

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2019, or tax year beginning 04/01, 2019, and ending 03/31, 20 20

2019

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>74786769.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	


Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here



Signature of officer **Paula Schneider**

12.23.2020
Date

PRESIDENT AND CEO
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date <u>01/04/21</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00292940</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>ERNST & YOUNG U.S. LLP</u> <u>1901 6TH AVE N BIRMINGHAM AL 35203</u>				EIN <u>34-6565596</u> Phone no. <u>205-254-1608</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2019)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **04/01, 2019**, and ending **03/31, 2020**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUSAN G. KOMEN BREAST CANCER FDN, INC			D Employer identification number 75-1835298
	Doing Business As SUSAN G. KOMEN			E Telephone number (972) 855-1600
	Number and street (or P.O. box if mail is not delivered to street address) 13770 NOEL ROAD, SUITE 801889		Room/suite	G Gross receipts \$ 103,537,546.
	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75380			
F Name and address of principal officer: PAULA SUE SCHNEIDER 13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.KOMEN.ORG			H(c) Group exemption number ▶ 7164
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ALL FRONTS BY DRIVING RESEARCH, PUBLIC POLICY, EDUCATION & SUPPORT SERVICES FOR 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	11.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	263.
	6 Total number of volunteers (estimate if necessary)	6	1,950.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	24,426.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-61,611.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,291,987.	59,972,314.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,975,072.	11,229,901.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,415,716.	6,459,076.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,624,976.	-2,874,522.
		90,057,799.	74,786,769.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,481,585.	1,959,840.
	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)	22,862,266.	24,559,389.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,527,973.	1,917,235.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,178,126.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,154,373.	40,447,365.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	92,026,197.	68,883,829.
19 Revenue less expenses. Subtract line 18 from line 12	-1,968,398.	5,902,940.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	192,149,996.	151,061,886.
	22 Net assets or fund balances. Subtract line 21 from line 20.	75,529,111.	47,670,630.
	116,620,885.	103,391,256.	

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			
	PAULA SUE SCHNEIDER Type or print name and title	PRESIDENT AND CEO			
Paid Preparer Use Only	Print/Type preparer's name KATHY PITTS	Preparer's signature <i>Kathy A. Pitts</i>	Date 01/07/21	Check <input type="checkbox"/> if self-employed	PTIN P00292940
	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. 205-254-1608			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SUSAN G. KOMEN® IS FIGHTING BREAST CANCER ON ALL FRONTS BY DRIVING RESEARCH, PUBLIC POLICIES, EDUCATION, AND CRITICAL SERVICES TO PEOPLE FACING BREAST CANCER TODAY.

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

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

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

4a (Code: 32) (Expenses \$ 32,476,282. including grants of \$ 495,346.) (Revenue \$ 0.)

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.

4b (Code: 32) (Expenses \$ 5,473,057. including grants of \$ 1,365,119.) (Revenue \$ 11,260,930.)

GRANTS TO RESEARCH INSTITUTIONS AND OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH PROJECTS INCLUDING THOSE FOCUSED ON THE BIOLOGY OF BREAST CANCER; NEW STRATEGIES TO TREAT, DETECT, AND PREDICT RISK OF BREAST CANCER, AND UNDERSTANDING AND ADDRESSING DISPARITIES IN OUTCOMES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: 32) (Expenses \$ 2,399,558. including grants of \$ 99,375.) (Revenue \$ 538,636.)

PROVISION OF BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS, THIRD-PARTY CONTRACTS AND DIRECTLY BY KOMEN, WITH A SPECIAL EMPHASIS ON PATIENT NAVIGATION, ESPECIALLY IN COMMUNITIES WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS LIMITED. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

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

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

4e Total program service expenses 40,348,897.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 263		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RIA WILLIAMS 13770 NOEL ROAD, SUITE 801889 DALLAS, TX 75380 972-855-1600

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) PAULA SCHNEIDER PRESIDENT AND CEO	55.00 0.			X			631,413.	0.	23,166.	
(2) CHRISTINA ALFORD SVP, DEVELOPMENT	55.00 0.				X		326,215.	0.	19,538.	
(3) DANA BROWN CHIEF OPERATING OFFICER	55.00 0.			X			330,938.	0.	3,303.	
(4) VICTORIA WOLODZKO VP RESEARCH AND COM. HEALTH PR	55.00 0.				X		260,252.	0.	14,182.	
(5) CATHERINE OLIVIERI (END 6/19) VP, HR AND CORPORATE SECRETARY	55.00 0.			X			237,337.	0.	27,885.	
(6) RIA WILLIAMS CHIEF FINANCIAL OFFICER	55.00 0.			X			229,458.	0.	25,918.	
(7) LINDA FISK SVP, MARKETING (END 10/19)	55.00 0.				X		231,553.	0.	14,829.	
(8) LORI MARIS SVP, AFFILIATE NETWORK	55.00 0.				X		196,203.	0.	14,737.	
(9) KIMBERLY SABELKO SR. DIR., SCIENTIFIC STRATEGY	55.00 0.					X	166,787.	0.	21,106.	
(10) VANESSA HEWITT SR. DIR., INTERNAL AUDIT	55.00 0.					X	168,574.	0.	18,979.	
(11) SUE ALDANA VP, COLLABORATIVE REVENUE	55.00 0.					X	169,301.	0.	12,537.	
(12) SUBHENDU RATH (END 7/19) SR. DIR, IT ENTERPRISE SYSTEMS	55.00 0.					X	169,192.	0.	10,402.	
(13) ERIC MONTGOMERY VP, I.T. (END 4/19)	55.00 0.					X	164,984.	0.	13,862.	
(14) KIMBERLY JOHNSON SR DIR AFRI-AM HLTH EQUITY	55.00 0.					X	168,628.	0.	2,110.	

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) EUNICE NAKAMURA (BEG 6/19) GEN COUNSEL AND CORP SECRETARY	55.00 0.			X				112,770.	0.	2,988.
(16) CONNIE O'NEILL BOARD MEMBER (END 6/19)	1.00 0.	X						0.	0.	0.
(17) LINDA CUSTARD BOARD MEMBER (END 6/19)	1.00 0.	X						0.	0.	0.
(18) MEGHAN SHANNON BRENDT BOARD MEMBER (END 6/19)	1.00 0.	X						0.	0.	0.
(19) TRISH WHEATON BOARD MEMBER (END 6/19)	1.00 0.	X						0.	0.	0.
(20) ANGELA ZEPEDA BOARD MEMBER (END 6/19)	1.00 0.	X						0.	0.	0.
(21) KIM BOHR BOARD MEMBER (END 3/20)	1.00 0.	X						0.	0.	0.
(22) ANDREW ROBINSON BOARD MEMBER (END 3/20)	1.00 0.	X						0.	0.	0.
(23) KAYE CEILLE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) DOUG KNUTSON, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(25) KRISTIN NIMSGER BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								3,563,605.	0.	225,542.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,563,605.	0.	225,542.

