

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Form 990

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

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

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

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 04/01, 2016, and ending 03/31, 2017

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization: SUSAN G KOMEN BREAST CANCER FDN, INC  
 Doing Business As: SUSAN G. KOMEN  
 Number and street (or P.O. box if mail is not delivered to street address): 5005 LBJ FREEWAY, SUITE 526  
 Room/suite:   
 City or town, state or province, country, and ZIP or foreign postal code: DALLAS, TX 75244-6125

**D** Employer identification number: 75-1835298

**E** Telephone number: (972) 855-1600

**F** Name and address of principal officer: PAULA SUE SCHNEIDER  
 5005 LBJ FREEWAY, SUITE 526 DALLAS, TX 75244-6125

**G** Gross receipts \$: 135,670,783.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number: 7164

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

**J** Website: WWW.KOMEN.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OUR 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 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	278
6	Total number of volunteers (estimate if necessary)	6	2,965
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,655
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,154

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	105,234,559	55,634,984
9	Program service revenue (Part VIII, line 2g)	18,294,814	15,856,597
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,101,498	3,758,190
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,518,888	-4,906,867
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,111,983	70,342,904
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,875,933	35,357,025
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,559,800	24,717,739
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,754,890	2,584,720
16b	Total fundraising expenses (Part IX, column (D), line 25)	13,589,581	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,567,268	36,543,700
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	104,757,891	99,203,184
19	Revenue less expenses. Subtract line 18 from line 12	21,354,092	-28,860,280
	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	248,003,651	220,522,141
21	Total liabilities (Part X, line 26)	106,786,837	92,137,738
22	Net assets or fund balances. Subtract line 21 from line 20	141,216,814	128,384,403

Part II Signature Block

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

**Sign Here**

Signature of officer: *Robert Green* Date: 12/1/17

ROBERT GREEN CFO

**Paid Preparer Use Only**

Print/Type preparer's name: Kaathy Pitts Preparer's signature: *Kaathy Pitts* Date: 12/02/17 Check  if self-employed PTIN: P00292940

Firm's name: ERNST & YOUNG U.S. LLP Firm's EIN:   
 Firm's address: 425 HOUSTON STREET, SUITE 600 FORT WORTH, TX 76102 Phone no.: 817-335-1900

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Form 990 (2016)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SUSAN G. KOMEN'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 \$ 39,856,532. including grants of \$ 30,755,691.) (Revenue \$ 15,812,051.)

GRANTS TO OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH PROJECTS, INCLUDING THOSE STUDYING THE BIOLOGY OF BREAST CANCER; EARLY DETECTION, DIAGNOSIS, AND PREVENTION STRATEGIES; DEVELOPMENT OF NEW APPROACHES FOR TREATMENT; AND UNDERSTANDING AND ADDRESSING DISPARITIES IN BREAST CANCER OUTCOMES, AS WELL AS RESEARCH RESOURCES AND CONFERENCES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code: 32) (Expenses \$ 27,529,563. including grants of \$ 944,269.) (Revenue \$ 0.)

PROVISION OF BREAST HEALTH EDUCATION MATERIALS AND PROGRAMS, WERE BOTH MADE POSSIBLE THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND DIRECTLY BY KOMEN TO INCREASE THE PUBLIC'S KNOWLEDGE OF BREAST CANCER, ITS RISK FACTORS, THE IMPORTANCE OF EARLY DETECTION AND BREAST SELF-AWARENESS, AND TREATMENT ACCESSIBILITY. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: 32) (Expenses \$ 6,597,489. including grants of \$ 3,657,065.) (Revenue \$ 0.)

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

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

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

4e Total program service expenses 73,983,584.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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 columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8, 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ROBERT GREEN 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 75244-6125 972-855-1600

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONNIE O'NEILL CHAIR (BEG. 06/16)	1.00 0.	X		X				0.	0.	0.
(2) JANE ABRAHAM BOARD MEMBER	1.00 0.	X						0.	0.	0.
(3) LINDA WILKINS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) NANCY G. BRINKER FOUNDER/BOD MBR (LOA BEG 6/16)	1.00 0.	X						0.	0.	0.
(5) LINDA CUSTARD BOD MBR (FMR CHAIR, END 06/16)	1.00 0.	X						0.	0.	0.
(6) ALAN D. FELD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) JANET DUNN FRANTZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) KAYE CEILLE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) MELISSA MAXFIELD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) DR. OLUFUNMILAYO OLOPADE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) DAN GLENNON BRD MEMBER/TRSR (BEG 06/16)	1.00 0.	X		X				0.	0.	0.
(12) MEGHAN SHANNON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) TRISH WHEATON BOARD MEMBER (BEG 06/16)	1.00 0.	X						0.	0.	0.
(14) ANGELA ZEPEDA BOARD MEMBER (BEG 06/16)	1.00 0.	X						0.	0.	0.

