

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2020

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 04/01, 2020, and ending 03/31, 20 21

Form 990 header section containing organization name (THE SUSAN G. KOMEN BREAST CANCER FDN INC.), EIN (75-1835298), address (13770 NOEL ROAD SUITE 801889, DALLAS, TX 75380), principal officer (PAULA SUE SCHNEIDER), and other identifying information.

Part I Summary

Summary section containing mission statement (OUR MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS...), governance information, and revenue/expense summary table.

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Paula Sue Schneider, President and CEO, dated 1/6/2022.

Paid Preparer section for KATHY PITTS, ERNST & YOUNG U.S. LLP, dated 1/6/2022.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

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:

KOMEN'S MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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 \$ 17,226,573. including grants of \$ 13,519,391.) (Revenue \$ 2,917,959.) 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.

4b (Code: 32) (Expenses \$ 30,411,145. including grants of \$ 1,709,943.) (Revenue \$ 594,769.) PATIENT CARE AND ADVOCACY: PROVISION OF BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS, THIRD-PARTY CONTRACTS AND DIRECTLY BY KOMEN, WITH A SPECIAL EMPHASIS ON PATIENT NAVIGATION, ESPECIALLY IN COMMUNITIES WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS LIMITED. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses 47,637,718.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and 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)

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

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 (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 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.
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

**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 & CEO	55.00 0.			X			530,086.	0.	23,471.	
(2) DANA BROWN CHIEF OPERATING OFFICER	55.00 0.			X			364,663.	0.	7,330.	
(3) CHRISTINA ALFORD FORMER SVP, DEV (END 7/20)	0. 0.				X		251,976.	0.	6,388.	
(4) CATHERINE OLIVIERI VP, HR	55.00 0.				X		226,260.	0.	18,697.	
(5) VICTORIA WOLODZKO SVP, MISSION	55.00 0.				X		234,741.	0.	7,256.	
(6) SARAH ROSALES VP, CORPORATE PARTNERSHIPS	55.00 0.					X	222,385.	0.	14,487.	
(7) RIA WILLIAMS CHIEF FINANCIAL OFFICER	55.00 0.			X			215,400.	0.	18,913.	
(8) EUNICE NAKAMURA GEN COUNSEL & CORP SECRETARY	55.00 0.			X			202,364.	0.	6,148.	
(9) SRINIVAS AVADHANULA VP, BI PLATFORM & ENGINEERING	55.00 0.					X	198,146.	0.	3,309.	
(10) MICHELLE STRONG VP, MARKETING STRATEGY	55.00 0.					X	188,440.	0.	9,300.	
(11) LORI MARIS SVP, COMMUNITY DEV & OPERATION	55.00 0.				X		181,163.	0.	14,039.	
(12) KIMBERLY SABELKO VP, SCIENTIFIC STRATEGY & PROG	55.00 0.					X	165,638.	0.	13,938.	
(13) KIMBERLY JOHNSON SR. DIRECTOR AAHEI	55.00 0.					X	162,994.	0.	1,920.	
(14) PETER D. BRUNDAGE CHAIR OF THE BOARD	1.00 0.	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JOHN O'NEILL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
16) CHRISTINA MINNIS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
17) SUSANNAH GRAY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
18) JERRI JOHNSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
19) KWANZA JONES BOARD MEMBER	1.00 0.	X					0.	0.	0.	
20) EUGENE KIM BOARD MEMBER	1.00 0.	X					0.	0.	0.	
21) KAYE CEILLE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
22) DOUG KNUTSON MD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
23) KRISTIN NIMSGER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
24) STEPHANIE STAHL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
25) ED DANDRIDGE (BEG 06/20) BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							3,144,256.	0.	145,196.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							3,144,256.	0.	145,196.	

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 **47**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 **17**



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	150,066.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0.					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	5,296,212.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	0.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	45,537,468.					
	<b>g</b> Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 21,053.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			50,983,746.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b> AFFILIATE PROGRAM FUNDING			900099	3,259,501.	3,259,501.			
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>g Total.</b> Add lines 2a-2f . . . . .				3,259,501.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			1,176,581.			1,176,581.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.				
	<b>5</b> Royalties . . . . .			40,962.			40,962.	
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
			<b>d</b> Net rental income or (loss) . . . . .			0.		
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses . .	<b>7b</b>	19,651,333.			
			<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	13,438,857.			
			<b>d</b> Net gain or (loss) . . . . .		6,212,476.	6,212,476.		6,212,476.
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			5,296,212.			
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	40,750.			
			<b>c</b> Net income or (loss) from fundraising events. . . . .		313,023.	-272,273.		-272,273.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
<b>b</b> Less: direct expenses . . . . .			<b>9b</b>	0.				
<b>c</b> Net income or (loss) from gaming activities. . . . .				0.	0.		0.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			112,375.				
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	107,473.				
		<b>c</b> Net income or (loss) from sales of inventory. . . . .		4,902.	4,902.		4,902.	
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b> SHARED SERVICES		900099	248,325.	248,325.			
	<b>b</b> OTHER INCOME		900099	15,070.		8,328.	6,742.	
	<b>c</b> MERGER RELATED INCOME		900099	26,076,368.			26,076,368.	
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				26,339,763.				
<b>12 Total revenue.</b> See instructions . . . . .				87,745,658.	3,512,728.	8,328.	33,240,856.	

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]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, and Total functional expenses.

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include items like Cash, Savings, Pledges, Accounts receivable, Loans, Investments, and Total assets/liabilities.

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (87,745,658). Line 2: Total expenses (74,767,223). Line 3: Revenue less expenses (12,978,435). Line 4: Net assets at beginning (103,391,256). Line 5: Net unrealized gains (20,186,210). Line 6: Donated services (484,237). Line 7: Investment expenses (-190,951). Line 8: Prior period adjustments (0). Line 9: Other changes (413,691). Line 10: Net assets at end (137,262,878).

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 [X] Accrual [ ] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c 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?
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?
3b 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.

Table with 3 columns: Question, Yes, No. Row 2a: Yes [ ], No [X]. Row 2b: Yes [X], No [ ]. Row 2c: Yes [X], No [ ]. Row 3a: Yes [ ], No [X]. Row 3b: Yes [ ], No [ ].

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE 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)							
<b>Total</b>							

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 88.17%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 81.99%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

**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	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	51,821.	124,523.	34,200.	86,442.	15,070.	312,056.
TOTALS	<u>51,821.</u>	<u>124,523.</u>	<u>34,200.</u>	<u>86,442.</u>	<u>15,070.</u>	<u>312,056.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization THE 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	N/A	\$ 4,564,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 2,430,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,955,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,446,580.	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.)

Name of organization THE 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 THE 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.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes blank rows for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes blank rows for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes blank rows for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes blank rows for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes blank rows for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes blank rows for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes blank rows for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes blank rows for data entry.



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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.

Table with 2 columns: Name of organization, Employer identification number. Row 1: THE SUSAN G. KOMEN BREAST CANCER FDN INC., 75-1835298

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		38,616.	38,616.
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		133,858.	137,126.
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		172,474.	175,742.
<b>d</b> Other exempt purpose expenditures . . . . .		60,772,846.	95,547,558.
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		60,945,320.	95,723,300.
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.
<b>If the amount on line 1e, column (a) or (b) is:</b>			
<b>The lobbying nontaxable amount is:</b>			
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	250,000.
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2017</b>	<b>(b) 2018</b>	<b>(c) 2019</b>	<b>(d) 2020</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	253,525.	279,269.	343,462.	172,474.	1,048,730.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	19,478.	64,115.	86,368.	38,616.	208,577.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

**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

2020

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

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN INC.

75-1835298

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2020

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely held equity interests, and Other (A) PRIVATE EQUITY FUND.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9).

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9).

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes row 1. Federal income taxes and rows (1) through (9).

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. [X]

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 line numbers and a final column for totals. Row 1: Total revenue... Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... Row 4: Amounts included on Form 990... Row 5: Total revenue. Add lines 3 and 4c.

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 line numbers and a final column for totals. Row 1: Total expenses and losses per audited financial statements... Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... Row 4: Amounts included on Form 990... Row 5: Total expenses. Add lines 3 and 4c.

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, 2021.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

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

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FDN INC.

Employer identification number

75-1835298

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	4.	0.	GRANTMAKING	RESEARCH	254,938.
(2) EUROPE	1.	0.	GRANTMAKING	RESEARCH	10,000.
(3) EUROPE	6.	0.	GRANTMAKING	RESEARCH	446,258.
(4) EUROPE	1.	0.	PROGRAM SERVICES	LEARNING MGMT SYSTEM	16,189.
(5) EUROPE	1.	0.	PROGRAM SERVICES	LEGAL SERVICES	4,425.
(6) NORTH AMERICA	4.	0.	GRANTMAKING	RESEARCH	333,020.
(7) NORTH AMERICA	1.	0.	PROGRAM SERVICES	IT SERVICES	34,390.
(8) NORTH AMERICA	1.	0.	PROGRAM SERVICES	MISSION TOOL DEV	3,802,203.
(9) NORTH AMERICA	1.	0.	PROGRAM SERVICES	EVENT PRODUCTION	24,021.
(10) NORTH AMERICA	1.	0.	FUNDRAISING	FUNDRAISING SUPPORT	7,608.
(11) SUB-SAHARAN AFRICA	1.	0.	GRANTMAKING	RESEARCH	19,514.
(12) SUB-SAHARAN AFRICA	1.	0.	GRANTMAKING	PATIENT CARE	79,992.
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	23.				5,032,558.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	23.				5,032,558.