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 ▶ 54

	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 2		

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) STEPHANIE STAHL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(27) PETER D. BRUNDAGE CHAIR OF THE BOARD	1.00 0.	X		X				0.	0.	0.
(28) JOHN O'NEIL BOARD MEMBER (BEG 6/19)	1.00 0.	X						0.	0.	0.
(29) CHRISTINA MINNIS BOARD MEMBER (BEG 6/19)	1.00 0.	X						0.	0.	0.
(30) SUSANNAH GRAY BOARD MEMBER (BEG 6/19)	1.00 0.	X						0.	0.	0.
(31) JERRI JOHNSON BOARD MEMBER (BEG 6/19)	1.00 0.	X						0.	0.	0.
(32) KWANZA JONES BOARD MEMBER (BEG 6/19)	1.00 0.	X						0.	0.	0.
(33) EUGENE KIM BOARD MEMBER (BEG 6/19)	1.00 0.	X						0.	0.	0.
(34) MICHAEL B. GREENWALD (END 3/20) BOARD MEMBER & TREASURER	1.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
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 **▶** 54

	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 231,422.					
	b	Membership dues	1b					
	c	Fundraising events	1c 15,804,036.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 43,936,856.					
	g	Noncash contributions included in lines 1a-1f.	1g \$ 151,667.					
	h	Total. Add lines 1a-1f ▶		59,972,314.				
	Program Service Revenue				Business Code			
2a		AFFILIATE PROGRAM FUNDING		900099	11,229,901.	11,229,901.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			11,229,901.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			4,926,211.		4,926,211.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			2,627.		2,627.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
				0.	0.			
				6b	Less: rental expenses	6b	0.	0.
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				26,160,315.				
				7b	Less: cost or other basis and sales expenses . .	7b	24,627,450.	
	c	Gain or (loss)	7c	1,532,865.				
	d	Net gain or (loss) ▶				1,532,865.		
	8a	Gross income from fundraising events (not including \$ 15,804,036. of contributions reported on line 1c). See Part IV, line 18	8a					
				377,028.				
8b				Less: direct expenses	8b	3,910,284.		
c	Net income or (loss) from fundraising events. ▶				-3,533,256.	-3,533,256.		
9a	Gross income from gaming activities. See Part IV, line 19	9a						
			0.					
			9b	Less: direct expenses	9b	0.		
c	Net income or (loss) from gaming activities. ▶				0.			
10a	Gross sales of inventory, less returns and allowances	10a						
			183,725.					
			10b	Less: cost of goods sold	10b	213,043.		
c	Net income or (loss) from sales of inventory. ▶				-29,318.	-29,318.		
Miscellaneous Revenue				Business Code				
	11a	SHARED SERVICES INCOME		900099	598,983.	598,983.		
	b	OTHER INCOME		900099	86,442.		24,426.	
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶				685,425.			
12	Total revenue. See instructions ▶				74,786,769.	11,799,566.	24,426.	

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	1,959,840.	1,959,840.		
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	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,939,628.	1,910,758.	382,152.	646,718.
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	18,072,553.	8,545,640.	5,837,188.	3,689,725.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	603,167.	285,307.	208,225.	109,635.
9 Other employee benefits	1,711,195.	757,271.	623,993.	329,931.
10 Payroll taxes	1,232,846.	593,726.	378,928.	260,192.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	118,116.	53,915.	21,520.	42,681.
c Accounting	341,547.		341,547.	
d Lobbying	241,823.	241,823.		
e Professional fundraising services. See Part IV, line 17.	1,917,235.			1,917,235.
f Investment management fees	216,323.		216,323.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	3,896,089.	2,623,917.	80,107.	1,192,065.
13 Office expenses	13,420,103.	8,005,023.	130,398.	5,284,682.
14 Information technology.	1,675,406.	1,089,014.	217,803.	368,589.
15 Royalties.	0.			
16 Occupancy	1,076,477.	488,238.	456,875.	131,364.
17 Travel	1,609,758.	1,207,377.	160,498.	241,883.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	625,982.	516,047.	31,127.	78,808.
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	371,810.	124,950.	156,036.	90,824.
23 Insurance	316,930.	555.	316,076.	299.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING & PROF. SVCS.	9,708,673.	8,064,451.	557,876.	1,086,346.
b EVENT PRODUCTION	2,703,616.	2,177,755.	1,644.	524,217.
c EQUIP. RENTAL & MAINT	1,970,120.	669,672.	641,340.	659,108.
d BANK FEES	886,930.	523,629.	105,291.	258,010.
e All other expenses	1,267,662.	509,989.	491,859.	265,814.
25 Total functional expenses. Add lines 1 through 24e	68,883,829.	40,348,897.	11,356,806.	17,178,126.
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)	39,349,373.	22,359,038.	28,566.	16,961,769.

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	17,950,693.	2	16,576,575.
	3 Pledges and grants receivable, net	26,578,028.	3	25,407,636.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	217,555.	8	110,871.
	9 Prepaid expenses and deferred charges	1,410,475.	9	1,632,025.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,670,331.		
	b Less: accumulated depreciation	10b 8,865,595.	932,890.	10c 804,736.
	11 Investments - publicly traded securities.	77,611,324.	11	54,648,890.
	12 Investments - other securities. See Part IV, line 11	67,428,258.	12	51,881,153.
	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	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	192,149,996.	16	151,061,886.	
Liabilities	17 Accounts payable and accrued expenses	8,480,242.	17	7,278,558.
	18 Grants payable	66,857,399.	18	40,205,041.
	19 Deferred revenue.	191,470.	19	187,031.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	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.	75,529,111.	26	47,670,630.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	67,602,118.	27	47,196,408.
	28 Net assets with donor restrictions.	49,018,767.	28	56,194,848.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	116,620,885.	32	103,391,256.
33 Total liabilities and net assets/fund balances.	192,149,996.	33	151,061,886.	

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	74,786,769.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,883,829.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,902,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,620,885.
5	Net unrealized gains (losses) on investments	5	-19,979,434.
6	Donated services and use of facilities	6	47,998.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	798,867.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,391,256.

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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (81.99%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (83.24%); 16a 33 1/3% support test - 2019 (checked); 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	336,857.	51,821.	124,523.	34,200.	86,442.	633,843.
TOTALS	<u>336,857.</u>	<u>51,821.</u>	<u>124,523.</u>	<u>34,200.</u>	<u>86,442.</u>	<u>633,843.</u>

Schedule of Contributors

2019

▶ **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
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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, 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		\$ 4,358,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,957,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2019

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		28,198.	86,368.
b Total lobbying expenditures to influence a legislative body (direct lobbying)		213,625.	257,094.
c Total lobbying expenditures (add lines 1a and 1b)		241,823.	343,462.
d Other exempt purpose expenditures		57,285,200.	113,727,651.
e Total exempt purpose expenditures (add lines 1c and 1d)		57,527,023.	114,071,113.
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	274,215.	253,525.	279,269.	343,462.	1,150,471.
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	19,341.	19,478.	64,115.	86,368.	189,302.

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 2 main columns: Description and sub-column (1-5). Rows include questions about dues, political expenses, and carryover.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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 values, and 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 easements, total number, acreage, and monitoring expenses.

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 art collections, revenue, and assets.

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

Schedule D (Form 990) 2019

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,333,603.	1,362,090.	1,377,855.	1,376,069.	1,346,721.
b Contributions					
c Net investment earnings, gains, and losses	9,803.	-4,016.	10,034.	1,786.	29,808.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,844.	24,267.	25,799.		460.
f Administrative expenses		204.			
g End of year balance	1,337,562.	1,333,603.	1,362,090.	1,377,855.	1,376,069.

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 Term 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.	361,521.	248,546.
d Equipment		2,561,000.	2,376,758.	184,242.
e Other		6,499,264.	6,127,316.	371,948.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				804,736.

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	15,404,153.	FMV
(B) PRIVATE EQUITY FUND	36,477,000.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	51,881,153.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

Multiple horizontal lines provided for entering supplemental information.

