

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

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

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization SUSAN G. KOMEN BREAST CANCER FDN, INC	D Employer identification number 75-1835298
<input type="checkbox"/> Name change	Doing Business As SUSAN G. KOMEN	E Telephone number (972) 855-1600
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5005 LBJ FREEWAY, SUITE 526	G Gross receipts \$ 138,576,137.
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75244-6125	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: PAULA SUE SCHNEIDER 5005 LBJ FREEWAY, SUITE 526, DALLAS, TX 75244-6125	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. (see instructions)

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

J Website: WWW.KOMEN.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1982 **M** State of legal domicile: TX


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUSAN G. KOMEN@FIGHTS BREAST CANCER ON AL FRONTS BY DRIVING RSRCH, ADVOCATING FOR COMPASSIONATE PUBLIC POLICIES, PROVIDING TRUSTWORTHY INFO & SUPPORT PEOPLE FACING BREAST CANCER TODAY				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	248.		
	6 Total number of volunteers (estimate if necessary)	6	2,600.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	60,395.		
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	51,441,732.	Current Year	63,291,987.
	9 Program service revenue (Part VIII, line 2g)		14,437,717.		12,975,072.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,239,081.		15,415,716.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,380,561.		-1,624,976.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		76,737,969.		90,057,799.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,995,790.		29,481,585.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,442,628.		22,862,266.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,118,493.		2,527,973.
	16b Total fundraising expenses (Part IX, column (D), line 25)		13,711,290.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,719,529.		37,154,373.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		83,276,440.		92,026,197.	
19 Revenue less expenses. Subtract line 18 from line 12		-6,538,471.		-1,968,398.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	201,811,514.	End of Year	192,149,996.
	21 Total liabilities (Part X, line 26)		77,405,059.		75,529,111.
	22 Net assets or fund balances. Subtract line 21 from line 20		124,406,455.		116,620,885.

Part II Signature Block

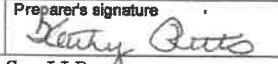
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: 11-22-19

PAULA SUE SCHNEIDER PRESIDENT AND CEO

Paid Preparer Use Only

Print/Type preparer's name: KATHY PITTS Preparer's signature:  Date: 11/13/19

Firm's name: ERNST & YOUNG U.S. LLP Firm's EIN: 34-656596

Firm's address: 1901 6TH AVE N BIRMINGHAM, AL 35203 Phone no.: 205-226-0027

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

4a (Code: 32) (Expenses \$ 31,327,575. including grants of \$ 25,620,549.) (Revenue \$ 12,446,089.)

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

4b (Code: 32) (Expenses \$ 24,622,304. including grants of \$ 582,735.) (Revenue \$ 875,657.)

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

4c (Code: 32) (Expenses \$ 5,143,857. including grants of \$ 3,278,301.) (Revenue \$ 0.)

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 61,093,736.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in 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 (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER D. BRUNDAGE CHAIR OF BOARD (BEG. 6/18)	1.00 0.	X		X				0.	0.	0.
(2) MICHAEL B GREENWALD (BEG. 6/18) BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.
(3) CONNIE O'NEILL BOARD MEMBER FMR BOARD CHAIR (END 6/18)	1.00 0.	X						0.	0.	0.
(4) LINDA CUSTARD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) MEGHAN SHANNON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) TRISH WHEATON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) ANGELA ZEPEDA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) KIM BOHR BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) ANDREW ROBINSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) KAYE CEILLE BOARD MEMBER (BEG. 6/18)	1.00 0.	X						0.	0.	0.
(11) DOUG KNUTSON, MD BOARD MEMBER (BEG. 6/18)	1.00 0.	X						0.	0.	0.
(12) KRISTIN NIMSGER BOARD MEMBER (BEG. 6/18)	1.00 0.	X						0.	0.	0.
(13) STEPHANIE STAHL BOARD MEMBER (BEG. 6/18)	1.00 0.	X						0.	0.	0.
(14) DAN GLENNON (END 6/18) BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) JANE ABRAHAM ----- BOARD MEMBER (END 6/18)	1.00 ----- 0.	X						0.	0.	0.
(16) ALAN FELD ----- BOARD MEMBER (END 6/18)	1.00 ----- 0.	X						0.	0.	0.
(17) DR. OLUFUNMILAYO OLOPADE ----- BOARD MEMBER (END 6/18)	1.00 ----- 0.	X						0.	0.	0.
(18) JANET DUNN FRANTZ ----- BOARD MEMBER (END 6/18)	1.00 ----- 0.	X						0.	0.	0.
(19) MELISSA MAXFIELD ----- BOARD MEMBER (END 6/18)	1.00 ----- 0.	X						0.	0.	0.
(20) PAULA SCHNEIDER ----- PRESIDENT AND CEO	55.00 ----- 0.			X				552,025.	0.	7,081.
(21) CATHERINE OLIVIERI (BEG 3/19) ----- VP, HR AND CORPORATE SECRETARY	55.00 ----- 0.			X				225,406.	0.	45,568.
(22) DANA BROWN (BEG. 3/19) ----- SVP CHIEF STRATEGY & OPS	55.00 ----- 0.			X				44,118.	0.	140.
(23) RIA WILLIAMS (BEG 10/18) ----- CHIEF FINANCIAL OFFICER	55.00 ----- 0.			X				181,446.	0.	16,424.
(24) ROBERT GREEN (END 10/18) ----- CHIEF FINANCIAL OFFICER	55.00 ----- 0.			X				309,315.	0.	13,027.
(25) ADAM VANEK (END 2/19) ----- GEN. COUNSEL & CORPORATE SECY	55.00 ----- 0.			X				245,603.	0.	25,485.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,679,441.	0.	328,376.
d Total (add lines 1b and 1c)								3,679,441.	0.	328,376.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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
ATTACHMENT 3		

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 **▶** 18

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			
(26) CHRISTINA ALFORD SVP, DEVELOPMENT	55.00 0.				X			287,093.	0.	23,635.
(27) VICTORIA WOLODZKO VP RESEARCH AND COM. HEALTH PR	55.00 0.				X			228,703.	0.	23,240.
(28) LORI MARIS SVP, AFFILIATE NETWORK	55.00 0.				X			188,269.	0.	18,100.
(29) ERIC MONTGOMERY VP, I.T.	55.00 0.				X			198,546.	0.	17,621.
(30) LINDA FISK SVP, MARKETING (BEG. 5/18)	55.00 0.				X			161,063.	0.	3,779.
(31) SUE ALDANA VP, COLLABORATIVE REVENUE	55.00 0.					X		163,312.	0.	19,864.
(32) CARRIE HODGES SR. DIR, ACC STR & STEWARDSHIP	55.00 0.					X		177,509.	0.	12,556.
(33) SUBHENDU RATH SR. DIR, IT ENTERPRISE SYSTEMS	55.00 0.					X		169,182.	0.	29,510.
(34) VANESSA HEWITT SR. DIR., INTERNAL AUDIT	55.00 0.					X		163,029.	0.	28,776.
(35) KIMBERLY SABELKO SR. DIR., SCIENTIFIC STRATEGY	55.00 0.					X		159,567.	0.	27,873.
(36) ELLEN WILLMOTT FORMER OFFICER	0. 0.						X	225,255.	0.	15,697.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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 **▶**

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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	27,311,934.	27,311,934.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,169,651.	2,169,651.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,815,687.	1,005,240.	1,336,665.	473,782.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	16,452,459.	5,833,744.	7,828,105.	2,790,610.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	655,698.	236,521.	312,031.	107,146.
9 Other employee benefits	1,814,136.	593,511.	920,148.	300,477.
10 Payroll taxes	1,124,286.	416,047.	513,157.	195,082.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	168,066.	44,819.	54,031.	69,216.
c Accounting	309,286.		309,286.	
d Lobbying	232,527.	232,527.		
e Professional fundraising services. See Part IV, line 17.	2,527,973.			2,527,973.
f Investment management fees	193,238.		193,238.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,865.	2,223.	966.	676.
12 Advertising and promotion	3,729,462.	1,792,238.	946,827.	990,397.
13 Office expenses	9,609,107.	5,661,994.	200,577.	3,746,536.
14 Information technology.	1,816,388.	1,180,652.	290,622.	345,114.
15 Royalties.	0.			
16 Occupancy	1,063,438.	414,106.	504,201.	145,131.
17 Travel	1,613,882.	714,869.	732,185.	166,828.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	552,188.	391,509.	120,277.	40,402.
20 Interest	175.	35.	140.	
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	427,562.	79,217.	275,582.	72,763.
23 Insurance	333,755.	166,878.	83,439.	83,438.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING & PROF. SVCS.	10,851,269.	9,309,593.	1,032,401.	509,275.
b EVENT PRODUCTION	2,920,637.	1,987,977.	277,112.	655,548.
c EQUIP. RENTAL & MAINT.	1,406,703.	423,225.	848,163.	135,315.
d BANK FEES	898,851.	517,744.	148,187.	232,920.
e All other expenses _____	1,023,974.	607,482.	293,831.	122,661.
25 Total functional expenses. Add lines 1 through 24e	92,026,197.	61,093,736.	17,221,171.	13,711,290.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	35,267,442.	20,475,918.	640,144.	14,151,380.

Part X Balance Sheet

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

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

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

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	77,337,857.	105,234,559.	55,634,984.	51,441,732.	63,291,987.	352,941,119.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	77,337,857.	105,234,559.	55,634,984.	51,441,732.	63,291,987.	352,941,119.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						42,585,598.
6 Public support. Subtract line 5 from line 4						310,355,521.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	77,337,857.	105,234,559.	55,634,984.	51,441,732.	63,291,987.	352,941,119.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,542,123.	2,523,145.	2,265,964.	5,667,273.	5,221,701.	19,220,206.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	153,632.	336,857.	51,821.	124,523.	34,200.	701,033.
11 Total support. Add lines 7 through 10						372,862,358.
12 Gross receipts from related activities, etc. (see instructions)					12	90,730,880.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	83.24%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	85.79%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME	153,632.	336,857.	51,821.	124,523.	34,200.	701,033.
TOTALS	<u>153,632.</u>	<u>336,857.</u>	<u>51,821.</u>	<u>124,523.</u>	<u>34,200.</u>	<u>701,033.</u>

Schedule of Contributors

2018

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

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization **SUSAN G. KOMEN BREAST CANCER FDN, INC**

Employer identification number
75-1835298

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,775,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,644,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **SUSAN G. KOMEN BREAST CANCER FDN, INC**

Employer identification number

75-1835298

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

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

Name of organization SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number
75-1835298

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		46,137.	64,115.
b Total lobbying expenditures to influence a legislative body (direct lobbying)		186,390.	215,154.
c Total lobbying expenditures (add lines 1a and 1b)		232,527.	279,269.
d Other exempt purpose expenditures		74,572,499.	144,099,673.
e Total exempt purpose expenditures (add lines 1c and 1d)		74,805,026.	144,378,942.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING EXPENSES

SCHEDULE C, PART II-A

PUBLIC POLICY INITIATIVES HAVE THE POTENTIAL TO IMPACT PEOPLE TOUCHED BY BREAST CANCER. RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, KOMEN SUPPORTS LIMITED LOBBYING ACTIVITIES TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO END BREAST CANCER FOREVER.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several yes/no questions.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ 75.0000 %
- b** Permanent endowment ▶ 24.0000 %
- c** Temporarily restricted endowment ▶ 1.0000 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

KOMEN HAS THREE PERMANENT ENDOWMENTS:

GOODMAN-BRINKER, FIRNBERG, AND A GENERAL ENDOWMENT.

THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FELLOWSHIPS,
THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND
RESEARCH AWARDS, AND THE GENERAL ENDOWMENT'S EARNINGS ARE RESTRICTED FOR
ORGANIZATIONAL MISSION ACTIVITIES.

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 CONSOLIDATED FINANCIAL STATEMENTS
AT MARCH 31, 2019 OR MARCH 31, 2018.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	3.	GRANTMAKING	RESEARCH	339,873.
(2) CENTRAL AMERICA/CARIBBEAN	0.	2.	GRANTMAKING	EDUCATION	33,104.
(3) CENTRAL AMERICA/CARIBBEAN	0.	1.	GRANTMAKING	SCREENING	5,000.
(4) EUROPE	0.	1.	PROGRAM SERVICES	LEGAL SERVICES	1,449.
(5) EUROPE	0.	1.	GRANTMAKING	EDUCATION	75,000.
(6) EUROPE	0.	10.	GRANTMAKING	RESEARCH	889,080.
(7) NORTH AMERICA	0.	1.	GRANTMAKING	EDUCATION	120,000.
(8) NORTH AMERICA	0.	2.	GRANTMAKING	SCREENING & TREATMENT	135,756.
(9) NORTH AMERICA	0.	4.	GRANTMAKING	RESEARCH	492,282.
(10) NORTH AMERICA	0.	1.	FUNDRAISING	DIRECT MAIL PROCESSING	9,817,849.
(11) NORTH AMERICA	0.	4.	PROGRAM SERVICES	MARKETING SERVICES	59,625.
(12) NORTH AMERICA	0.	1.	PROGRAM SERVICES	SOFTWARE MAINTENANCE	5,242.
(13) SOUTH AMERICA	0.	1.	GRANTMAKING	EDUCATION	1,500.
(14) SOUTH AMERICA	0.	1.	PROGRAM SERVICES	CONSULTING	4,651.
(15) SUB-SAHARAN AFRICA	0.	1.	GRANTMAKING	RESEARCH	78,056.
(16) NORTH AMERICA	0.	1.	PROGRAM SERVICES	CONSULTING	3,600.
(17)					
3a Subtotal		35.			12,062,067.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		35.			12,062,067.

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	EDUCATION	7,104.	WIRE TRANSFE			
(2)			NORTH AMERICA	SCREENING	135,756.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	EDUCATION	16,000.	WIRE TRANSFE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	30,000.	WIRE TRANSFE			
(5)			NORTH AMERICA	RESEARCH	138,750.	WIRE TRANSFE			
(6)			NORTH AMERICA	RESEARCH	27,100.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	RESEARCH	53,781.	WIRE TRANSFE			
(8)			NORTH AMERICA	RESEARCH	89,854.	WIRE TRANSFE			
(9)			EUROPE (INCLUDING ICELAN	RESEARCH	126,716.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	RESEARCH	149,790.	WIRE TRANSFE			
(11)			EUROPE (INCLUDING ICELAN	RESEARCH	149,540.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	RESEARCH	75,000.	WIRE TRANSFE			
(13)			CENT. AMERICA/CARIBBEAN	EDUCATION	10,000.	WIRE TRANSFE			
(14)			SUB-SAHARAN AFRICA	RESEARCH	78,056.	WIRE TRANSFE			
(15)			EUROPE (INCLUDING ICELAN	RESEARCH	36,000.	WIRE TRANSFE			
(16)			EUROPE (INCLUDING ICELAN	EDUCATION	75,000.	WIRE TRANSFE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAN	RESEARCH	81,000.	WIRE TRANSFE			
(2)			EUROPE (INCLUDING ICELAN	RESEARCH	23,760.	WIRE TRANSFE			
(3)			EUROPE (INCLUDING ICELAN	RESEARCH	158,085.	WIRE TRANSFE			
(4)			NORTH AMERICA	RESEARCH	49,964.	WIRE TRANSFE			
(5)			EUROPE (INCLUDING ICELAN	RESEARCH	7,978.	WIRE TRANSFE			
(6)			EUROPE (INCLUDING ICELAN	RESEARCH	36,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	RESEARCH	61,301.	WIRE TRANSFE			
(8)			NORTH AMERICA	RESEARCH	66,612.	WIRE TRANSFE			
(9)			NORTH AMERICA	RESEARCH	120,000.	WIRE TRANSFE			
(10)			EUROPE (INCLUDING ICELAN	RESEARCH	120,000.	WIRE TRANSFE			
(11)			NORTH AMERICA	EDUCATION	120,000.	WIRE TRANSFE			
(12)			EUROPE/ICELAND/GREENLAND	EDUCATION	120,000.	WIRE TRANSFE			
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES

SCHEDULE F, PART I, LINE 2

AS OUTLINED IN EACH GRANT AGREEMENT, ALL GRANTEES ARE REQUIRED TO SUBMIT,

AT A MINIMUM, ONE FINANCIAL AND PROGRESS REPORT WITHIN EACH YEAR OF THE

GRANT TERM, AND ANY CHANGE REQUESTS THEY MAY HAVE FOR THEIR PROJECTS. ALL

PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY QUALIFIED STAFF. SEE

SCHEDULE I, PART IV FOR MORE DETAILS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G PART I

THE MAJORITY OF FUNDRAISING CONSULTING COSTS WITHOUT CORRESPONDING GROSS RECEIPTS ARE ASSOCIATED WITH KOMEN'S AFFILIATE NETWORK FUNDRAISING EFFORTS. THE GROSS RECEIPTS ARE RETAINED BY THE AFFILIATES.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

