

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Form 990

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

Form header section containing organization name (THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP), address (13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380), principal officer (PAULA SCHNEIDER), tax-exempt status (501(c)(3)), website (WWW.KOMEN.ORG), and form type (Corporation).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for mission statement, governance (3 voting members, 3 independent members), revenue (Total revenue: 8,992), expenses (Total expenses: 34,366), and net assets (Total assets: 81,584).

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.

Signature block containing officer signature (PAULA SCHNEIDER, PRESIDENT AND CEO), preparer signature (KATHY PITTS), date (11/15/23), and firm information (ERNST & YOUNG U.S. LLP).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SUSAN G. KOMEN'S MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES & INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT & 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? No

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

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 \$ 19,362. including grants of \$ 19,362.) (Revenue \$ NONE) PATIENT CARE: PROVISION OF BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS, THIRD-PARTY CONTRACTS AND DIRECTLY BY KOMEN, WITH 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 \$ 7,133. including grants of \$ NONE) (Revenue \$ NONE) RESEARCH PAYMENTS TO THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, PARENT (PARENT) TO FUND GRANTS TO RESEARCH INSTITUTIONS AND OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH 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. FUNDING FROM ORGANIZATIONS LIKE KOMEN AND ITS SUPPORTERS HAS PROVEN CRITICAL FOR ALL THESE ACTIVITIES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code:) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE) PUBLIC POLICY AND ADVOCACY: INITIATIVES THAT HAVE THE POTENTIAL TO IMPACT ALL PEOPLE TOUCHED BY BREAST CANCER, INCLUDING ACTIVITIES ADVOCATING FOR LEGISLATIVE, REGULATORY AND OTHER POLICY SOLUTIONS DESIGNED TO SUPPORT KEY PATIENT PROTECTIONS, EXPAND ACCESS TO HIGH-QUALITY CARE, AND FUND CRITICAL BREAST CANCER RESEARCH. SEE SCHEDULE O FOR DETAILS.

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

4e Total program service expenses 26,495.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a NONE		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8			
9 Sponsoring organizations maintaining donor advised funds.			
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?			
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? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17			
If "Yes," complete Form 6069.			

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RIA WILLIAMS, CFO 13770 NOEL ROAD, SUITE 801889 DALLAS, TX 75380

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHMENT 2A FOR PART VII	NONE	X		X				NONE	NONE	NONE
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							NONE	NONE	NONE	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							NONE	NONE	NONE	

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 **NONE**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **NONE**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,477.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		8,477.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		515.		515.	
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		NONE			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
			8a	NONE			
			b	Less: direct expenses	8b	NONE	
c	Net income or (loss) from fundraising events		NONE				
9a	Gross income from gaming activities. See Part IV, line 19						
		9a	NONE				
		b	Less: direct expenses	9b	NONE		
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances						
		10a	NONE				
		b	Less: cost of goods sold	10b	NONE		
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		8,992.		NONE	515.

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	19,362.	19,362.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	6,979.		6,979.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	892.		545.	347.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	7,133.	7,133.		
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	NONE			
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	34,366.	26,495.	7,524.	347.
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)	262.			262.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments.	104,979.	2	81,584.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	NONE	9	NONE
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation.	10b		10c
	11 Investments - publicly traded securities.	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	6,979.	15	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	111,958.	16	81,584.	
Liabilities	17 Accounts payable and accrued expenses.	NONE	17	NONE
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	5,000.	25	NONE
	26 Total liabilities. Add lines 17 through 25.	5,000.	26	NONE
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	106,958.	27	81,584.
	28 Net assets with donor restrictions.	NONE	28	NONE
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	106,958.	32	81,584.
33 Total liabilities and net assets/fund balances	111,958.	33	81,584.	

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	8,992.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,366.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,958.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	81,584.

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

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

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

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

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

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

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021 Schedule A; 16a 33 1/3% support test - 2022; 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (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

Table with 3 columns: Description, 2022, 2021. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2022, 2021. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2022. 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.
19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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		Yes	No
	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? <i>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.</i>		
	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? <i>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.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Table with 2 columns: Name of organization, Employer identification number. Row 1: THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP; 75-2462834

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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)	NONE	15,803.
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	NONE	277,717.
c	Total lobbying expenditures (add lines 1a and 1b)	NONE	293,520.
d	Other exempt purpose expenditures	26,842.	103,669,862.
e	Total exempt purpose expenditures (add lines 1c and 1d)	26,842.	103,963,382.
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	5,368.	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)	1,342.	250,000.
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
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) 2019	(b) 2020	(c) 2021	(d) 2022	(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	343,462.	175,742.	205,353.	293,520.	1,018,077.
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	86,368.	38,616.	26,906.	15,803.	167,693.

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 4 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

PART II-A - LOBBYING EXPENSES

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.

KOMEN'S 2022-2023 PUBLIC POLICY AND ADVOCACY PRIORITIES INCLUDED:
EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL PATIENT POPULATIONS; SUPPORTING INCREASED STATE AND FEDERAL FUNDING FOR BREAST CANCER RESEARCH AND INCREASED EDUCATION, UTILIZATION OF AND ACCESS TO CLINICAL TRIALS; SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; AND ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING.

IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR PUBLIC POLICY AND

Part IV Supplemental Information *(continued)*

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.

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.

PUBLIC INSPECTION COPY

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

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

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

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

Part II Conservation Easements.

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

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

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

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

Form with multiple sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

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 |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

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.)	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FINANCIAL STATEMENT DISCLOSURE

SCHEDULE D, PART X, LINE 2

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 FINANCIAL STATEMENTS AT MARCH 31, 2023.

**SCHEDULE N
(Form 990)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	WESTERN NEW YORK AFFILIATE	05/19/2022	NONE	ACTUAL COST	75-1835298	SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380	501(C)(3)
	PITTSBURGH AFFILIATE	05/19/2022	140,495.	ACTUAL COST	75-1835298	SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380	501(C)(3)
	ORANGE COUNTY AFFILIATE	07/22/2022	NONE	ACTUAL COST	75-1835298	SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380	501(C)(3)
	OKLAHOMA AFFILIATE	05/25/2022	2,937.	ACTUAL COST	75-1835298	SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380	501(C)(3)
	NORTHERN & CENTRAL CALIFORNIA AFFILIATE	03/20/2023	4,195.	ACTUAL COST	75-1835298	SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

	Yes	No
2a		X
2b		X
2c		X
2d		X

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

Schedule N (Form 990) 2022

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)?
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
4b If "Yes," did the organization provide such notice?
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
6a Did the organization have any tax-exempt bonds outstanding during the year?
6b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities.

Table with 3 columns: Question ID, Yes, No. Contains rows for questions 3, 4a, 4b, 5, 6a, and 6b with 'X' marks in the Yes or No columns.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Description of asset(s) distributed or transaction expenses paid, (b) Date of distribution, (c) Fair market value of asset(s) distributed or amount of transaction expenses, (d) Method of determining FMV for asset(s) distributed or transaction expenses, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section of recipient(s) (if tax-exempt) or type of entity.

- 2 Did or will any officer, director, trustee, or key employee of the organization:
a Become a director or trustee of a successor or transferee organization?
b Become an employee of, or independent contractor for, a successor or transferee organization?
c Become a direct or indirect owner of a successor or transferee organization?
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Table with 3 columns: Question ID, Yes, No. Contains rows for questions 2a, 2b, 2c, and 2d.

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

SCHEDULE N, PART I

THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. DISSOLVED EFFECTIVE MAY 19, 2022, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

PITTSBURGH AFFILIATE OF SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. DISSOLVED EFFECTIVE MAY 19, 2022, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

ORANGE COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION DISSOLVED EFFECTIVE JULY 22, 2022, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

SACRAMENTO VALLEY CHAPTER OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION DISSOLVED EFFECTIVE MARCH 20, 2023, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

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.

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.

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 OVER \$1.1 BILLION IN BREAST CANCER RESEARCH IN MORE THAN 2700 GRANTS AND 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,

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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Inspection**

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THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

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.

WITH THIS INVESTMENT, KOMEN IS SUPPORTING LABORATORY RESEARCH, TRANSLATIONAL STUDIES, AND CLINICAL TRIALS THAT ARE PAVING THE ROAD WITH SCIENTIFIC DISCOVERIES THAT ARE:

- UNRAVELLING THE BIOLOGY OF BREAST CANCER,
- LEADING TO THE DEVELOPMENT OF NEW BREAST CANCER DRUGS,
- DEVELOPMENT OF NEW TECHNOLOGIES AND TESTS, AND
- NEW INTERVENTIONS THAT ARE CHANGING THE STANDARD OF BREAST CANCER CARE AND IMPROVING THE DELIVERY OF THAT CARE.