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, 2020.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

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) CENTRAL AMERICA/CARIBBEAN	0.	1.	GRANTMAKING	EDUCATION	4,000.
(2) EAST ASIA AND THE PACIFIC	0.	4.	GRANTMAKING	RESEARCH	497,306.
(3) EUROPE	0.	9.	GRANTMAKING	RESEARCH	574,184.
(4) EUROPE	0.	1.	PROGRAM SERVICES	AFFILIATE PROGRAMS	44,000.
(5) EUROPE	0.	1.	PROGRAM SERVICES	MEMBERSHIP	43,114.
(6) EUROPE	0.	1.	GRANTMAKING	EDUCATION	40,000.
(7) EUROPE	0.	2.	PROGRAM SERVICES	TRANSPORTATION SERVICE	32,267.
(8) EUROPE	0.	2.	PROGRAM SERVICES	CONFERENCE SUPPORT	23,687.
(9) EUROPE	0.	1.	PROGRAM SERVICES	SYSTM&SOFTWR MAINT&SRV	16,189.
(10) EUROPE	0.	1.	PROGRAM SERVICES	LEGAL SERVICES	3,331.
(11) MIDDLE EAST AND NORTH AFRICA	0.	1.	PROGRAM SERVICES	HONORARIUM	1,850.
(12) NORTH AMERICA	0.	1.	FUNDRAISING	DIRECT MAIL PROCESSING	1,173,024.
(13) NORTH AMERICA	0.	4.	GRANTMAKING	RESEARCH	412,069.
(14) NORTH AMERICA	0.	1.	PROGRAM SERVICES	VIDEO SERVICES	76,196.
(15) NORTH AMERICA	0.	1.	PROGRAM SERVICES	MEMBERSHIP	30,000.
(16) NORTH AMERICA	0.	3.	PROGRAM SERVICES	SYSTM&SFTWR MAINT&SRV	23,545.
(17) NORTH AMERICA	0.	1.	GRANTMAKING	EDU, SCREENING, TRTMNT	15,000.
3a Subtotal		35.			3,009,762.
b Total from continuation sheets to Part I		5.			22,817.
c Totals (add lines 3a and 3b)		40.			3,032,579.

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

Schedule F (Form 990) 2019

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

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) NORTH AMERICA	0.	1.	PROGRAM SERVICES	AFFILIATE SUPPORT	240.
(2) SUB-SAHARAN AFRICA	0.	1.	GRANTMAKING	EDUCATION	15,000.
(3) SUB-SAHARAN AFRICA	0.	2.	PROGRAM SERVICES	CONSULTING SERVICES	5,000.
(4) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	PROFESSIONAL SERVICES	2,577.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2019

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)			NORTH AMERICA	RESEARCH	15,000.	WIRE TRANSFE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	30,000.	WIRE TRANSFE			
(3)			NORTH AMERICA	RESEARCH	214,375.	WIRE TRANSFE			
(4)			EUROPE (INCLUDING ICELAN	RESEARCH	77,974.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	RESEARCH	239,672.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	RESEARCH	292,715.	WIRE TRANSFE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	94,188.	WIRE TRANSFE			
(8)			EUROPE (INCLUDING ICELAN	EDUCATION	40,000.	WIRE TRANSFE			
(9)			EUROPE (INCLUDING ICELAN	RESEARCH	105,390.	WIRE TRANSFE			
(10)			NORTH AMERICA	RESEARCH	29,998.	WIRE TRANSFE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	24,000.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	RESEARCH	36,000.	WIRE TRANSFE			
(13)			NORTH AMERICA	RESEARCH	34,948.	WIRE TRANSFE			
(14)			EUROPE (INCLUDING ICELAN	RESEARCH	73,950.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	EDUCATION	15,000.	WIRE TRANSFE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	15,000.	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/ICELAND/GREENLAND	RESEARCH	149,105.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	RESEARCH	78,710.	WIRE TRANSFE			
(3)			NORTH AMERICA	RESEARCH	132,748.	WIRE TRANSFE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **19.**

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 KOMEN'S POLICIES AND PROCEDURES FOR RESEARCH AND TRAINING

GRANTS, ALL GRANTEES ARE REQUIRED TO SUBMIT SCIENTIFIC PROGRESS REPORTS

AND FINANCIAL REPORTS IN THE FORMAT REQUIRED BY KOMEN AND IN ACCORDANCE

WITH THE SCHEDULE SET FORTH IN THE POLICIES AND ANY CHANGE REQUESTS THEY

MAY HAVE FOR THEIR PROJECTS. ALL PROGRESS REPORTS AND REQUESTS ARE

REVIEWED BY QUALIFIED STAFF. SEE SCHEDULE I, PART IV AND SCHEDULE O,

PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.

SCHEDULE 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.

2019

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 information.

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 CONSULTANT		X	16,824,447.	1,288,227.	15,536,220.
2 RKD GROUP, LLC	FUNDRAISING CONSULTANT		X	14,742,827.	370,550.	14,372,277.
3 BOB CARTER COMPANIES	FUNDRAISING CONSULTANT		X		68,251.	
4 BLUE STATE DIGITAL, INC.	MARKETING CONSULTANT		X		61,468.	
5 REVUNAMI, INC.	MARKETING CONSULTANT		X		59,810.	
6 REDPEG MARKETING	MARKETING CONSULTANT		X	995.	50,463.	
7 THE DALTON AGENCY	MARKETING CONSULTANT		X		9,450.	
8 TURNKEY PROMOTIONS, INC.	MARKETING CONSULTANT		X		9,015.	
9						
10						
Total				31,568,269.	1,917,234.	29,908,497.

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)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	15,197,300.	858,115.	125,649.	16,181,064.
	2	Less: Contributions	14,917,986.	760,401.	125,649.	15,804,036.
	3	Gross income (line 1 minus line 2)	279,314.	97,714.	0.	377,028.
Direct Expenses	4	Cash prizes			0.	
	5	Noncash prizes	155,290.	6,283.	3,200.	164,773.
	6	Rent/facility costs	1,238,318.	51,813.	0.	1,290,131.
	7	Food and beverages	1,352,226.	14,741.	1,500.	1,368,467.
	8	Entertainment			0.	
	9	Other direct expenses	1,082,299.	4,163.	451.	1,086,913.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-3,533,256.

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 2020 WERE \$15,804,036.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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.

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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	58,810.				TREATMENT
(2) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE ALBANY, NY 12208	14-1338310	501C3	90,000.				RESEARCH
(3) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT PHILADELPHIA, PA 19106	23-6251649	501C3	110,000.				RESEARCH
(4) AMERICAN ASSOC. ON HEALTH & DISABILITY 110 N WASHINGTON ROCKVILLE, MD 20850	52-1884887	501C3	20,000.				EDUCATION, SCREENING
(5) ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501C3	59,999.				TREATMENT
(6) BAYLOR COLLEGE MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501C3	868,347.				RESEARCH
(7) BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH & FIN OFFICE, BOSTON, MA 02215	04-2103881	501C3	149,510.				RESEARCH
(8) BOAT PEOPLE, SOS 60066 LEESBURG PIKE FALLS CHURCH, VA 22041	54-1563619	501C3	14,018.				TREATMENT
(9) BOSTON UNIVERSITY 580 HARRISON AVE, 3-W BOSTON, MA 02118	04-2103547	501C3	127,000.				RESEARCH
(10) BREAST CARE FOR WASHINGTON 4 ATLANTIC ST SW WASHINGTON, DC 20032	45-5574713	501C3	100,000.				SCREENING, TREATMENT
(11) BRIGHAM & WOMEN'S HOSPITAL 181 LONGWOOD AVE, 5TH FL BOSTON, MA 02115	04-2312909	501C3	100,000.				RESEARCH
(12) BURNHAM INSTITUTE FOR MEDICAL RESEARCH CANCER CTR LA JOLLA, CA 92037	51-0197108	501C3	124,986.				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 ▶

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Schedule I (Form 990) (2019)