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**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) ROBERT GREEN CHIEF FINANCIAL OFFICER	55.00 0.			X				329,853.	0.	5,955.
16) DR. JUDITH SALERNO PRESIDENT & CEO (END 11/16)	55.00 0.			X				545,188.	0.	19,860.
17) ELLEN WILLMOTT (BEG. 11/16) SECRETARY AND INTERIM PRES/CEO	55.00 0.			X				289,177.	0.	27,787.
18) LESLEY LURIE DEPUTY COUNSEL & ASST. SEC	55.00 0.			X				221,977.	0.	37,041.
19) CHRISTINA ALFORD SVP, DEVELOPMENT	55.00 0.				X			281,944.	0.	5,897.
20) VICTORIA WOLODZKO VP RESEARCH & COMMUNITY HEALTH	55.00 0.				X			184,197.	0.	19,665.
21) LORI MARIS SVP, AFFL NETWORK (BEG 1/17)	55.00 0.				X			149,574.	0.	15,839.
22) MIGUEL PEREZ SVP, AFFLT NTWK (END 01/17)	55.00 0.				X			207,846.	0.	25,228.
23) CHARLOTTE WALSH SVP MARKETING (END 8/16)	55.00 0.				X			175,057.	0.	17,778.
24) ERIC MONTGOMERY VP, INFORMATION TECHNOLOGY	55.00 0.				X			189,336.	0.	43,489.
25) CATHERINE OLIVIERI VP, HUMAN RESOURCES	55.00 0.				X			210,924.	0.	41,511.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,610,790.	0.	410,933.
<b>d Total (add lines 1b and 1c)</b>								3,610,790.	0.	410,933.

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 **46**

	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 **22**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) RIA WILLIAMS CONTROLLER	55.00 0.					X		167,257.	0.	39,522.
( 27) GARY COLE SR DIR, (END 12/16)	55.00 0.					X		172,933.	0.	28,225.
( 28) ANDREA RADER SR DIR, COMMUNICATIONS	55.00 0.					X		169,910.	0.	26,315.
( 29) SUBHENDU RATH SR DIR, IT ENTERPRISE SYSTEMS	55.00 0.					X		159,827.	0.	32,855.
( 30) VANESSA HEWITT SR DIR, INTERNAL AUDIT	55.00 0.					X		155,790.	0.	23,966.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 46

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

**Section B. Independent Contractors**

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

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

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

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**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>	369,666.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	19,257,196.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	36,008,122.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		82,468.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			55,634,984.				
	<b>Program Service Revenue</b>			<b>Business Code</b>				
<b>2a</b> AFFILIATE RESEARCH FUNDS			900099	15,856,597.	15,856,597.			
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .			15,856,597.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			2,226,389.			2,226,389.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.				
	<b>5</b> Royalties . . . . .			39,575.			39,575.	
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		60,737,868.	55,600.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			59,261,667.			
		<b>c</b> Gain or (loss) . . . . .			1,476,201.	55,600.		
	<b>d</b> Net gain or (loss) . . . . .			1,531,801.			1,531,801.	
	<b>8a</b> Gross income from fundraising events (not including \$ 19,257,196. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		990,579.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	5,944,296.				
		<b>c</b> Net income or (loss) from fundraising events. . . . .			-4,953,717.			-4,953,717.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0.					
	<b>c</b> Net income or (loss) from gaming activities. . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		-80,858.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	121,916.					
	<b>c</b> Net income or (loss) from sales of inventory. . . . .			-202,774.	-202,774.			
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b> SHARED SERVICES INTERCOMP		900099	158,228.	158,228.				
	<b>b</b> OTHER INCOME	900099	51,821.		5,655.	46,166.		
	<b>c</b>							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			210,049.					
<b>12 Total revenue.</b> See instructions. . . . .			70,342,904.	15,812,051.	5,655.	-1,109,786.		