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

Schedule F (Form 990) 2020

**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)			SUB-SAHARAN AFRICA	RESEARCH	19,514.				
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	10,000.				
(3)			EAST ASIA/PACIFIC	RESEARCH	59,921.				
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	51,983.				
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH PATIENT CARE	89,763.				
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	74,685.				
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	16,000.				
(8)			EAST ASIA/PACIFIC	RESEARCH	78,710.				
(9)			NORTH AMERICA	RESEARCH	30,000.				
(10)			NORTH AMERICA	RESEARCH	88,125.				
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	54,000.				
(12)			NORTH AMERICA	RESEARCH	80,000.				
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	149,828.				
(14)			NORTH AMERICA	RESEARCH	59,903.				
(15)			SUB-SAHARAN AFRICA	PATIENT CARE	79,992.				
(16)			NORTH AMERICA	RESEARCH	74,992.				

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

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)			EAST ASIA/PACIFIC	RESEARCH	21,555.				
(2)			EAST ASIA/PACIFIC	RESEARCH	90,000.				
(3)			EUROPE/ICELAND/GREENLAND	PATIENT CARE	10,000.				
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 20.

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).

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PROCEDURES FOR MONITORING USE OF GRANTS

AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR RESEARCH AND TRAINING

GRANTS, ALL GRANTEEES ARE REQUIRED TO SUBMIT SCIENTIFIC PROGRESS REPORTS

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

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

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

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

PART IX, LINE 1 NARRATIVE FOR ADDITIONAL

DETAILS.

SCHEDULE 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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual... [X] Yes [ ] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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 SERIES (event type)	RACE WALK (event type)	12. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	3,155,568.	1,940,335.	241,059.	5,336,962.
	2	Less: Contributions	3,155,568.	1,902,160.	238,484.	5,296,212.
	3	Gross income (line 1 minus line 2)		38,175.	2,575.	40,750.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	290,887.			290,887.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,949.	12,061.	3,126.	22,136.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-272,273.

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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 2021 WERE \$5,296,212.

THE SUSAN G. KOMEN BREAST CANCER FDN INC.

75-1835298

ATTACHMENT 1

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
EVENT 360  55 E. JACKSON BLVD, SUITE 1010 CHICAGO IL 60604	FUNDRAISING CONSULTANT		X	502,231.	593,119.	-90,888.
RKD GROUP, LLC  3400 WATERVIEW PARKWAY, SUITE 250 RICHARDSON TX 75080	FUNDRAISING CONSULTANT		X	22,648,672.	512,828.	22,135,844.
BLUE STATE DIGITAL, INC.  41 FLATBRUSH AVENUE, 8TH FL BROOKLYN NY 11217	MARKETING CONSULTANT		X		15,317.	-15,317.
REVUNAMI, INC.  228 E. 85TH ST, SUITE 9C NEW YORK NY 10028	MARKETING CONSULTANT		X		22,124.	-22,124.
TURNKEY PROMOTIONS, INC.  3310 ROSEDAL AVENUE RICHMOND VA 23230	MARKETING CONSULTANT		X		15,370.	-15,370.

ATTACHMENT 1

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

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Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FDN INC.

Employer identification number

75-1835298

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- 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
<b>(1)</b> AFRICAN WOMENS CANCER AWARENESS ASSOC. 8955 EDMONSTON ROAD GREENBELT, MD 20770	73-1704355	501C3	9,966.				PATIENT CARE
<b>(2)</b> ALBANY MEDICAL COLLEGE ATTN: FRANCES ALBERT ALBANY, NY 12208	14-1338310	501C3	59,976.				RESEARCH
<b>(3)</b> ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501C3	10,000.				PATIENT CARE
<b>(4)</b> BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206, HOUSTON, TX 77030	74-1613878	501C3	570,492.				RESEARCH
<b>(5)</b> BAYLOR UNIVERSITY ONE BAYLOR PLAZA BCM 206, HOUSTON, TX 77030	74-1613878	501C3	75,000.				RESEARCH
<b>(6)</b> BOSTON UNIVERSITY 225 BAY STATE ROAD BOSTON, MA 02215	04-2103547	501C3	200,000.				RESEARCH
<b>(7)</b> BREAST CANCER FOR WASHINGTON 4 ATLANTIC ST SW WASHINGTON, DC 20032	45-5574713	501C3	20,000.				PATIENT CARE
<b>(8)</b> BRIGHAM AND WOMEN'S HOSPITAL 181 LONGWOOD AVE 5TH FL, BOSTON, MA 02115	51-0197108	501C3	99,619.				RESEARCH
<b>(9)</b> BURNAM INSTITUTE FOR MEDICAL RESEARCH 10901 N TORREY PINES RD, LA JOLLA, CA 92037	51-0197108	501C3	74,992.				RESEARCH
<b>(10)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501C3	100,000.				RESEARCH
<b>(11)</b> DANA-FARBER CANCER INSTITUTE INC. 450 BROOKLINE AVE BP 412, BOSTON, MA 02115	04-2263040	501C3	998,440.				RESEARCH
<b>(12)</b> DUKE UNIVERSITY MEDICAL CENTER 324 BLACKWHEEL ST STE 1000, DURHAM, NC 27701	56-0532129	501C3	23,968.				RESEARCH

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

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Schedule I (Form 990) 2020

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(1) FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-2003072	501C3	60,000.				RESEARCH
(2) FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, MS J6-330 SEATTLE, WA 98109	56-3744111	501C3	222,483.				RESEARCH, PATIENT CARE
(3) H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501C3	56,787.				RESEARCH
(4) HARVARD MEDICAL SCHOOL HOLYOKE CENTER ROOM 600 CAMBRIDGE, MA 02138	04-2103580	501C3	399,000.				RESEARCH
(5) INDIANA U (INDIANAPOLIS) P.O. BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	501C3	578,130.				RESEARCH
(6) JOHNS HOPKINS UNIVERSITY 1650 ORLEANS STREET BALTIMORE, MD 21231	52-0595110	501C3	937,500.				RESEARCH
(7) JOHN HOPKINS U 1101 E 33RD S, E C220, BALTIMORE, MD 21218	52-0595110	501C3	207,886.				RESEARCH, PATIENT CARE
(8) KINGMAN REGIONAL MEDICAL CENTER 3269 STOCKTON HILL RD KINGMAN, AZ 86409	74-2388735	501C3	28,907.				EDUCATION
(9) LELAND STANFORD JR UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501C3	200,000.				RESEARCH
(10) LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501C3	41,971.				RESEARCH
(11) MARY'S CTR FOR MATERNAL & CHILD CARE 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501C3	20,002.				PATIENT CARE
(12) MAYO CLINIC ROCHESTER 200 1ST SW PO BOX 4008 ROCHESTER, MN 55903	41-6011702	501C3	80,000.				RESEARCH

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(1) MEDICAL COLLEGE OF WISCONSIN 8701 W WATERTOWN PLANK, MILWAUKEE, WI 53226	39-0806261	501C3	27,828.				RESEARCH
(2) MEMORIAL SLOAN-KETTERING CANCER CENTER 633 THIRD AVE, 28TH FL, NEW YORK, NY 10017	13-1924236	501C3	275,000.				RESEARCH
(3) METHODIST HOSPITAL RESEARCH INSTITUTE 6565 FANNIN STREET HOUSTON, TX 77030	87-0721923	501C3	24,000.				RESEARCH
(4) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PL, NEW YORK, NY 10029	13-6171197	501C3	150,000.				RESEARCH
(5) MOUNTAIN PARK HEALTH CTR 3003 N. 3RD ST, STE 1600, PHOENIX, AZ 85012	86-0498020	501C3	16,668.				PATIENT CARE
(6) NEIGHBORHOOD HEALTH 2 EAST GLEBE ROAD ALEXANDRIA, VA 22305	54-1849891	501C3	7,258.				PATIENT CARE
(7) NORTH COUNTRY HEALTHCARE INC. 2920 N. 4TH STREET FLAGSTAFF, AZ 86004	86-0663432	501C3	33,333.				PATIENT CARE
(8) NORTHWESTERN UNIVERSITY-CHICAGO 633 CLARK EVANSTON, IL 60208	36-2167817	501C3	55,140.				RESEARCH
(9) NUEVA VIDA, INC. 2000 P ST NW, STE 300, WASHINGTON DC 20036	54-1943145	501C3	20,000.				PATIENT CARE
(10) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND, OR 97239	75-2668014	501C3	24,684.				RESEARCH
(11) PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501C3	224,000.				RESEARCH
(12) PROVIDENCE PORTLAND MEDICAL CENTER P.O. BOX 13993 PORTLAND, OR 97213	93-0386906	501C3	75,000.				RESEARCH

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<b>(1)</b> PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673	35-6002041	501C3	27,024.				RESEARCH
<b>(2)</b> ROSWELL PARK ALLIANCE FOUNDATION ELM & CARLTON STREETS BUFFALO, NY 14263	16-1391608	501C3	240,000.				RESEARCH
<b>(3)</b> STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501C3	248,000.				RESEARCH
<b>(4)</b> STEVENS INSTITUTE OF TECHNOLOGY 1 CASTLE POINT TERRACE HOBOKEN, NJ 07030	22-1487354	501C3	23,129.				RESEARCH
<b>(5)</b> THE OHIO STATE UNIVERSITY COLLEGE 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-6025986	501C3	56,945.				RESEARCH
<b>(6)</b> THE SALK INSTITUTE 10010 N TORREY PINES RD, LA JOLLA, CA 92037	37-6000511	501C3	104,772.				RESEARCH
<b>(7)</b> THE UNIVERSITY OF TEXAS AT AUSTIN 300 W DEAN KEETON, AUSTIN, TX 78712	74-6000203	501C3	150,000.				RESEARCH
<b>(8)</b> THE UNIVERSITY OF TOLEDO 2801 W BANCROFT ST MS 944, TOLEDO, OH 43606	34-6401483	501C3	89,787.				RESEARCH
<b>(9)</b> THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6434390	501C3	135,000.				RESEARCH
<b>(10)</b> TULANE UNIVERSITY HEALTH SCIENCES CENTER 800 E COMMERCE HARAHAN, LA 70023	72-0423889	501C3	48,000.				RESEARCH
<b>(11)</b> UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR #2200, CHAPEL HILL, NC 27599	56-6001393	501C3	797,399.				RESEARCH, PATIENT CARE
<b>(12)</b> UNIVERSITY OF TEXAS MD ANDERSON CANCER CTR P.O. BOX 4390 HOUSTON, TX 77210	74-6001118	501C3	48,436.				RESEARCH