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(1) CANCER CARE 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501C3	2,874,966.				EDUCATION, TREATMENT
(2) CASA OF MARYLAND, INC. 8151 15TH AVE HYATTSVILLE, MD 20783	52-1372972	501C3	10,000.				TREATMENT
(3) CHILDREN'S HOSPITAL, BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501C3	24,000.				RESEARCH
(4) COLUMBIA UNIVERSITY MEDICAL CENTER 722 W 168TH ST, 4TH FL NEW YORK, NY 10032	13-5598093	501C3	373,899.				RESEARCH
(5) DANA FARBER CANCER INSTITUTE 44 BINNEY ST BOSTON, MA 02115	04-2263040	501C3	2,305,848.				RESEARCH
(6) DUKE UNIVERSITY MEDICAL CENTER. P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501C3	225,952.				RESEARCH
(7) ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL 901 S. HIGHLAND ST ARLINGTON, VA 22204	52-1308986	501C3	20,000.				TREATMENT
(8) FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD TAMPA, FL 33647	65-0927702	501C3	24,000.				EDUCATION
(9) FRED HUTCHINSON CANCER RESEARCH CENTER P.O. BOX 19024 MS J6-330 SEATTLE, WA 90109	56-3744111	501C3	387,990.				EDUCATION, RESEARCH
(10) H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501C3	157,200.				RESEARCH
(11) HARVARD MEDICAL SCHOOL HOLYOKE CENTER, RM 600 CAMBRIDGE, MA 02138	04-2103580	501C3	186,000.				RESEARCH
(12) INDIANA U (INDIANAPOLIS) P.O. BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673	501C3	1,429,984.				RESEARCH

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

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(1) JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET BALTIMORE, MD 21218	52-0595110	501C3	1,485,999.				EDUCATION, RESEARCH
(2) KINGMAN REGIONAL MEDICAL CENTER 3269 STOCKTON HILL RD KINGMAN, AZ 86409	74-2388735	501C3	21,927.				EDUCATION, TREATMENT
(3) KOREAN COMMUNITY SVC. CTR. OF GREATER WA 7700 LITTLE RIVER TRNPK ANNANDALE, VA 22003	38-6005984	501C3	10,212.				SCREENING, TREATMENT
(4) LELAND STANFORD JR UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501C3	209,074.				RESEARCH
(5) LIVING BEYOND BREAST CANCER 354 WEST LANCASTER AVE HAVERFORD, PA 19041	53-0196932	501C3	6,000.				EDUCATION
(6) MARICOPA HEALTH FOUNDATION 2910 E CAMELBACK ROAD PHOENIX, AZ 85016	86-0777567	501C3	7,500.				TREATMENT
(7) MARY'S CTR FOR MATERNAL&CHILD CARE, INC. 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501C3	100,000.				EDUCATION, TREATMENT
(8) MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 414876 BOSTON, MA 02241-4876	04-2697983	501C3	24,000.				RESEARCH
(9) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 160 MEMORIAL DRIVE CAMBRIDGE, MA 02139	04-2103594	501C3	242,269.				RESEARCH
(10) MAYO CLINIC JACKSONVILLE GRIFFIN BLDG, RM 170 JACKSONVILLE, FL 32224	59-3337028	501C3	280,388.				RESEARCH
(11) MAYO CLINIC ROCHESTER P.O. BOX 4008 ROCHESTER, MN 55903-4008	41-6011702	501C3	120,000.				RESEARCH
(12) MEDICAL COLLEGE OF WISCONSIN MILWAUKEE, WI 53226	39-0806261	501C3	90,000.				RESEARCH

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(1) MEMORIAL SLOAN-KETTERING CANCER CTR 633 3RD AVENUE, 28TH FL NEW YORK, NY 10017	13-1924236	501C3	350,000.				RESEARCH
(2) METAVIVOR RESEARCH AND SUPPORT 1783 FOREST DR ANNAPOLIS, MD 21403	37-1578088	501C3	25,000.				EDUCATION
(3) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PL NY, NY 10029	13-6171197	501C3	300,000.				RESEARCH
(4) MOUNTAIN PARK HEALTH CNTR. 3003 N. 3RD ST, STE 1600 PHOENIX, AZ 85012	86-0498020	501C3	39,167.				EDUCATION, SCREENING TREATMENT
(5) NORTHWESTERN UNIVERSITY - CHICAGO 633 CLARK EVANSTON, IL 60208	36-2167817	501C3	417,097.				RESEARCH
(6) NUEVA VIDA, INC. 2000 P STREET NW WASHINGTON, DC 20036	54-1943145	501C3	99,090.				EDUCATION, TREATMENT
(7) OBESITY SOCIETY 8757 GEORGIA AVENUE SILVER SPRING, MD 20910	54-1438429	501C3	16,000.				RESEARCH
(8) OREGON HEALTH & SCIENCE UNIVERSITY 690 SW BANCROFT, PORTLAND, OR 97239	75-2668014	501C3	529,024.				RESEARCH
(9) PARTNERS FOR CANCER CARE AND PREVENTION 10 E LEE ST UNIT 1901 BALTIMORE, MD 21202	45-1605551	501C3	7,500.				SCREENING
(10) PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501C3	176,000.				RESEARCH
(11) PROVIDENCE PORTLAND MEDICAL CENTER P.O. BOX 13993 PORTLAND, OR 97213	93-0386906	501C3	150,000.				RESEARCH
(12) PURDUE UNIVERSITY 23510 NETWORK PL CHICAGO, IL 60673-1235	35-6002041	501C3	120,000.				RESEARCH

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(1) ROCKEFELLER UNIVERSITY 1230 YORK AVE, BOX 164 NEW YORK, NY 10065	13-1624158	501C3	60,000.				RESEARCH
(2) STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501C3	315,912.				RESEARCH
(3) SUNY AT STONY BROOK W5510 MELVILLE LIB. STONY BROOK, NY 11794	14-6013200	501C3	404,745.				RESEARCH
(4) THE OHIO STATE UNIVERSITY COLLEGE 700 CHILDREN'S DR COLUMBUS, OH 43205	31-6025986	501C3	245,000.				RESEARCH
(5) THE SALK INSTITUTE 10010 N. TORREY PNS RD. LA JOLLA, CA 92037	37-6000511	501C3	157,158.				RESEARCH
(6) THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637	36-2177139	501C3	228,704.				RESEARCH
(7) THE UNIVERSITY OF TOLEDO 2801 W. BANCROFT ST. TOLEDO, OH 43606-3390	34-6401483	501C3	149,645.				RESEARCH
(8) THE WISTAR INSTITUTE 3601 SPRUCE ST PHILADELPHIA, PA 19104-4265	23-6434390	501C3	240,000.				RESEARCH
(9) TRUSTEES OF COLUMBIA UNIV. NEW YORK, NY 10027	13-5598093	501C3	30,000.				RESEARCH
(10) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRORT DR CHAPEL HILL, NC 27599-1350	56-6001393	501C3	926,194.				RESEARCH
(11) UNIV OF TEXAS MD ANDERSON CANCER CENTER P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501C3	350,686.				RESEARCH
(12) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S BIRMINGHAM, AL 35294-0111	63-6005396	501C3	179,995.				RESEARCH

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(1) UNIVERSITY OF CALIFORNIA-DAVIS P.O. BOX 989062 W SACRAMENTO, CA 95798-9062	95-6006143	501C3	23,994.				RESEARCH
(2) UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143	501C3	84,000.				RESEARCH
(3) UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1600 DIVISADERO ST SAN FRANCISCO, CA 94118	94-6036493	501C3	334,000.				RESEARCH
(4) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	501C3	150,000.				RESEARCH
(5) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501C3	60,000.				RESEARCH
(6) UNIVERSITY OF KENTUCKY RESEARCH FNDN. 500 S. LIMESTONE LEXINGTON, KY 40526-0001	61-6033693	501C3	59,899.				RESEARCH
(7) UNIVERSITY OF MIAMI SCHOOL OF MEDICINE 1475 NW 12TH AVE. MIAMI, FL 33136	59-0624458	501C3	23,403.				RESEARCH
(8) UNIVERSITY OF MICHIGAN ANN ARBOR, MI 48109-1274	38-6006309	501C3	340,000.				RESEARCH
(9) UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL NOTRE DAME, IN 46556	35-0868188	501C3	150,000.				RESEARCH
(10) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST. PHILADELPHIA, PA 19104-6205	23-1352685	501C3	1,028,640.				RESEARCH
(11) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL PITTSBURGH, PA 15213-2303	25-0966691	501C3	94,141.				RESEARCH
(12) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST COLUMBIA, SC 29208	57-6001153	501C3	81,000.				RESEARCH