NET INCOME SUMMARY

SCHEDULE G PART II

GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF CONTRIBUTIONS, PER IRS

INSTRUCTIONS. THE CONTRIBUTIONS FOR FISCAL YEAR 2019 WERE \$15,125,344.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN WOMEN'S CANCER AWARENESS ASSOC. 8955 EDMONSTON ROAD GREENBELT, MD 20770	73-1704355	501C3	28,321.				TREATMENT
(2) ALBANY MEDICAL COLLEGE ATTN: FRANCES ALBERT, ALBANY, NY 12208	14-1338310	501C3	150,000.				RESEARCH
(3) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT, PHILADELPHIA, PA 19106	23-6251649	501C3	90,000.				RESEARCH
(4) AMERICAN ASSOCIATION ON HEALTH & DISABIL 110 N WASHINGTON, ROCKVILLE, MD 20850	52-1884887	501C3	84,907.				EDUCATION, SCREENING & TREATMENT
(5) AMERICAN JEWISH JOINT ATTN: ITAI SHAMIR, NEW YORK NY 10017	13-1656634	501C3	83,460.				EDUCATION
(6) ARLINGTON FREE CLINIC 2921 11TH ST, SOUTH ARLINGTON VA 22204	54-1671883	501C3	29,999.				TREATMENT
(7) BAYLOR COLLEGE MEDICINE. HOUSTON, TX 77030-3411	74-1613878	501C3	803,148.				RESEARCH
(8) BAYLOR UNIVERSITY ONE BEAR PLACE #97043, WACO, TX 76798	74-1159753	501C3	150,000.				RESEARCH
(9) BETH ISRAEL DEACONESS MEDICAL CENTER BOSTON, MA 02215	04-2103831	501C3	149,510.				RESEARCH
(10) BLACK NURSES ROCK 2519 W CHESTNUTE AVE, ENID, OK 73703	71-0609582	501C3	10,000.				EDUCATION
(11) BOAT PEOPLE, SOS 6066 LEESBURG PIKE, FALLS CHURCH VA 02220	54-1563619	501C3	21,027.				TREATMENT
(12) BOSTON UNIVERSITY EVENTS & CONFERENCES, BOSTON MA 02215	04-2103547	501C3	100,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BREAST CARE FOR WASHINGTON 4 ATLANTIC ST SW, WASHINGTON DC 20032	45-5574713	501C3	30,000.				TREATMENT
(2) BRIGHAM & WOMEN'S HOSPITAL P.O. BOX 3149, BOSTON MA 02241	04-2312909	501C3	255,982.				RESEARCH
(3) BROAD INSTITUTE, INC. 415 MAIN STREET, CAMBRIDGE MA 02142	02-63428781	501C3	12,000.				RESEARCH
(4) BURNHAM INSTITUTE FOR MEDICAL RESEARCH LA JOLLA, CA 92037	51-0197108	501C3	123,111.				RESEARCH
(5) CANCER CARE 275 SEVENTH AVE, NEW YORK, NY 10001	13-1825919	501C3	2,389,297.				EDUCATION AND TREATM AND TREATMENT
(6) CASA OF MARYLAND, INC. HYATTSVILLE, MD 20783	52-1372972	501C3	15,000.				TREATMENT
(7) CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH 44106	34-1018992	501C3	177,643.				RESEARCH
(8) CHILDREN'S HOSPITAL, BOSTON BOSTON, MA 02241-4413	04-2774441	501C3	48,000.				RESEARCH
(9) COLD SPRING HARBOR LABORATORY COLD SPRING HARBOR, NY 11724	11-2013303	501C3	48,000.				RESEARCH
(10) COLUMBIA UNIVERSITY MEDICAL CENTER 722 W 168TH ST, 4TH FL, NEW YORK, NY 10032	13-5598093	501C3	340,000.				RESEARCH
(11) CORNELL UNIVERSITY. ITHACA, NY 14850	15-0532082	501C3	12,000.				RESEARCH
(12) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE, BOSTON, MA 02215	42-263040	501C3	1,412,417.				RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DOCTORS COMMUNITY HOSPITAL 8118 GOOD LUCK RD, LANHAM, MD 20706-3502	52-1638026	501C3	40,000.				TREATMENT
(2) DUKE UNIVERSITY MEDICAL CENTER. DURHAM, NC 27701	56-0532129	501C3	378,014.				RESEARCH
(3) EASTERN MICHIGAN UNIVERSITY YPSILANTI, MI 48197	38-2953297	501C3	87,500.				EDUCATION
(4) EMORY UNIVERSITY WINSHIP CANCER INST P.O. BOX 935084, ATLANTA, GA 31193	58-0566256	501C3	150,000.				RESEARCH
(5) ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL ARLINGTON, VA 22204	52-1308986	501C3	30,000.				TREATMENT
(6) FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD, TAMPA, FL 33647	65-0927702	501C3	10,000.				EDUCATION
(7) FOX CHASE CANCER CENTER ' 333 COTTMAN AVENUE, PHILADELPHIA, PA 19111	23-2003072	501C3	90,000.				RESEARCH
(8) FRED HUTCHINSON CANCER RESEARCH CENTER P.O. BOX 19024 MS J6-330, SEATTLE, WA 90109	56-3744111	501C3	323,500.				RESEARCH
(9) GEORGIA TECH RESEARCH CORPORATION 505 TENTH ST NW, ATLANTA, GA 30318	58-0603146	501C3	150,000.				RESEARCH
(10) H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR, TAMPA, FL 33612	59-3238636	501C3	240,000.				RESEARCH
(11) HARVARD MEDICAL SCHOOL HOLYOKE CTR, RM 600, CAMBRIDGE, MA 02138	04-2103580	501C3	160,000.				RESEARCH
(12) HARVARD UNIVERSITY 25 SHATTUCK STREET, BOSTON, MA 02115	04-2103580	501C3	80,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5E, DETROIT, MI 48202	38-1357020	501C3	41,092.				RESEARCH
(2) HOLY CROSS HEALTH SILVER SPRING, MD 20910	52-0738041	501C3	6,380.				EDUCATION
(3) HOWARD UNIVERSITY 2041 GEORGIA AVE NW, WASHINGTON, DC 20060	53-0204707	501C3	29,996.				TREATMENT
(4) INDIANA U (INDIANAPOLIS) FINANCIAL MGMT SVCS, INDIANAPOLIS, IN 46266	35-6001673	501C3	1,230,000.				RESEARCH
(5) JOHNS HOPKINS UNIVERSITY 1650 ORLEANS ST, BALTIMORE, MD 21231	52-0595110	501C3	2,117,480.				RESEARCH
(6) KINGMAN REGIONAL MEDICAL CENTER 3269 STOCKTON HILL RD, KINGMAN, AZ 86409	74-2388735	501C3	7,473.				TREATMENT
(7) KOREAN COMMUNITY SVC. CTR. OF GREATER WA CTR OF GREATER WA, ANNANDALE, VA 22003	38-6005984	501C3	75,231.				SCREENING AND TREATMENT
(8) LELAND STANFORD JR UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 94144	94-1156365	501C3	120,000.				RESEARCH
(9) LIVING BEYOND BREAST CANCER HAVERFORD, PA 19041	53-0196932	501C3	24,000.				EDUCATION
(10) MAASAI WILDERNES CONSERVATION FUND P.O. BOX 1413, SANTA BARBARA, CA 93102	54-1943145	501C3	15,000.				EDUCATION
(11) MARICOPA HEALTH FOUNDATION 2910 E CAMELBACK RD, PHOENIX, AZ 85016	86-0777567	501C3	7,500.				TREATMENT
(12) MARY'S CTR FOR MATERNAL&CHILD CARE, INC. 2333 ONTARIO RD NW, WASHINGTON, DC 20009	52-1594116	501C3	88,949.				EDUCATION AND TREATMENT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 414876, BOSTON, MA 02241	42-697983	501C3	137,681.				RESEARCH
(2) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 160 MEMORIAL DR, CAMBRIDGE, MA 02139	04-2103594	501C3	169,077.				RESEARCH
(3) MAYO CLINIC JACKSONVILLE GRIFFIN BLDG RM 170, JACKSONVILLE, FL 32224	59-3337028	501C3	200,000.				RESEARCH
(4) MAYO CLINIC ROCHESTER ROCHESTER, MN 55903	41-6011702	501C3	224,000.				RESEARCH
(5) MEDICAL COLLEGE OF WISCONSIN 1234 ANY STREET, ANYWHERE, TX 75244	39-0806261	501C3	150,000.				RESEARCH
(6) MEMORIAL SLOAN-KETTERING CANCER CTR 633 3RD AVE, 28TH FL, NEW YORK, NY 10017	13-1924236	501C3	400,000.				RESEARCH
(7) METASTASIS RESEARCH SOCIETY VESTAVIA HILLS, AL 35242	25-1824374	501C3	33,000.				RESEARCH
(8) METAVIVOR RESEARCH AND SUPPORT 312 SEVERN AVE W302, ANNAPOLIS, MD 21403	37-1578088	501C3	20,000.				EDUCATION
(9) MOUNT SINAI SCHOOL OF MEDICINE NEW YORK, NY 10029	13-6171197	501C3	418,779.				RESEARCH
(10) MOUNTAIN PARK HEALTH CNTR. PHOENIX, AZ 85012	86-0498020	501C3	22,500.				EDUCATION, SCREENING TREATMENT
(11) NATIONAL BLACK NURSES ASSOCIATION 8630 FENTON ST, SILVER SPRING, MD 20910	23-7194995	501C3	7,000.				EDUCATION
(12) NATIONAL MINORITY QUALITY FORUM, INC. 1201 15TH ST NW, WASHINGTON, DC 20005	31-1750942	501C3	50,000.				EDUCATION

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK UNIVERSITY SCHOOL OF MED NEW YORK, NY 10016	13-5562308	501C3	30,000.				RESEARCH
(2) NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE ST, DURHAM, NC 27707	56-6000730	501C3	81,000.				RESEARCH
(3) NORTH COUNTRY COMMUNITY HEALTH CENTER 2920 N 4TH ST, FLAGSTAFF, AZ 86004	86-0663432	501C3	7,500.				TREATMENT
(4) NORTHWESTERN UNIVERSITY - CHICAGO 633 CLARK, EVANSTON, IL 60208	36-2167817	501C3	389,366.				RESEARCH
(5) NUEVA VIDA, INC. 2000 P STREET NW, WASHINGTON, DC 20036	54-1943145	501C3	28,634.				TREATMENT
(6) OBESITY SOCIETY 8757 GEORGIA AVE, SILVER SPRING, MD 20910	54-1438429	501C3	11,000.				RESEARCH
(7) OREGON HEALTH & SCIENCE UNIVERSITY PORTLAND, OR 97239	75-2668014	501C3	2,183,734.				RESEARCH
(8) PARTNERS FOR CANCER CARE AND PREVENTION 10 E LEE ST UNIT 1901, BALTIMORE, MD 21202	45-1605551	501C3	67,500.				SCREENING
(9) PRINCETON UNIVERSITY 701 CARNEGIE CENTER, PRINCETON, NJ 08540	21-0634501	501C3	320,000.				RESEARCH
(10) PROGRAM FOR APPROPRIATE P.O. BOX 900922, SEATTLE, WA 98109	91-1157127	501C3	14,246.				EDUCATION
(11) PROVIDENCE HEALTH FOUNDATION 1150 VARNUM ST NE, WASHINGTON, DC 20017	52-1275583	501C3	14,285.				EDUCATION
(12) PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST, PORTLAND, OR 97213	93-0386906	501C3	30,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PURDUE UNIVERSITY CHICAGO, IL 60673-1235	35-6002041	501C3	150,000.				RESEARCH
(2) REGENTS OF UNIVERSITY OF MICHIGAN RM 7110 CCGC, ANN ARBOR, MI 48109	38-6006309	501C3	12,000.				RESEARCH
(3) RESEARCH ADVOCACY NETWORK 6505 WEST PARK BLVD, PLANO, TX 75093	56-6001393	501C3	47,539.				RESEARCH
(4) ROCKEFELLER UNIVERSITY NEW YORK, NY 10065	13-1624158	501C3	90,000.				RESEARCH
(5) ROSWELL PARK ALLIANCE FOUNDATION DEPT OF IMMUNOLOGY, BUFFALO, NY 14263	16-1391608	501C3	215,794.				RESEARCH
(6) STANFORD UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 94144	94-1156365	501C3	335,840.				RESEARCH
(7) STEVENS INSTITUTE OF TECHNOLOGY 1 CASTLE POINT TERRACE, HOBOKEN, NJ 07030	22-1487354	501C3	36,000.				RESEARCH
(8) SUNY AT STONY BROOK STONY BROOK, NY 11794	14-6013200	501C3	299,872.				RESEARCH
(9) TEMPLE UNIVERSITY PHILADELPHIA, PA 19122	23-1365971	501C3	36,000.				RESEARCH
(10) THE OHIO STATE UNIVERSITY COLLEGE COLUMBS, OH 43205	31-6025986	501C3	75,000.				RESEARCH
(11) THE SALK INSTITUTE LA JOLLA, CA 92037-1002	37-6000511	501C3	100,000.				RESEARCH
(12) THE UNIVERSITY OF CHICAGO RESEARCH ADMINISTRATION, CHICAGO, IL 60637	36-2177139	501C3	181,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE UNIVERSITY OF TOLEDO ATTN: AMY THOMPSON, TOLEDO, OH 43606	34-6401483	501C3	149,958.				RESEARCH
(2) THE VANDERBILT UNIVERSITY PMB 406310, NASHVILLE, TN 37240	62-0476822	501C3	112,049.				RESEARCH
(3) THE WISTAR INSTITUTE 3601 SPRUCE ST, PHILADELPHIA, PA 19104	23-6434390	501C3	150,000.				RESEARCH
(4) TRUSTEES OF COLUMBIA UNIV. NEW YORK, NY 10027	13-5598093	501C3	120,000.				RESEARCH
(5) TRUSTEES OF DARTMOUTH COLLEGE OFF OF SPONSORED PROJ, HANOVER, NH 03755	02-0222111	501C3	29,999.				RESEARCH
(6) TULANE UNIVERSITY HEALTH SCIENCES CENTER 800 E COMMERCE, HARAHAN, LA 70023	72-0423889	501C3	72,000.				RESEARCH
(7) UNIV OF COLORADO HEALTH SCIENCES CENT ATTN: GEORGE JOHNSTON, DENVER, CO 80291	84-6002597	501C3	150,000.				RESEARCH
(8) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR, CHAPEL HILL, NC 27599	56-6001393	501C3	1,647,977.				EDUCATION, SCREENING TREATMENT
(9) UNIV OF TEXAS MD ANDERSON CANCER CENTER GRANTS & CONTRACTS, HOUSTON, TX 77210	74-6001118	501C3	833,173.				RESEARCH
(10) UNIVERSITY MIAMI SCHOOL OF MEDICINE. ATTN: MARIA GARCIA, CORAL GABLES, FL 33146	59-0624458	501C3	30,000.				RESEARCH
(11) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S, BIRMINGHAM, AL 35294	63-6005396	501C3	27,000.				RESEARCH
(12) UNIVERSITY OF CALIFORNIA AT SAN FRANCIS SAN FRANCISCO, CA 94118	94-6036493	501C3	200,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA-DAVIS CASHIER'S OFFICE, W SACRAMENTO, CA 95798	95-6006143	501C3	35,992.				RESEARCH
(2) UNIVERSITY OF CALIFORNIA-LOS ANGELES ADMIN MAIN CASHIER, LOS ANGELES, CA 90095	95-6006143	501C3	90,000.				RESEARCH
(3) UNIVERSITY OF CALIFORNIA-SAN DIEGO UCSD CASHIERS OFFICE, LA JOLLA, CA 92093	95-6006143	501C3	41,999.				RESEARCH
(4) UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1600 DIVISADERO ST, SAN FRANCISCO, CA 94115	95-6006143	501C3	59,999.				RESEARCH
(5) UNIVERSITY OF DELAWARE 30 LOVETT AVENUE, NEWARK, DE 19716	51-60000279	501C3	90,000.				RESEARCH
(6) UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 20787, SPRINGFIELD, IL 62708	37-6000511	501C3	66,938.				RESEARCH
(7) UNIVERSITY OF ILLINOIS--URBANA-CHAMPAIGN GRANTS & AWARDS, SPRINGFIELD, IL 62708	37-6000511	501C3	36,000.				RESEARCH
(8) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL RD, LAWRENCE, KS 66045	48-0680117	501C3	150,000.				RESEARCH
(9) UNIVERSITY OF KANSAS MEDICAL CENTER ATTN: TIM SISKEY, KANSAS CITY, KS 66160	48-1108830	501C3	446,888.				RESEARCH
(10) UNIVERSITY OF KENTUCKY RESEARCH FNDN. MARKEY CANCER CTR, LEXINGTON, KY 40526	61-6033693	501C3	90,000.				RESEARCH
(11) UNIVERSITY OF MASSACHUSETTS AMHERST GOODELL BLDG, RM 405, AMHERST, MA 01003	04-3167352	501C3	89,549.				RESEARCH
(12) UNIVERSITY OF MIAMI SCHOOL OF MEDICINE CTR FOR PREV & GENETICS, MIAMI, FL 33136	59-0624458	501C3	36,000.				RESEARCH