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(1) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIFORNIA #315 SAN FRANCISCO CA 94118	94-6036493	501C3	100,000.				RESEARCH
(2) UNIVERSITY OF CALIFORNIA-BERKLEY 2195 HEARST AVE, RM 130, BERKLEY, CA 94720	95-6006143	501C3	24,888.				RESEARCH
(3) UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501C3	56,000.				RESEARCH
(4) UNIVERSITY OF CALIFORNIA-LOS ANGELES BOX 951432, LOS ANGELES, CA 90095	95-6006143	501C3	60,000.				RESEARCH
(5) UNIVERSITY OF COLORADO DENVER 13001 E 17TH PLACE AURORA, CO 80045	84-6002597	501C3	23,449.				RESEARCH
(6) UNIVERSITY OF DELAWARE 30 LOVETT AVENUE NEWARK, DE 19716	51-6000279	501C3	59,962.				RESEARCH
(7) UNIVERSITY OF ILLINOIS AT CHICAGO 809 S MARSHFIELD MC 551, CHICAGO, IL 60608	37-6000511	501C3	35,999.				RESEARCH
(8) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	501C3	90,000.				RESEARCH
(9) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD, KANSAS CITY, KS 66160	48-1108830	501C3	91,774.				RESEARCH
(10) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 500 S LIMESTONE, LEXINGTON, KY 40526	61-6033693	501C3	57,353.				RESEARCH
(11) UNIVERSITY OF MICHIGAN WOLVERINE TOWER ANN ARBOR, MI 48109	38-6006309	501C3	175,453.				RESEARCH
(12) UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL NOTRE DAME, IN 46556	35-0868188	501C3	90,000.				RESEARCH

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(1) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, PHILADELPHIA, PA 19104	23-1352685	501C3	373,937.				RESEARCH
(2) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY STE B21 PITTSBURGH, PA 15213	25-0966691	501C3	12,411.				RESEARCH
(3) UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL LRNING, PITTSBURGH, PA 15260	25-0965591	501C3	283,618.				RESEARCH
(4) UNIVERSITY OF SOUTHERN CALIFORNIA UNIV GARDENS BLDG, LOS ANGELES, CA 90089	95-1642394	501C3	14,963.				RESEARCH
(5) UNIVERSITY OF UTAH 201 S PRES CIR #406 SALT LAKE CITY UT 84112	87-6000525	501C3	275,000.				RESEARCH
(6) UNIVERSITY OF VIRGINIA AT SCHOOL OF MEDICINE P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501C3	59,661.				RESEARCH
(7) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	39-6006492	501C3	70,000.				RESEARCH
(8) UT HSC - SAN ANTONIO 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 77229	74-1586031	501C3	190,000.				RESEARCH
(9) UT SOUTHWESTERN MEDICAL CENTER P.O. BOX 841753 DALLAS, TX 75284	74-6000203	501C3	36,000.				RESEARCH
(10) UTAH CANCER CENTER CONTROL PROGRAM PO BOX 144620 SALT LAKE CITY, UT 84114	87-6000545	501C3	129,963.				PATIENT CARE
(11) UT MD ANDERSON CANCER CENTER 1515 HOLCOME BLVD #1644, HOUSTON, TX 77030	74-6001118	501C3	369,485.				RESEARCH
(12) VALLEYWISE HEALTH FOUNDATION 2901 E CAMELBACK RD #202, PHOENIX, AZ 85016	86-0777567	501C3	16,667.				PATIENT CARE

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) 2020

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

THE 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) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVENUE SOUTH NASHVILLE, TN 37232	62-0476822	501C3	518,338.				RESEARCH
(2) VERMONT CANCER CTR, UVM COLLEGE OF MEDICINE 85 S PROSPECT ST, BURLINGTON, VT 05405	03-0179440	501C3	60,000.				RESEARCH
(3) VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH ST STE 3100, RICHMOND, VA 23284	54-6001758	501C3	75,000.				RESEARCH
(4) WAYNE STATE UNIVERSITY 4100 JOHN R PRENTIS CTR, DETROIT, MI 48201	36-6028429	501C3	24,000.				RESEARCH
(5) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10061	13-1623978	501C3	24,000.				RESEARCH
(6) WESLEY COMMUNITY CENTER 1300 S. 10TH STREET PHOENIX, AZ 85034	86-0133770	501C3	29,663.				PATIENT CARE
(7) WHITMAN-WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	96,633.				PATIENT CARE
(8) YALE UNIVERSITY 2 WHITNEY AVENUE NEW HAVEN, CT 06510	06-0646973	501C3	300,000.				RESEARCH
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 77.

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) 2020

**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 TREATMENT ASSISTANCE	2,239.	671,700.		FMV	
2 TREATMENT ASSISTANCE	58.	29,000.		FMV	
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 1 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 COMMUNITY HEALTH AND EDUCATION 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.

**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.

REQUESTS FOR CHANGES TO THE DESIGN OF THE FUNDED PROJECT OR BUDGET ARE SUBJECT TO PRIOR APPROVAL BY KOMEN IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT.

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

**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.

REPORTING PERIOD AND ASSOCIATED DISBURSEMENT OF GRANT FUNDS AT ANY TIME

DURING THE GRANT TERM.

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



SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

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

Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE 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.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, 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.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, 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)?

Table with 3 columns: Question, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAULA SCHNEIDER PRESIDENT & CEO	(i)	525,462.	0.	4,624.	7,718.	15,753.	553,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DANA BROWN CHIEF OPERATING OFFICER	(i)	361,281.	0.	3,382.	4,800.	2,530.	371,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RIA WILLIAMS CHIEF FINANCIAL OFFICER	(i)	213,621.	0.	1,779.	4,469.	14,444.	234,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 EUNICE NAKAMURA GEN COUNSEL & CORP SECRETARY	(i)	200,874.	0.	1,490.	0.	6,148.	208,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CATHERINE OLIVIERI VP, HR	(i)	222,878.	0.	3,382.	4,231.	14,466.	244,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 VICTORIA WOLODZKO SVP, MISSION	(i)	232,269.	0.	2,472.	4,379.	2,877.	241,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 LORI MARIS SVP, COMMUNITY DEV & OPERATION	(i)	179,047.	0.	2,116.	3,708.	10,331.	195,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SARAH ROSALES VP, CORPORATE PARTNERSHIPS	(i)	206,753.	14,350.	1,282.	0.	14,487.	236,872.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 SRINIVAS AVADHANULA VP, BI PLATFORM & ENGINEERING	(i)	196,848.	0.	1,298.	0.	3,309.	201,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MICHELLE STRONG VP, MARKETING STRATEGY	(i)	187,037.	0.	1,403.	3,692.	5,608.	197,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 KIMBERLY SABELKO VP, SCIENTIFIC STRATEGY & PROG	(i)	163,630.	0.	2,008.	3,323.	10,615.	179,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 KIMBERLY JOHNSON SR. DIRECTOR AAHEI	(i)	160,704.	0.	2,290.	0.	1,920.	164,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 CHRISTINA ALFORD FORMER SVP, DEV (END 7/20)	(i)	192,457.	0.	59,519.	5,499.	889.	258,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
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 4A

SEVERANCE PAYMENT

CHRISTINA ALFORD RECEIVED SEVERANCE OF \$58,424.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2020**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN INC.

75-1835298

FORM 990, PART 1, LINE 6

VOLUNTEERS

VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREATEST NUMBERS OF  
VOLUNTEERS ASSIST WITH THE MORE THAN PINK WALKS, RACE FOR THE CURE RUNS,  
AND THE SUSAN G. KOMEN 3 DAY® SERIES.

FORM 990, PART III

PROGRAM SERVICE ACCOMPLISHMENTS

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

KOMEN TAKES A 360 DEGREE APPROACH TO FIGHT BREAST CANCER THROUGH

. RESEARCH, TO DRIVE BREAKTHROUGHS THAT WILL BRING US NEW KNOWLEDGE  
AND ADVANCES IN CARE FOR ALL,

. COMMUNITY HEALTH, TO EMPOWER PEOPLE WITH TRUSTWORTHY INFORMATION  
AND SUPPORT PEOPLE IN THEIR BREAST HEALTH JOURNEY THROUGH DIRECT  
SERVICES, COMMUNITY PROGRAMS AND HEALTH SYSTEMS CHANGE.

. AND PUBLIC POLICY, WHERE WE ADVOCATE FOR POLICIES TO CREATE  
SYSTEMIC AND LASTING CHANGES THAT WILL FUND AND FACILITATE RESEARCH AND  
ALLEVIATE THE BURDEN ON PATIENTS AND PROTECT ACCESS TO AFFORDABLE,  
HIGH-QUALITY HEALTH CARE FOR ALL.

KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, HAVING FUNDED MORE

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FDN INC.	Employer identification number 75-1835298
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BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE OF THE U.S. GOVERNMENT WHILE PROVIDING REAL TIME HELP TO THOSE FACING THE DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED OVER \$1.1 BILLION IN BREAST CANCER RESEARCH IN MORE THAN 2700 GRANTS AND 500 CLINICAL TRIALS CONDUCTED BY THOUSANDS OF THE WORLD'S BEST AND BRIGHTEST RESEARCHERS ACROSS THE US AND AROUND THE WORLD. KOMEN HAS ALSO PROVIDED OVER \$2.3 BILLION IN FUNDING FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT, EDUCATION , ADVOCACY, AND PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 60 COUNTRIES WORLDWIDE. KOMEN WAS FOUNDED BY NANCY G. BRINKER, WHO PROMISED HER SISTER, SUSAN G. KOMEN, THAT SHE WOULD END THE DISEASE THAT CLAIMED SUZY'S LIFE.