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

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QUALITY OF LIFE.

RESEARCH

SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MANY MAJOR ADVANCES IN BREAST CANCER. 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.

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, AND DEVELOPING NOVEL THERAPIES FOR ALL STAGES OF BREAST CANCER, WITH THE GOAL OF SUPPORTING WORK THAT HAS SIGNIFICANT POTENTIAL TO LEAD TO NEW TREATMENTS AND TECHNOLOGIES.

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

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SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT.

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, CANADA, AND ZIMBABWE. 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.

WHILE AFFILIATES DO NOT FUND RESEARCH GRANTS DIRECTLY, A PORTION OF THE NET FUNDS RAISED BY EVERY AFFILIATE (APPROXIMATELY 25%) GOES TO SUPPORT THE RESEARCH PROGRAM AT KOMEN HEADQUARTERS. IN FY21, KOMEN AWARDED 4 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH IN THE UNITED STATES.

EDUCATION

KOMEN IS A TRUSTED SOURCE OF BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CONNECTING PEOPLE WITH THE

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RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER.

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 MORE THAN 4 MILLION PAGE VIEWS DURING FY23.

KOMEN AND ITS AFFILIATES DISTRIBUTE KOMEN'S EVIDENCED-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, BLACK AND AFRICAN AMERICAN COMMUNITIES AND LESBIANS, BISEXUAL WOMEN AND TRANSGENDER AND QUESTIONING/QUEER PEOPLE.

IN ADDITION, IN FY23 KOMEN CONTINUED TO SUPPORT THE METASTATIC BREAST CANCER (MBC) COMMUNITY BY HOSTING EVENTS THROUGH THE MBC IMPACT SERIES WHICH INCLUDES EVENTS HELD BY AFFILIATES. THESE EVENTS PROVIDED PEOPLE

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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. IN COMMUNITIES AROUND THE UNITED STATES, KOMEN AFFILIATES SUPPORT
PROGRAMS THAT SEEK TO EDUCATE THE PUBLIC ABOUT BREAST CANCER, ITS RISK
FACTORS, AND WHERE TO GO FOR HELP. EXAMPLES ARE LISTED BELOW:

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS CONT'D

PATIENT SUPPORT

FY23 MARKED THE CREATION OF THE SUSAN G. KOMEN PATIENT CARE CENTER. THE
OVERARCHING GOAL OF OUR PATIENT CARE CENTER OFFERINGS 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. WE SERVE TENS OF THOUSANDS OF INDIVIDUALS NATIONWIDE AND
PROVIDE A SUITE OF ESSENTIAL PATIENT SERVICES, INCLUDING ONE-ON-ONE
PERSONAL CONNECTION TO OFFER PSYCHOSOCIAL SUPPORT; RESOURCE NAVIGATION TO
LOCAL SERVICES; BREAST HEALTH EDUCATION; CONNECTION TO CLINICAL TRIALS;
AND FINANCIAL ASSISTANCE TO PATIENTS IN TREATMENT. THE PATIENT CARE
CENTER INCLUDES THE SUSAN G. KOMEN BREAST CARE HELPLINE, THE TREATMENT
ASSISTANCE PROGRAM, AND PATIENT NAVIGATION. THE CENTER SERVED OVER 17,000
PEOPLE IN FY23.

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

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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.

KOMEN'S 2022-2023 PUBLIC POLICY AND ADVOCACY PRIORITIES INCLUDED:

EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL PATIENT POPULATIONS; SUPPORTING INCREASED STATE AND FEDERAL FUNDING FOR BREAST CANCER RESEARCH AND INCREASED EDUCATION, UTILIZATION OF AND ACCESS TO CLINICAL TRIALS; SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; AND ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING. KOMEN ENGAGED ON THESE PRIORITIES ACROSS THE COUNTRY, SOME EXAMPLES ARE INCLUDED BELOW:

IN ARKANSAS, FLORIDA, GEORGIA, IOWA, KANSAS, MASSACHUSETTS, MINNESOTA, AND TEXAS KOMEN WORKED TO INTRODUCE LEGISLATION THAT ELIMINATED PATIENT'S OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING FOR STATE

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REGULATED HEALTH PLANS. COVERED IMAGING INCLUDES DIAGNOSTIC MAMMOGRAPHY,
BREAST ULTRASOUND AND/OR BREAST MRI.

KOMEN WORKED WITHIN NUMEROUS COALITIONS TO ADDRESS INSURANCE BARRIERS TO
CARE THROUGH LEGISLATION IN STATES ACROSS THE COUNTRY. THIS INCLUDES AN
EFFORT IN NEW JERSEY TO LIMIT OUT-OF-POCKET COSTS PATIENTS EXPERIENCE FOR
NEEDED TREATMENTS AND IN OHIO WHERE LEGISLATION WAS PASSED TO PROHIBIT
THE USE OF STEP THERAPY PROTOCOLS FOR THERAPIES USED BY STAGE FOUR CANCER
PATIENTS.

FUNDING AND ELIGIBILITY OF STATE BREAST AND CERVICAL CANCER SCREENING
PROGRAMS CONTINUED TO BE A FOCUS FOR KOMEN. IN COLORADO, OUR ADVOCATES
WERE ABLE TO PREVENT A 33 PERCENT CUT FOR THE WOMEN'S WELLNESS
CONNECTION, THE STATE SCREENING PROGRAM.

IN MISSOURI AND OKLAHOMA, WE SUPPORTED COALITION EFFORTS TO PASS BALLOT
INITIATIVES TO EXPAND MEDICAID ELIGIBILITY IN THE STATE.

KOMEN SUBMITTED COMMENT LETTERS ON PROPOSED STATE WAIVERS THAT WOULD
PLACE BURDENSOME RESTRICTIONS ON MEDICAID ELIGIBILITY. THE PROPOSED
WAIVERS CALLED FOR MINIMUM WORK OR COMMUNITY ENGAGEMENT REQUIREMENTS FOR
MEDICAID RECIPIENTS. IN ADDITION, MANY OF THE STATES INCLUDED COVERAGE
LOCK-OUTS FOR FAILURE TO COMPLY. THE PROPOSED PROVISIONS WOULD HAVE
PLACED UNNECESSARY BURDENS ON WOMEN UNDERGOING TREATMENT, ULTIMATELY
LEADING TO THE STATE'S MOST FRAGILE CITIZENS BECOMING INELIGIBLE FOR

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COVERAGE AND FACING THE REALITY OF FOREGOING CANCER TREATMENT OR
EXPERIENCING UNTOLD MEDICAL DEBT.

SCREENING AND PATIENT NAVIGATION

GETTING REGULAR SCREENING TESTS, ALONG WITH EFFECTIVE AND QUALITY
TREATMENT IF DIAGNOSED, LOWERS THE RISK OF DYING FROM BREAST CANCER.
SCREENING TESTS CAN FIND BREAST CANCER EARLY, WHEN CHANCES FOR SURVIVAL
ARE HIGHEST. PATIENT NAVIGATION IS A PROCESS BY WHICH AN INDIVIDUAL - A
PATIENT NAVIGATOR - GUIDES PATIENTS THROUGH AND AROUND BARRIERS IN THE
COMPLEX CANCER CARE SYSTEM. EVIDENCE SHOWS NAVIGATION IMPROVES ADHERENCE
TO SCREENING RECOMMENDATIONS, AND THUS IMPROVES OVERALL OUTCOMES.

KOMEN AFFILIATES SUPPORT FREE AND LOW-COST SCREENING PROGRAMS IN
UNDERSERVED COMMUNITIES THAT HELP NAVIGATE WOMEN TO QUALITY CARE, AND/OR
PROVIDE COVERAGE FOR SCREENING SERVICES TO WOMEN WITHOUT HEALTH
INSURANCE, OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE SCREENING
TOO COSTLY. KOMEN AFFILIATES ENGAGED IN SCREENING AND PATIENT NAVIGATION
ACTIVITIES ACROSS THE COUNTRY.

TREATMENT AND PATIENT NAVIGATION

BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER
OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATION
GROUPS. THE MOST COMMON BARRIERS TO QUALITY CARE INCLUDE: (1)

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AVAILABILITY OF LOCAL SERVICES; (2) BREAST CANCER EDUCATION; (3)
CULTURAL/LANGUAGE; (4) FEAR; (5) FINANCIAL; (6) INSURANCE; (7)
TRANSPORTATION.