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**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	31,847,867.	31,847,867.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	3,509,158.	3,509,158.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,785,073.	2,228,058.	222,806.	334,209.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	18,062,062.	11,224,760.	5,025,594.	1,811,708.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	718,980.	446,814.	200,049.	72,117.
9 Other employee benefits . . . . .	1,913,655.	1,189,251.	532,456.	191,948.
10 Payroll taxes . . . . .	1,237,969.	769,342.	344,453.	124,174.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	366,144.	149,226.	158,756.	58,162.
c Accounting . . . . .	500,582.	318,159.	127,146.	55,277.
d Lobbying . . . . .	213,004.	213,004.		
e Professional fundraising services. See Part IV, line 17.	2,584,720.			2,584,720.
f Investment management fees . . . . .	90,121.		90,121.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0.			
12 Advertising and promotion . . . . .	1,188,152.	682,290.	324,619.	181,243.
13 Office expenses . . . . .	10,811,826.	5,965,648.	136,025.	4,710,153.
14 Information technology . . . . .	2,108,676.	1,623,681.	253,041.	231,954.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,058,743.	673,940.	274,943.	109,860.
17 Travel . . . . .	2,001,310.	1,112,670.	768,837.	119,803.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	905,082.	466,714.	369,915.	68,453.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	788,014.	379,865.	363,124.	45,025.
23 Insurance . . . . .	320,843.	196,336.	80,937.	43,570.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING & PROF. SVCS	9,739,586.	7,456,543.	787,063.	1,495,980.
b EQUIP RENTAL & MAINT	1,539,521.	505,793.	424,092.	609,636.
c EVENT PRODUCTION	3,146,794.	1,870,882.	934,145.	341,767.
d BANK FEES	1,115,755.	713,227.	136,787.	265,741.
e All other expenses	649,547.	440,355.	75,111.	134,081.
25 Total functional expenses. Add lines 1 through 24e	99,203,184.	73,983,583.	11,630,020.	13,589,581.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) . . . . .	29,456,858.	16,364,801.	1,657,461.	11,434,596.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing . . . . .	0.	1	0.
	2	Savings and temporary cash investments . . . . .	51,130,831.	2	31,823,756.
	3	Pledges and grants receivable, net . . . . .	22,743,789.	3	20,419,320.
	4	Accounts receivable, net . . . . .	6,498,270.	4	3,718,830.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	6	0.
	7	Notes and loans receivable, net . . . . .	0.	7	0.
	8	Inventories for sale or use . . . . .	187,029.	8	102,613.
	9	Prepaid expenses and deferred charges . . . . .	1,324,958.	9	1,176,543.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 9,594,450.		
	b	Less: accumulated depreciation . . . . .	10b 7,954,760.	10c	1,639,690.
	11	Investments - publicly traded securities . . . . .	104,689,264.	11	97,151,712.
	12	Investments - other securities. See Part IV, line 11 . . . . .	59,470,361.	12	64,468,904.
	13	Investments - program-related. See Part IV, line 11 . . . . .	0.	13	0.
	14	Intangible assets . . . . .	0.	14	0.
	15	Other assets. See Part IV, line 11 . . . . .	20,773.	15	20,773.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	248,003,651.	16	220,522,141.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	9,477,825.	17	8,991,250.
	18	Grants payable . . . . .	96,670,922.	18	82,800,353.
	19	Deferred revenue . . . . .	638,090.	19	346,135.
	20	Tax-exempt bond liabilities . . . . .	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	106,786,837.	26	92,137,738.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	86,358,774.	27	83,312,668.
	28	Temporarily restricted net assets . . . . .	54,533,040.	28	44,746,735.
	29	Permanently restricted net assets . . . . .	325,000.	29	325,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33	<b>Total net assets or fund balances</b> . . . . .	141,216,814.	33	128,384,403.
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .	248,003,651.	34	220,522,141.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,342,904.
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,203,184.
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,860,280.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	141,216,814.
5	Net unrealized gains (losses) on investments	5	11,713,422.
6	Donated services and use of facilities	6	-2,318,522.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,632,969.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	128,384,403.

**Part XII Financial Statements and Reporting**

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

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

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.

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

**Open to Public Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

(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>						

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

Schedule A (Form 990 or 990-EZ) 2016

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule A (Form 990 or 990-EZ) 2016

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	118,656,952.	91,606,572.	77,337,857.	105,234,559.	55,634,984.	448,470,924.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	118,656,952.	91,606,572.	77,337,857.	105,234,559.	55,634,984.	448,470,924.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						46,129,219.
<b>6 Public support.</b> Subtract line 5 from line 4.						402,341,705.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	118,656,952.	91,606,572.	77,337,857.	105,234,559.	55,634,984.	448,470,924.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,810,808.	4,064,746.	3,542,123.	2,523,145.	2,265,964.	17,206,786.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0.	0.	0.	0.		0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	351,342.	436,740.	153,632.	336,857.	51,821.	1,330,392.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						467,008,102.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	117,418,939.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	86.15 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.39 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2016.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2016

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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a: A person who directly or indirectly controls... 11b: A family member... 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees... 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... 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

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). a: The organization satisfied the Activities Test. b: The organization is the parent of each of its supported organizations. c: The organization supported a governmental entity. Row 2: Activities Test. Answer (a) and (b) below. a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? b: Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? Row 3: Parent of Supported Organizations. Answer (a) and (b) below. a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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).

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule A (Form 990 or 990-EZ) 2016

Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule A (Form 990 or 990-EZ) 2016

Page 8

**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	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	351,342.	436,740.	153,632.	336,857.	51,821.	1,330,392.
TOTALS	<u>351,342.</u>	<u>436,740.</u>	<u>153,632.</u>	<u>336,857.</u>	<u>51,821.</u>	<u>1,330,392.</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[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, 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).

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<b>Name of organization</b> SUSAN G KOMEN BREAST CANCER FDN, INC	<b>Employer identification number</b> 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	_____	\$ 1,349,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 1,483,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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



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Name of organization SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number  
75-1835298

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

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

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

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

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

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

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

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

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 (SUSAN G KOMEN BREAST CANCER FDN, INC) and Employer identification number (75-1835298)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

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

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

Schedule C (Form 990 or 990-EZ) 2016

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**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> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		4,996.	19,341.
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		208,008.	254,874.
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		213,004.	274,215.
<b>d</b> Other exempt purpose expenditures . . . . .		87,360,161.	179,883,636.
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		87,573,165.	180,157,851.
<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: 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)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<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	98,255.	91,934.	218,796.	274,215.	683,200.
<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	68,694.	52,478.	66,033.	19,341.	206,546.

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule C (Form 990 or 990-EZ) 2016

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

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

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

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

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

Table with 5 rows for reporting lobbying and political expenditures, including current year, carryover, and total amounts.

Part IV Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

LOBBYING EXPENSES

SCHEDULE C, PART II-A

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

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. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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 SFAS 116 (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. b If the organization elected, as permitted under SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items: a Revenue included in 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) 2016

PUBLIC INSPECTION COPY

SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,376,069.	1,346,721.	1,346,267.	1,325,000.	1,325,000.
b Contributions					
c Net investment earnings, gains, and losses	1,786.	29,808.	4,717.	23,736.	21.
d Grants or scholarships					
e Other expenditures for facilities and programs		460.	4,263.	2,469.	21.
f Administrative expenses					
g End of year balance	1,377,855.	1,376,069.	1,346,721.	1,346,267.	1,325,000.