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

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

OUR GOAL IS TO ADVANCE PERSONALIZED MEDICINE AND IMPROVE HEALTH OUTCOMES FOR EVERYONE. KOMEN HAS HAD MORE THAN 680 RESEARCH DISCOVERIES SINCE WE STARTED TRACKING THEM IN 2016 THAT ARE MOVING US CLOSER TO THAT GOAL. NEARLY TWO-THIRDS OF THESE DISCOVERIES FOCUS ON OUR RESEARCH PRIORITIES

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FDN INC.	Employer identification number 75-1835298
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OF CONQUERING METASTATIC AND AGGRESSIVE BREAST CANCERS AND ELIMINATING BREAST CANCER DISPARITIES. THEY INCLUDE SUCH THINGS AS NEW BIOMARKERS, NEW DRUG TARGETS, NEW TREATMENTS, AND NEW HEALTHCARE DELIVERY TOOLS IN PAVING THIS ROAD WITH SCIENTIFIC DISCOVERIES, WE'RE ALSO PAVING IT WITH HOPE. THE HOPE THAT NEW WAYS TO DETECT, DIAGNOSE, TREAT, PREVENT - AND ULTIMATELY CURE - BREAST CANCER ARE AROUND THE CORNER. THERE WHEN PEOPLE WITH BREAST CANCER NEED THEM TO ALLOW THEM TO LIVE LONGER, WITH IMPROVED QUALITY OF LIFE.

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 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,

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FDN INC.	Employer identification number 75-1835298
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TECHNOLOGIES AND INTERVENTIONS.

KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 46 OF THE WORLD'S LEADERS IN BREAST CANCER RESEARCH, ONCOLOGY AND ADVOCACY. THE SCIENTIFIC ADVISORY BOARD ASSISTS KOMEN IN SETTING ITS RESEARCH STRATEGY AND PRIORITIZING ITS RESEARCH INVESTMENT. THE KOMEN SCHOLARS LEAD AND PARTICIPATE IN KOMEN'S WORLD-CLASS SCIENTIFIC PEER REVIEW PROCESS. OUR ADVOCATES IN SCIENCE BRING THE COLLECTIVE PATIENT VOICE TO KOMEN'S RESEARCH PROGRAMS AND SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT. THIS YEAR WE ANNOUNCED THE NEW CLASS OF SIX ESTEEMED BREAST CANCER RESEARCHERS AND THREE NEW PATIENT ADVOCATES TO THE KOMEN SCHOLARS. THESE WOMEN AND MEN JOIN AN EXCLUSIVE GROUP OF BREAST CANCER RESEARCHERS, CLINICIANS AND ADVOCATES WHO HELP GUIDE THE ORGANIZATION'S WORK TO SAVE LIVES AND END BREAST CANCER.

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 FY21, KOMEN AWARDED 30 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, IN THE UNITED STATES, CANADA, AND ZIMBABWE. CAREER CATALYST RESEARCH GRANTS SUPPORT EARLY CAREER INVESTIGATORS CONDUCTING OUTSTANDING RESEARCH THAT WILL USE LIQUID BIOPSY TECHNOLOGY TO IMPROVE THE TREATMENT AND EARLY DETECTION OF METASTATIC BREAST CANCER. LEADERSHIP GRANTS SUPPORT KOMEN SCHOLARS PURSUING INNOVATIVE RESEARCH PROJECTS WHICH WILL IMPROVE THE UNDERSTANDING,

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FDN INC.	Employer identification number 75-1835298
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DETECTION, TREATMENT OR PREVENTION OF BREAST CANCER, WITH A FOCUS ON CONQUERING METASTATIC BREAST CANCER AND ELIMINATING BREAST CANCER DISPARITIES.

THE 30 RESEARCH GRANTS AWARDED IN FY21 ARE:

CAREER CATALYST RESEARCH GRANTS:

HEATHER ANNE PARSONS, M.D., M.P.H., OF DANA-FARBER CANCER INSTITUTE, HAS DEVELOPED AN ULTRASENSITIVE BLOOD TEST THAT CAN DETECT CIRCULATING TUMOR DNA (CTDNA) AND TRACK PATIENT-SPECIFIC TUMOR MUTATIONS. HER2-POSITIVE METASTATIC BREAST CANCER (MBC) IS CURRENTLY CONSIDERED A TREATABLE, BUT NOT CURABLE, DISEASE. DR. PARSONS WILL USE HER NOVEL BLOOD TEST TO BETTER REFINE TREATMENT FOR PATIENTS WITH HER2-POSITIVE MBC.

THUY NGO, PH.D., OF THE OREGON HEALTH & SCIENCE UNIVERSITY, WILL USE CELL FREE RNA (CFRNA) COLLECTED FROM LIQUID BIOPSY BLOOD DRAWS IN PATIENTS WITH METASTATIC BREAST CANCER AS A NEW WAY TO MONITOR IF A TREATMENT IS SUCCESSFUL FOR A PATIENT. THIS METHOD PROVIDES THE OPPORTUNITY TO GAIN A DEEPER UNDERSTANDING OF THE BEHAVIOR AND CHARACTERISTICS OF THE METASTATIC TUMOR AND TO MONITOR CHANGES IN METASTATIC LESIONS AND RESPONSES TO TREATMENT.

ANA ELISA LOHMANN, M.D., PH.D., OF THE UNIVERSITY OF WESTERN ONTARIO, WILL USE LIQUID BIOPSY TO FIND PATIENT SAMPLES THAT CONTAIN CIRCULATING TUMOR DNA (CTDNA), CIRCULATING TUMOR CELLS (CTCS), OR METABOLIC MARKERS,



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I.E. INSULIN OR LEPTIN, THAT CORRESPOND TO TREATMENT SUCCESS AND PROGNOSIS FROM THE ONGOING MA.32 CLINICAL TRIAL. THE GOAL OF THIS PROJECT IS TO IDENTIFY HOW LIQUID BIOPSIES CAN FIND BIOMARKERS TO PREDICT WHICH HORMONE RECEPTOR-POSITIVE BREAST CANCER PATIENTS ARE AT A HIGHER RISK FOR DISEASE RECURRENCE.

DANIEL STOVER, M.D., OF THE OHIO STATE UNIVERSITY, WILL COMBINE CUTTING EDGE LIQUID BIOPSY WITH IMAGING TECHNIQUES TO MONITOR DISEASE AND TREATMENT RESPONSE IN ER+/HER2-NEGATIVE BREAST CANCER PATIENTS WITH BONE METASTASES. STANDARD IMAGING OF BONE METASTASES IS NOT ONLY INACCURATE BUT CAN ALSO CREATE ANXIETY FOR INDIVIDUALS WITH BONE METASTASES. DR. STOVER WILL MONITOR CIRCULATING TUMOR DNA (CTDNA) IN COMBINATION WITH IMAGING TO PROVIDE SUPERIOR DETECTION AND MONITORING OF BONE METASTASES FOR PATIENTS WITH METASTATIC BREAST CANCER.

RAYMOND MOELLERING, PH.D., OF THE UNIVERSITY OF CHICAGO, WILL USE CUTTING EDGE TECHNOLOGY TO MEASURE THE ACTIVITY OF PROTEINS INVOLVED IN BREAST CANCER FROM TUMOR CELLS FOUND CIRCULATING IN THE BLOOD. BY TAKING BLOOD, A LIQUID BIOPSY, AND USING TOOLS HE DEVELOPED, DR. MOELLERING CAN DETECT AND QUANTIFY THESE BIOMARKERS TO PROVIDE PRECISION DIAGNOSTICS AND IMPROVE SURVIVAL AND QUALITY OF LIFE IN PATIENTS WITH METASTATIC DISEASE.

DAVID CESCONE, PH.D., OF UNIVERSITY HEALTH NETWORK, WILL USE CIRCULATING TUMOR DNA (CTDNA) COLLECTED FROM A NATIONAL CLINICAL TRIAL TO IDENTIFY BIOMARKERS IN PATIENTS WITH ALTERATIONS THAT INFLUENCE TREATMENT, I.E.

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PATIENTS WHERE CDK4/6 INHIBITORS MAY NOT BE AS EFFECTIVE. DR. CESCONE HOPES HIS STUDIES LEAD TO PROMISING THERAPIES WITH THE POTENTIAL TO DELIVER FURTHER IMPROVEMENTS IN METASTATIC BREAST CANCER SURVIVAL, THROUGH AN INTEGRATED PROGRAM OF CLINICAL AND BENCH SCIENCE.

MANOJ MENON, M.D., OF THE FRED HUTCHINSON CANCER RESEARCH CENTER, WILL STUDY THE USE OF LIQUID BIOPSY AS A MEANS FOR ACCURATE DIAGNOSIS. IN COLLABORATION WITH UGANDA CANCER INSTITUTE, DR. MENON WILL TEST WHETHER USING LIQUID BIOPSIES IS AN EFFECTIVE TOOL IN DIAGNOSIS AND MONITORING OF PATIENTS IN RESOURCE POOR AREAS WHERE ACCESS TO PATHOLOGY AND IMAGING RESOURCES ARE LIMITED. USING THIS TYPE OF TESTING, EARLY DIAGNOSIS AND TREATMENT CAN BE ACHIEVED AND HEALTH DISPARITIES CAN BE DECREASED.