PATIENT NAVIGATION IS A PROCESS BY WHICH AN INDIVIDUAL - A PATIENT
NAVIGATOR - GUIDES PATIENTS THROUGH AND AROUND BARRIERS IN THE COMPLEX
CANCER CARE SYSTEM TO ENSURE TIMELY DIAGNOSIS AND TREATMENT. EVIDENCE
SHOWS NAVIGATION IMPROVES ADHERENCE TO TREATMENT RECOMMENDATIONS, AND
THUS IMPROVES OVERALL OUTCOMES.

IN FY23, KOMEN AFFILIATES FUNDED PROGRAMS TO REDUCE STRUCTURAL, PERSONAL,
SOCIOCULTURAL, AND FINANCIAL BARRIERS TO CARE, AND PROVIDE PATIENT
NAVIGATION SERVICES FOR UNDERSERVED COMMUNITIES. KOMEN AFFILIATES ENGAGED
IN TREATMENT AND PATIENT NAVIGATION ACTIVITIES ACROSS THE COUNTRY.

FORM 990, PART VI, LINE 1A

NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY

THIS REPRESENTS THE TOTAL NUMBER OF BOARD MEMBERS THAT SERVE ON THE
BOARDS OF THE AFFILIATES THAT COMPRISE THE KOMEN GROUP RETURN.

FORM 990, PART VI, LINE 1A

EXECUTIVE COMMITTEE

THE MAJORITY OF KOMEN AFFILIATE BYLAWS (THE BYLAWS) PROVIDE FOR EXECUTIVE
COMMITTEES TO BE COMPRISED OF A MINIMUM OF THREE MEMBERS INCLUDING THE
BOARD PRESIDENT, TREASURER AND SECRETARY. MOST ALSO INCLUDE THE EXECUTIVE

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DIRECTOR OR CEO AS AN EX OFFICIO, NON-VOTING MEMBER OF THE COMMITTEE. ALL OTHER MEMBERS APPOINTED TO THIS COMMITTEE MUST BE BOARD DIRECTORS.

THE BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS THE POWER TO ACT IN PLACE OF THE BOARD OF DIRECTORS BETWEEN BOARD MEETINGS ON ALL MATTERS EXCEPT THOSE SPECIFICALLY RESERVED TO THE BOARD BY THE BYLAWS OR BY STATE LAW. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD AT THE NEXT BOARD MEETING. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW.

FORM 990, PART VI, LINE 7B

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY OTHER PERSONS

IN ADDITION TO RECEIVING APPROVAL FROM ITS BOARD OF DIRECTORS, A KOMEN AFFILIATE MUST RECEIVE THE APPROVAL OF KOMEN PARENT PRIOR TO AMENDING ITS ARTICLES OF INCORPORATION/ CERTIFICATE OF FORMATION AND BYLAWS. A KOMEN AFFILIATE IS ALSO SUBJECT TO ITS AFFILIATION AGREEMENT WITH KOMEN PARENT AND OTHER POLICIES PROMULGATED BY KOMEN PARENT.

FORM 990, PART VI, LINE 11B

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

AS PART OF THE YEAR END FINANCIAL STATEMENT AND FORM 990 PREPARATION PROCESS, THE MANAGEMENT OF EACH AFFILIATE PREPARES A WORKBOOK DETAILING KEY INFORMATION NECESSARY TO ACCURATELY COMPLETE THE GROUP FORM 990. THIS INFORMATION IS REVIEWED BY THE PARENT ORGANIZATION'S MANAGEMENT AND USED

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TO PREPARE THE MATERIALS FOR THE FORM 990 WITH THE ASSISTANCE OF AND
REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVELS OF THE PARENT
ORGANIZATION'S MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE
FORM 990, WHICH IS THEN PRESENTED TO THE KOMEN PARENT AUDIT COMMITTEE OF
THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM
990 PRIOR TO FILING. THE PUBLIC DISCLOSURE COPY OF THE GROUP FORM 990 IS
ALSO MADE AVAILABLE TO EACH AFFILIATE BOARD PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST

THE ORGANIZATION REQUIRES EVERY AFFILIATE BOARD MEMBER, COMMITTEE MEMBER,
KEY VOLUNTEER, 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. ADDITIONALLY, EACH OF THESE PERSONS IS
REQUIRED TO COMPLETE AN ANNUAL STATEMENT ACKNOWLEDGING THE POLICY AND
REPORTING ANY ADDITIONAL ACTUAL/POTENTIAL CONFLICTS OF INTEREST. ANY
REPORTED CONFLICTS ARE REVIEWED BY KOMEN AFFILIATE STAFF AND REPORTED TO
THE AFFILIATE'S BOARD OF DIRECTORS. EACH AFFILIATE BOARD IS RESPONSIBLE
FOR REVIEWING REPORTED ACTUAL/POTENTIAL CONFLICTS OF INTEREST AND TAKING
ANY NECESSARY AND APPROPRIATE ACTION, SUCH AS RECUSAL FROM DECISIONS
IMPACTED BY THE CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A AND 15B

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

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EACH KOMEN AFFILIATE IS INDEPENDENTLY RESPONSIBLE FOR DETERMINING THE
COMPENSATION FOR ITS CHIEF EXECUTIVE OFFICER, EXECUTIVE DIRECTOR, TOP
MANAGEMENT OFFICIALS, OTHER OFFICERS, OR KEY EMPLOYEES OF THE AFFILIATE.

THE GENERAL PROCESS IS AS FOLLOWS:

THE INDEPENDENT MEMBERS OF THE BOARD, A COMMITTEE OR DESIGNEE OF THE
BOARD RESEARCHES SALARY RANGES FOR COMPARABLE DESCRIPTIONS AND
ACCORDINGLY SETS THE SALARY TO A REASONABLE AND COMPARABLE LEVEL, TAKING
INTO CONSIDERATION FACTORS SUCH AS GEOGRAPHIC LOCATION, SKILL SET,
EXPERIENCE, AND JOB REQUIREMENTS. THE INDEPENDENT MEMBERS OF THE BOARD
BASE THEIR FINAL DECISION ON THIS INFORMATION, SUCH DECISION BEING MADE
PRIOR TO THE PAYMENT OF ANY COMPENSATION.

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN
PUBLIC

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND THE GROUP FORM 990
ARE PUBLICLY AVAILABLE AT WWW.KOMEN.ORG. THE ARTICLES OF
INCORPORATION/CERTIFICATION OF FORMATION ARE AVAILABLE IN THE STATE IN
WHICH EACH AFFILIATE IS INCORPORATED, AND OTHER GOVERNING DOCUMENTS ARE
MADE AVAILABLE AS REQUIRED BY STATE LAW. FORM 1023 IS NOT ONLINE BUT
AVAILABLE TO THE PUBLIC UPON REQUEST.

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(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

FORM 990, PART IX, LINE 1

ADDITIONAL DETAILS ON GRANTS

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.

OVER THE LAST THREE YEARS, KOMEN CONTINUED TO IMPLEMENT A SERIES OF CHANGES BEGUN IN 2020 TO STRENGTHEN ITS FINANCIAL AND OPERATIONAL POSITION IN RESPONSE TO THE CHANGING NEEDS OF THE BREAST CANCER COMMUNITY AND ECONOMIC CONDITIONS RESULTING FROM THE COVID-19 PANDEMIC. KOMEN HAS NEARLY COMPLETED THE CONSOLIDATION OF ALL OPERATIONS OF ITS INDEPENDENT AFFILIATES INTO ITS HEADQUARTERS ORGANIZATION, RESULTING IN A SINGLE ORGANIZATION. THIS CONSOLIDATION IS ENABLING KOMEN TO LEVERAGE THE COMBINED EXPERTISE OF ITS MISSION LEADERS TO DELIVER A UNITED MISSION PROGRAM, UTILIZING TECHNOLOGY AS A KEY DRIVER TO CONNECT TO PEOPLE WHO NEED TO ACCESS CARE WHERE THEY ARE AND TO HELP IMPROVE THE PATIENT EXPERIENCE, AS WELL AS RESULTED IN ADMINISTRATIVE AND OPERATIONAL EFFICIENCIES.

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

BETWEEN BLACK AND WHITE PATIENTS. DESPITE THE ECONOMIC UNCERTAINTY AND CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN AWARDED \$40 MILLION IN NEW RESEARCH AWARDS.

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.