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

- a Board designated or quasi-endowment  73.0000 %
- b Permanent endowment  27.0000 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		610,067.	158,165.	451,902.
d Equipment		2,467,162.	2,280,231.	186,931.
e Other		6,517,221.	5,516,364.	1,000,857.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,639,690.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) LONG/SHORT EQUITY FUND	16,948,904.	FMV
(B) PRIVATE EQUITY FUND	47,520,000.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	64,468,904.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 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. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 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

**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, 2017 OR MARCH 31, 2016.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

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

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN		7.	GRANTMAKING	EDUCATION	380,422.
(2) CENTRAL AMERICA/CARIBBEAN		3.	GRANTMAKING	SCREENING	82,965.
(3) CENTRAL AMERICA/CARIBBEAN		2.	PROGRAM SERVICES	PROGRAM SUPPORT	80,393.
(4) EAST ASIA AND THE PACIFIC		1.	PROGRAM SERVICES	PROGRAM SUPPORT	45,528.
(5) EAST ASIA AND THE PACIFIC		1.	GRANTMAKING	RESEARCH	203,781.
(6) EUROPE		1.	GRANTMAKING	EDUCATION	40,173.
(7) EUROPE		4.	PROGRAM SERVICES	PROGRAM SUPPORT	5,550.
(8) EUROPE		13.	GRANTMAKING	RESEARCH	1,505,743.
(9) MIDDLE EAST AND NORTH AFRICA		4.	GRANTMAKING	EDUCATION	79,000.
(10) MIDDLE EAST AND NORTH AFRICA		2.	PROGRAM SERVICES	PROGRAM SUPPORT	2,587.
(11) MIDDLE EAST AND NORTH AFRICA		1.	GRANTMAKING	RESEARCH	40,000.
(12) NORTH AMERICA		8.	PROGRAM SERVICES	PROGRAM SUPPORT	1,009,414.
(13) NORTH AMERICA		5.	GRANTMAKING	RESEARCH	681,225.
(14) RUSSIA/INDEPENDENT STATES		1.	PROGRAM SERVICES	PROGRAM SUPPORT	4,935.
(15) SOUTH AMERICA		1.	GRANTMAKING	EDUCATION	128,550.
(16) SOUTH AMERICA		2.	PROGRAM SERVICES	PROGRAM SUPPORT	111,081.
(17) SOUTH AMERICA		1.	GRANTMAKING	SCREENING	130,000.
<b>3a</b> Sub-total . . . . .		57.			4,531,347.
<b>b</b> Total from continuation sheets to Part I . . . . .		6.			323,914.
<b>c</b> Totals (add lines 3a and 3b)		63.			4,855,261.

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

Schedule F (Form 990) 2016

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

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

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA		1.	GRANTMAKING	TREATMENT	58,131.
(2) SUB-SAHARAN AFRICA		1.	GRANTMAKING	EDUCATION	179,168.
(3) SUB-SAHARAN AFRICA		4.	PROGRAM SERVICES	PROGRAM SUPPORT	86,615.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

PUBLIC INSPECTION COPY

**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)			MIDDLE EAST/NORTH AFRICA	EDUCATION	15,000.	WIRE TRANSFR			
(2)			CENT. AMERICA/CARIBBEAN	SCREENING	60,000.	WIRE TRANSFR			
(3)			CENT. AMERICA/CARIBBEAN	EDUCATION	50,966.	WIRE TRANSFR			
(4)			CENT. AMERICA/CARIBBEAN	EDUCATION	35,520.	WIRE TRANSFR			
(5)			MIDDLE EAST/NORTH AFRICA	EDUCATION	40,000.	WIRE TRANSFR			
(6)			NORTH AMERICA	RESEARCH	48,000.	WIRE TRANSFR			
(7)			SOUTH AMERICA	EDUCATION	128,550.	WIRE TRANSFR			
(8)			MIDDLE EAST/NORTH AFRICA	RESEARCH	40,000.	WIRE TRANSFR			
(9)			SUB-SAHARAN AFRICA	EDUCATION	179,168.	WIRE TRANSFR			
(10)			CENT. AMERICA/CARIBBEAN	EDUCATION	50,000.	WIRE TRANSFR			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	21,000.	WIRE TRANSFR			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	19,611.	WIRE TRANSFR			
(13)			SOUTH AMERICA	EDUCATION SCREENING	130,000.	WIRE TRANSFR			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	120,000.	WIRE TRANSFR			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	330,000.	WIRE TRANSFR			
(16)			CENT. AMERICA/CARIBBEAN	EDUCATION	50,000.	WIRE TRANSFR			