LEADERSHIP GRANTS:

JENNIFER PIETENPOL, PH.D., OF VANDERBILT UNIVERSITY MEDICAL CENTER, WILL USE PATIENT SAMPLES FROM A CLINICAL TRIAL IN COMBINATION WITH PRE-CLINICAL MODELS TO BETTER UNDERSTAND HOW METASTATIC TRIPLE-NEGATIVE BREAST CANCER (TNBC) CAN BE TARGETED AND TREATED BY A COMBINATION OF CHEMOTHERAPIES AND IMMUNOTHERAPY. THE GOAL OF THIS PROJECT IS TO UNCOVER NEW, SUBTYPE-SPECIFIC THERAPY COMBINATIONS TO PERSONALIZE TREATMENTS FOR PATIENTS WITH TNBC.

BEN HO PARK, M.D., PH.D., OF VANDERBILT UNIVERSITY MEDICAL CENTER, WILL USE PRECLINICAL MODELS TO VALIDATE AND TEST HOW A MUTATED PROTEIN, SF3B1, CAN SERVE AS A TARGET FOR BREAST CANCER IMMUNOTHERAPY. THE GOAL OF THIS PROJECT IS TO DEVELOP AND PILOT A NEW PRECISION THERAPY OPTION FOR BREAST

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CANCER PATIENTS.

ELIZABETH MORRIS, M.D., OF THE UNIVERSITY OF CALIFORNIA DAVIS, WILL CREATE A DATABASE OF PATIENT MOLECULAR DATA, GENOMIC DATA, IMAGING, AND CLINICAL OUTCOMES TO DEVELOP AN ARTIFICIAL INTELLIGENCE (AI) MODEL OF BREAST CANCER RISK PREDICTION. THE GOAL OF THIS PROJECT IS TO DEVELOP AN AI TOOL THAT CAN BETTER PREDICT BREAST CANCER RISK TO ULTIMATELY CREATE PERSONALIZED BREAST CANCER RISK PREDICTION MODELS.

ABENAA BREWSTER, M.D., OF THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER, WILL ANALYZE PAIRED LIQUID BIOPSY AND TUMOR SAMPLES COLLECTED FROM PATIENTS AT MAMMOGRAPHY SCREENINGS TO IDENTIFY BIOMARKERS AND IMMUNE CHANGES INDICATIVE OF EARLY BREAST CANCER. THIS PROJECT WILL IDENTIFY AND TEST A BIOMARKER PANEL THAT CAN BE USED, IN CONJUNCTION WITH CLINICAL MAMMOGRAPHY DATA, TO DETECT PROTEIN AND IMMUNE CHANGES ASSOCIATED WITH THE EARLY DEVELOPMENT OF BREAST CANCER. THE GOAL OF THIS PROJECT IS TO DEVELOP A LOWLY INVASIVE BIOMARKER PANEL THAT CAN IDENTIFY EARLY HORMONE-RECEPTOR POSITIVE BREAST CANCERS.

SHARON GIORDANO, M.D., M.P.H., OF THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER, WILL EVALUATE BOTH THE PHYSICAL AND FINANCIAL TOXICITIES ASSOCIATED WITH BREAST CANCER TREATMENT. THIS PROJECT WILL ALSO EXAMINE WHETHER BREAST CANCER TREATMENT(S) IS ASSOCIATED WITH WORSE OUTCOMES FOR BREAST CANCER PATIENTS WITH COVID-19 AND THE ROLE RACIAL DISPARITIES PLAY IN THESE OUTCOMES. THE GOAL OF THIS PROJECT IS TO IDENTIFY AND ULTIMATELY

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PREVENT UNNECESSARY TOXICITIES TO BREAST CANCER PATIENTS TO IMPROVE  
PATIENT OUTCOMES.

OLUFUNMILAYO OLOPADE, M.D., OF THE UNIVERSITY OF CHICAGO, WILL COLLECT  
AND EXAMINE PATIENT SAMPLES FROM NIGERIAN WOMEN WITH BREAST CANCER TO  
IDENTIFY GENETIC AND IMMUNOLOGICAL FACTORS WHICH CONTRIBUTE TO BREAST  
CANCER PROGRESSION AND OUTCOMES IN WOMEN OF AFRICAN ANCESTRY. THE GOAL OF  
THIS PROJECT IS TO BETTER UNDERSTAND THE BIOLOGICAL BASIS OF DISPARITIES  
IN BREAST CANCER OUTCOMES AND IDENTIFY POSSIBLE CLINICAL TARGETS IN WOMEN  
OF AFRICAN ANCESTRY.

ELIZABETH MITTENDORF, M.D., PH.D., OF DANA-FARBER CANCER INSTITUTE, WILL  
ANALYZE PATIENT SAMPLES FROM TWO DIFFERENT HORMONE RECEPTOR-POSITIVE  
(HR+) BREAST CANCER CLINICAL TRIALS, BEFORE AND AFTER TREATMENT, TO  
BETTER UNDERSTAND HOW THERAPIES IMPACT THE IMMUNE SYSTEM OF BOTH THE  
TUMOR AND THE AREA AROUND THE TUMOR. SINCE HR+ BREAST CANCER DOES NOT  
RESPOND TO EXISTING IMMUNOTHERAPIES BUT COMPRISES 70% OF BREAST CANCER  
DIAGNOSES, THIS PROJECT SEEKS TO IDENTIFY NEW WAYS TO ENHANCE THE  
RESPONSE OF HR+ BREAST CANCER TO IMMUNOTHERAPY.

JENNIFER LIGIBEL, M.D., OF DANA-FARBER CANCER INSTITUTE, AIMS TO TEST  
WHETHER WEIGHT LOSS THROUGH DIET AND EXERCISE CAN REDUCE THE RISK OF  
BREAST CANCER RECURRENCE IN OVERWEIGHT OR OBESE WOMEN WITH STAGE II OR  
III BREAST CANCER. SHE WILL CONDUCT A 5-YEAR FOLLOW-UP AND COLLECT BLOOD  
SAMPLES FROM TRIAL PARTICIPANTS TO ASSESS THE LONG-TERM IMPACT OF WEIGHT

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LOSS ON BREAST CANCER RECURRENCE AND DEVELOPING CO-MORBIDITIES. THE GOAL OF THIS STUDY IS TO DETERMINE WHETHER WEIGHT LOSS PROGRAMS SHOULD BECOME A STANDARD PART OF BREAST CANCER CARE.

KEITH KNUTSON, PH.D., OF MAYO CLINIC JACKSONVILLE, AIMS TO BETTER UNDERSTAND THE ROLE OF A PROTEIN CALLED ADRENOMEDULLIN (ADM) IN THE DEVELOPMENT OF DRUG RESISTANCE IN HER2+ BREAST CANCER. USING PRE-CLINICAL MODELS, HE WILL DETERMINE HOW ADM AFFECTS HER2+ BREAST CANCER CELLS AND CONTRIBUTES TO RESISTANCE TO HER2-TARGETED THERAPIES. THE GOAL OF THIS STUDY IS TO DETERMINE IF ADM-TARGETED THERAPIES CAN BE COMBINED WITH HER2-TARGETED THERAPIES TO PREVENT BREAST CANCER RECURRENCE AND METASTATIC PROGRESSION.

RESHMA JAGSI, M.D., D.PHIL., OF THE UNIVERSITY OF MICHIGAN, WILL CONDUCT STUDIES USING SEVERAL ONGOING CLINICAL TRIALS TO UNDERSTAND HOW RADIATION THERAPY, IN COMBINATION WITH DRUG TREATMENT OR SURGERY, CAN BE PERSONALIZED TO OPTIMIZE PATIENT RESPONSE TO TREATMENT. TREATMENT-RELATED PHYSICAL AND FINANCIAL TOXICITY IN AFRICAN AMERICAN BREAST CANCER PATIENTS WILL ALSO BE EVALUATED. THE GOAL IS TO PERSONALIZE RADIATION THERAPY SO THAT BREAST CANCER OUTCOMES, TREATMENT EXPERIENCE, AND QUALITY OF LIFE CAN BE IMPROVED FOR INDIVIDUALS FROM ALL RACIAL BACKGROUNDS.

DONALD MCDONNELL, PH.D., OF DUKE UNIVERSITY, WILL ASSESS THE EFFECTIVENESS OF TARGETING THE PROTEINS AGR2 AND LYPD3 AS A NEW POTENTIAL COMBINATION THERAPY FOR METASTATIC ESTROGEN RECEPTOR (ER)-POSITIVE BREAST

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CANCER. DR. MCDONNELL'S GOAL IS TO FIND NEW THERAPEUTIC TARGETS FOR PATIENTS WITH ER-POSITIVE METASTATIC BREAST CANCERS THAT ARE RESISTANT TO ENDOCRINE THERAPY.

LEADERSHIP GRANTS - NEW KOMEN SCHOLARS:

LISA COUSSENS, PH.D., OF OREGON HEALTH & SCIENCE UNIVERSITY, WILL DETERMINE HOW TO SPECIFICALLY IDENTIFY AND ACTIVATE THE T RESIDENT MEMORY CELLS, A COMPONENT OF THE IMMUNE SYSTEM, WHICH CAN ATTACK BREAST TUMORS. DR. COUSSENS WILL USE PRE-CLINICAL MODELS AND CLINICALLY AVAILABLE DRUGS TO DETERMINE HOW T RESIDENT MEMORY CELLS RESPOND TO THERAPY AND DEVELOP A "SIGNATURE" TO HELP PREDICT HOW A PATIENT WILL RESPOND TO IMMUNOTHERAPY. THE GOAL OF THIS STUDY IS TO IDENTIFY HOW TO USE T CELLS TO CREATE A LONG-TERM ANTI-TUMOR "MEMORY" AGAINST BREAST CANCER AND IMPROVE PATIENT RESPONSES TO THERAPY.