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MICHIGAN ANN ARBOR, MI 48109	38-6006309	501C3	425,969.				RESEARCH
(2) UNIVERSITY OF MICHIGAN HEALTH SYSTEMS 3003 S STATE ST, ANN ARBOR, MI 48109	38-6006309	501C3	171,067.				RESEARCH
(3) UNIVERSITY OF MINNESOTA MCNAMARA ALUM CTR, MINNEAPOLIS, MN 55455	41-6007513	501C3	80,000.				RESEARCH
(4) UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL, NOTRE DAME, IL 46556	35-0868188	501C3	179,990.				RESEARCH
(5) UNIVERSITY OF PENNSYLVANIA OFF. RESEARCH SVCS, PHILADELPHIA, PA 19104	23-1352685	501C3	779,085.				RESEARCH
(6) UNIVERSITY OF PITTSBURGH OFFICE OF RSRCH, PITTSBURGH, PA 15213	25-0966691	501C3	725,296.				RESEARCH
(7) UNIVERSITY OF SOUTH CAROLINA, THE 1600 HAMPTON ST, COLUMBIA, SC 29208	57-6001153	501C3	135,000.				RESEARCH
(8) UNIVERSITY OF SOUTHERN CALIFORNIA ATTN: ROBERT OSUNA, LOS ANGELES, CA 90089	95-1642394	501C3	234,778.				RESEARCH
(9) UNIVERSITY OF TEXAS AT HEALTH SCIENCE CENTE ELIZABETH FRANTZ, HOUSTON, TX 77030	74-1587488	501C3	135,000.				RESEARCH
(10) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR, SLC, UT 84112	87-6000525	501C3	280,000.				RESEARCH
(11) UNIVERSITY OF VIRGINIA AT SCHOOL OF MEDI P.O. BOX 400195, CHARLOTTESVILLE, VA 22904	87-6000525	501C3	150,000.				RESEARCH
(12) UNIVERSITY OF WASHINGTON ATTN: TAMI SADUSKY, SEATTLE, WA 98105	91-6001537	501C3	260,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WISCONSIN - MADISON RSRCH & SPONSORED PROG, MADISON, WI 53715	39-6006492	501C3	60,000.				RESEARCH
(2) UT HSC - SAN ANTONIO RSRCH & SPONS PROG, SAN ANTONIO, TX 77229	74-1586031	501C3	475,634.				SCREENING
(3) UT SOUTHWESTERN MEDICAL CENTER UTSW GRANTS MGMT, DALLAS, TX 75284	74-6000203	501C3	190,000.				RESEARCH
(4) UTAH CANCER CONTROL PROGRAM ATTN: SHARI WATKINS, SLC, UT 84114	87-6000545	501C3	49,962.				SCREENING
(5) UTMD ANDERSON CANCER CTR. 1515 HOLCOME BLVD, HOUSTON, TX 77030	74-6001118	501C3	174,103.				RESEARCH
(6) VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303, ATLANTA GA 31192	62-0476822	501C3	853,242.				RESEARCH
(7) VERMONT CANCER CTR, UVM COLLEGE OF MED ATTN: JENNIFER GAGNON, BURLINGTON, VT 05405	30-179440	501C3	104,719.				RESEARCH
(8) VIETNAMESE RESETTLEMENT ASSOCIATION, INC ATTN: KIM COOK, FALLS CHURCH, VA 22044	54-1512549	501C3	19,942.				EDUCATION AND TREATMENT
(9) VIRGINIA COMMONWEALTH UNIVERSITY ATTN: PERSEFINE FLEMING, RICHMOND, VA 23284	54-6001758	501C3	150,000.				RESEARCH
(10) WAKE FOREST UNIVERSITY HEALTH SCIENCES GRANTS MGMT, WINSTON-SALEM, NC 27157	22-3849199	501C3	150,000.				RESEARCH
(11) WASHINGTON UNIVERSITY AT ST. LOUIS, SCHO GRANTS MANAGEMENT WINSTON-SALEM, NC 27157	430653611	501C3	104,755.				TREATMENT
(12) WAYNE STATE UNIVERSITY 700 ROSEDALE AVE, SAINT LOUIS, MO 63112	36-6028429	501C3	60,000.				TREATMENT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEILL MEDICAL COLLEGE OF CORNELL UNIV ATTN: JULIE BOERNER DETROIT, MI 48201	13-1623978	501C3	60,000.				TREATMENT
(2) WESLEY COMMUNITY CENTER 1300 S. 10TH ST, PHOENIX, AZ 85034	86-0133770	501C3	7,500.				TREATMENT
(3) WHITEHEAD INST FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CTR, CAMBRIDGE, MA 02142	06-1043412	501C3	12,000.				RESEARCH
(4) YALE UNIVERSITY 2 WHITNEY AVE, NEW HAVEN, CT 06510	06-0646973	501C3	200,000.				RESEARCH
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2018)

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

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

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

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2

SUSAN G. KOMEN'S (KOMEN) POLICIES FOR MANAGING GRANTS FROM THE TIME OF PRE-AWARD THROUGH CLOSEOUT ARE DESIGNED TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING A HIGH STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE REVIEW AND AWARD PROCESS.

KOMEN REQUIRES ALL GRANTEES TO SIGN A GRANT AGREEMENT SETTING FORTH THE TERMS OF THE GRANT, INCLUDING: PURPOSE, AMOUNT, BUDGETARY RESTRICTIONS, DURATION, PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AUDIT, AND EARLY

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

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

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

TERMINATION RIGHTS.

FOR RESEARCH GRANTS, SCIENTIFIC PROGRESS AND FINANCIAL OVERSIGHT IS MONITORED THROUGHOUT THE GRANT TERM BY A PH.D. OR MASTERS-LEVEL RESEARCH GRANT MANAGER. FOR EDUCATION, SCREENING, AND TREATMENT GRANTS, PROGRESS AND FINANCIAL OVERSIGHT IS MONITORED OR SUPERVISED THROUGHOUT THE GRANT TERM BY QUALIFIED PROFESSIONALS SERVING AS GRANTS MANAGERS.

EACH YEAR OF THE GRANT TERM, GRANTEEES ARE REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS DETAILING PROGRESS TOWARD AIMS AND OBJECTIVES, MAJOR

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

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

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

ACCOMPLISHMENTS, KEY DELIVERABLES AND CHALLENGES ENCOUNTERED, WITH A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES) AND WRITTEN JUSTIFICATION OF EXPENSES. AS APPROPRIATE, THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH GRANTEEES TO GAIN A BETTER UNDERSTANDING OF THEIR WORK AND ADDRESS ANY CHALLENGES IMPACTING THE FUNDED PROGRAM. ALL GRANT FUNDS MUST BE EXPENDED IN ACCORDANCE WITH THE PROJECT'S APPROVED BUDGET AND ARE DISBURSED IN ACCORDANCE WITH THE SCHEDULE DOCUMENTED WITHIN THE GRANT AGREEMENT. REQUESTS FOR CHANGES TO THE DESIGN OF THE FUNDED PROJECT OR BUDGET ARE SUBJECT TO PRIOR APPROVAL BY KOMEN IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT.

