOMEN PRODUCES AN ANNUAL SURVEY REQUIRING ALL BOARD MEMBERS, OFFICERS, COMMITTEE MEMBERS, ADVISORY BOARD MEMBERS, AND EMPLOYEES TO REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY ADDITIONAL ACTUAL/POTENTIAL CONFLICTS OF INTEREST. THESE ANNUAL DISCLOSURES ARE REVIEWED IN THE SAME MANNER. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES, AND REVIEWS ALL REPORTED ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND THE RELATED ACTION TO ADDRESS THEM.
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 2022, 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 2022, 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	CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
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.

Return Reference - Identifier	Explanation							
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 TWO 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 FOCUSED ON ITS PRIMARY FOCUS ON METASTATIC BREAST CANCER AND UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES BETWEEN BLACK AND WHITE PATIENTS. DESPITE THE ECONOMIC UNCERTAINTY AND CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN AWARDED \$21 MILLION IN NEW RESEARCH AWARDS.</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="467 789 1304 816">(a) Description</th> <th data-bbox="1312 789 1515 816">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 827 1304 854">RESCINDED GRANTS</td> <td data-bbox="1312 827 1515 854">589,946</td> </tr> <tr> <td data-bbox="467 865 1304 892">EVENT COST RECLASS</td> <td data-bbox="1312 865 1515 892">27,703</td> </tr> </tbody> </table>		(a) Description	(b) Amount	RESCINDED GRANTS	589,946	EVENT COST RECLASS	27,703
(a) Description	(b) Amount							
RESCINDED GRANTS	589,946							
EVENT COST RECLASS	27,703							

The Susan G Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2022

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

	<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>	
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 13770 Noel Road, Suite 801889, Dallas, TX 75380						
1	-	-	-	2,743	2,743	AR101
Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 71-0724439						
2	-	-	-	8,421	8,421	TX101
Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966						
3	-	-	-	165,318	165,318	LA101
Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972						
4	-	-	-	6,220	6,220	ID100
Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965						
5	-	-	-	14,715	14,715	IN101
Central Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2941627						
6	-	-	-	778,103	778,103	TN105
Central Tennessee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 62-1671774						
7	-	-	-	43,897	43,897	VA100
Central Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844659						
8	-	-	-	1,079,052	1,079,052	NC100
Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959						
9	-	-	-	99,936	99,936	IL101
Chicagoland Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 36-4111723						
10	-	-	-	199,947	199,947	GA102
Coastal Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644						
11	-	-	-	6,606	6,606	OH102
Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844651						
12	-	-	-	70,967	70,967	TX102
Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2444724						
13	-	-	-	3,235	3,235	CO102
Denver Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1199858						
14	-	-	-	254,091	254,091	IN100
Evansville Tri-State Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632						
15	-	-	-	5,806	5,806	MI103
Greater Detroit Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627						
16	-	-	-	457,163	457,163	GA100
Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 58-1959763						

17	Greater Fort Worth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2445070	-	-	-	9,398	9,398	TX104
18	Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	-	-	-	(1,604)	(1,604)	MO101
19	Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	-	-	-	24,335	24,335	NY104
20	Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	599,873	599,873	HI100
21	Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 76-0360372	-	-	-	(3,995)	(3,995)	TX105
22	Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964	-	355	355	575,504	575,859	CA103
23	Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	-	-	-	20,752	20,752	IA103
24	Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	676	676	KY101
25	Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	-	-	22,303	22,303	TN103
26	Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064	-	-	-	70,726	70,726	CA104
27	Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844655	-	-	-	135,626	135,626	SC100
28	Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 52-2053491	-	-	-	122,733	122,733	MD100
29	Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 37-1286285	-	-	-	805,093	805,093	IL102
30	Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	177,062	177,062	TN104
31	Miami-Ft Lauderdale Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	6,177	6,177	FL103
32	Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844631	-	-	-	406,342	406,342	MI101
33	Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 41-1924790	-	-	-	65,508	65,508	MN101
34	Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844650	-	-	-	544,006	544,006	MO102

35	NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845066	-	-	-	128,202	128,202	NC101
36	Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 26-0056671	-	-	-	167,242	167,242	NE100
37	Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 88-0372386	-	-	-	334,395	334,395	NV100
38	New Orleans Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1222127	-	-	-	298,488	298,488	LA102
39	North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2356437	-	-	-	4,430	4,430	TX107
40	Northeast Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 34-1793460	-	-	-	40,391	40,391	OH101
41	Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063	-	-	-	88,220	88,220	OH103
42	Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0487943	-	-	-	565,784	565,784	CA100
43	Oregon & Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 93-1068897	-	-	-	48,668	48,668	OR100
44	Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845062	-	-	-	102,553	102,553	AR100
45	Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 81-0665396	-	-	-	195,570	195,570	PA101
46	Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-1624040	-	-	-	96,503	96,503	WA100
47	Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3169358	-	-	-	22,807	22,807	CA101
48	San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 74-2856696	-	-	-	226,912	226,912	TX108
49	San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911	-	-	-	814	814	CA105
50	San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3047626	-	-	-	47,325	47,325	CA106
51	South Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 65-0254225	-	-	-	7,387	7,387	FL105
52	Southeast Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844639	-	-	-	6,015	6,015	WI101
53	Southern New England Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	-	-	-	3,302	3,302	CT100

EIN # 75-2844629

54	Southwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	6,336	6,336	OH100
55	Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854974	-	-	-	527,583	527,583	OK101
56	Virginia Blue Ridge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2619425	-	-	-	34,793	34,793	VA101
57	Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	-	-	424,385	424,385	NY100

Totals - Affiliates	<u>-</u>	<u>355</u>	<u>355</u>	<u>10,154,840</u>	<u>10,155,196</u>
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Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	26,906	178,091	204,997	88,434,283	88,639,280
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Totals for Parent and Affiliates	<u>26,906</u>	<u>178,447</u>	<u>205,353</u>	<u>98,589,124</u>	<u>98,794,477</u>
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