NIKHIL WAGLE, M.D., OF THE DANA-FARBER CANCER INSTITUTE, WILL COLLECT SAMPLES FROM OVER 3,700 PATIENTS WITH METASTATIC BREAST CANCER TO EVALUATE THE GENOMIC SIGNATURES ASSOCIATED WITH RESPONSE OR RESISTANCE TO TREATMENT. BY UNDERSTANDING THE FACTORS WHICH CONTRIBUTE TO TREATMENT RESISTANCE, DR. WAGLE HOPES TO IDENTIFY BETTER STRATEGIES TO PAIR TREATMENTS WITH METASTATIC BREAST CANCER PATIENTS OR IDENTIFY NEW THERAPEUTIC TARGETS.

MELISSA TROESTER, PH.D., M.P.H., OF THE UNIVERSITY OF NORTH CAROLINA,

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WILL USE TUMOR AND DNA SAMPLES FROM THE CAROLINA BREAST CANCER STUDY TO EVALUATE HOW THE GENETIC AND IMMUNE COMPOSITION OF TUMORS DIFFERS BETWEEN AFRICAN AMERICAN AND WHITE WOMEN AND HOW THESE DIFFERENCES IMPACT BREAST CANCER OUTCOMES. THE GOAL OF THIS PROJECT IS TO BETTER UNDERSTAND HOW VARIATION WITHIN THE TUMORS OF AFRICAN AMERICAN WOMEN CONTRIBUTES TO RACIAL DISPARITIES IN BREAST CANCER OUTCOMES AND RECURRENCE.

CHRISTINA CURTIS, PH.D., OF STANFORD UNIVERSITY, WILL USE BIG DATA AND COMPUTATIONAL BIOLOGY TECHNIQUES TO EVALUATE HIGH-RISK ER+/HER2-NEGATIVE BREAST CANCER PATIENT SAMPLES FOR THEIR RESPONSE TO TREATMENT AND RISK OF RELAPSE OR RECURRENCE. THE GOAL OF THIS PROJECT IS TO PREDICT WHICH PATIENTS HAVE A HIGHER RISK OF BREAST CANCER PROGRESSION AND RECURRENCE TO HELP CREATE PERSONALIZED RISK AND TREATMENT RESPONSE MODELS.

RULLA TAMIMI, SC.D., M.S., OF JOAN & SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL, WILL USE PATIENT SAMPLES AND BREAST CANCER OUTCOME DATA FROM THE NURSE'S HEALTH STUDY AND ONGOING DIETARY INTERVENTION STUDIES TO BETTER UNDERSTAND THE IMPACT INSULIN-SUPPRESSING DIETS HAVE ON BREAST CANCER RISK, RESPONSE TO TREATMENT, AND OVERALL SURVIVAL. THE GOAL OF THIS STUDY IS TO DETERMINE IF INSULIN-SUPPRESSING DIETS, SUCH AS LOW CARBOHYDRATE OR KETOGENIC DIETS, CAN SERVE AS A PREVENTIVE MEASURE AGAINST BREAST CANCER.

TUYA PAL, M.D., OF VANDERBILT UNIVERSITY MEDICAL CENTER, WILL OFFER AN EDUCATIONAL TOOL FOR GENETIC COUNSELING TO YOUNG AFRICAN AMERICAN WOMEN WITH BREAST CANCER AND EVALUATE OUTCOMES IN GENETIC TESTING ATTITUDES.

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DR. PAL WILL ALSO EXAMINE BREAST TUMOR SAMPLES AND OUTCOMES FROM AFRICAN AMERICAN AND NON-HISPANIC WHITE WOMEN TO BETTER UNDERSTAND HOW INHERITED MUTATIONS CONTRIBUTE TO DISPARATE BREAST CANCER OUTCOMES. THE GOAL OF THIS PROJECT IS TO BETTER UNDERSTAND HOW GENETIC TESTING FOR INHERITED MUTATIONS IN BREAST CANCER GENES CAN POTENTIALLY REDUCE DISPARITIES IN BREAST CANCER OUTCOMES FOR AFRICAN AMERICAN WOMEN.

OPPORTUNITY GRANTS:

THE TRANSLATIONAL BREAST CANCER RESEARCH CONSORTIUM (TBCRC), A COLLABORATION OF 19 OF THE TOP U.S. ACADEMIC MEDICAL CENTERS ADMINISTERED OUT OF JOHNS HOPKINS UNIVERSITY, WILL RECEIVE FUNDING, BRINGING KOMEN'S TOTAL INVESTMENT IN THE TBCRC TO \$15.5 MILLION. THE TBCRC DEVELOPS AND CONDUCTS INNOVATIVE, HIGH-IMPACT, BIOLOGICALLY-DRIVEN, TRANSLATIONAL RESEARCH PROJECTS AND CLINICAL TRIALS INVESTIGATING NEW TREATMENT APPROACHES FOR BREAST CANCER. LED BY KOMEN SCHOLAR, ANTONIO WOLFF, M.D., THE TBCRC HAS DEVELOPED 57 CLINICAL TRIALS WITH OVER 5,500 PATIENTS ENROLLED. ABOUT HALF OF THESE TRIALS HAVE FOCUSED ON METASTATIC BREAST CANCER, DRUG RESISTANCE AND/OR RECURRENCE SINCE 2006.

THE UNIVERSITY OF NORTH CAROLINA WILL RECEIVE FUNDING TO CONTINUE THE CAROLINA BREAST CANCER STUDY (CBCS) TO BETTER UNDERSTAND THE COMPLEX INTERACTIONS OF 'BIOLOGY AND ACCESS' THAT CONTRIBUTE TO DISPARITIES IN BREAST CANCER OUTCOMES. THE CBCS PHASE 3 IS UNIQUELY POSITIONED, ASSEMBLING THE LARGEST DATASET OF BREAST CANCER PATIENTS TO DATE, INCLUDING RURAL WOMEN AND LARGE NUMBERS OF BLACK PARTICIPANTS. THE STUDY WILL COLLECT DETAILED QUALITY OF LIFE AND HEALTH CARE ACCESS INFORMATION,



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ALONG WITH TUMOR SUBTYPE AND TREATMENT INFORMATION, AND WILL ENABLE RESEARCHERS TO DESIGN NEW INTERVENTIONS THAT IMPROVE SURVIVORSHIP AND QUALITY OF LIFE AMONG PEOPLE WITH BREAST CANCER.

YALE UNIVERSITY WILL RECEIVE FUNDING TO BUILD AND PILOT A NEW TOOL TO HELP IMPROVE REPRESENTATION IN CANCER RESEARCH, WITH A FOCUS ON BREAST CANCER. DR. JENNIFER MILLER AND HER TEAM WILL DEVELOP AN INDEX THAT EVALUATES AND RANKS NOVEL CANCER DRUGS AND THEIR DRUG COMPANY SPONSORS. RANKINGS WILL BE BASED ON THE TRANSPARENCY AND REPRESENTATIVENESS OF U.S. PATIENTS IN CLINICAL TRIALS. THIS PROJECT WILL ALSO ENCOURAGE COMPANIES TO BE MORE TRANSPARENT ABOUT DEMOGRAPHICS AND TO ENROLL MORE REPRESENTATIVE PATIENT POPULATIONS TO STUDIES.

TRAINING RESEARCHERS TO ELIMINATE DISPARITIES WORKFORCE DEVELOPMENT GRANTS:

TRAINING RESEARCHERS TO ELIMINATE DISPARITIES (TREND) GRANTS ARE INTENDED TO ESTABLISH AND/OR TO SUSTAIN AN INNOVATIVE TRAINING PROGRAM FOR GRADUATE STUDENTS, POSTDOCTORAL FELLOWS, OR EARLY CAREER FACULTY MEMBERS WHO ARE SEEKING CAREERS DEDICATED TO UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES ACROSS POPULATION GROUPS. THE TREND PROGRAM PROVIDES CRITICAL FINANCIAL SUPPORT FOR DISPARITIES RESEARCH IN BREAST CANCER THAT OFTEN IS NOT FUNDED. IT IS THE ONLY PROGRAM IN THE U.S. THAT HELPS ESTABLISH AND SUSTAIN BREAST CANCER DISPARITIES RESEARCH TRAINING PROGRAMS BY: (1) ATTRACTING ASPIRING SCIENTISTS INTO RESEARCH

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CAREERS. (2) PROVIDING THE TOOLS, MENTORSHIP, AND ENVIRONMENT TO TRAIN AND RETAIN SCIENTISTS IN BREAST HEALTH DISPARITIES RESEARCH. (3) EMPOWERING TRAINEES WITH THE SKILLS AND KNOWLEDGE TO TRANSLATE RESEARCH DISCOVERIES INTO CLINICAL AND PUBLIC HEALTH PRACTICE THAT IMPROVES HEALTH EQUITY.

THIS YEAR WE FUNDED 3 TREND PROGRAMS.

TRAINING RESEARCHERS TO ELIMINATE DISPARITIES (TREND) GRANTS: MARY DOLAN, PH.D., WILL RECEIVE FUNDING TO SUPPORT THE UNIVERSITY OF CHICAGO GRADUATE TRAINING PROGRAM IN BREAST CANCER DISPARITIES. MASTERS AND DOCTORAL STUDENTS WILL LEVERAGE THE INSTITUTION'S STRENGTH IN HEALTH DISPARITIES RESEARCH TO CONDUCT RESEARCH FOCUSED ON UNDERSTANDING AND ELIMINATING BREAST CANCER DISPARITIES.

ELECTRA PASKETT, PH.D., OF THE OHIO STATE UNIVERSITY WILL RECEIVE FUNDING TO LEAD THE BREAST CANCER DISPARITIES RESEARCH TRAINING PROGRAM, WHICH WILL OFFER A COMBINATION OF COURSEWORK AND MENTORED RESEARCH FOCUSED ON THE REDUCTION OF BREAST CANCER DISPARITIES TO GRADUATE STUDENTS, POSITIONING THEM FOR A CAREER IN BREAST CANCER DISPARITIES RESEARCH.