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

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

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

AS PART OF ITS OVERSIGHT PRACTICES, THE TERMS OF THE GRANT AGREEMENT MAY PROVIDE KOMEN WITH, AMONG OTHER THINGS, THE RIGHT TO REQUEST WITH REASONABLE PRIOR NOTICE TO THE GRANTEE: (1) ADDITIONAL PROGRESS AND/OR FINANCIAL REPORTING FROM THE GRANTEE, (2) GRANTEE PARTICIPATION IN SITE VISITS, TELEPHONE CONFERENCES, PRESENTATIONS, OR OTHER SPEAKING ENGAGEMENTS, AND (3) WITH PRIOR WRITTEN NOTICE, ADJUSTMENT TO THE PROJECT REPORTING PERIOD AND ASSOCIATED DISBURSEMENT OF GRANT FUNDS AT ANY TIME DURING THE GRANT TERM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	PAULA SCHNEIDER PRESIDENT AND CEO	(i)	546,901.	0.	5,124.	0.	7,081.	559,106.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	CATHERINE OLIVIERI (BEG VP, HR AND CORPORATE SECRETARY	(i)	221,648.	0.	3,758.	14,137.	31,431.	270,974.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	RIA WILLIAMS (BEG 10/18 CHIEF FINANCIAL OFFICER	(i)	179,382.	0.	2,064.	8,586.	7,838.	197,870.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	ROBERT GREEN (END 10/18 CHIEF FINANCIAL OFFICER	(i)	271,798.	22,121.	15,396.	9,040.	3,987.	322,342.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	ADAM VANEK (END 2/19) GEN. COUNSEL & CORPORATE SECY	(i)	243,233.	0.	2,370.	0.	25,485.	271,088.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	CHRISTINA ALFORD SVP, DEVELOPMENT	(i)	284,993.	0.	2,100.	16,414.	7,221.	310,728.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	VICTORIA WOLODZKO VP RESEARCH AND COM. HEALTH PR	(i)	226,401.	0.	2,302.	11,131.	12,109.	251,943.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	LORI MARIS SVP, AFFILIATE NETWORK	(i)	185,646.	0.	2,623.	7,616.	10,484.	206,369.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	ERIC MONTGOMERY VP, I.T.	(i)	196,541.	0.	2,005.	7,792.	9,829.	216,167.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	LINDA FISK SVP, MARKETING (BEG. 5/18)	(i)	130,039.	25,000.	6,024.	0.	3,779.	164,842.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	SUE ALDANA VP, COLLABORATIVE REVENUE	(i)	159,647.	0.	3,665.	4,592.	15,272.	183,176.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	CARRIE HODGES SR. DIR, ACC STR & STEWARDSHIP	(i)	175,738.	0.	1,771.	10,638.	1,918.	190,065.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	SUBHENDU RATH SR. DIR, IT ENTERPRISE SYSTEMS	(i)	167,313.	0.	1,869.	10,195.	19,315.	198,692.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	VANESSA HEWITT SR. DIR., INTERNAL AUDIT	(i)	161,167.	0.	1,862.	10,151.	18,625.	191,805.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	KIMBERLY SABELKO SR. DIR., SCIENTIFIC STRATEGY	(i)	157,063.	0.	2,504.	9,401.	18,472.	187,440.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	ELLEN WILLMOTT FORMER OFFICER	(i)	90,322.	133,754.	1,179.	5,484.	10,213.	240,952.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 1A

SUPPLEMENTAL COMPENSATION INFORMATION

ONE TRIP DURING FY19 INCLUDED FIRST CLASS AIR FARE. ALL OTHER REIMBURSED TRAVEL EXPENSES DO NOT INCLUDE FIRST CLASS AIR FARE EXCEPT AS MAY BE APPROVED IN ADVANCE FOR MEDICAL ACCOMMODATION. HOWEVER, PERSONAL FREQUENT FLIER MILEAGE AND COUPONS MAY BE USED FOR NO COST UPGRADES. IN THE EVENT OF INTERNATIONAL TRAVEL WITH FLIGHT TIMES OF SIX HOURS OR MORE, AND PRE-APPROVAL, BUSINESS OR FIRST CLASS TRAVEL MAY BE PERMITTED IF THERE IS A MEDICAL ACCOMMODATION OR BUSINESS PURPOSE. WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COSTS.

SEVERANCE PAYMENT

FORM 990, SCHEDULE J, PART I, LINE 4A

ROBERT GREEN RECEIVED A SEVERANCE PAYMENT OF \$22,121.

ELLEN WILLMOTT RECEIVED A SEVERANCE PAYMENT OF \$133,754.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

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

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

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

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

46474L 1385

PARENT

PAGE 65

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

SCHEDULE M, PART I, COLUMN (B)

THE AMOUNTS IN THIS COLUMN REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED

OTHER THAN FOOD, WHICH IS NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

75-1835298

FORM 990, PART I, QUESTION 6 - VOLUNTEERS

VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREATEST NUMBERS OF
VOLUNTEERS ASSIST WITH THE SUSAN G. KOMEN 3 DAY® SERIES.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SUSAN G. KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, HAVING
FUNDED MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE THE
U.S. GOVERNMENT WHILE PROVIDING REAL TIME HELP TO THOSE FACING THE
DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED MORE THAN \$1
BILLION IN BREAST CANCER RESEARCH AND PROVIDED OVER \$2.3 BILLION IN
FUNDING FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT,
EDUCATION, HEALTH SYSTEMS IMPROVEMENT, 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.

RESEARCH

SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED
TO MANY MAJOR ADVANCES IN BREAST CANCER SCIENCE. THE PROGRESS HAS BEEN
SIGNIFICANT - TODAY, WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE
DISEASE. WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER
AND THE CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT, AND
PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION

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

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 THAT WILL REDUCE THE NUMBER OF BREAST CANCER DEATHS IN THE U.S. BY 50 PERCENT BY 2026.

KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 67 OF THE WORLD'S LEADERS IN BREAST CANCER RESEARCH, ONCOLOGY AND ADVOCACY. THE SCIENTIFIC ADVISORY BOARD ASSISTS KOMEN IN SETTING ITS RESEARCH STRATEGY AND PRIORITIZING ITS RESEARCH INVESTMENT. THE KOMEN SCHOLARS LEAD AND PARTICIPATE IN KOMEN'S WORLD-CLASS SCIENTIFIC PEER REVIEW PROCESS. OUR ADVOCATES IN SCIENCE BRING THE COLLECTIVE PATIENT VOICE TO KOMEN'S RESEARCH PROGRAMS AND SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT.

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 FY19, KOMEN AWARDED 60 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING: AUSTRALIA, CANADA, FRANCE, ITALY, AND SOUTH AFRICA.

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

WE HAVE A STRONG COMMITMENT TO SUPPORTING THE NEXT GENERATION OF LEADERS IN BREAST CANCER RESEARCH. SUSTAINING THE WORKFORCE IS CRITICAL; WE WANT TO UNLEASH THEIR CREATIVITY AND INNOVATION TO DRIVE DISCOVERY. THE PUBLIC CANNOT AFFORD TO LOSE PROMISING EARLY CAREER INVESTIGATORS DUE TO A LACK OF FUNDING OPPORTUNITIES. TO THAT END, KOMEN AWARDED CAREER CATALYST RESEARCH GRANTS TO SUPPORT EARLY CAREER INVESTIGATORS IN BREAST CANCER RESEARCH IN THEIR EFFORTS TO CONQUER METASTASIS. KOMEN ALSO AWARDED GRADUATE TRAINING IN DISPARITIES RESEARCH COMPETITIVE RENEWAL GRANTS TO SUPPORT TRAINING LEADERS IN THE FIELD OF BREAST CANCER DISPARITIES RESEARCH.

KOMEN ALSO OFFERED LEADERSHIP GRANTS TO SUPPORT KEY WORK BY LEADERS IN THE FIELD OF BREAST CANCER RESEARCH. EACH MECHANISM IS DESCRIBED BELOW.

CAREER CATALYST RESEARCH GRANTS (CCR):

CCR GRANTS PROVIDE UNIQUE OPPORTUNITIES FOR SCIENTISTS WHO HAVE HELD FACULTY POSITIONS FOR NO MORE THAN 5 YEARS AT THE TIME OF APPLICATION TO ACHIEVE RESEARCH INDEPENDENCE. THE GOAL OF THE FY19 CCR GRANTS IS TO SUPPORT OUTSTANDING TRANSLATIONAL RESEARCH FOCUSED ON THE UNDERSTANDING, DETECTION, AND TREATMENT OF METASTATIC BREAST CANCER WHICH WILL LEAD TO A REDUCTION IN BREAST CANCER DEATHS BY 2026.

GRADUATE TRAINING IN DISPARITIES RESEARCH - COMPETITIVE RENEWAL GRANTS

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

(GTDR-CR):

GTDR-CR GRANTS PROVIDES FUNDING TO OUTSTANDING PROGRAMS TO ESTABLISH AND/OR SUSTAIN INNOVATIVE TRAINING PROGRAMS FOR GRADUATE STUDENTS SEEKING CAREERS DEDICATED TO ACHIEVING HEALTH EQUITY. THE GOAL OF THE FY19 COMPETITIVE RENEWAL IS TO SUPPORT PROGRAMS FOR AN ADDITIONAL YEAR TO MAINTAIN SUCCESSFUL PROGRAMS THAT ARE WORKING TOWARDS ACHIEVING KOMEN'S BOLD GOAL.

LEADERSHIP GRANTS:

LEADERSHIP GRANTS PROVIDE SUPPORT FOR HYPOTHESIS-DRIVEN RESEARCH PROJECTS CONDUCTED BY THE DISTINGUISHED BREAST CANCER RESEARCHERS AND CLINICIANS WHO SERVE AS KOMEN'S SCIENTIFIC ADVISORS AND SEEK TO DISCOVER AND DELIVER THE CURES FOR BREAST CANCER.

OPPORTUNITY GRANTS / STRATEGIC PARTNERSHIP AND PROGRAM GRANTS (OG/SPP):

OG AND SPP GRANTS SUPPORT SPECIAL RESEARCH PROJECTS, PROGRAMS, AND COLLABORATIONS THAT LEVERAGE RESEARCH AND COMMUNITY RESOURCES TO FACILITATE THE DEVELOPMENT OF THE INFRASTRUCTURE, TOOLS, AND OTHER MEANS TO ACCELERATE THE TRANSLATION OF SCIENTIFIC DISCOVERIES FROM BENCH TO BEDSIDE TO CURBSIDE. FUNDING FROM ORGANIZATIONS LIKE KOMEN AND ITS SUPPORTERS HAS PROVEN CRITICAL FOR ALL THESE ACTIVITIES, PARTICULARLY FOR CANCER RESEARCH AND FOR CLINICAL TRIALS.

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

KOMEN'S RESEARCH INVESTMENT THROUGH THESE GRANT MECHANISMS SUPPORTS PROJECTS THAT AIM TO, AMONG OTHER THINGS: (A) DEVELOP NOVEL TREATMENT STRATEGIES FOR METASTATIC DISEASE; (B) CREATE NEW STRATEGIES TO DETECT AND PREVENT RECURRENCE; (C) OVERCOME TREATMENT RESISTANCE; (D) UNDERSTAND AND ADDRESS DISPARITIES IN OUTCOMES; (E) ACCELERATE MEDICAL DISCOVERY AND DELIVERY USING DATA SCIENCE; AND (F) BUILDING ESSENTIAL TOOLS AND RESOURCES TO DRIVE SCIENTIFIC DISCOVERY

EXAMPLES OF RESEARCH GRANTS AWARDED IN FY19 INCLUDE:

(A) DEVELOP NOVEL TREATMENT STRATEGIES FOR METASTATIC BREAST CANCER:

JOE GRAY, PH.D., OF OREGON HEALTH & SCIENCE UNIVERSITY, WAS AWARDED A LEADERSHIP GRANT TO IMPROVE THE TREATMENT OF HORMONE RECEPTOR POSITIVE METASTATIC BREAST CANCER. HE WILL IDENTIFY FDA-APPROVED DRUGS THAT COULD INCREASE THE EFFICACY OF IMMUNE THERAPIES AND THEN TEST THOSE DRUGS IN PRECLINICAL MODELS. THE GOAL OF THIS STUDY IS TO BETTER INFORM THERAPEUTIC STRATEGIES FOR THESE PATIENTS BY ENHANCING THE IMMUNE SYSTEM'S ABILITY TO KILL THE CANCER CELLS.