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(1) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA ST. LOS ANGELES, CA 90089	95-1642394	501C3	148,688.				RESEARCH
(2) UNIVERSITY OF TEXAS AT HEALTH SCIENCE CTR ELIZABETH FRANTZ HOUSTON, TX 77030	74-1587488	501C3	81,000.				RESEARCH
(3) UNIVERSITY OF UTAH 201 S PRES. CR SALT LAKE CITY, UT 84112	87-6000525	501C3	353,314.				RESEARCH
(4) UNIVERSITY OF VIRGINIA AT SCHOOL OF MED CHARLOTTESVILLE, VA 22904-4195	23-7173411	501C3	90,000.				RESEARCH
(5) UNIVERSITY OF WASHINGTON 3917 UNIV. WAY NE SEATTLE, WA 98105	91-6001537	501C3	595,000.				RESEARCH
(6) UNIVERSITY OF WISCONSIN - MADISON 21 NORTH PARK ST. MADISON, WI 53715-1218	39-6006492	501C3	66,415.				RESEARCH
(7) UT HSC - SAN ANTONIO 7703 FLOYD CURL DR SAN ANTONIO, TX 77229	74-1586031	501C3	348,750.				RESEARCH
(8) UT SOUTHWESTERN MEDICAL CENTER UT SW GRANTS MGMT DALLAS, TX 75284-1753	74-6000203	501C3	369,994.				RESEARCH
(9) UTAH CANCER CONTROL PROGRAM PO BOX 144620 SALT LAKE CITY, UT 84114-4620	87-6000545	501C3	114,959.				EDUCATION, SCREENING
(10) UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BLVD HOUSTON, TX 77030-4009	74-6001118	501C3	448,205.				RESEARCH
(11) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE. S. ATLANTA, GA 31192	62-0476822	501C3	773,586.				RESEARCH
(12) VIRGINIA COMMONWEALTH UNIVERSITY 800 E. LEIGH ST. RICHMOND, VA 23284	54-6001758	501C3	300,000.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CNTR BLVD WINSTON-SALEM, NC 27157	22-3849199	501C3	150,000.				RESEARCH
(2) WASHINGTON UNIVERSITY AT ST. LOUIS 700 ROSEDALE AVE SAINT LOUIS, MO 63112	43-0653611	501C3	420,146.				RESEARCH
(3) WAYNE STATE UNIVERSITY 5057 WOODWARD AVE. DETROIT, MI 48202	36-6028429	501C3	60,000.				RESEARCH
(4) WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVENUE NEW YORK, NY 10061	13-1623978	501C3	367,122.				RESEARCH
(5) WESLEY COMMUNITY CENTER 1300 S. 10TH STREET PHOENIX, AZ 85034	86-0133770	501C3	22,332.				EDUCATION, TREATMENT
(6) YALE UNIVERSITY 2 WHITNEY AVENUE NEW HAVEN, CT 06521	06-0646973	501C3	157,211.				RESEARCH
(7) CORIELL INSTITUTE FOR MEDICAL RESEARCH 403 HADDON AVENUE CAMDEN, NJ 08103-1505	21-0672684	501C3	33,919.				RESEARCH
(8) ECOG RESEARCH AND EDUCATION FOUNDATION 1818 MARKET STREET PHILADELPHIA, PA 19109	39-1723095	501C3	22,969.				RESEARCH
(9) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322-4250	58-0566256	501C3	148,318.				RESEARCH
(10) GEORGETOWN U P.O. BOX 571164 WASHINGTON, DC 20057-1164	53-0196603	501C3	25,883.				RESEARCH
(11) GEORGETOWN UNIVERSITY 37TH & O ST, NW WASHINGTON, DC 20057-0004	52-2339873	501C3	60,000.				RESEARCH
(12) INTERMOUNTAIN HEALTHCARE FOUNDATION, INC 36 S STATE ST SALT LAKE CITY, UT 84111	94-2854057	501C3	18,750.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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) NEIGHBORHOOD HEALTH 6677 RICHMOND HWY ALEXANDRIA, VA 22305	54-1849891	501C3	48,313.				EDUCATION, TREATMENT
(2) NORTH COUNTRY HEALTHCARE, INC. 2920 N. 4TH STREET FLAGSTAFF, AZ 86004-1816	86-0663432	501C3	24,167.				EDUCATION, TREATMENT
(3) OHIO STATE UNIV RESEARCH FOUNDATION 1960 KENNY RD, 4TH FL COLUMBUS, OH 43210	31-6025986	501C3	40,000.				RESEARCH
(4) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST CHICAGO, IL 60612	36-2174823	501C3	100,165.				RESEARCH
(5) THE MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983	501C3	129,749.				RESEARCH
(6) THE UNIVERSITY OF TEXAS AT AUSTIN AUSTIN, TX 78712	74-6000203	501C3	150,000.				RESEARCH
(7) TUFTS UNIVERSITY 800 WASHINGTON STREET BOSTON, MA 02111	04-2985923	501C3	60,000.				RESEARCH
(8) UNIVERSITY OF ARIZONA TUSCON, AZ 85733-4390	74-2652689	501C3	29,990.				RESEARCH
(9) UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637	38-2177139	501C3	150,000.				RESEARCH
(10) UNIVERSITY OF CINCINNATI 51 GOODMAN DR. CINCINNATI, OH 45221-0222	31-6000989	501C3	30,000.				RESEARCH
(11) UNIVERSITY OF COLORADO DENVER 13001 E 17TH PLACE AURORA, CO 80045-2571	84-6000555	501C3	36,000.				RESEARCH
(12) UNIVERSITY OF PITTSBURGH 3100 CTHDRL OF LEARN. PITTSBURGH, PA 15260	25-0965591	501C3	579,109.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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) VALLEYWISE HEALTH FOUNDATION 2901 E CAMELBACK RD PHOENIX, AZ 85016	86-0777567	501C3	16,667.				EDUCATION
(2) RECINTO DE CIENCIAS MEDICAS PO BOX 365067, SAN JUAN PR 00936-5067	66-0433762	501C3	18,797.				TREATMENT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 110.

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) (2019)

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.

AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR RESEARCH AND TRAINING GRANTS, GRANTEEES ARE REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS

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.

DETAILING PROGRESS TOWARD AIMS AND OBJECTIVES, MAJOR ACCOMPLISHMENTS, KEY DELIVERABLES AND CHALLENGES ENCOUNTERED, WITH A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES) AND WRITTEN JUSTIFICATION OF EXPENSES. AS APPROPRIATE, THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH 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

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.

TERMS OF THE GRANT AGREEMENT.

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

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.

SEE SCHEDULE O, PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.