MELISSA TROESTER, PH.D., M.P.H., OF THE UNIVERSITY OF NORTH CAROLINA, WILL RECEIVE FUNDING TO SUPPORT THE BREAST CANCER MORTALITY DISPARITIES - INTEGRATING BIOLOGY AND ACCESS TRAINING PROGRAM. TRAINEES IN THIS PROGRAM WILL EXPLORE HOW DIFFERENCES IN BIOLOGY, ACCESS TO CARE AND OTHER FACTORS

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LEAD TO DIFFERENCES IN SURVIVAL BETWEEN BLACK AND WHITE WOMEN WITH BREAST  
CANCER.

#### EDUCATION

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

OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE,  
AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC  
EVIDENCE. CONTENT IS OFFERED IN A VARIETY OF FORMATS INCLUDING  
INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER IN ENGLISH AND SPANISH,  
ILLUSTRATIONS, CHARTS, GRAPHS, AND SHORT VIDEOS TO MEET THE LEARNING  
PREFERENCES AND NEEDS OF OUR WEB VISITORS. THE "ABOUT BREAST CANCER" AND  
PORTIONS OF THE "PATIENT & CAREGIVER" SECTIONS OF KOMEN'S WEBSITE,  
CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER CANCER  
INSTITUTE STAFF, RECEIVED MORE THAN 4 MILLION PAGE VIEWS DURING FY21.

KOMEN LAUNCHED THE CLINICAL TRIALS INITIATIVE ON KOMEN.ORG WITH THE GOAL  
OF HELPING PEOPLE WITH ANY STAGE OF BREAST CANCER FIND AND PARTICIPATE IN  
CLINICAL TRIALS, INCLUDING THOSE FROM UNDER- REPRESENTED POPULATIONS,  
INCLUDING TRIALS SUPPORTED BY KOMEN EMPOWERED WITH INFORMATION ON  
CLINICAL TRIALS AND THROUGH DIRECTING PEOPLE TO THE CLINICAL TRIALS  
HELPLINE AND OTHER RESOURCES.

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

IN ADDITION, IN FY21 KOMEN CONTINUED TO SUPPORT THE METASTATIC BREAST CANCER (MBC) COMMUNITY BY HOSTING 29 VIRTUAL EVENTS THROUGH THE MBC IMPACT SERIES. THESE EVENTS PROVIDED PEOPLE LIVING WITH METASTATIC BREAST CANCER AND THEIR LOVED ONES A SAFE, COLLABORATIVE SPACE TO GATHER INFORMATION AND DISCOVER PRACTICAL RESOURCES TO HELP MAKE DECISIONS FOR IMPROVED PHYSICAL AND EMOTIONAL HEALTH.

PATIENT SUPPORT

FY21 MARKED THE CREATION OF THE SUSAN G. KOMEN PATIENT CARE CENTER. THE OVERARCHING GOAL OF OUR PATIENT CARE CENTER OFFERINGS IS TO SAVE LIVES BY ENSURING PATIENTS STAY IN THE BREAST CANCER CONTINUUM OF CARE, OVERCOME BARRIERS AND CHALLENGES TO HIGH-QUALITY BREAST CARE SERVICES, COMPLETE TREATMENT, AND HAVE A HIGH QUALITY OF LIFE AND IMPROVED LONG-TERM OUTCOMES. WE SERVE TENS OF THOUSANDS OF INDIVIDUALS NATIONWIDE AND PROVIDE A SUITE OF ESSENTIAL PATIENT SERVICES, INCLUDING ONE-ON-ONE PERSONAL CONNECTION TO OFFER PSYCHOSOCIAL SUPPORT; RESOURCE NAVIGATION TO

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LOCAL SERVICES; BREAST HEALTH EDUCATION; CONNECTION TO CLINICAL TRIALS; AND FINANCIAL ASSISTANCE TO PATIENTS IN TREATMENT. THE PATIENT CARE CENTER INCLUDES THE SUSAN G. KOMEN BREAST CARE HELPLINE, THE TREATMENT ASSISTANCE PROGRAM, AND PATIENT NAVIGATION. THE CENTER SERVED OVER 17,000 PEOPLE IN FY21.

#### KOMEN DISPARITIES SUMMIT

WE CONVENED THE SECOND ANNUAL SUSAN G. KOMEN BREAST CANCER DISPARITIES SUMMIT TO HEAR FROM LEADERS IN THE FIELD ON THE NEXT STEPS NEEDED IN THIS CRITICAL AREA. BREAST CANCER DISPARITIES EXPERTS, ADVOCATES AND TRAINEES CONVENE TO DISCUSS & IDENTIFY EVIDENCE-BASED SOLUTIONS FOR ACTIONABLE CHANGE THAT ADVANCE HEALTH EQUITY.

#### MBC COLLABORATIVE RESEARCH INITIATIVE

KOMEN LAUNCHED THE METASTATIC BREAST CANCER RESEARCH INITIATIVE WITH A PILOT PROGRAM AT DUKE UNIVERSITY AND THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. THE GOAL IS TO CATALYZE AND SUPPORT MULTI-INSTITUTIONAL RESEARCH COLLABORATIONS AND BRING TOGETHER THE BEST AND BRIGHTEST RESEARCHERS AT SELECT INSTITUTIONS TO SHARE IDEAS, EXPERTISE AND RESOURCES. KOMEN WILL SUPPORT RESEARCH GRANT TO FIND BREAKTHROUGH DISCOVERIES TO END METASTATIC BREAST CANCER.

#### INFLAMMATORY BREAST CANCER COLLABORATIVE

FOR THE FIRST TIME, KOMEN IS LEADING TO DRIVE A NEW DIAGNOSTIC DEFINITION OF BREAST CANCER, SPECIFICALLY INFLAMMATORY BREAST CANCER, A DEADLY AND

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AGGRESSIVE FORM OF CANCER. KOMEN HAS PARTNERED WITH THE INFLAMMATORY BREAST CANCER RESEARCH FOUNDATION AND THE MILBURN FOUNDATION TO CONVENE PATIENT ADVOCATES, BREAST CANCER RESEARCHERS AND CLINICIANS TO REVIEW THE STATE OF IBC CARE AND RESEARCH GLOBALLY AND PROPOSE SPECIFIC INITIATIVES TO MOVE THE FIELD FORWARD. THE OUTCOME OF THE DISCUSSIONS WAS ABUNDANTLY CLEAR: THE FIELD NEEDS A FORMAL DEFINITION OF IBC. WITHOUT A CLEAR DEFINITION, BOTH PATIENT CARE AND RESEARCH SUFFER. DIAGNOSIS REMAINS SUBJECTIVE AND TREATMENT VARIABLE.

THE GOAL IS TO MOVE BEYOND THE SUBJECTIVE 'CLINICAL DIAGNOSIS' TO A SET OF SPECIFIC DIAGNOSTIC CRITERIA AND SCORING SYSTEM THAT WILL ADVANCE IBC RESEARCH AND FACILITATE THE DISCOVERIES THAT WILL IMPROVE CARE OF IBC PATIENTS. A PROPOSED DEFINITION OF IBC, BASED ON A REVIEW OF CLINICAL, AND PATHOLOGIC FEATURES WAS SUBMITTED FOR PUBLICATION.

#### BIG DATA FOR BREAST CANCER

KOMEN CONTINUES WORK ON THE BIG DATA FOR BREAST CANCER INITIATIVE, WHICH IS AIMED AT USING BIG DATA TO FUEL SCIENTIFIC DISCOVERIES AND ACCELERATE THE DELIVERY OF EQUITABLE, PATIENT-FOCUSED CARE. KOMEN EMPOWERS BREAST CANCER PATIENTS, ADVOCATES AND THE PUBLIC WITH INFORMATION AND TOOLS TO MAKE DATA SHARING UNDERSTANDABLE THROUGH THE BIG DATA FOR BREAST CANCER PATIENTS EDUCATIONAL PROGRAMS. WE ALSO ADDRESS THE CHALLENGES OF INCORPORATING BIG DATA APPLICATIONS INTO BREAST CANCER RESEARCH AND CLINICAL CARE THROUGH WORKING WITH PARTNERS REPRESENTING A VARIETY OF STAKEHOLDERS IN BREAST CANCER RESEARCH. ADDITIONALLY, KOMEN SUPPORTS

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DATA SCIENCE PROJECTS TO IMPROVE BREAST CANCER OUTCOMES AND SAVE LIVES.

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.

KOMEN'S 2020-2021 PUBLIC POLICY AND ADVOCACY PRIORITIES INCLUDED:

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

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IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR PUBLIC POLICY AND ADVOCACY PRIORITIES, KOMEN ALSO ENGAGED ON ISSUES RELATED TO CUSTOM BREAST PROTHESES, GENETIC AND GENOMIC TESTING, LYMPHEDEMA, MEDICARE WAITING PERIODS, PALLIATIVE CARE, SURPRISE MEDICAL BILLING AND SURVIVORSHIP.

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.

FORM 990, PART VI, LINE 1A  
EXECUTIVE COMMITTEE

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



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INTO EXECUTION SUCH OTHER MEASURES AS IT DETERMINES WILL PROMOTE THE PURPOSE OF THE ORGANIZATION. THE COMMITTEE ALSO MAY EXERCISE, WHEN THE BOARD IS NOT IN SESSION, ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN EXCEPTIONS SUCH AS REPEALING ANY BOARD RESOLUTIONS, AMENDING THE ORGANIZATION'S ARTICLES OR BYLAWS, OR MERGING OR DISSOLVING THE ORGANIZATION. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES.

FORM 990, PART VI, LINE 11B

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

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST 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

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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.

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

OFFICERS & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN 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 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

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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.