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP	Employer identification number 75-2462834
--	---

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AR, CA, CO, CT,
 FL, GA, HI, IL, IN, KY, ME, MD, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 SC, TN, TX, VA, WA, WI,

PUBLIC INSPECTION COPY

Susan G. Komen Breast Cancer Foundation - Group
 Year Ended March 31, 2023

EIN: 75-2162834
 2022 Form 990

Part VII - Compensation of Officers, Directors, Key Employees and Five Highest Employees

BUID	Affiliate Name	Name	Title/Position	Avg Hours Per Week (Filing Org)	Avg Hours per Week (Related Org)	Individual Trustee or Director	Officer	Key Employee	Highest Compensated Employee	Reportable Compensation from the Organization	Reportable Compensation from Related Organization	Estimated Amount of Other Compensation
CA100	Orange County	Carrie Strom	Board Member	0.5	0		X			0	0	0
CA100	Orange County	Scott Sherman	President	0.5	0	X				0	0	0
CA100	Orange County	Carrie Swanson	Board Member	0.5	0	X				0	0	0
CA100	Orange County	DeVera Heard	Board Member	0.5	0	X				0	0	0
CA100	Orange County	January Lopez	Board Member	0.5	0	X				0	0	0
CA100	Orange County	Jaspreet Kaur	Secretary	0.5	0	X				0	0	0
CA100	Orange County	Rita Parvaneh	Treasurer	0.5	0	X				0	0	0
CA100	Orange County	Ralphie Giron	Board Member	0.5	0	X				0	0	0
CA100	Orange County	Rebecca Hultquist	Board Member	0.5	0		X			0	0	0
CA100	Orange County	Michael Waldman	Board Member	0.5	0		X			0	0	0
CA101	Northern and Central California	Lana Miller, RN	Board Member	0.5	0		X			0	0	0
CA101	Northern and Central California	Jenna Kieckhaefer	Board Member	0.5	0	X				0	0	0
CA101	Northern and Central California	Twa'Lea Jordan	Board Member	0.5	0	X				0	0	0
CA101	Northern and Central California	Shennel Beasley	Treasurer	0.5	0	X				0	0	0
CA101	Northern and Central California	James Farrell	President	0.5	0	X				0	0	0
CA101	Northern and Central California	Stephanie Landrum	Board Member	0.5	0	X				0	0	0
CA101	Northern and Central California	Dion Cooks	Vice President	0.5	0	X				0	0	0
CA103	Inland Empire	Paul Cramer	President	0.5	0	X				0	0	0
CA103	Inland Empire	Yundra Thomas	Board Member	0.5	0		X			0	0	0
CA103	Inland Empire	Eileen Hards	Board Member	0.5	0		X			0	0	0
CA103	Inland Empire	James Persinger	Board Member	0.5	0	X				0	0	0
CA103	Inland Empire	Stan Morrison	Board Member	0.5	0	X				0	0	0
CA103	Inland Empire	Sandra Finestone	Board Member	0.5	0	X				0	0	0
CA103	Inland Empire	Michelle DeArmond	Board Member	0.5	0	X				0	0	0
CA103	Inland Empire	Kevin Peete	Board Member	0.5	0	X				0	0	0
CA103	Inland Empire	Neil Slawson	Secretary	0.5	0	X				0	0	0
CA103	Inland Empire	Kendra Dockham	Treasurer	0.5	0	X				0	0	0
CA104	Los Angeles County	Mark Osmer	President	0.5	0	X				0	0	0
CA104	Los Angeles County	Amy Johnson	Board Member	0.5	0		X			0	0	0
CA104	Los Angeles County	Elvia Soukup	Board Member	0.5	0		X			0	0	0
CA104	Los Angeles County	Marveina Peters	Board Member	0.5	0	X				0	0	0
CA104	Los Angeles County	Nicole Wells	Board Member	0.5	0	X				0	0	0
CA104	Los Angeles County	Russell Ching	Board Member	0.5	0	X				0	0	0
CA104	Los Angeles County	Adrienne Lee	Board Member	0.5	0	X				0	0	0
CA104	Los Angeles County	Candice Witek	Board Member	0.5	0	X				0	0	0
CA104	Los Angeles County	Bradley Schmidt	Secretary	0.5	0	X				0	0	0
CA104	Los Angeles County	Jeff Thomas	Treasurer	0.5	0		X			0	0	0
CA104	Los Angeles County	Josh Neman	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Carl Pinkard	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Barbara Parker	Board Member	0.5	0		X			0	0	0
CA105	San Diego	James Fujiwara	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Karyn Cerulli	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Charles Larry Davis	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Lilian Vanviedt	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Trisha Millican	Board Member	0.5	0		X			0	0	0
CA105	San Diego	Pam Walton	Treasurer	0.5	0	X				0	0	0
CA105	San Diego	Merrilee Neal	President	0.5	0	X				0	0	0
CA105	San Diego	Christine Trimble	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Holly Chrzanowski Winter	Board Member	0.5	0	X				0	0	0
CA105	San Diego	Linda Amaro	Board Member	0.5	0	X				0	0	0

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Susan G. Komen Breast Cancer Foundation - Group
 Year Ended March 31, 2023

EIN: 75-2162834
 2022 Form 990

Part VII - Compensation of Officers, Directors, Key Employees and Five Highest Employees

BUID	Affiliate Name	Name	Title/Position	Avg Hours Per Week (Filing Org)	Avg Hours per Week (Related Org)	Individual Trustee or Director	Officer	Key Employee	Highest Compensated Employee	Reportable Compensation from the Organization	Reportable Compensation from Related Organization	Estimated Amount of Other Compensation
CA105	San Diego	Steven L. Chen	Board Member	0.5	0		X			0	0	0
CA106	San Francisco Bay Area	Carol Benz	Board Member	0.5	0		X			0	0	0
CA106	San Francisco Bay Area	Carol Batte	Board Member	0.5	0	X				0	0	0
CA106	San Francisco Bay Area	Patrick Barber	President	0.5	0		X			0	0	0
CA106	San Francisco Bay Area	Gail Haan DeMartini	Board Member	0.5	0	X				0	0	0
CA106	San Francisco Bay Area	Carrie Becks	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Christine Powell	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Hayden Moore	Secretary	0.5	0		X			0	0	0
LA101	Louisiana	Timothy Huck	Board Member	0.5	0		X			0	0	0
LA101	Louisiana	Claudia Wade	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Ty Scroggins	President	0.5	0	X				0	0	0
LA101	Louisiana	Natalie Ingles	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Joseph Vicknair	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Michelle McCalope	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Phala Mire	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Tyrah Phillips	Treasurer	0.5	0		X			0	0	0
NY100	Upstate New York	Scott Philbin	President	0.5	0		X			0	0	0
NY100	Upstate New York	Marcia Kimball	Secretary	0.5	0	X				0	0	0
NY100	Upstate New York	Gina Fedele	Board Member	0.5	0		X			0	0	0
NY100	Upstate New York	Diane Butrym	Board Member	0.5	0	X				0	0	0
NY100	Upstate New York	Linda Gray	Board Member	0.5	0		X			0	0	0
NY100	Upstate New York	Justin Reid	Treasurer	0.5	0	X				0	0	0
NY100	Upstate New York	Debra Sottolano	Vice President	0.5	0	X				0	0	0
NY100	Upstate New York	Maria Winston	Board Member	0.5	0		X			0	0	0
NY100	Upstate New York	Arsyl DeJesus	Board Member	0.5	0	X				0	0	0
NY100	Upstate New York	Mila Meier	Board Member	0.5	0	X				0	0	0
NY100	Upstate New York	Peggy Jacobsen	Board Member	0.5	0	X				0	0	0
NY100	Upstate New York	Sarah Bruno-Robichaud	Board Member	0.5	0	X				0	0	0
NY100	Upstate New York	Adam Desmond	Board Member	0.5	0		X			0	0	0
NY100	Upstate New York	Colleen L L Nossavage	Board Member	0.5	0		X			0	0	0
NY100	Upstate New York	Stephen Edge	Board Member	0.5	0		X			0	0	0
NY100	Upstate New York	Susan Duffy	Board Member	0.5	0	X				0	0	0
NY100	Upstate New York	Virginia Wheeler	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Susan Gilmore	Secretary	0.5	0	X				0	0	0
OH103	Northwest Ohio	Amy Thorpe-Wiley	Board Member	0.5	0		X			0	0	0
OH103	Northwest Ohio	Bill Conlisk	Board Member	0.5	0		X			0	0	0
OH103	Northwest Ohio	Jacqueline Hylant Berenzweig	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Shaili Desai	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Marianne Peters	President	0.5	0	X				0	0	0
OH103	Northwest Ohio	John Skeldon	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Malcolm Doyle	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Anne Marie Hinkle	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Derryl Glaze	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Michelle Kranz	Board Member	0.5	0	X				0	0	0
OH103	Northwest Ohio	Brian King	Treasurer	0.5	0	X				0	0	0
OH103	Northwest Ohio	Vallie Bowman-English	Vice President	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Crystal Ross	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Kate Burroughs	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Richard Emanuelson	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Paul Horton	Treasurer	0.5	0		X			0	0	0