**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

2019

**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 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
1a	X	
2	X	
3		
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) 2019

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 SUBHENDU RATH (END 7/19) SR. DIR, IT ENTERPRISE SYSTEMS	(i)	130,017.	0.	39,175.	7,414.	2,988.	179,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 VANESSA HEWITT SR. DIR., INTERNAL AUDIT	(i)	166,701.	0.	1,873.	10,468.	8,511.	187,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PAULA SCHNEIDER PRESIDENT AND CEO	(i)	576,289.	50,000.	5,124.	14,949.	8,217.	654,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CATHERINE OLIVIERI (END) VP, HR AND CORPORATE SECRETARY	(i)	233,509.	0.	3,828.	14,723.	13,162.	265,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DANA BROWN CHIEF OPERATING OFFICER	(i)	328,136.	0.	2,802.	0.	3,303.	334,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 RIA WILLIAMS CHIEF FINANCIAL OFFICER	(i)	227,125.	0.	2,333.	11,616.	14,302.	255,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CHRISTINA ALFORD SVP, DEVELOPMENT	(i)	294,114.	30,000.	2,101.	16,724.	2,814.	345,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 VICTORIA WOLODZKO VP RESEARCH AND COM. HEALTH PR	(i)	233,936.	24,000.	2,316.	11,546.	2,636.	274,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LORI MARIS SVP, AFFILIATE NETWORK	(i)	193,368.	0.	2,835.	7,785.	6,952.	210,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ERIC MONTGOMERY VP, I.T. (END 4/19)	(i)	118,436.	0.	46,548.	5,944.	7,918.	178,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 LINDA FISK SVP, MARKETING (END 10/19)	(i)	228,982.	0.	2,571.	8,352.	6,477.	246,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SUE ALDANA VP, COLLABORATIVE REVENUE	(i)	166,169.	0.	3,132.	9,296.	3,241.	181,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 KIMBERLY SABELKO SR. DIR., SCIENTIFIC STRATEGY	(i)	164,099.	0.	2,688.	10,439.	10,667.	187,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 KIMBERLY JOHNSON SR DIR AFRI-AM HLTH EQUITY	(i)	165,528.	0.	3,100.	0.	2,110.	170,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

SUSAN G. KOMEN'S TRAVEL POLICY DOES NOT REIMBURSE FOR FIRST CLASS OR BUSINESS CLASS TRAVEL. 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 FREE UPGRADES ARE USED TO MINIMIZE COSTS.

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

SEVERANCE PAYMENT

SUBHENDU RATH RECEIVED A SEVERANCE PAYMENT OF \$37,959.

ERIC MONTGOMERY RECEIVED A SEVERANCE PAYMENT OF \$45,409.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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		128,311.	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				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5.	3,856.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		2.	19,500.	
26 Other ▶ ()				
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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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) 2019

JSA

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.

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
AIRLINE MILES	X	1.	18,000.	FMV
STORAGE FACILITY	X	1.	1,500.	FMV
TOTALS		<u>2.</u>	<u>19,500.</u>	

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

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

KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 59 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 FY20, KOMEN AWARDED 4 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, IN THE UNITED STATES. THESE GRANTS FOCUSED ON RESEARCH DESIGNED TO UNDERSTAND AND ADDRESS THE BIOLOGIC, BEHAVIORAL, SOCIAL AND SYSTEMIC CAUSES OF BREAST CANCER DISPARITIES.

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THE 4 DISPARITIES RESEARCH GRANTS AWARDED IN FY20 ARE:

1. BRYAN SCHNEIDER, M.D., OF INDIANA UNIVERSITY IN INDIANAPOLIS, IN WILL STUDY HOW GENETIC ANCESTRY AFFECTS HOW AFRICAN AMERICAN WOMEN RESPOND TO BREAST CANCER THERAPY, ESPECIALLY TREATMENT INDUCED SIDE EFFECTS. HE IS ESPECIALLY INTERESTED IN HOW MUTATIONS IN A GENE CALLED SBF2 AFFECT THE DEVELOPMENT OF TAXANE-INDUCE PERIPHERAL NEUROPATHY), A SERIOUS SIDE EFFECT LINKED TO WORSE OUTCOMES IN AFRICAN AMERICAN PATIENTS. DR. SCHNEIDER WILL ALSO BUILD A DECISION-MAKING TOOL THAT WILL HELP AFRICAN AMERICAN PATIENTS WORK WITH THEIR PHYSICIANS TO MAKE THE BEST TREATMENT DECISIONS.

2. ANNE ROSITCH, PH.D., OF JOHNS HOPKINS UNIVERSITY IN BALTIMORE, MD WILL ADDRESS THE DISPARITY IN BREAST CANCER MORTALITY IN LOW RESOURCE SETTINGS BY IMPLEMENTING AND EVALUATING PATIENT ADVOCACY, NAVIGATION, AND REFERRAL PROGRAMS IN TANZANIA. THIS WORK WILL HELP PATIENTS OVERCOME BARRIERS TO CARE THAT RESULT IN DELAYS IN TREATMENT, LATE-STAGE DIAGNOSIS, OR FAILURE TO COMPLETE TREATMENT. BY DEVELOPING COMMUNITY-BASED PROGRAMS TO HELP PATIENTS STAY IN THE CONTINUUM OF CARE, THIS WORK CAN IMPROVE BREAST CANCER OUTCOMES IN LOW-INCOME AREAS ACROSS THE GLOBE.

3. HARIKRISHNA NAKSHATRI, PH.D., OF INDIANA UNIVERSITY IN INDIANAPOLIS, IN WILL STUDY HOW GENETIC ANCESTRY AFFECTS BREAST CANCER BIOMARKERS IN WOMEN OF AFRICAN AMERICAN AND EUROPEAN ANCESTRY. HE WILL DEVELOP A

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TISSUE MICROARRAY PLATFORM TO COMPARE TINY SAMPLES OF BREAST TUMOR, TISSUE AROUND THE TUMORS (TUMOR MICROENVIRONMENT), AND NORMAL BREAST TISSUE (USING SAMPLES FROM THE KOMEN TISSUE BANK) FROM WOMEN OF AFRICAN, EUROPEAN AND OTHER ANCESTRIES. HE WILL STUDY HOW BREAST TISSUE BIOLOGY DIFFERS BETWEEN THESE POPULATIONS AND HOW GENETIC ANCESTRY CAN IMPACT BREAST CANCER OUTCOMES. THESE STUDIES WILL SHED LIGHT ON THE GENETIC FACTORS AFFECTING DISPARITIES IN OUTCOMES FOR AA BREAST CANCER PATIENTS, AND INFORM THE DEVELOPMENT OF BETTER GENETIC BIOMARKERS FOR EARLY BREAST CANCER DETECTION FOR PEOPLE OF DIFFERENT GENETIC ANCESTRY.

4. MARY-CLAIRE KING, PH.D., OF THE UNIVERSITY OF WASHINGTON IN SEATTLE, WA WILL USE NEW GENOMIC APPROACHES TO FIND THE GENETIC BASIS FOR THE HIGHER RATE OF TNBC IN AFRICAN AMERICAN WOMEN. CURRENT SEQUENCING TECHNOLOGIES HAVE BEEN UNABLE TO IDENTIFY MUTATIONS THAT MIGHT EXPLAIN THESE HIGHER RATES OF INHERITED TNBC. DR. KING WILL STUDY THE ROLE OF COMPLEX GENETIC MUTATIONS (SUCH AS DELETION OR INSERTION OF LARGE AMOUNTS OF GENETIC MATERIAL), THAT ARE NOT DETECTABLE BY STANDARD SEQUENCING METHODS, IN OVER 80 CASES OF INHERITED TNBC IN AFRICAN AMERICAN WOMEN. THESE STUDIES WILL ADDRESS THE GAP IN KNOWLEDGE ABOUT GENETICS OF TNBC IN AFRICAN AMERICAN WOMEN, WHICH WILL HELP INFORM TREATMENT DECISIONS AND IMPROVE OUTCOMES IN AA WOMEN DIAGNOSED WITH TNBC.

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

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RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER.

OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE. CONTENT IS OFFERED IN A VARIETY OF FORMATS INCLUDING INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER IN ENGLISH AND SPANISH, ILLUSTRATIONS, CHARTS, GRAPHS, AND SHORT VIDEOS TO MEET THE LEARNING PREFERENCES AND NEEDS OF OUR WEB VISITORS. THE "ABOUT BREAST CANCER" SECTION OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBERCANCER INSTITUTE STAFF, RECEIVED MORE THAN 5 MILLION PAGE VIEWS DURING FY20.

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 THE GENERAL PUBLIC. THE CLINICAL TRIAL INFORMATION HELPLINE PROVIDES INFORMATION, RESOURCES, COACHING AND SUPPORT RELATED TO BREAST CANCER CLINICAL TRIALS. THE

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HELPLINE OPERATES FROM 9 A.M. - 10 P.M. E.T. THE SERVICE IS OFFERED IN ENGLISH, SPANISH, AND TAGALOG. DURING FY20, THE KOMEN HELPLINE RESPONDED TO MORE THAN 15,000 CALLS AND EMAILS.