FORM 990, PART VI, LINE 19

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

FORM 990, PART IX, LINE 1

FOR NEARLY 40 YEARS, SUSAN G. KOMEN HAS WORKED TO FULFILL ITS VISION OF CREATING A WORLD WITHOUT BREAST CANCER THROUGH ITS MISSION OF SAVING LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO BETTER DETECT, PREVENT, TREAT BREAST CANCERS.

OVER THE LAST YEAR, KOMEN CONTINUED TO IMPLEMENT A SERIES OF CHANGES BEGUN IN 2020 TO STRENGTHEN ITS FINANCIAL AND OPERATIONAL POSITION IN RESPONSE TO THE CHANGING NEEDS OF THE BREAST CANCER COMMUNITY AND

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ECONOMIC CONDITIONS RESULTING FROM THE COVID-19 PANDEMIC. KOMEN HAS NEARLY COMPLETED THE CONSOLIDATION OF ALL OPERATIONS OF ITS INDEPENDENT AFFILIATES INTO ITS HEADQUARTERS ORGANIZATION, RESULTING IN A SINGLE ORGANIZATION. THIS CONSOLIDATION IS ENABLING KOMEN TO LEVERAGE THE COMBINED EXPERTISE OF ITS MISSION LEADERS TO DELIVER A UNITED MISSION PROGRAM, UTILIZING TECHNOLOGY AS A KEY DRIVER TO CONNECT TO PEOPLE WHO NEED TO ACCESS CARE WHERE THEY ARE AND TO HELP IMPROVE THE PATIENT EXPERIENCE, AS WELL AS RESULTED IN ADMINISTRATIVE AND OPERATIONAL EFFICIENCIES.

IN FY20, AS A RESULT OF THE ECONOMIC PRESSURES GENERATED FROM THE COVID-19 PANDEMIC, KOMEN REDUCED HEADQUARTERS STAFFING BY 24% IN THE FIRST QUARTER. HOWEVER, AS A RESULT OF THE ORGANIZATION'S CONSOLIDATION AND THE TRANSITION TO PROVIDE MISSION SERVICES DIRECTLY, KOMEN HIRED 84 FORMER AFFILIATE STAFF FOR COMMUNITY DEVELOPMENT AND 42 MISSION STAFF. WE ANTICIPATE THIS TRANSITION OF KOMEN'S OPERATIONAL STRUCTURE AND MISSION DELIVERY WILL RESULT IN FUTURE STAFF ADDITIONS TO SUPPORT LOCAL ENGAGEMENT AND MISSION DELIVERY. IN ADDITION, KOMEN WILL CONTINUE TO SHIFT COMMUNITY MISSION SPENDING FROM GRANTS TO THIRD-PARTY ORGANIZATIONS TO DIRECT MISSION SERVICES AND GRANTS TO INDIVIDUALS THROUGH OUR TREATMENT ASSISTANCE PROGRAM AND PATIENT CARE CENTER.

CENTRAL TO KOMEN'S VISION IS A STEADFAST COMMITMENT TO INVESTING IN BREAKTHROUGH RESEARCH. KOMEN REMAINED COMMITTED TO INVESTING IN RESEARCH FOCUSED ON ITS PRIMARY FOCUS ON METASTATIC BREAST CANCER AND

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FDN INC.	Employer identification number 75-1835298
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UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES BETWEEN BLACK AND WHITE PATIENTS. DESPITE THE ECONOMIC UNCERTAINTY AND CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN AWARDED \$14 MILLION IN NEW RESEARCH AWARDS.

WE HAVE INVESTED MORE THAN \$1 BILLION IN OVER 2700 RESEARCH GRANTS AND MORE THAN 500 CLINICAL TRIALS, WHICH HAVE RESULTED IN MORE THAN 680 RESEARCH DISCOVERIES SINCE 2016. WHILE WE CONTINUE TO INVEST IN RESEARCH INTO NEW TREATMENTS, KOMEN SUPPORTS PEOPLE WHO ARE FACING BREAST CANCER TODAY THROUGH A GROWING SUITE OF PATIENT CARE SERVICES, INCLUDING DIRECT FINANCIAL ASSISTANCE THROUGH ITS TREATMENT ASSISTANCE PROGRAM, ELIGIBLE TO HELP PAY FOR EXPENSES THAT MAY SERVE AS A BARRIER TO ATTAINING THE CARE NEEDED TO SURVIVE, SUCH AS CO-PAYS, TRANSPORTATION, CHILDCARE OR RENT.

FORM 990, PART XI, LINE 9

OTHER CHANGES TO NET ASSETS

RESCINDED GRANTS \$410,700

EVENT COST RECLASS \$2,991

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TOTAL \$413,691

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,

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<u>ATTACHMENT 2</u>	

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 360 205 N. MICHIGAN AVE CHICAGO, IL 60601	EVENT MANAGEMENT	2,377,321.
RKD GROUP LLC 3400 WATERVIEW PARKWAY SUITE 250 RICHARDSON, TX 75080	CONSULTING	1,259,716.
CANCER CARE, INC. 275 SEVENTH AVE 22ND FLOOR NEW YORK, NY 10001	PROGRAM SERVICES	581,688.
CHARITY DYNAMICS 6300 BRIDGE POINT PARKWAY #240 AUSTIN, TX 78730	CONSULTING	404,730.
ERNST & YOUNG 3712 SOLUTIONS CENTER CHICAGO, IL 60677	ACCTING & TAX SVCS	340,622.

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The Susan G Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2021

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>	
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 13770 Noel Road, Suite 801889, Dallas, TX 75380						
1	Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 71-0724439	-	-	-	792,185	792,185 AR101
2	Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	-	-	-	729,768	729,768 TX101
3	Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	-	-	-	403,613	403,613 LA101
4	Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	-	-	218,290	218,290 ID100
5	Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 43-2052349	-	-	-	408,902	408,902 NJ100
6	Central Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2941627	-	-	-	372,725	372,725 IN101
7	Central Tennessee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 62-1671774	-	-	-	633,058	633,058 TN105
8	Central Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844659	-	-	-	728,734	728,734 VA100
9	Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	-	-	464,437	464,437 NC100
10	Chicagoland Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 36-4111723	-	-	-	1,965,100	1,965,100 IL101
11	Coastal Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	542,066	542,066 GA102
12	Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844651	-	-	-	588,524	588,524 OH102
13	Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2444724	-	-	-	384,200	384,200 TX102
14	Denver Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1199858	-	-	-	406,627	406,627 CO102
15	Evansville Tri-State Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	-	-	168,557	168,557 IN100
16	Greater Detroit Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	-	-	69,244	69,244 MI103

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17	Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 58-1959763	-	-	-	772,693	772,693	GA100
18	Greater Fort Worth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2445070	-	-	-	333,400	333,400	TX104
19	Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	-	489	489	417,583	418,072	MO101
20	Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	-	-	-	2,350,433	2,350,433	NY104
21	Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	254,831	254,831	HI100
22	Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 76-0360372	-	-	-	727,818	727,818	TX105
23	Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964	-	-	-	315,917	315,917	CA103
24	Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	-	-	-	1,024,709	1,024,709	IA103
25	Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	474,771	474,771	KY101
26	Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	-	-	633,979	633,979	TN103
27	Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064	-	-	-	695,515	695,515	CA104
28	Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844655	-	-	-	370,504	370,504	SC100
29	Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 52-2053491	-	-	-	783,684	783,684	MD100
30	Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 37-1286285	-	-	-	814,489	814,489	IL102
31	Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	912,739	912,739	TN104
32	Miami-Ft Lauderdale Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	240,370	240,370	FL103
33	Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844631	-	-	-	172,109	172,109	MI101
34	Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 41-1924790	-	-	-	477,475	477,475	MN101



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35	Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844650	-	-	-	623,999	623,999	MO102
36	NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845066	-	-	-	564,616	564,616	NC101
37	Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 26-0056671	-	-	-	436,268	436,268	NE100
38	Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 88-0372386	-	-	-	131,262	131,262	NV100
39	New Orleans Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1222127	-	-	-	327,718	327,718	LA102
40	North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844656	-	-	-	353,653	353,653	AL100
41	North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 22-3528454	-	-	-	181,314	181,314	NJ101
42	North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2356437	-	-	-	211,015	211,015	TX107
43	Northeast Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 34-1793460	-	-	-	428,850	428,850	OH101
44	Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063	-	-	-	278,443	278,443	OH103
45	Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0487943	-	859	859	1,305,799	1,306,658	CA100
46	Oregon & Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 93-1068897	-	-	-	1,054,177	1,054,177	OR100
47	Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845062	-	-	-	313,952	313,952	AR100
48	Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 81-0665396	-	-	-	1,526,164	1,526,164	PA101
49	Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-1624040	-	-	-	1,156,649	1,156,649	WA100
50	Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3169358	-	1,610	1,610	154,258	155,868	CA101
51	San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 74-2856696	-	-	-	530,326	530,326	TX108
52	San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911	-	-	-	635,654	635,654	CA105
53	San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.	-	9	9	215,883	215,892	CA106

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EIN # 94-3047626						
54	South Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 65-0254225	-	-	-	238,689	238,689 FL105
55	Southeast Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844639	-	-	-	1,013,033	1,013,033 WI101
56	Southern New England Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844629	-	-	-	433,039	433,039 CT100
57	Southwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	336,169	336,169 OH100
58	Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854974	-	-	-	470,257	470,257 OK101
59	Virginia Blue Ridge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2619425	-	-	-	741,517	741,517 VA101
60	Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	301	301	462,959	463,259 NY100
	Totals - Affiliates	<u>-</u>	<u>3,268</u>	<u>3,268</u>	<u>34,774,711</u>	<u>34,777,979</u>
	Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	38,616	133,858	172,474	60,772,846	60,945,320
	Totals for Parent and Affiliates	<u><u>38,616</u></u>	<u><u>137,126</u></u>	<u><u>175,742</u></u>	<u><u>95,547,558</u></u>	<u><u>95,723,300</u></u>