PUBLIC INSPECTION COPY

Susan G. Komen Breast Cancer Foundation - Group
 Year Ended March 31, 2023

EIN: 75-2162834
 2022 Form 990

Part VII - Compensation of Officers, Directors, Key Employees and Five Highest Employees

BUID	Affiliate Name	Name	Title/Position	Avg Hours Per Week (Filing Org)	Avg Hours per Week (Related Org)	Individual Trustee or Director	Officer	Key Employee	Highest Compensated Employee	Reportable Compensation from the Organization	Reportable Compensation from Related Organization	Estimated Amount of Other Compensation
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CA106	San Francisco Bay Area	Carol Benz	Board Member	0.5	0		X			0	0	0
CA106	San Francisco Bay Area	Carol Batte	Board Member	0.5	0	X				0	0	0
CA106	San Francisco Bay Area	Patrick Barber	President	0.5	0		X			0	0	0
CA106	San Francisco Bay Area	Gail Haan DeMartini	Board Member	0.5	0	X				0	0	0
CA106	San Francisco Bay Area	Carrie Becks	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Christine Powell	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Hayden Moore	Secretary	0.5	0		X			0	0	0
LA101	Louisiana	Timothy Huck	Board Member	0.5	0		X			0	0	0
LA101	Louisiana	Claudia Wade	Board Member	0.5	0	X				0	0	0
LA101	Louisiana	Ty Scroggins	President	0.5	0	X				0	0	0
LA101	Louisiana	Natalie Ingles	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Barbara Bossi	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Caroline Johns	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Jennifer May	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Jim McQuade	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Marguerite Bonaventura	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Troy Treanor	Board Member	0.5	0	X				0	0	0
PA101	Greater Pennsylvania	Laura Long	Vice President	0.5	0		X			0	0	0
PA101	Greater Pennsylvania	Lisa Sturiale	President	0.5	0		X			0	0	0
PA101	Greater Pennsylvania	Nathan Rost	Board Member	0.5	0	X				0	0	0

PUBLIC INSPECTION COPY

Susan G. Komen Breast Cancer - Group
 Year ended March 31, 2023
 Form 990, Item H - List of Subordinate Organizations

Business Unit ID	Komen Operations Name	Incorporation Name	EIN	Physical Street	Physical City	Physical State	Physical Zip/Postal Code
CA100	Orange County Affiliate	The Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	33-0487943	2817 McGraw	Irvine	CA	92614
CA101	Northern and Central California Affiliate	Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	94-3169358	2880 Sunrise Blvd Suite 220	Rancho Cordova	CA	95742
CA103	Inland Empire Affiliate	Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation	33-0802964	7177 Brockton Avenue Suite 108	Riverside	CA	92506
CA104	Los Angeles County Affiliate	The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation	95-4582064	5901 W. Century Blvd Suite 800	Los Angeles	CA	90045
CA105	San Diego Affiliate	The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation	33-0638911	4699 Murphy Canyon Road, Suite 102	San Diego	CA	98123
CA106	San Francisco Bay Area Affiliate	The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation	94-3047626	1469 Pacific Avenue	San Francisco	CA	94109
LA101	Baton Rouge Affiliate	Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation Inc.	75-2854972	6120 Perkins Road Suite 300	Baton Rouge	LA	70808
NY100	Upstate New York Affiliate	Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	75-2875179	742 Delaware Avenue	Buffalo	NY	14209
OH103	Northwest Ohio Affiliate	Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation Inc.	75-2845063	3100 W. Central Aven. Suite 235	Toledo	OH	43606
OK101	Oklahoma Affiliate	Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	75-2854974	10153 East 79th St. Suite 236	Tulsa	OK	74114
PA101	Greater Pennsylvania Affiliate	Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	81-0665396	1133 S. Braddock Ave.	Pittsburgh	PA	15218



1001 N. 23rd Street
Post Office Box 94186
Baton Rouge, LA 70804-9186

(o) 225-326-6999
Toll Free 866-783-5567
(F) 225-346-6073
www.laworks.net

John Bel Edwards, Governor
Ava Dejoie, Secretary

Office of Unemployment Insurance Administration
Tax Operations

April 5, 2022

Richard, Lisa
Lisa.Richard@cscglobal.com

Re: BATON ROUGE AFFILIATES OF KOMEN BREAST CANCER FOUNDATION, INC

To Whom It May Concern:

This is to advise that we have this date issued our Certificate of Clearance to the Secretary of State's Office for the above referenced corporation.

Should you have any questions concerning this letter, please call (225) 326-6999.

Cordially,

Kimberly Bell

Kimberly Bell
Employer Accounts

VISIT OUR WEBSITE www.laworks.net FOR EMPLOYER INTERACTIVE SERVICES
** FILE REPORTS AND PAY TAXES ONLINE **

LWC-ES288 Notification Clearance was Issued (R 09/2010)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DISSOLUTION OF "BATON ROUGE AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2021, AT 4:54 O`CLOCK P.M.



A handwritten signature in black ink, appearing to read "JWB", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

3136513 8100
SR# 20213931789

Authentication: 204833759
Date: 12-01-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:54 PM 11/30/2021
FILED 04:54 PM 11/30/2021
SR 20213931789 - File Number 3136513

STATE OF DELAWARE
CERTIFICATE OF DISSOLUTION
OF NON-STOCK CORPORATION
(SECTION 276 (a))

The corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. The dissolution of Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.

has been duly authorized in accordance with the provisions of Section 276(a) of the General Corporation Law of the State of Delaware.

2. The date of filing of the Corporation's original Certificate of Incorporation in Delaware was December 6, 1999

3. The date the dissolution was authorized is October 18, 2021

4. The names and addresses of the directors and officers of the corporation are as follows:

NAME	TITLE	ADDRESS
Christine Powell	Director	22738 Fairway View Dr, Zachary, LA 70791
Hayden Moore	Secretary	12345 Perkins Rd, Baton Rouge, LA 70810
Tyrah Phillips	Treasurer	3625 Ocala Ave, Baton Rouge, LA 70814
Tiya Scroggins	President	445 East 68th St, Shreveport, LA 71106
Natalie Ingles	Director	312 Grammont St #300, Monroe, LA 71201
Timothy Huck	Director	2013 Airline Dr, Bossier City, LA 71111
Phala Mire	Director	4236 Walmsley Ave, New Orleans, LA 70125
Joseph Vicknair	Director	8011 Harris Ave, New Orleans, LA 70123
Claudia Wade	Director	901 James Ave, Farmerville, LA 71241
Michelle McCalope	Director	279 Marilyn Dr, Baton Rouge, LA 70815

By: Tiya Scroggins
Authorized Officer

Name: Tiya SCROGGINS
Print or Type



Secretary of State
Nonprofit Certificate of Dissolution
 (California Nonprofit Corporation ONLY)

DISS NP

For Office Use Only

-FILED-

File No.: BA20220585402
 Date Filed: 7/22/2022

IMPORTANT — Read Instructions before completing this form.

There is **No Fee** for filing a Nonprofit Certificate of Dissolution

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

Attorney General Letter: All nonprofit **public benefit** and **religious** nonprofit corporations are required to get a letter from the California Attorney General's office waiving objections to the nonprofit corporation's distribution of assets, or confirming the nonprofit corporation has no assets. If your corporation is a public benefit or religious corporation, you **must** attach that letter to this Nonprofit Certificate of Dissolution ([see instructions](#)).

This Space For Office Use Only

1. Corporate Name (Enter the exact name of the nonprofit corporation as it is recorded with the California Secretary of State.)

ORANGE COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

2. 7-Digit Secretary of State Entity Number

1695650

3. Election

The dissolution was made by a vote of **ALL** of the members, or if there are no members, by a vote of **ALL** of the directors of the California nonprofit corporation.

Note: If the above box is **not** checked, a **Nonprofit Certificate of Election to Wind Up and Dissolve** (Form ELEC NP) must be filed prior to or together with this Nonprofit Certificate of Dissolution. (California Corporations Code sections 6611, 8611, 9680 and 12631.)

4. Debts and Liabilities

(Check the applicable statement. Only **one** box may be checked. If second box is checked, you must include the required information in an attachment.)

- The known debts and liabilities have been actually paid or paid as far as its assets permitted.
- The known debts and liabilities have been adequately provided for in full or as far as its assets permitted by their assumption. Included in the **attachment** to this certificate, incorporated herein by this reference, is a description of the provisions made and the name and address of the person, corporation or government agency that has assumed or guaranteed the payment, or the depository institution with which deposit has been made.
- The nonprofit corporation never incurred any known debts or liabilities.