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

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	EDUCATION SCREENING	22,965.	WIRE TRANSFR			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	148,174.	WIRE TRANSFR			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	35,693.	WIRE TRANSFR			
(4)			SOUTH AMERICA	EDUCATION TREATMENT	58,131.	WIRE TRANSFR			
(5)			EUROPE/ICELAND/GREENLAND	EDUCATION RESEARCH	239,670.	WIRE TRANSFR			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	40,000.	WIRE TRANSFR			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	11,702.	WIRE TRANSFR			
(8)			NORTH AMERICA	RESEARCH	80,000.	WIRE TRANSFR			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	135,000.	WIRE TRANSFR			
(10)			CENT. AMERICA/CARIBBEAN	EDUCATION	70,100.	WIRE TRANSFR			
(11)			CENT. AMERICA/CARIBBEAN	EDUCATION	50,000.	WIRE TRANSFR			
(12)			MIDDLE EAST/NORTH AFRICA	EDUCATION	15,000.	WIRE TRANSFR			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	302,665.	WIRE TRANSFR			
(14)			NORTH AMERICA	RESEARCH	44,900.	WIRE TRANSFR			
(15)			NORTH AMERICA	RESEARCH	149,969.	WIRE TRANSFR			
(16)			MIDDLE EAST/NORTH AFRICA	EDUCATION	9,000.	WIRE TRANSFR			

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

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	203,781.	WIRE TRANSFR			
(2)			CENT. AMERICA/CARIBBEAN	EDUCATION	73,835.	WIRE TRANSFR			
(3)			EUROPE/ICELAND/GREENLAND	EDUCATION	40,173.	WIRE TRANSFR			
(4)			NORTH AMERICA	RESEARCH	358,356.	WIRE TRANSFR			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	100,000.	WIRE TRANSFR			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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)							



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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule F (Form 990) 2016

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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; do not 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; do not file with Form 990)* . . . . .  Yes  No

Schedule F (Form 990) 2016

**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 GRANT FUNDS OUTSIDE OF THE UNITED STATES

SCHEDULE F, PART I, LINE 2

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

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

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

PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY QUALIFIED STAFF. SEE

SCHEDULE I, PART IV FOR MORE DETAILS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MERKLE, INC.	DIRECT MARKETING		X	16,848,200.	1,550,586.	15,297,614.
2 EVENT 360	FUNDRAISING CONSULTING		X	17,058,460.	358,130.	16,700,330.
3 POSSIBLE WORLDWIDE, LLC	MARKETING CONSULTING		X		495,000.	
4 INFINITE AGENCY	MARKETING CONSULTING		X		154,648.	
5 BOB CARTER COMPANIES	FUNDRAISING CONSULTING		X		26,356.	
6						
7						
8						
9						
10						
<b>Total</b>				33,906,660.	2,584,720.	31,997,944.

- 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,

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule G (Form 990 or 990-EZ) 2016

Page 2

**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	
		3DAY (event type)	DC RACE (event type)	2. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	17,795,496.	1,203,891.	1,248,388.	20,247,775.
	2	Less: Contributions . . . . .	17,271,325.	787,198.	1,198,673.	19,257,196.
	3	Gross income (line 1 minus line 2), . . . . .	524,171.	416,693.	49,715.	990,579.
Direct Expenses	4	Cash prizes . . . . .			0.	
	5	Noncash prizes . . . . .	1,162.	19,984.	39,425.	60,571.
	6	Rent/facility costs . . . . .	909,915.	61,640.	46,563.	1,018,118.
	7	Food and beverages . . . . .	836,674.	12,797.	124,177.	973,648.
	8	Entertainment . . . . .			21,897.	21,897.
	9	Other direct expenses . . . . .	3,777,320.	70,714.	22,028.	3,870,062.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				5,944,296.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-4,953,717.

**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: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule G (Form 990 or 990-EZ) 2016

Page 3

- 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 2017 WERE \$19,257,196.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AFRICAN WOMEN'S CANCER AWARENESS ASSOC. 8955 EDMONSTON ROAD GREENBELT, MD 20770	73-1704355	501(C)(3)	89,281.				EDUCATION
<b>(2)</b> ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721	501(C)(3)	62,500.				SCREENING
<b>(3)</b> AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT, 17TH FL PHILADELPHIA PA 19106	23-6251649	501(C)(3)	475,000.				RESEARCH
<b>(4)</b> AMERICAN ASSOCIATION ON HEALTH & DISABIL 110 N. WASHINGTON ST ROCKVILLE, MD 20850	52-1884887	501(C)(3)	49,072.				TREATMENT
<b>(5)</b> AMERICAN JEWISH JOINT ATTN: ITAI SHAMIR NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	265,000.				EDUCATION
<b>(6)</b> AMERICAN SOCIETY OF CLINICAL ONCOLOGY ALEXANDRIA, VA 22314	13-6180880	501(C)(3)	400,000.				RESEARCH
<b>(7)</b> ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501(C)(3)	89,645.				SCREENING
<b>(8)</b> BAYLOR COLLEGE MEDICINE. HOUSTON, TX 77030	74-1613878	501(C)(3)	2,631,365.				RESEARCH
<b>(9)</b> BETH ISRAEL DEACONESS MEDICAL CENTER BR109, BOSTON, MA 02215	04-2103881	501(C)(3)	78,000.				RESEARCH
<b>(10)</b> BOAT PEOPLE, SOS 6066 LEESBURG PIKE #100, FALLS CH, VA 22041	54-1563619	501(C)(3)	94,357.				EDUCATION
<b>(11)</b> BOSTON UNIVERSITY 580 HARRISON AVENUE, 3-W BOSTON, MA 02118	04-2103547	501(C)(3)	135,000.				RESEARCH
<b>(12)</b> BREAST CARE FOR WASHINGTON 4 ATLANTIC ST. SW WASHINGTON, DC 20032	45-5574713	501(C)(3)	90,000.				SCREENING