(B) CREATE NEW STRATEGIES TO DETECT AND PREVENT RECURRENCE

ERIC WINER, M.D., OF DANA-FARBER CANCER INSTITUTE, WAS AWARDED A LEADERSHIP GRANT TO IDENTIFY NEW RISK FACTORS OF LATE RECURRENCE OF

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

ESTROGEN RECEPTOR-POSITIVE (ER+) BREAST CANCER. DR. WINER WILL EXAMINE THE IMPACT OF RISK FACTORS SUCH AS BMI, POST-DIAGNOSIS WEIGHT GAIN, POST-DIAGNOSIS PHYSICAL ACTIVITY, AND DIET ON LATE RECURRENCE AND IDENTIFY POTENTIAL THERAPEUTIC INTERVENTIONS.

(C) OVERCOME TREATMENT RESISTANCE:

AKI MORIKAWA, M.D., PH.D, OF UNIVERSITY OF MICHIGAN, WAS AWARDED A CAREER CATALYST RESEARCH GRANT TO STUDY WAYS TO IMPROVE TREATMENT RESPONSE FOR BREAST CANCER PATIENTS THAT HAVE DEVELOPED BRAIN METASTASES. DR. MORIKAWA WILL TEST THE EFFECTIVENESS OF A LARGE PANEL OF DRUGS ON BRAIN METASTASES SAMPLES FROM PATIENTS. THE GOAL IS TO DETERMINE IF REAL-TIME DRUG TESTING CAN GUIDE TREATMENT DECISIONS IN THE CLINIC AND IMPROVE OUTCOMES FOR BREAST CANCER PATIENTS WHO DEVELOP BRAIN METASTASES.

(D) UNDERSTAND AND ADDRESS DISPARITIES IN OUTCOMES:

LAUREN MCCULLOUGH, PH.D., OF EMORY UNIVERSITY, WAS AWARDED A CAREER CATALYST RESEARCH GRANT TO IDENTIFY CONTRIBUTORS TO POOR OUTCOMES IN A LARGE DIVERSE POPULATION IN GEORGIA, INCLUDING SOCIOECONOMIC FACTORS, URBAN/RURAL BARRIERS AND RACIAL/ETHNIC FACTORS WHICH CAN ALL LEAD TO DIFFERENCES IN BREAST CANCER METASTASIS OUTCOMES. HER TEAM WILL WORK TO UNDERSTAND WHY THESE DISPARITIES EXIST AND INFORM FUTURE THERAPEUTIC, BEHAVIORAL AND POLICY INTERVENTIONS TO IMPROVE OUTCOMES IN MARGINALIZED POPULATIONS.

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

MELINA ARNOLD, PH.D., OF THE INTERNATIONAL AGENCY FOR RESEARCH ON CANCER, WAS AWARDED A CAREER CATALYST RESEARCH GRANT TO CONDUCT THE FIRST INTERNATIONAL STUDY TO DETERMINE THE TRUE BURDEN OF METASTATIC BREAST CANCER AMONG HIGH-INCOME COUNTRIES. USING POPULATION-BASED DATA AND CANCER REGISTRIES, DR. ARNOLD WILL DETERMINE IF THERE ARE DIFFERENCES IN SURVIVAL OF WOMEN WITH METASTATIC BREAST CANCER ACROSS COUNTRIES AND IDENTIFY FACTORS THAT CONTRIBUTE TO DIFFERENCES IN OUTCOMES. THIS INFORMATION WILL BE USED TO CREATE RECOMMENDATIONS TO HELP ADDRESS METASTATIC BREAST CANCER DISPARITIES AND IMPROVE OUTCOMES.

(E) ACCELERATE MEDICAL DISCOVERY AND DELIVERY USING DATA SCIENCE:

REGINA BARZILAY, PH.D., OF THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY, WAS AWARDED A LEADERSHIP GRANT TO DEVELOP AN ACCURATE RISK ASSESSMENT MODEL TO PREDICT PATIENTS AT HIGH RISK OF DEVELOPING PRIMARY BREAST CANCER. DR. BARZILAY WILL USE A LARGE COLLECTION OF PATIENTS' MAMMOGRAPH IMAGES WITH KNOWN OUTCOMES TO TEACH MACHINES (ARTIFICIAL INTELLIGENCE) TO IDENTIFY FEATURES THAT PREDICT BREAST CANCER RISK. OVERALL, THE GOAL OF THIS PROJECT IS TO IMPROVE EARLY DETECTION OF BREAST CANCER BY IDENTIFYING WOMEN AT HIGH RISK WHO MIGHT BENEFIT FROM A MORE PERSONALIZED BREAST CANCER SCREENING PROGRAM.

MIA LEVY, M.D., OF RUSH UNIVERSITY MEDICAL CENTER WAS AWARDED A LEADERSHIP GRANT TO DEVELOP NOVEL DOCUMENTATION AND REPORTING STRATEGIES

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

WITHIN THE PATIENT ELECTRONIC HEALTH RECORD THAT WOULD ALLOW FOR COLLECTION AND REPORTING OF OUTCOMES RELATED TO THE MANAGEMENT OF ADJUVANT ENDOCRINE THERAPY (AET), DEFINED AS LEARNING HEALTHCARE SYSTEM (LHS). THE ULTIMATE GOAL OF THIS STUDY IS TO IMPLEMENT THE LHS AND CHANGE HEALTHCARE DELIVERY FOR PATIENTS WITH BREAST CANCER, DECREASING RATES OF RECURRENCE AND DEATH FROM BREAST CANCER.

(F) BUILDING ESSENTIAL TOOLS AND RESOURCES TO DRIVE SCIENTIFIC DISCOVERY

JOHNS HOPKINS UNIVERSITY WAS AWARDED A SPONSORED PROGRAMS GRANT TO SUPPORT THE TRANSLATIONAL BREAST CANCER RESEARCH CONSORTIUM (TBCRC). THE TBCRC IS A COLLABORATION OF 19 CLINICAL SITES THAT WORK TOGETHER TO CONDUCT INNOVATIVE, HIGH-IMPACT, BIOLOGICALLY-DRIVEN TRANSLATIONAL AND CLINICAL RESEARCH TO IMPROVE OUTCOMES FOR BREAST CANCER PATIENTS. SINCE 2006, THE TBCRC HAS DEVELOPED 50 CLINICAL TRIALS, ABOUT HALF OF WHICH HAVE FOCUSED ON METASTATIC BREAST CANCER, DRUG RESISTANCE AND/OR RECURRENCE. TBCRC FINDINGS HAVE BEEN REPORTED IN OVER 80 SCIENTIFIC PEER REVIEWED PUBLICATIONS AND PRESENTATIONS TO DATE, INCLUDING 8 JOURNAL ARTICLES, AND 10 POSTER PRESENTATIONS, 3 POSTER DISCUSSIONS AND 1 TALK AT SCIENTIFIC CONFERENCES IN FY19.

THE SUSAN G. KOMEN TISSUE BANK AT THE INDIANA UNIVERSITY SIMON CANCER CENTER (KTB), WAS AWARDED A SPONSORED PROGRAMS GRANT TO SUPPORT THE WORLD'S ONLY BIOREPOSITORY OF HEALTHY BREAST TISSUE. THE KTB COLLECTS AND STORES HEALTHY TISSUE AND BLOOD SAMPLES FROM DIVERSE POPULATIONS OF

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

WOMEN REPRESENTING THE ENTIRE CONTINUUM OF BREAST DEVELOPMENT FROM PUBERTY TO MENOPAUSE. THE SAMPLES CAN BE UTILIZED BY RESEARCHERS WORLDWIDE TO STUDY BREAST ONCOGENESIS (WHEN CANCER FORMS AND NORMAL CELLS ARE TRANSFORMED INTO CANCER CELLS). SINCE ITS FOUNDING IN 2007, THE KTB HAS COLLECTED BREAST TISSUE SPECIMENS FROM MORE THAN 5,000 HEALTHY DONORS AND BLOOD FROM OVER 11,000 INDIVIDUALS. TO DATE, KTB'S RESOURCES HAVE LED TO 44 SCIENTIFIC PEER REVIEWED PUBLICATIONS, INCLUDING 5 JOURNAL ARTICLES IN FY19.

EDUCATION AND PATIENT SUPPORT:

KOMEN IS A TRUSTED SOURCE OF BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CONNECTING PEOPLE WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER.

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" SECTION OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER STAFF, RECEIVED MORE THAN 5.5 MILLION PAGE VIEWS DURING FY19.

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

KOMEN ALSO PROVIDES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS IN DOWNLOADABLE FORMATS ON KOMEN.ORG. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE: A) BREAST SELF-AWARENESS MESSAGE CARDS IN MORE THAN 40 LANGUAGES, B) BREAST CANCER SPECIFIC BROCHURES AND FACTSHEETS, C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS, AND D) TOOLKITS FOR BREAST CANCER OUTREACH AND EDUCATION FOR HISPANIC/LATINO IN ENGLISH AND SPANISH AND FOR BLACK AND AFRICAN-AMERICAN COMMUNITIES.

THE SUSAN G. KOMEN "1-877 GO KOMEN" (1-877-465-6636) BREAST CARE HELPLINE OFFERS BREAST CANCER EDUCATION, PSYCHOSOCIAL SUPPORT, AND INFORMATION ABOUT COMMUNITY RESOURCES FOR PATIENTS, FAMILIES, AND FRIENDS. THE CLINICAL TRIAL INFORMATION HELPLINE PROVIDES INFORMATION, RESOURCES, COACHING AND SUPPORT RELATED TO BREAST CANCER CLINICAL TRIALS. THE HELPLINE OPERATES FROM 9 A.M. - 10 P.M. E.T. THE SERVICE IS OFFERED IN ENGLISH, SPANISH, AND TAGALOG. DURING FY19, THE KOMEN HELPLINE RESPONDED TO MORE THAN 15,000 CALLS AND EMAILS.