5. Required Statements (Do not alter the Required Statements – **ALL** must be true to file Form DISS NP.)

- a. The nonprofit corporation has been completely wound up and is dissolved.
- b. All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.
- c. For Mutual Benefit or General Cooperative Corporations ONLY: The known assets have been distributed to the persons entitled thereto or the nonprofit corporation acquired no known assets.

6. Read, Verify, Date and Sign Below ([See Instructions](#) for signature requirements. Do not use a computer generated signature.)

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

See Attached.

_____	_____	_____
Date	Signature	Type or Print Name
_____	_____	_____
Date	Signature	Type or Print Name
_____	_____	_____
Date	Signature	Type or Print Name

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

SDS 3/2/21
Scott Sherman Date

Rita Parvanch Date

Jaspreet Kaur Date

Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date


DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date

 3/10/21

Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date

Rita Paryaneh Date


Jaspreet Kaur Date 04/10/2021

Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date

DeVera Heard Date

Michael Waldman Date

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BOARD

Scott Sherman Date

Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron *1 Mar 2021*
Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.


BOARD:

Scott Sherman Date

Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron Date



Lisa E. Guerra Date 03/12/2021

Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date

Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist 4-29-21

Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date


Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

 _____ 3/8/21
January Lopez Date

Carrie Strom Date

Carrie Swanson Date

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date

Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

January Lopez Date

Carrie Strom 3/8/21

Carrie Strom Date

Carrie Swanson Date

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date

Rita Parvaneh Date

Jaspreet Kaur Date

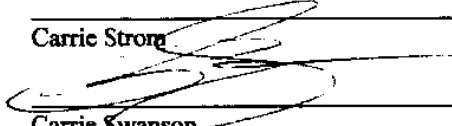
Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

January Lopez Date

Carrie Strong Date



Carrie Kwanson Date 3/1/21

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date

Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron Date

Lisa E. Guerra Date

Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date

DeVera H. Heard

DeVera Heard Date

Michael Waldman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Scott Sherman Date

Rita Parvaneh Date

Jaspreet Kaur Date

Ralphie Giron Date

Lisa E. Guerra Date


Rebecca Hultquist Date

January Lopez Date

Carrie Strom Date

Carrie Swanson Date

De Vera Heard _____ Date

 _____ 4/17/21
Michael Waldman Date

ROB BONTA
Attorney General

State of California
DEPARTMENT OF JUSTICE



1300 I Street
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400 Ext 8
Fax: (916) 444-3651
Dissolution@doj.ca.gov

September 14, 2021

DLA PIPER, LLP
C/O, JEFFREY BOURBON
1000 LOUISIANA ST, STE 2800
HOUSTON, TX 77002-5005

CT FILE NUMBER: 083806

RE: Dissolution of ORANGE COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Dear Directors:

Based on the representations made in your letter and the supporting documents included with it, the Attorney General's office waives objection to the disposition of the assets of the captioned corporation upon dissolution. (See Corporations Code section 6716.) [section 8716 for mutual benefit corporations].

The corporation may complete its dissolution with the California Secretary of State's office. AFTER the Secretary of State has endorsed the corporation's Certificate of Dissolution, please submit a copy to the undersigned at the address set forth above.

If the corporation had assets at the time of dissolution, please also provide a final financial report for the last complete accounting period through the date in which the organization's asset balance was reduced to zero.

Sincerely,

Registry of Charitable Trusts

For

ROB BONTA
Attorney General

B0916-2671 07/22/2022 5:00 PM Received by California Secretary of State

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DISSOLUTION OF "PITTSBURGH AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.", FILED IN THIS OFFICE ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2021, AT 2:39 O`CLOCK P.M.



A handwritten signature in black ink, appearing to read "JWB", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

3930156 8100
SR# 20213180137

Authentication: 204110412
Date: 09-08-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF DISSOLUTION
OF NON-STOCK CORPORATION
(SECTION 276 (a))

The corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. The dissolution of PITTSBURGH AFFILIATE OF THE SUSAN G. KOMEN BREAST
CANCER FOUNDATION, INC.
has been duly authorized in accordance with the provisions of Section 276(a) of the
General Corporation Law of the State of Delaware.

2. The date of filing of the Corporation's original Certificate of Incorporation in
Delaware was February 23, 2005.

3. The date the dissolution was authorized is March 23, 2021

4. The names and addresses of the directors and officers of the corporation are as
follows:

NAME	TITLE	ADDRESS
See attached Exhibit A.		

By: 
Authorized Officer

Name: Lisa Sturiale
Print or Type

EXHIBIT A

DISSOLUTION OF PITTSBURGH AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION,
INC.

Name	Title	Address
Crystal Ross	Director	4008 Lea Dr. Cheswick, PA 15024
Jim McQuade	Director	1809 Winchester Dr. Pittsburgh, PA 15241
Kate Burroughs	Director	1001 Savannah Ave. Pittsburgh, PA 15221
Nathan Rost	Director	401 Ashwood Ct. Greensburg, PA15601
Lisa Sturiale	Officer	PO Box 105 Avonmore, PA 15618
Laura Long	Officer	1129 N Negley Ave Pittsburgh, PA 15206
Marguerite Bonaventura	Director	160 Penhurst Dr Pittsburgh, PA 15235
Troy Treanor	Officer	5410 Wellesley Ave #1 Pittsburgh, PA 15206
Jennifer May	Director	332 Newburn Dr Pittsburgh, PA 15216
Caroline Johns	Director	200 Oak Highland Dr Coraopolis, PA 15108
Paul Horton	Officer	1571 Garvin Rd Cranberry Twp, PA 16066
Barbara Bossi	Director	185 Johnson Rd Clarks Summit, PA 18411
Richard Emanuelson	Director	361 Stanton Dr Waymart, PA 18472



The Patriot News
LEGAL AFFIDAVIT

AD#: 0010099069

Commonwealth of Pennsylvania,) ss
County of Cumberland)

Christine Arnold being duly sworn, deposes that he/she is principal clerk of PA Media Group; that The Patriot News is a public newspaper published in the city of Mechanicsburg, with general circulation in Cumberland and Dauphin and surrounding counties, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

The Patriot News 09/21/2021

Principal Clerk of the Publisher

Sworn to and subscribed before me this 21th day of September 2021

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Crystal B. Rosensteel, Notary Public
Dauphin County
My commission expires June 27, 2024
Commission number 1299212
Member, Pennsylvania Association of Notaries

Notice is hereby given that pursuant to the applicable provisions of 15 Pa.C.S Section 415 or 417, Pittsburgh affiliate of the Susan G. Komen Breast Cancer Foundation, Inc., a corporation incorporated under the laws of the State of Delaware with its registered office in PA at c/o Corporation Service Co., Dauphin County, intends to file a Statement of Withdrawal of Foreign Registration with the Dept. of State.

Proof of Notice of Publication in Dauphin County Reporter

213 North Front Street, Harrisburg, PA 17101

Under Acts approved May 16, 1929, P.L. 1784 and April 24, 1931, P.L. 67, 45 P.S. 1 et seq.

State of Pennsylvania }
County of Dauphin } §

Patrice Merzanis, agent of the Publisher of the Dauphin County Reporter, of the County and State aforesaid, being duly sworn, deposes and says that the Dauphin County Reporter, a legal periodical published in the City of Harrisburg, County and State aforesaid, was established January 1, 1898, and designated the Legal Periodical for Dauphin County, on February 5, 1919, since which date the Dauphin County Reporter has been regularly issued in said County, and that the printed notice of publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the Dauphin County Reporter on the following dates, viz:

September 24, 2021

Affiant further deposes that she is the Agent of the Publisher of the Dauphin County Reporter, a legal Periodical of general circulation, to verify the foregoing statement under oath, and that neither the affiant nor the Dauphin County Reporter is interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

Patrice Merzanis

Sworn to and subscribed before me this 24th

day of September, 2021

Bridgette L Hilbish
Notary Public

**Commonwealth of Pennsylvania – Notary Seal
Bridgette L. Hilbish, Notary Public
Dauphin County
My commission expires May 24, 2024
Commission number 1071576**

Member, Pennsylvania Association of Notaries

COPY OF PUBLICATION

NOTICE IS HEREBY GIVEN that pursuant to the applicable provisions of 15 Pa.C.S. Section 415 or 417, **Pittsburgh affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.**, a corporation incorporated under the laws of the State of Delaware with its registered office in PA at c/o Corporation Service Co., Dauphin County, intends to file a Statement of Withdrawal of Foreign Registration with the Dept. of State. s24

Pittsburgh affiliate of the Susan G. Komen


Breast Cancer Foundation, Inc.