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) (2016)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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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> BRIGHAM & WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	497,294.				RESEARCH
<b>(2)</b> BROAD INSTITUTE, INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	360,000.				RESEARCH
<b>(3)</b> CANCER CARE 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	1,460,000.				TREATMENT
<b>(4)</b> CANCER RESOURCE CENTERS OF MENDOCINO CTY 45040 CALPELLA STREET MENDOCINO, CA 95460	68-0357416	501(C)(3)	52,430.				EDUCATION
<b>(5)</b> CAPITAL BREAST CARE CENTER 3970 RESERVOIR ROAD NW, WASHINGTON DC 20057	53-0196603	501(C)(3)	100,000.				EDUCATION
<b>(6)</b> CASA OF MARYLAND, INC. HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	90,000.				EDUCATION
<b>(7)</b> CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH 44106	34-1018992	501(C)(3)	270,000.				RESEARCH
<b>(8)</b> CEDARS SINAI MEDICAL CENTER ATTN: JOANNE LAZZARO LOS ANGELES, CA 90048	95-1644600	501(C)(3)	75,000.				RESEARCH
<b>(9)</b> CHILDREN'S HOSPITAL, BOSTON RESEARCH FINANCE BOSTON, MA 02241-4413	04-2774441	501(C)(3)	120,000.				RESEARCH
<b>(10)</b> CINCINNATI CHILDREN'S HOSPITAL MEDICAL 3333 BURNET AVE, CINCINNATI, OH 45229	31-0833936	501(C)(3)	30,000.				RESEARCH
<b>(11)</b> COLD SPRING HARBOR LABORATORY COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	180,000.				RESEARCH
<b>(12)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 722 WEST 168TH ST, 4 FL NEW YORK, NY 10032	13-5598093	501(C)(3)	582,000.				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) (2016)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2016**

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Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CORNELL UNIVERSITY. ATTN: ILENE LAMBIASE ITHACA, NY 14850	15-0532082	501(C)(3)	60,000.				RESEARCH
<b>(2)</b> DANA FARBER CANCER INSTITUTE 44 BINNEY STREET, MS 439C, BOSTON, MA 02115	04-2263040	501(C)(3)	2,308,189.				RESEARCH
<b>(3)</b> DOCTORS COMMUNITY HOSPITAL 8118 GOOD LUCK ROAD LANHAM, MD 20706-3502	52-1638026	501(C)(3)	675,000.				EDUCATION, SCREENING TREATMENT
<b>(4)</b> DUKE UNIVERSITY MEDICAL CENTER P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	974,979.				RESEARCH
<b>(5)</b> EASTERN MICHIGAN UNIVERSITY ATTN: SUSAN SHIPLEY YPSILANTI, MI 48197	38-2953297	501(C)(3)	45,223.				EDUCATION
<b>(6)</b> ECOG RESEARCH AND EDUCATION FOUNDATION 1818 MARKET STREET PHILADELPHIA, PA 19109	39-1723095	501(C)(3)	100,000.				RESEARCH
<b>(7)</b> FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PLMS BLVD W #373 TAMPA, FL 33647	65-0927702	501(C)(3)	24,000.				EDUCATION
<b>(8)</b> FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	30,000.				RESEARCH
<b>(9)</b> FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, MS J6-330 SEATTLE, WA 98109	56-3744111	501(C)(3)	260,000.				RESEARCH
<b>(10)</b> FRIENDS OF CANCER RESEARCH WASHINGTON, DC 20036	52-1983273	501(C)(3)	14,000.				RESEARCH
<b>(11)</b> GEORGE WASHINGTON UNIVERSITY ASHBURN, VA 20147	53-0196584	501(C)(3)	49,615.				EDUCATION
<b>(12)</b> GEORGETOWN U WASHINGTON, DC 20057-1164	53-0196603	501(C)(3)	27,000.				RESEARCH

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

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

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Schedule I (Form 990) (2016)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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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> H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501(C)(3)	210,000.				RESEARCH
<b>(2)</b> HARVARD MEDICAL SCHOOL HOLYOKE CTR, RM 600 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	73,000.				RESEARCH
<b>(3)</b> HARVARD UNIVERSITY 25 SHATTUCK ST, CAMBRIDGE, MA 02115	04-2103580	501(C)(3)	240,000.				RESEARCH
<b>(4)</b> HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5E DETROIT, MI 48202	38-1357020	501(C)(3)	140,439.				RESEARCH
<b>(5)</b> HOLY CROSS HOSPITAL ATTN: ANNE GILLIS SILVER SPRING, MD 20910	59-0791028	501(C)(3)	80,000.				EDUCATION
<b>(6)</b> HUDSON-ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35801	43-2059317	501(C)(3)	282,581.				RESEARCH
<b>(7)</b> INDIANA UNIVERSITY (INDIANAPOLIS) P.O. BOX 66057, INDIANAPOLIS, IN 46266	35-6001673	501(C)(3)	1,485,792.				RESEARCH
<b>(8)</b> JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST STE C210 BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,239,925.				RESEARCH
<b>(9)</b> KOREAN COMMUNITY SVC. CTR. OF GREATER WA ATTN: JAI HOON JUNG ANNANDALE, VA 22003	38-6005984	501(C)(3)	90,000.				EDUCATION
<b>(10)</b> LELAND STANFORD JR UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	824,898.				RESEARCH
<b>(11)</b> LIVING BEYOND BREAST CANCER ATTN: JEAN SACHS, CEO HAVERFORD, PA 19041	53-0196932	501(C)(3)	65,000.				EDUCATION, RESEARCH
<b>(12)</b> MAASAI WILDERNES CONSERVATION FUND P.O. BOX 1413 SANTA BARBARA, CA 93102	54-1943145	501(C)(3)	75,000.				EDUCATION