IN ADDITION, IN FY19 KOMEN PARTNERED WITH LIVING BEYOND BREAST CANCER TO DEVELOP AND DELIVER A CONFERENCE FOR WOMEN LIVING WITH METASTATIC BREAST CANCER IN THE WASHINGTON, D.C. REGION. THE CONFERENCE BRINGS PEOPLE WITH METASTATIC BREAST CANCER, CAREGIVERS, HEALTHCARE PROFESSIONALS, HEALTHCARE ORGANIZATIONS, SUPPORT ORGANIZATIONS AND OTHERS, WHO PARTICIPATE IN THE CARE OF PATIENTS WITH METASTATIC BREAST CANCER, TO DISCUSS SCIENTIFIC BREAKTHROUGHS, ONGOING CLINICAL TRIALS, QUALITY OF LIFE, AND INTEGRATIVE MEDICINE. THE CONFERENCE IS DESIGNED TO FILL THE

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

NEEDS OF THE METASTATIC BREAST CANCER COMMUNITY AND SEEKS TO STRENGTHEN METASTATIC BREAST CANCER VOICES IN THE NATIONAL CAPITAL REGION BY CREATING OPPORTUNITIES FOR LEARNING, ENGAGEMENT AND ACTION.

BREAST CANCER IS THE MOST COMMON CANCER IN WOMEN, WORLDWIDE, AND THE NUMBER OF CASES IS INCREASING IN NEARLY EVERY COUNTRY. THE NUMBER OF NEW BREAST CANCER CASES HAS MORE THAN DOUBLED AROUND THE WORLD IN THE LAST THREE DECADES, WITH HIGHEST INCREASES OBSERVED IN LOW- AND MIDDLE-INCOME COUNTRIES. THESE TRENDS ARE CONCERNING, WHICH IS WHY KOMEN WORKS TIRELESSLY TO PROVIDE SUPPORT TO BREAST HEALTH PROGRAMS WORLDWIDE. IT TAKES COLLABORATION AND STRONG PARTNERSHIPS TO MAKE A GLOBAL IMPACT. KOMEN STRIVES TO SERVE AS A "BRIDGE" - COLLABORATING WITH INTERNATIONAL NONPROFITS, CORPORATIONS, AND MINISTRIES OF HEALTH TO BRING TOGETHER PEOPLE AND ORGANIZATIONS TO DEVELOP PROGRAMS THAT ARE TAILORED TO THE SPECIFIC NEEDS OF THE COMMUNITY AND SENSITIVE TO CULTURAL DIFFERENCES. IN FY19, KOMEN'S GLOBAL PROGRAM AWARDED TEN GRANTS TO SUPPORT EDUCATION PROGRAMMING FOR PATIENTS AND FOR HEALTH PROFESSIONALS AND TO REDUCE BARRIERS TO BREAST CANCER CARE IN CHINA, COLOMBIA, MEXICO, PANAMA, AND ZAMBIA.

PUBLIC POLICY AND ADVOCACY

SUSAN G. KOMEN IS COMMITTED TO DOING EVERYTHING WE CAN TO SERVE MORE THAN 260,000 WOMEN AND MEN IN THE UNITED STATES WHO WILL BE DIAGNOSED WITH BREAST CANCER THIS YEAR, THE MORE THAN 150,000 WHO ARE CURRENTLY LIVING

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

WITH INCURABLE BREAST CANCER, AND TO SAVE THE MORE THAN 42,000 WOMEN AND MEN WHO WILL LOSE THEIR LIVES IN 2019. THIS INCLUDES MOBILIZING THE VOICE OF EVERYONE IMPACTED BY THE DISEASE TO IMPROVE OUTCOMES AND SAVE LIVES THROUGH SOUND PUBLIC POLICY. ONLY THROUGH INFORMED GOVERNMENT ACTION CAN WE MAKE THE BROAD, SYSTEMIC AND LASTING CHANGE WE NEED TO HELP US ACHIEVE OUR BOLD GOAL OF REDUCING THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN THE U.S. BY 2026. KOMEN WORKS TO ENSURE THAT THE FIGHT AGAINST BREAST CANCER IS A PRIORITY AMONG POLICYMAKERS IN WASHINGTON, D.C., AND EVERY STATE CAPITOL ACROSS THE COUNTRY.

EVERY TWO YEARS, THROUGH A TRANSPARENT, BROAD-BASED AND INTENSIVE VETTING AND SELECTION PROCESS, KOMEN WORKS TO IDENTIFY THE POLICY ISSUES WITH THE GREATEST POTENTIAL MISSION IMPACT. THIS PROCESS INCLUDES COLLECTING FEEDBACK FROM KOMEN AFFILIATES FROM ACROSS THE COUNTRY; ADVISORY GROUPS INCLUDING ADVOCATES IN SCIENCE (AIS) AND KOMEN SCHOLARS; REPRESENTATIVES FROM THE METASTATIC BREAST CANCER COMMUNITY AND KOMEN'S AFRICAN AMERICAN HEALTH EQUITY INITIATIVE; AND OTHER STAKEHOLDERS WITH A VESTED INTEREST IN BREAST CANCER-RELATED ISSUES. THE SELECTED ISSUES ARE THE BASIS FOR KOMEN'S STATE AND FEDERAL ADVOCACY.

KOMEN'S 2018-2019 ADVOCACY PRIORITIES INCLUDED: SUPPORTING EXPANDED FEDERAL FUNDING FOR BREAST CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE DEPARTMENT OF DEFENSE (DOD); SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

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

(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; ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING; AND EVALUATING STATE AND FEDERAL POLICIES TO INCREASE PUBLIC ACCESS TO INFORMATION ABOUT AND PARTICIPATION IN CLINICAL TRIALS FOR ALL PATIENT POPULATIONS.

IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR 2018-2019 ADVOCACY PRIORITIES, KOMEN CONTINUED OUR EFFORTS TO ENSURE EVERY BREAST CANCER PATIENT AND SURVIVOR HAS ACCESS TO AFFORDABLE, QUALITY HEALTH INSURANCE AND CARE. KOMEN ALSO ENGAGED ON ISSUES RELATED TO BREAST DENSITY, COMPASSIONATE USE, GENETIC TESTING, LYMPHEDEMA, PALLIATIVE CARE AND SURVIVORSHIP.

KOMEN DEVELOPED AND IMPLEMENTED ADVOCACY CAMPAIGNS TO ENCOURAGE LAWMAKERS AND AGENCY OFFICIALS TO SUPPORT AND IMPLEMENT PROGRAMS THAT WOULD ADVANCE OUR PRIORITY ISSUES AND ADDITIONAL POLICY AREAS TO ACHIEVE KOMEN'S BOLD GOAL. KOMEN CONTINUED TO RECRUIT AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS ADVOCACY NETWORK.

SCREENING AND PATIENT NAVIGATION

GETTING REGULAR SCREENING TESTS, ALONG WITH EFFECTIVE AND QUALITY

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

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 SUPPORTS FREE AND LOW-COST SCREENING PROGRAMS IN UNDERSERVED COMMUNITIES THAT HELP NAVIGATE PEOPLE TO QUALITY CARE, AND/OR PROVIDE COVERAGE FOR SCREENING SERVICES TO PEOPLE WITHOUT HEALTH INSURANCE, OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE SCREENING TOO COSTLY.

IN FY19, KOMEN AWARDED ONE SCREENING COMMUNITY GRANT TO BREAST CARE FOR WASHINGTON, TO DEVELOP A MOBILE MAMMOGRAPHY PROJECT TO INCREASE ACCESS TO QUALITY SCREENING AND NAVIGATE WOMEN INTO DIAGNOSIS AND TREATMENT.

TREATMENT AND PATIENT NAVIGATION

BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATION GROUPS. ACCORDING TO QUALITATIVE DATA COLLECTED FROM ACROSS KOMEN'S AFFILIATE NETWORK, THE MOST COMMON BARRIERS TO QUALITY CARE IN THE UNITED STATES INCLUDE: (1) AVAILABILITY OF LOCAL SERVICES; (2) BREAST CANCER EDUCATION; (3) CULTURAL/LANGUAGE; (4) FEAR; (5) FINANCIAL; (6) INSURANCE; (7) TRANSPORTATION.

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

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 PATIENT NAVIGATION IMPROVES ADHERENCE TO TREATMENT RECOMMENDATIONS, RESULTING IN IMPROVED OUTCOMES.

IN FY19, KOMEN FUNDED THREE NONPROFIT ORGANIZATIONS IN SUPPORT OF PROGRAMS TO REDUCE STRUCTURAL, PERSONAL, SOCIOCULTURAL, AND FINANCIAL BARRIERS TO CARE, AND PROVIDE PATIENT NAVIGATION SERVICES FOR UNDERSERVED COMMUNITIES IN THE WASHINGTON, D.C. METRO AREA, SPECIFICALLY WARDS 2, 5, 7, AND 8, AND ALEXANDRIA CITY, VA.

KOMEN'S TREATMENT ASSISTANCE PROGRAM, ADMINISTERED BY CANCERCARE, AIMS TO HELP WOMEN AND MEN IN BREAST CANCER TREATMENT WHO ARE FACING FINANCIAL CHALLENGES STAY IN TREATMENT BY PROVIDING LIMITED FINANCIAL ASSISTANCE, EDUCATION, AND SUPPORT SERVICES. FINANCIAL ASSISTANCE IS GRANTED TO UNDERSERVED, UNDERINSURED OR UNINSURED WOMEN AND MEN ACROSS THE COUNTRY UNDERGOING BREAST CANCER TREATMENT WHO MEET PRE-DETERMINED ELIGIBILITY CRITERIA. THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR TREATMENT-RELATED COSTS, INCLUDING TRANSPORTATION TO AND FROM TREATMENT, CHILD/ELDER CARE, HOME CARE, ORAL PAIN/ANTI-NAUSEA MEDICATIONS, ORAL CHEMOTHERAPY/HORMONE THERAPY, LYMPHEDEMA CARE/SUPPLIES, PALLIATIVE CARE, AND DURABLE MEDICAL EQUIPMENT. WE SERVED MORE THAN 3500 PEOPLE THROUGH THIS PROGRAM IN FY19.

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

EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 1A

THE ORGANIZATION'S BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE COMPRISED OF A MINIMUM OF FIVE MEMBERS INCLUDING THE BOARD CHAIR, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, AND ADDITIONAL BOARD MEMBERS, AS RECOMMENDED BY THE GOVERNANCE COMMITTEE AND APPOINTED BY THE BOARD OF DIRECTORS. MEMBERS OF THE EXECUTIVE COMMITTEE MUST EITHER BE DIRECTORS OF THE ORGANIZATION OR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER.

THE BYLAWS PROVIDE THE EXECUTIVE COMMITTEE WITH THE AUTHORITY TO: (A) APPOINT MEMBERS TO NON-STANDING COMMITTEES OF THE ORGANIZATION, AND NAME CHAIRS OF SUCH COMMITTEES; (B) AUTHORIZE UNBUDGETED DISBURSEMENTS BY THE ORGANIZATION IN ACCORDANCE WITH THE SPECIFIC EXPENDITURE AUTHORITY PRESCRIBED BY THE BOARD OF DIRECTORS; (C) EMPLOY AGENTS; AND (D) CARRY INTO EXECUTION SUCH OTHER MEASURES AS IT DETERMINES WILL PROMOTE THE PURPOSE OF THE ORGANIZATION. THE COMMITTEE ALSO MAY EXERCISE, WHEN THE BOARD IS NOT IN SESSION, ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN EXCEPTIONS SUCH AS REPEALING ANY BOARD RESOLUTIONS, AMENDING THE ORGANIZATION'S ARTICLES OR BYLAWS, OR MERGING OR DISSOLVING THE ORGANIZATION. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES.