The Dauphin County Reporter, a legal periodical, hereby acknowledges receipt of the aforesaid notice and publication costs and certifies that the same have been duly paid

DAUPHIN COUNTY REPORTER,
BY: Patrice Merzanis

Entity# : 3294493
Date Filed : 05/19/2022
Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: CSC ORDER #: 015490-005 DCB Name _____ Address _____ City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: <u>cscpa@cscglobal.com</u>	Statement of Withdrawal of Foreign Registration DSCB:15-415/417 (7/1/2015)  TCO220519DP0731
--	--

Read all instructions prior to completing. This form may be s

Fee: \$70

Check One: Voluntary Withdrawal of Foreign Registration (complete fields 1-5) Required Withdrawal of Foreign Registration (complete fields 1-6)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 415 or § 417 (relating to withdrawal of foreign registration), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth is:

Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.

2. The jurisdiction of formation of the association is: Delaware

3. The (a) address of the association's registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) _____
Number and street City OR State Zip County

(b) c/o: Corporation Service Company, (Dauphin County)
Name of Commercial Registered Office Provider County

4. The association is not doing business in this Commonwealth and withdraws its registration to do business in this Commonwealth.

5. This Statement of Withdrawal of Foreign Registration shall take effect upon filing in the Department of State.

2022 MAY 19 AM 9:11

PA DEPT OF STATE

DSCB:15-415/417-2

For REQUIRED WITHDRAWAL ONLY

6. Check and, if appropriate complete, one of the following. The registered foreign association is:

- A nonsurviving party to a merger in which the survivor is a nonregistered foreign association.
- A dividing association which did not survive the division.
- Dissolved and completed winding up.
- Converted to a domestic or foreign nonfiling association other than a limited liability partnership.

The type of nonfiling association to which the association has converted is: _____
 and the jurisdiction of formation of the converted association is: _____.

- The domesticating entity in a domestication in which the domesticated entity is a domestic or foreign nonfiling association (other than a limited liability partnership).

The jurisdiction of formation of the domesticated association is: _____.

IN TESTIMONY WHEREOF, the undersigned foreign association has caused this Statement of Withdrawal of Foreign Registration to be signed by a duly authorized representative of the association this 23rd day of March 2021.

Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.

 Name of Foreign Association

[Handwritten Signature]

 Signature

Board President

 Title



Dave Bulakowski
Corporation Service Company
2595 Interstate Dr Ste 103
Harrisburg PA 17110

September 27, 2021

CLEARANCE CERTIFICATE

IN THE MATTER OF:

PITTSBURGH AFFILIATE OF THE SUSAN G. KOMEN
BREAST CANCER FOUNDATION, INC.

81-0665396

I HEREBY CERTIFY that the above-named corporation has filed with this department all reports required to be filed by it, pursuant to the provisions of the Pennsylvania Unemployment Compensation Law and Regulations promulgated thereunder; and has fully paid all contributions and interest thereon known to be due to the PENNSYLVANIA UNEMPLOYMENT COMPENSATION FUND.

Director
Office of Unemployment Compensation Tax Services

Office of UC Tax Services
651 Boas Street | Harrisburg, PA 17121-0750 | www.dli.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*



Commonwealth of Pennsylvania
Department of Revenue



WITHDRAWAL

Clearance Certificate

Company Name PITTSBURGH AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

I certify that the above named company, through this Department, has paid into the State Treasury all taxes and charges owed the Commonwealth of Pennsylvania as required by law to and including September 07, 2021.

Witness my hand and seal of Office, on this date.

May 13, 2022



By Sean Washington
Sean Washington, Director
Bureau of Compliance

(Note: This Certificate issued in compliance with Section 103 of Act 177, approved December 21, 1988, is for submission to the Department of State. Its applicability is limited specifically to its purposes as set forth in that Act and is conditioned upon the requirements that, in the event of a change in Federal income for a year for which taxes have been paid, this corporation or its successors or its officers or its directors shall file with the PA Department of Revenue a report of change and pay any additional state tax resulting therefrom. Section 406 (e) of the Tax Reform Code of 1971.)

B1552-0774 03/20/2023 5:00 PM Received by California Secretary of State



Secretary of State
Nonprofit Certificate of Dissolution
(California Nonprofit Corporation ONLY)

DISS NP

For Office Use Only

-FILED-

File No.: BA20230509094

Date Filed: 3/20/2023

There is **No Fee** for filing a Nonprofit Certificate of Dissolution

Certification Fee (Optional) - \$5.00

Attorney General Letter: All nonprofit **public benefit** and **religious** nonprofit corporations are required to get a letter from the California Attorney General's office waiving objections to the nonprofit corporation's distribution of assets, or confirming the nonprofit corporation has no assets. If your corporation is a public benefit or religious corporation, you **must** attach that letter to this Nonprofit Certificate of Dissolution

This Space For Office Use Only

1. Corporate Name (Enter the exact name of the nonprofit corporation as it is recorded with the California Secretary of State.)
SACRAMENTO VALLEY AFFILIATE OF THE SUSAN G. KOMEN
BREAST CANCER FOUNDATION, INC.

2. Secretary of State Entity Number

1845164

3. Election

The dissolution was made by a vote of **ALL** of the members, or if there are no members, by a vote of **ALL** of the directors of the California nonprofit corporation.

Note: If the above box is **not** checked, a **Nonprofit Certificate of Election to Wind Up and Dissolve** (Form ELEC NP) must be filed prior to or together with this Nonprofit Certificate of Dissolution. (California Corporations Code sections 6611, 8611, 9680 and 12631.)

4. Debts and Liabilities

(Check the applicable statement. Only **one** box may be checked. If second box is checked, you must include the required information in an attachment.)

- The known debts and liabilities have been actually paid or paid as far as its assets permitted.
- The known debts and liabilities have been adequately provided for in full or as far as its assets permitted by their assumption. Included in the **attachment** to this certificate, incorporated herein by this reference, is a description of the provisions made and the name and address of the person, corporation or government agency that has assumed or guaranteed the payment, or the depository institution with which deposit has been made.
- The nonprofit corporation never incurred any known debts or liabilities.

5. Required Statements (Do not alter the Required Statements – **ALL** must be true to file Form DISS NP.)

- a. The nonprofit corporation has been completely wound up and is dissolved.
- b. All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.
- c. For Mutual Benefit or General Cooperative Corporations **ONLY**: The known assets have been distributed to the persons entitled thereto or the nonprofit corporation acquired no known assets.

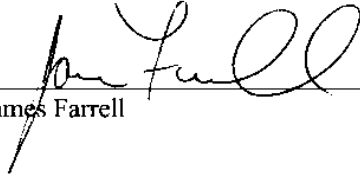
6. Read, Verify, Date and Sign Below (Do not use a computer generated signature.)

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

_____	_____	See Attached
Date	Signature	Type or Print Name
_____	_____	_____
Date	Signature	Type or Print Name
_____	_____	_____
Date	Signature	Type or Print Name

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

 3-1-2023
James Farrell Date

Beverly Kruse Date

Pennie Jones Date

Lucinda Hartman Date

Megan Klink Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

James Farrell Date

Beverly Kruse 2/7/23
Beverly Kruse Date

Pennie Jones Date

Lucinda Hartman Date

Megan Klink Date

B1552-0777 03/20/2023 5:00 PM Received by California Secretary of State

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

James Farrell

Date

Beverly Kruse

Date

Pennie Jones

1/20/23

Pennie Jones

Date

Lucinda Hartman

Date

Megan Klink

Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

James Farrell Date

Beverly Kruse Date

Pennie Jones Date

Lucinda Hartman 11/17/2023
Lucinda Hartman Date

Megan Klink Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

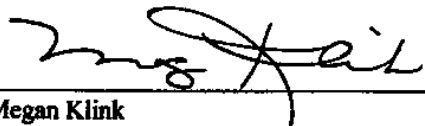
BOARD:

James Farrell Date

Beverly Kruse Date

Pennie Jones Date

Lucinda Hartman Date

 1/19/23
Megan Klink Date

B1552-0780 03/20/2023 5:00 PM Received by California Secretary of State

ROB BONTA
Attorney General

State of California
DEPARTMENT OF JUSTICE



1300 I Street
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400 Ext 8
Fax: (916) 444-3651
Dissolution@doj.ca.gov

January 3, 2022

DLA PIPER, LLP
C/O, JEFFREY BOURDON
1000 LOUISIANA ST, STE 2800
HOUSTON, TX 77002-5005

CT FILE NUMBER: 087720

RE: Dissolution of SACRAMENTO VALLEY AFFILIATE OF THE SUSAN G. KOMEN BREAST
CANCER FOUNDATION, INC.