IN ADDITION, IN FY20 KOMEN DEVELOPED AND DELIVERED 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 TOGETHER, 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 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

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PEOPLE AND ORGANIZATIONS TO DEVELOP PROGRAMS THAT ARE TAILORED TO THE SPECIFIC NEEDS OF THE COMMUNITY AND SENSITIVE TO CULTURAL DIFFERENCES. IN FY20, KOMEN'S GLOBAL PROGRAM CONTINUED ITS COLLABORATIVE WORK TO SUPPORT EDUCATION PROGRAMMING FOR PATIENTS AND FOR HEALTH PROFESSIONALS AND TO REDUCE BARRIERS TO BREAST CANCER CARE IN LATIN AMERICA AND AFRICA.

PUBLIC POLICY AND ADVOCACY

SUSAN G. KOMEN IS THE NONPARTISAN VOICE OF MORE THAN 3.8 MILLION BREAST CANCER SURVIVORS, THOSE LIVING WITH THE DISEASE AND THE PEOPLE WHO LOVE THEM. KOMEN WORKS TO EDUCATE PEOPLE ABOUT PUBLIC POLICY ISSUES, SO THEY ARE EMPOWERED TO BECOME FORCEFUL ADVOCATES FOR THEMSELVES AND THEIR NEIGHBORS, AND THEN UNITES THEIR COLLECTIVE VOICES FOR MAXIMUM IMPACT. THROUGH OUR CENTER FOR PUBLIC POLICY, KOMEN ENSURES THAT OUR POLICYMAKERS ARE EDUCATED ABOUT THE NEEDS OF BREAST CANCER PATIENTS AND PRIORITIZE THE ISSUES IMPACTING THEM. ONLY THROUGH INFORMED GOVERNMENT ACTION CAN WE MAKE THE BROAD, SYSTEMIC AND LASTING CHANGE REQUIRED.

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 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

Name of the organization SUSAN G. KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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KOMEN'S STATE AND FEDERAL ADVOCACY EFFORTS.

KOMEN'S 2019-2020 PUBLIC POLICY AND ADVOCACY PRIORITIES INCLUDED:

EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL PATIENT POPULATIONS; SUPPORTING INCREASED STATE AND FEDERAL FUNDING FOR BREAST CANCER RESEARCH; SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; 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 PUBLIC POLICY AND ADVOCACY PRIORITIES, KOMEN ALSO ENGAGED ON ISSUES RELATED TO, COMPASSIONATE USE, CUSTOM BREAST PROTHESES, GENETIC TESTING, LYMPHEDEMA, MEDICARE WAITING PERIODS, 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. KOMEN CONTINUED TO RECRUIT AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS ADVOCACY NETWORK.

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SCREENING AND PATIENT NAVIGATION

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

KOMEN 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.

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

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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.

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.

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,

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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 4400 PEOPLE THROUGH THIS PROGRAM IN FY20.

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

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RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES.

ON MARCH 24, 2020, THE BOARD OF DIRECTORS UNANIMOUSLY ADOPTED THE SIXTH AMENDED AND RESTATED BYLAWS, WHICH, AMONG OTHER THINGS, EXPANDED THE MAXIMUM NUMBER OF DIRECTORS FROM 15 TO 19 AND REQUIRED THE ANNUAL MEETING OF THE BOARD OF DIRECTORS TO TAKE PLACE WITHIN 90 DAYS BEFORE THE EXPIRATION OF THE FISCAL YEAR.

CHANGES TO ORGANIZATION BYLAWS

FORM 990, PART VI, LINE 4

ON MARCH 24, 2020, THE BOARD OF DIRECTORS UNANIMOUSLY ADOPTED THE SIXTH AMENDED AND RESTATED BYLAWS, WHICH, AMONG OTHER THINGS, EXPANDED THE MAXIMUM NUMBER OF DIRECTORS FROM 15 TO 19 AND REQUIRED THE ANNUAL MEETING OF THE BOARD OF DIRECTORS TO TAKE PLACE WITHIN 90 DAYS BEFORE THE EXPIRATION OF THE FISCAL YEAR.

DESCRIBE THE PROCESS USED BY MGMT AND/OR GOV BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11B

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

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DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFL OF INTER
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 & POSIT. FOR WHICH PROCESS WAS USED, & YEAR PROCESS BEGUN
FORM 990, PART VI, QUESTION 15A & 15B

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

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

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

ADDITIONAL DETAIL ON GRANTS

FORM 990, PART IX, LINE 1

FOR MORE THAN 35 YEARS, SUSAN G. KOMEN HAS BEEN WORKING TOWARD ITS VISION OF CREATING A WORLD WITHOUT BREAST CANCER THROUGH ITS MISSION OF ENSURING

Name of the organization SUSAN G. KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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ALL PEOPLE GET ACCESS TO THE CARE THEY NEED AND INVESTING IN BREAKTHROUGH RESEARCH TO BETTER DETECT, PREVENT AND TREAT BREAST CANCERS AT EVERY STAGE, AND ULTIMATELY, TO DISCOVER THE CURES.

AS A RESULT OF THE ECONOMIC AND HEALTHCARE SYSTEM IMPACTS FROM THE COVID-19 PANDEMIC, IN MAY 2020 KOMEN BEGAN A SERIES OF CHANGES TO STRENGTHEN ITS FINANCIAL AND OPERATIONAL POSITION TO CONTINUE TO DELIVER ON ITS VISION AND MISSION. KOMEN BEGAN A PROCESS TO CENTRALIZE ALL OPERATIONS, CONSOLIDATING ITS INDEPENDENT AFFILIATES INTO ITS HEADQUARTERS ORGANIZATION, RESULTING IN A SINGLE ORGANIZATION. THIS CONSOLIDATION WILL ENABLE KOMEN TO LEVERAGE THE COMBINED EXPERTISE OF ITS MISSION LEADERS TO DELIVER A UNITED MISSION PROGRAM, UTILIZING TECHNOLOGY AS A KEY DRIVER TO CONNECT TO PEOPLE WHO NEED TO ACCESS CARE WHERE THEY ARE AND TO HELP IMPROVE THE PATIENT EXPERIENCE; RESULTING IN ADMINISTRATIVE AND OPERATIONAL EFFICIENCIES.

KOMEN IMPLEMENTED ADDITIONAL COST REDUCTION MEASURES INCLUDING REDUCING HEADQUARTERS STAFF BY 24% IN THE FIRST QUARTER AND OUR AFFILIATES WHO WILL CONSOLIDATE IN FY21 EXPERIENCED A 67% STAFF REDUCTION. OUR CONSOLIDATED HEADCOUNT IS ANTICIPATED TO BE REDUCED BY AT LEAST 33% LESS THAN PRIOR FISCAL YEAR, PRE-PANDEMIC. IN ADDITION, SALARIES WERE REDUCED BY 5% - 15% WITH HIGHER LEVEL POSITIONS TAKING THE LARGER PERCENTAGE REDUCTIONS. KOMEN ALSO SUSPENDED ITS 403B MATCH PROGRAM FOR THE REMAINING MONTHS IN 2020. THESE CHANGES WILL BE REFLECTED IN THE 990 FILED FOR OUR FY21 FISCAL YEAR.