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**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
<b>(1)</b> MARYLAND DEPT. OF HEALTH & MENTAL HYGIEN 201 W PRESTON ST RM 303 BALTIMORE, MD 21201	52-6002033	501(C)(3)	62,372.				SCREENING
<b>(2)</b> MARY'S CTR FOR MATERNAL&CHILD CARE, INC. 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	74,747.				EDUCATION, SCREENING TREATMENT
<b>(3)</b> MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983	501(C)(3)	586,341.				RESEARCH
<b>(4)</b> MAYO CLINIC JACKSONVILLE GRIFFIN BLDG RM 170, JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	100,000.				RESEARCH
<b>(5)</b> MAYO CLINIC ROCHESTER ROCHESTER, MN 55903	41-6011702	501(C)(3)	96,000.				RESEARCH
<b>(6)</b> MEDICAL UNIVERSITY OF SOUTH CAROLINA 171 ASHLEY AVENUE CHARLESTON, SC 29425	57-6000722	501(C)(3)	240,000.				RESEARCH
<b>(7)</b> MEMORIAL SLOAN-KETTERING CANCER CTR 633 3RD AVE, 28TH FL NEW YORK, NY 10017	13-1924236	501(C)(3)	120,000.				RESEARCH
<b>(8)</b> METROPOLITAN CHICAGO BREAST CANCER 1645 W JACKSON BLVD #450 CHICAGO, IL 60612	26-2264895	501(C)(3)	400,000.				EDUCATION, RESEARCH
<b>(9)</b> MIDMICHIGAN MEDICAL CENTER-GRATIOT 300 EAST WARWICK DRIVE ALMA, MI 48801	38-1437919	501(C)(3)	86,110.				EDUCATION
<b>(10)</b> MOBILE MEDICAL CARE, INC. 9309 OLD GEORGETOWN RD, BETHESDA, MD 20814	23-7022588	501(C)(3)	264,745.				EDUCATION, SCREENING
<b>(11)</b> MOUNT SINAI SCHOOL OF MEDICINE 633 THIRD AVENUE NEW YORK, NY 10017	13-6171197	501(C)(3)	120,000.				RESEARCH
<b>(12)</b> NATIONAL ACADEMY OF SCIENCES 730 15TH STREET NW WASHINGTON, DC 20005	53-0196932	501(C)(3)	13,500.				RESEARCH

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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<b>(1)</b> NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	170,689.				EDUCATION, SCREENING TREATMENT
<b>(2)</b> NEW YORK UNIVERSITY SCHOOL OF MED NEW YORK, NY 10016	13-5562308	501(C)(3)	150,000.				RESEARCH
<b>(3)</b> NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE STREET DURHAM, NC 27707	56-6000730	501(C)(3)	135,000.				RESEARCH
<b>(4)</b> NORTHWESTERN UNIVERSITY - CHICAGO 633 CLARK EVANSTON, IL 60208	36-2167817	501(C)(3)	302,386.				RESEARCH
<b>(5)</b> NUEVA VIDA, INC. 2000 P STREET NW # 300, WASHINGTON DC 20036	54-1943145	501(C)(3)	80,000.				EDUCATION
<b>(6)</b> OBESITY SOCIETY 8757 GEORGIA AVENUE SILVER SPRING, MD 20910	54-1438429	501(C)(3)	9,481.				RESEARCH
<b>(7)</b> OHIO STATE UNIV RESEARCH FOUNDATION COLUMBUS, OH 43210	31-6025986	501(C)(3)	210,000.				RESEARCH
<b>(8)</b> OREGON HEALTH & SCIENCE UNIVERSITY SPONSORED PROGRAM ADMIN. PORTLAND, OR 97239	75-2668014	501(C)(3)	922,441.				RESEARCH
<b>(9)</b> PANGAEA GLOBAL AIDS 436 14TH ST, STE 920 OAKLAND, CA 94612	91-2167423	501(C)(3)	50,000.				EDUCATION
<b>(10)</b> PARTNERS FOR CANCER CARE AND PREVENTION 10 E LEE ST, UNIT #1901 BALTIMORE, MD 21202	45-1605551	501(C)(3)	82,500.				EDUCATION
<b>(11)</b> PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM ROAD HAMPTON, VA 23666	83-0292601	501(C)(3)	475,000.				TREATMENT
<b>(12)</b> PENNSYLVANIA STATE UNIV. COLLEGE OF MEDI CONTROLLER'S OFFICE HERSHEY, PA 17033	24-6000376	501(C)(3)	51,929.				RESEARCH