Dear Directors:

Based on the representations made in your letter and the supporting documents included with it, the Attorney General's office waives objection to the disposition of the assets of the captioned corporation upon dissolution. (See Corporations Code section 6716.) [section 8716 for mutual benefit corporations].

The corporation may complete its dissolution with the California Secretary of State's office. AFTER the Secretary of State has endorsed the corporation's Certificate of Dissolution, please submit a copy to the undersigned at the address set forth above.

If the corporation had assets at the time of dissolution, please also provide a final financial report for the last complete accounting period through the date in which the organization's asset balance was reduced to zero.

Sincerely,

Registry of Charitable Trusts

For

ROB BONTA
Attorney General

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code

Please print this email for your records.

Thank you for submitting your CERTIFICATE OF TERMINATION through the Department of State's Online Filing System. The CERTIFICATE OF TERMINATION has been filed by the Department of State.

We have attached the official filing receipt and any related document(s) for the following entity:

DOS ID: 3436033
Entity Name: THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST
CANCER FOUNDATION, INC.
County: ERIE
Filing Date: 08/25/2021

- Retain this letter and attachment(s) for your records. The Department of State does not mail additional copies of the filing receipt or related attachment(s).

Resources

- [Instructions for filing Certificates of Correction, Certificates of Amendment](#) and other documents with the Department of State
- [Corporation tax information](#)

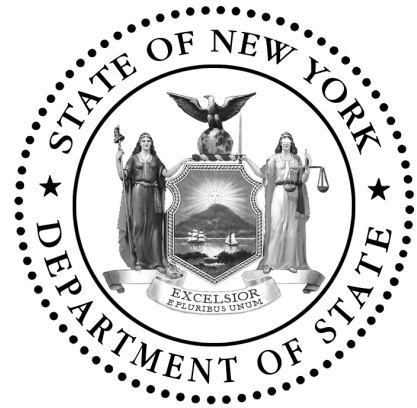
Contact Information

- Department of State: Email the Division of Corporations at corporations@dos.ny.gov.
- Department of Taxation and Finance: Visit [Contact us](#) for self-help options and telephone numbers.

**NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
FILING RECEIPT**

ENTITY NAME : THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G.
KOMEN BREAST CANCER FOUNDATION, INC.
DOCUMENT TYPE : CERTIFICATE OF TERMINATION
ENTITY TYPE : FOREIGN NOT-FOR-PROFIT CORPORATION

DOS ID : 3436033
FILE DATE : 08/25/2021
FILE NUMBER : 210825002487
TRANSACTION NUMBER : 202108250002661-156343
EXISTENCE DATE : 11/10/2006
DURATION/DISSOLUTION : PERPETUAL
COUNTY : ERIE



SERVICE OF PROCESS ADDRESS : CSC
80 STATE STREET,
ALBANY, NY, 12207-2543, USA
REGISTERED AGENT : CORPORATION SERVICE COMPANY
80 STATE STREET,
ALBANY, NY, 12207-2543, USA
FILER : THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.
13770 NOEL ROAD, SUITE 801889
DALLAS, TX, 75380, USA
SERVICE COMPANY : CORPORATION SERVICE COMPANY
SERVICE COMPANY ACCOUNT : 45

You may verify this document online at : <http://ecorp.dos.ny.gov>
AUTHENTICATION NUMBER : 100000280583

TOTAL FEES:	\$65.00	TOTAL PAYMENTS RECEIVED:	\$65.00
FILING FEE:	\$30.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$10.00	CREDIT CARD:	\$0.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$65.00
EXPEDITED HANDLING:	\$25.00	REFUND DUE:	\$0.00

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC., File Number 210825002487 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 25, 2021.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION OF "THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.", WAS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE CERTIFICATE OF DISSOLUTION OF "THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.", WAS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF AUGUST, A.D. 2021, AT 2:26 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION WAS DULY DISSOLVED ACCORDING TO THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT UPON FILING OF THE AFORESAID CERTIFICATE OF DISSOLUTION, THE CORPORATE EXISTENCE OF "THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC." WAS TERMINATED.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3212660 8371
SR# 20213072747

Authentication: 204001883
Date: 08-25-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Filed with the NYS Department of State on 08/25/2021
Filing Number: 210825002487 DOS ID: 3436033

**Certificate of Termination of Existence
of**

The Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.
(List True Entity Name)

Pursuant to Section 1312 of the Not-for-Profit Corporation Law

Filed by:

The Susan G. Komen Breast Cancer Foundation, Inc.
(Name)

13770 Noel Road, Suite 801889
(Mailing address)

Dallas, Texas 75380
(City, State and Zip Code)

Entity# : 6489037
Date Filed : 05/19/2022
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:

CSC ORDER #: 98051-005 DCB

Name _____

Address _____

City _____ State _____ Zip Code _____

Return document by email to: cscpa@cscglobal.com

Statement of Withdrawal
of Foreign Registration
DSCB:15-415/417
(7/1/2015)



TCO220519DP0729

Read all instructions prior to completing. This form may b

Fee: \$70

Check One: Voluntary Withdrawal of Foreign Registration (complete fields 1-5) Required Withdrawal of Foreign Registration (complete fields 1-6)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 415 or § 417 (relating to withdrawal of foreign registration), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth is:

The Western New York Affiliate of The Susan G. Komen Breast Cancer Foundation, Inc.

2. The jurisdiction of formation of the association is: Delaware

3. The (a) address of the association's registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
Number and street City OR State Zip County

(b) c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. The association is not doing business in this Commonwealth and withdraws its registration to do business in this Commonwealth.

5. This Statement of Withdrawal of Foreign Registration shall take effect upon filing in the Department of State.

2022 MAY 19 2:19

DSCB:15-415/417- 2

For REQUIRED WITHDRAWAL ONLY

6. Check and, if appropriate complete, one of the following. The registered foreign association is:

- A nonsurviving party to a merger in which the survivor is a nonregistered foreign association.
- A dividing association which did not survive the division.
- Dissolved and completed winding up.
- Converted to a domestic or foreign nonfiling association other than a limited liability partnership.

The type of nonfiling association to which the association has converted is: _____
and the jurisdiction of formation of the converted association is: _____

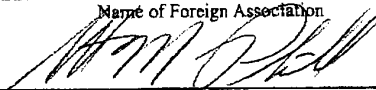
- The domesticating entity in a domestication in which the domesticated entity is a domestic or foreign nonfiling association (other than a limited liability partnership).

The jurisdiction of formation of the domesticated association is: _____

IN TESTIMONY WHEREOF, the undersigned foreign association has caused this Statement of Withdrawal of Foreign Registration to be signed by a duly authorized representative of the association this 25th day of June 2021.

The Western New York Affiliate of The
Susan G. Komen Breast Cancer Foundation, Inc.

Name of Foreign Association



Signature

Board President

Title



DATE 09/15/2021

Dave Bulakowski
Corporation Service Company
2595 Interstate Dr Ste 103
Harrisburg PA 17110

CLEARANCE CERTIFICATE

IN THE MATTER OF:

THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-2875179

I HEREBY CERTIFY that the above-named corporation has filed with this department all reports required to be filed by it, pursuant to the provisions of the Pennsylvania Unemployment Compensation Law and Regulations promulgated thereunder; and has fully paid all contributions and interest thereon known to be due to the PENNSYLVANIA UNEMPLOYMENT COMPENSATION FUND.

Director
Office of Unemployment Compensation Tax Services

Office of UC Tax Services
651 Boas Street | Harrisburg, PA 17121-0750 | www.dli.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

REV-1824 (CM) 11-17



Commonwealth of Pennsylvania
Department of Revenue



WITHDRAWAL

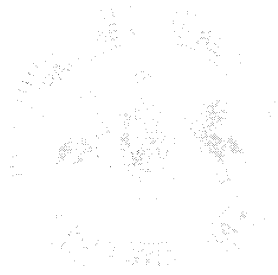
Clearance Certificate

Company Name THE WESTERN NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

I certify that the above named company, through this Department, has paid into the State Treasury all taxes and charges owed the Commonwealth of Pennsylvania as required by law to and including 08/13/2021

Witness my hand and seal of Office, on this date.

05/02/2022



By Sean Washington
Sean Washington, Director
Bureau of Compliance

(Note: This Certificate issued in compliance with Section 103 of Act 177, approved December 21, 1988, is for submission to the Department of State. Its applicability is limited specifically to its purposes as set forth in that Act and is conditioned upon the requirements that, in the event of a change in Federal income for a year for which taxes have been paid, this corporation or its successors or its officers or its directors shall file with the PA Department of Revenue a report of change and pay any additional state tax resulting therefrom. Section 406 (e) of the Tax Reform Code of 1971.)