Name of the organization SUSAN G. KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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CENTRAL TO KOMEN'S VISION IS A STEADFAST COMMITMENT TO INVESTING IN BREAKTHROUGH RESEARCH. IN RESPONSE TO THE COVID-19 PANDEMIC'S IMPACT ON THE HEALTH CARE SYSTEM, INCLUDING SUSPENSION OF NON-PANDEMIC RELATED MEDICAL RESEARCH AT MOST RESEARCH UNIVERSITIES ACROSS THE COUNTRY, KOMEN DID NOT AWARD NEW GRANTS IN FY2020. TO BE CLEAR, OUR COMMITMENT TO SAVING LIVES BY INVESTING IN BREAKTHROUGH RESEARCH AND MEETING THE MOST CRITICAL NEEDS IN COMMUNITIES IS UNCHANGED AND UNWAVERING. DESPITE THE ECONOMIC UNCERTAINTY AND CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN MAINTAINED ITS COMMITMENT TO ALL AWARDED PROJECTS.

WE CURRENTLY HAVE AN INCREDIBLE PORTFOLIO OF NEARLY 200 RESEARCH GRANTS, ABOUT HALF WHICH ARE FOCUSED ON RECURRENCE AND METASTASIS. IN FACT, SINCE 1982 OUR TOTAL INVESTMENT IN METASTATIC BREAST CANCER RESEARCH HAS REACHED MORE THAN \$210 MILLION, SUPPORTING OVER 500 RESEARCH GRANTS AND 50 CLINICAL TRIALS - ALMOST 100 OF THESE KOMEN-FUNDED RESEARCH PROJECTS ARE STILL ACTIVE. IN ADDITION, 43 OF OUR ONGOING RESEARCH PROJECTS INVOLVE CLINICAL TRIALS, SPEEDING DISCOVERY TO PATIENT BENEFIT. ANOTHER PRIORITY FOR OUR RESEARCH IS TO BETTER UNDERSTAND AND DEVELOP SOLUTIONS FOR THE DISPARITIES IN BREAST CANCER OUTCOMES, PARTICULAR FOR PEOPLE OF COLOR. IN FACT, 24 OF OUR CURRENT RESEARCH PROJECTS ARE FOCUSED ON THIS, INCLUDING \$1 MILLION IN NEW GRANTS WE AWARDED THIS FISCAL YEAR.

ADDITIONAL DETAIL ON EVENT PROD. EXPENSES INCLUDED ON OTHER EXPENSE FORM 990, PART IX, LINE 24

Name of the organization SUSAN G. KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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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. RACE FOR THE CURE AND MORE THAN PINK WALK EVENTS CONDUCTED BY THE KOMEN AFFILIATES DURING THE FISCAL YEAR.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

RESCINDED GRANTS	\$798,867

TOTAL	\$798,867
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ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, 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 2

990, 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, INC. 205 N. MICHIGAN AVE CHICAGO, IL 60601	EVENT MANAGEMENT	5,152,908.
THE ADVERTISING COUNCIL, INC. 815 SECOND AVENUE, 9TH FLOOR NEW YORK, NY 10017	MARKETING	1,062,811.
RKD GROUP, LLC	CONSULTING	732,000.

Name of the organization SUSAN G. KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
3400 WATERVIEW PARKWAY, SUITE 250 RICHARDSON, TX 75080		
LAUREL STRATEGIES, INC. 4A OXFORD STREET CHEVY CHASE, MD 20815	CONSULTING	480,000.
STEPHEN THOMAS LTD. 184 FRONT STREET EAST, SUITE 501 TORONTO ONTARIO CANADA M5A 4N3	DIRECT MKTNG SRVCS	458,856.

The Susan G Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2020

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

Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is:
P.O. Box 801889 Dallas, Texas 75380

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>	
1 Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 71-0724439	-	-	-	886,629	886,629	AR101
2 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	150	600	750	1,251,756	1,252,506	TX101
3 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	169	1890	2059	654,800	656,858	LA101
4 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	450	450	381,756	382,206	ID100
5 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 43-2052349	60	300	360	712,642	713,002	NJ100
6 Central Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2941627	150	300	450	847,747	848,197	IN101
7 Central Tennessee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 62-1671774	-	-	-	706,314	706,314	TN105
8 Central Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844659	-	-	-	640,534	640,534	VA100
9 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	222	390	612	1,155,671	1,156,283	NC100
10 Chicagoland Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 36-4111723	120	3610	3730	1,257,365	1,261,095	IL101
11 Coastal Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	469,400	469,400	GA102
12 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844651	120	1603	1723	2,340,597	2,342,321	OH102
13 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2444724	90	600	690	1,733,220	1,733,910	TX102
14 Denver Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1199858	60	600	660	1,087,706	1,088,366	CO102
15 Evansville Tri-State Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	300	300	293,601	293,901	IN100
16 Greater Detroit Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	300	300	676,800	677,100	MI103
17 Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 58-1959763	-	480	480	1,387,085	1,387,565	GA100

The Susan G Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2020

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>	
18 Greater Fort Worth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2445070	-	150	150	1,048,116	1,048,266	TX104
19 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	101	1080	1181	583,020	584,201	MO101
20 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	-	390	390	2,678,591	2,678,981	NY104
21 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	407,654	407,654	HI100
22 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 76-0360372	150	1350	1500	1,588,921	1,590,421	TX105
23 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964	60	1317	1377	478,609	479,985	CA103
24 Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	60	840	900	542,289	543,189	IA103
25 Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	285,150	285,150	KY101
26 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	517	1829	2346	426,922	429,268	TN103
27 Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064	60	1727	1787	1,087,191	1,088,978	CA104
28 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844655	-	-	-	508,406	508,406	SC100
29 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 52-2053491	-	757	757	1,115,737	1,116,494	MD100
30 Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 37-1286285	-	750	750	1,329,372	1,330,122	IL102
31 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	60	600	660	959,736	960,396	TN104
32 Miami-Ft Lauderdale Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	885,913	885,913	FL103
33 Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844631	23	450	473	447,601	448,074	MI101
34 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 41-1924790	-	-	-	1,003,379	1,003,379	MN101
35 Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844650	60	300	360	479,055	479,415	MO102

The Susan G Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2020

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>	
36 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845066	-	90	90	901,501	901,591	NC101
37 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 26-0056671	-	720	720	702,982	703,702	NE100
38 Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 88-0372386	-	-	-	359,446	359,446	NV100
39 New Orleans Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1222127	-	-	-	374,975	374,975	LA102
40 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844656	-	300	300	449,446	449,746	AL100
41 North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 22-3528454	35	600	635	757,579	758,214	NJ101
42 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2356437	150	687	837	898,444	899,280	TX107
43 Northeast Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 34-1793460	-	468	468	825,876	826,344	OH101
44 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063	-	300	300	856,543	856,843	OH103
45 Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0487943	60	4217	4277	2,371,625	2,375,902	CA100
46 Oregon & Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 93-1068897	90	750	840	1,256,790	1,257,630	OR100
47 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845062	60	750	810	1,118,651	1,119,461	AR100
48 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2949264	55150	300	55450	1,640,978	1,696,428	PA100
49 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 81-0665396	-	-	-	1,314,503	1,314,503	PA101
50 Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-1624040	60	477	537	1,740,793	1,741,330	WA100
51 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3169358	-	4129	4129	433,358	437,486	CA101
52 San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 74-2856696	-	150	150	423,311	423,461	TX108
53 San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911	93	200	293	1,603,997	1,604,290	CA105

The Susan G Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2020

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures	
54 San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3047626	60	2259	2319	382,314	384,633	CA106
55 South Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 65-0254225	120	1800	1920	809,402	811,322	FL105
56 Southeast Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844639	-	300	300	1,554,147	1,554,447	WI101
57 Southern New England Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844629	-	300	300	905,220	905,520	CT100
58 Southwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	300	300	291,829	292,129	OH100
59 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854974	-	300	300	747,954	748,254	OK101
60 Virginia Blue Ridge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2619425	-	-	-	412,144	412,144	VA101
61 Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	60	510	570	969,959	970,529	NY100
62 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	-	600	600	(600)	-	VA102
Totals - Affiliates	58,170	43,469	101,638	56,442,452	56,544,090	
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	28,198	213,625	241,823	57,285,200	57,527,023	
Totals for Parent and Affiliates	86,368	257,094	343,462	113,727,651	114,071,113	