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

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

FORM 990, PART VI, QUESTION 11B

MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE OF AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVEL MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR SUBSEQUENT PRESENTATION TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWS, MAKES RECOMMENDATIONS, AND APPROVES THE FORM 990 FOR PRESENTATION TO THE BOARD OF DIRECTORS. THEREAFTER, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, QUESTION 12C

KOMEN'S CONFLICT OF INTEREST POLICY REQUIRES EVERY BOARD MEMBER, OFFICER, COMMITTEE MEMBER, ADVISORY BOARD MEMBER, AND EMPLOYEE TO AVOID CONFLICTS OF INTEREST. IT ALSO REQUIRES THESE PERSONS TO REPORT ANY ACTUAL AND/OR POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE. REPORTS ARE REVIEWED BY THE GENERAL COUNSEL'S OFFICE AND/OR INTERNAL AUDIT, AND APPROPRIATE ACTION IS TAKEN PURSUANT TO THE CONFLICT OF INTEREST POLICY. FURTHER, KOMEN PRODUCES AN ANNUAL SURVEY REQUIRING ALL BOARD MEMBERS, OFFICERS, COMMITTEE MEMBERS, ADVISORY BOARD MEMBERS, AND EMPLOYEES TO REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY ADDITIONAL ACTUAL/POTENTIAL CONFLICTS OF INTEREST. THESE ANNUAL DISCLOSURES ARE REVIEWED IN THE SAME MANNER. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES, AND REVIEWS ALL REPORTED ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND THE RELATED ACTION TO ADDRESS THEM.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, QUESTION 15A & 15B

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN OVERSEEING COMPENSATION POLICIES AND BEST PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER; THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER KEY EMPLOYEES; GRANTING THE CHIEF EXECUTIVE OFFICER WITH THE AUTHORITY TO DETERMINE COMPENSATION LEVELS WITHIN AN APPROVED RANGE; AND ANY INCENTIVE/BONUS COMPENSATION PROGRAMS, IF APPROVED. THE CURRENT POLICY WAS ADOPTED IN 2010.

A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES. PERIODICALLY, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA BY ENGAGING INDEPENDENT EXPERTS OR ACQUIRING UPDATED MARKET DATA TO CONDUCT THE BENCHMARKING PROCESS. COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION. BENCHMARKING WAS CONDUCTED FOR THE CHIEF EXECUTIVE OFFICER AND ALL EXECUTIVE TEAM MEMBERS' COMPENSATION TO EXTERNAL MARKET DATA IN 2019, TO ENSURE MARKET ALIGNMENT. KOMEN PROVIDES SALARY INCREASES, PROMOTIONS AND OTHER FORMS OF COMPENSATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19
KOMEN'S FINANCIAL STATEMENTS AND THE FORM 990 ARE PUBLICLY AVAILABLE ON OUR WEBSITE. THE CERTIFICATE OF FORMATION IS AVAILABLE FROM THE TEXAS SECRETARY OF STATE AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE AS

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

REQUIRED BY STATE LAW. FORM 1023 AND THE CONFLICT OF INTEREST POLICY ARE NOT PUBLISHED ONLINE BUT ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ADDITIONAL DETAIL ON EVENT PRODUCTION EXPENSES INCLUDED ON OTHER EXP FORM 990, PART IX, LINE 24

KOMEN PAYS 50% OF THE COST OF ALL T-SHIRTS FOR THE 111 SUSAN G. KOMEN RACE FOR THE CURE AND MORE THAN PINK WALK EVENTS CONDUCTED BY THE KOMEN AFFILIATES DURING THE FISCAL YEAR.

ACCOUNTS RECEIVABLE

FORM 990, PART X, LINE 4

THE BEGINNING OF YEAR AMOUNT FOR ACCOUNTS RECEIVABLE WAS DETERMINED BY ADDING THE AMOUNT OF ACCOUNTS RECEIVABLE WITH PLEDGES AND GRANTS RECEIVABLE, NET (LINE 3A).

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

RESCINDED GRANTS \$1,681,546

UTAH FIELD OFFICE ADJUSTMENT \$717

TOTAL \$1,682,263

=====

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SUSAN G. KOMEN® IS FIGHTING BREAST CANCER ON ALL FRONTS BY DRIVING RESEARCH BREAKTHROUGHS, ADVOCATING FOR COMPASSIONATE PUBLIC POLICIES, DELIVERING TRUSTWORTHY INFORMATION, AND PROVIDING CRITICAL SUPPORT TO

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

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PEOPLE FACING BREAST CANCER TODAY, HELPING THEM LIVE LONGER,
HEALTHIER LIVES.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT, DC,
FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EVENT 360 205 N. MICHIGAN AVE CHICAGO, IL 60601	EVENT MANAGEMENT	5,238,270.
STEPHEN THOMAS LTD. 184 FRONT STREET EAST, SUITE 501 TORONTO ONTARIO CANADA M5A 4N3	DIRECT MARKETING SVC	1,964,389.
THE ADVERTISING COUNCIL, INC. 815 SECOND AVENUE, 9TH FLOOR NEW YORK, NY 10017	MARKETING	1,182,990.
WASSERMAN MEDIA GROUP, LLC 10900 WILSHIRE BLVD, . SUITE 1200 LOS ANGELES, CA 90024	CONSULTING	550,099.
BLACKBAUD, INC. 6111 W PLANO PKWY STE 1000YC PLANO, TX 75093	CONSULTING	540,303.

The Susan G. Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2019

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 5005 LBJ Freeway, Suite 526, Dallas, Texas 75244					
1 Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 71-0724439	-	-	-	1,485,084	1,485,084
2 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	-	420	420	1,550,044	1,550,464
3 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	-	-	-	569,645	569,645
4 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	-	-	404,335	404,335
5 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 43-2052349	-	-	-	1,350,195	1,350,195
6 Central and Western Oklahoma Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 73-1372249	-	-	-	396,801	396,801
7 Central Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2941627	-	-	-	1,341,626	1,341,626
8 Central Tennessee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 62-1671774	-	-	-	1,129,098	1,129,098
9 Central Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844659	-	-	-	395,145	395,145
10 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	73	73	1,480,250	1,480,323
11 Chicagoland Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 36-4111723	168	392	560	1,718,793	1,719,353
12 Coastal Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	626,245	626,245
13 Colorado South Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844654	-	386	386	266,944	267,330
14 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	-	2,603	2,603	1,244,293	1,246,896

The Susan G. Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2019

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
EIN # 75-2844651					
15 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2444724	-	-	-	1,593,600	1,593,600
16 Denver Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1199858	-	661	661	884,193	884,854
17 Evansville Tri-State Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	74	74	430,861	430,935
18 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2870702	-	-	-	44,960	44,960
19 Greater Detroit Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	-	-	633,928	633,928
20 Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 58-1959763	-	-	-	2,554,099	2,554,099
21 Greater Fort Worth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2445070	-	-	-	1,083,602	1,083,602
22 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	74	1,063	1,137	729,600	730,737
23 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	-	-	-	3,386,469	3,386,469
24 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	105	105	318,940	319,045
25 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 76-0360372	-	-	-	1,794,104	1,794,104
26 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964	-	1,166	1,166	544,079	545,245
27 Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	-	-	-	845,047	845,047
28 Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	518,837	518,837

The Susan G. Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2019

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
29 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	14	14	629,205	629,219
30 Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064	-	469	469	1,042,909	1,043,378
31 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844655	-	173	173	621,011	621,184
32 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2509762	-	-	-	367,268	367,268
33 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 52-2053491	-	-	-	1,881,875	1,881,875
34 Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 37-1286285	-	-	-	1,254,412	1,254,412
35 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	1,169,221	1,169,221
36 Miami-Ft Lauderdale Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	991,945	991,945
37 Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844631	-	19	19	727,761	727,780
38 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 41-1924790	-	-	-	1,122,833	1,122,833
39 Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844650	-	-	-	876,676	876,676
40 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845066	-	-	-	1,168,353	1,168,353
41 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 26-0056671	140	196	336	1,168,168	1,168,504
42 Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 88-0372386	-	-	-	734,519	734,519

The Susan G. Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2019

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
43 New Orleans Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1222127	-		-	594,273	594,273
44 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844656	-	-	-	509,709	509,709
45 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844636	-	-	-	(187)	(187)
46 North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 22-3528454	-	377	377	1,389,419	1,389,796
47 North Louisiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844653	-	-	-	187,695	187,695
48 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2356437	-	123	123	748,844	748,967
49 Northeast Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 34-1793460	-		-	698,051	698,051
50 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063	-	-	-	717,015	717,015
51 Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0487943	-	3,437	3,437	2,826,585	2,830,022
52 Oregon & Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 93-1068897	-	-	-	1,477,548	1,477,548
53 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845062	-	-	-	1,056,320	1,056,320
54 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2949264	17,500	-	17,500	2,016,596	2,034,096
55 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 81-0665396	-	-	-	1,158,455	1,158,455
56 Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-1624040	-	20	20	2,337,128	2,337,148
57 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	-	2,430	2,430	706,145	708,575

The Susan G. Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2019

Form 990, Schedule C, Part II-A - Lobbying Expenditures by Electing Public Charities		Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
EIN # 94-3169358						
58	San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 74-2856696	-	-	-	658,907	658,907
59	San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911	96	2,212	2,308	1,615,925	1,618,233
60	San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3047626	-	11,172	11,172	451,514	462,686
61	South Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 65-0254225	-	-	-	914,046	914,046
62	Southeast Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844639	-	-	-	1,642,044	1,642,044
63	Southern New England Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844629	-	-	-	1,346,836	1,346,836
64	Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 68-0523074	-	-	-	(74,083)	(74,083)
65	Southwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	430,905	430,905
66	Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	-	-	-	464,449	464,449
67	Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854974	-	-	-	670,542	670,542
68	Virginia Blue Ridge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2619425	-	-	-	567,304	567,304
69	Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	1,179	1,179	1,179,761	1,180,940
70	Affiliates that became inactive during the fiscal year	-	-	-	158,455	158,455
Totals - Affiliates		17,978	28,764	46,742	69,527,174	69,573,916

The Susan G. Komen Breast Cancer Foundation, Inc.
 Year Ended March 31, 2019

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	46,137	186,390	232,527	74,572,499	74,805,026
Totals for Parent and Affiliates	<u>64,115</u>	<u>215,154</u>	<u>279,269</u>	<u>144,099,673</u>	<u>144,378,942</u>