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<b>(1)</b> PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22209	52-1429544	501(C)(3)	90,000.				EDUCATION
<b>(2)</b> PRIMARY CARE COALITION-MONTGOMERYCTY INC 8757 GEORGIA AVE, SILVER SPRING, MD 20910	52-1847976	501(C)(3)	250,000.				SCREENING, TREATMENT
<b>(3)</b> PRINCE WILLIAM HOSPITAL 8700 SUDLEY ROAD MANASSAS, VA 20110	54-1307595	501(C)(3)	186,295.				EDUCATION, SCREENING
<b>(4)</b> PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501(C)(3)	260,000.				RESEARCH
<b>(5)</b> PROGRAM FOR APPROPRIATE P.O. BOX 900922 SEATTLE, WA 98109	91-1157127	501(C)(3)	111,290.				EDUCATION
<b>(6)</b> PROVIDENCE HEALTH FOUNDATION 1150 VARNUM STREET, NE WASHINGTON, DC 20017	52-1275583	501(C)(3)	78,843.				EDUCATION
<b>(7)</b> PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST., 5F40 PORTLAND, OR 97213	93-0386906	501(C)(3)	150,000.				RESEARCH
<b>(8)</b> QUANTUM LEAP HEALTHCARE COLLABORATIVE 3450 CALIFORNIA ST, SAN FRANCISCO, CA 94118	20-4284925	501(C)(3)	8,000.				EDUCATION
<b>(9)</b> REGENTS OF UNIVERSITY OF MICHIGAN ROOM 7110 CCGC, ANN ARBOR, MI 48109	74-6000949	501(C)(3)	138,896.				RESEARCH
<b>(10)</b> RESEARCH ADVOCACY NETWORK 6505 WEST PARK BOULEVARD PLANO, TX 75093	56-6001393	501(C)(3)	54,916.				RESEARCH
<b>(11)</b> ROCKEFELLER UNIVERSITY NEW YORK, NY 10065	13-1624158	501(C)(3)	150,000.				RESEARCH
<b>(12)</b> SMITH FARM CENTER FOR HEALING & THE ARTS 1632 U STREET NW WASHINGTON, DC 20009	59-0624458	501(C)(3)	457,500.				EDUCATION, SCREENING TREATMENT

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<b>(1)</b> SOCIETY FOR SURGICAL ONCOLOGY 85 W ALGONQUIN RD ARLINGTON HGTS, IL 60005	13-6161070	501(C)(3)	30,200.				RESEARCH
<b>(2)</b> SOUTH EAST ALASKA 3100 CHANNEL DRIVE JUNEAU, AK 99801	92-0056274	501(C)(3)	21,250.				SCREENING
<b>(3)</b> ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE ROAD READING, PA 19603-0316	53-0196617	501(C)(3)	69,027.				EDUCATION
<b>(4)</b> STANFORD UNIVERSITY' P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	260,000.				RESEARCH
<b>(5)</b> STEVENS INSTITUTE OF TECHNOLOGY 1 CASTLE POINT TERRACE HOBOKEN, NJ 07030	22-1487354	501(C)(3)	60,000.				RESEARCH
<b>(6)</b> SUPPORTING OUR SISTERS INTERNATIONAL, IN 2604 PINEBROOK AVE C2 HYATTSVILLE, MD 20785	47-2511778	501(C)(3)	12,500.				EDUCATION
<b>(7)</b> THE OHIO STATE UNIVERSITY COLLEGE ATTN: KATHY MILEM COLUMBUS, OH 43205	31-6025986	501(C)(3)	135,000.				RESEARCH
<b>(8)</b> THE RED DEVILS ATTN: JANICE WILSON TOWSON, MD 21286	74-3070929	501(C)(3)	20,871.				TREATMENT
<b>(9)</b> THE SALK INSTITUTE LA JOLLA, CA 92037	37-6000511	501(C)(3)	160,000.				RESEARCH
<b>(10)</b> THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	373,239.				RESEARCH
<b>(11)</b> THE VANDERBILT UNIVERSITY PMB 406310 NASHVILLE, TN 37240-6310	62-0476822	501(C)(3)	108,000.				RESEARCH
<b>(12)</b> THOMAS JEFFERSON UNIVERSITY SCOTT BLDG RM 528 PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	75,000.				RESEARCH

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<b>(1)</b> TRUSTEES OF COLUMBIA UNIV. SPONSORED PROJ FINANCE, NEW YORK, NY 10027	13-5598093	501(C)(3)	40,886.				RESEARCH
<b>(2)</b> TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPON PROJ, HANOVER, NH 03755	02-0222111	501(C)(3)	150,000.				RESEARCH
<b>(3)</b> TULANE UNIVERSITY HEALTH SCIENCES CENTER 800 E. COMMERCE HARAHAN, LA 70023	72-0423889	501(C)(3)	120,000.				RESEARCH
<b>(4)</b> UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	1,795,346.				RESEARCH
<b>(5)</b> UNIV. OF TX, M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501(C)(3)	750,286.				RESEARCH
<b>(6)</b> UNIVERSITY MIAMI SCHOOL OF MEDICINE ATTN: MARIA A. GARCIA, ATLANTA GA 30384	59-0624458	501(C)(3)	150,000.				RESEARCH
<b>(7)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S, BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	285,000.				RESEARCH
<b>(8)</b> UNIVERSITY OF ARIZONA BURSAR/SPON PROJ, TUCSON, AZ 85733	74-2652689	501(C)(3)	270,000.				RESEARCH
<b>(9)</b> UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DR MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)(3)	9,664.				RESEARCH
<b>(10)</b> UNIVERSITY OF CALIFORNIA-DAVIS, CASHIER'S OFFICE, W SACRAMENTO, CA 95798	94-6036494	501(C)(3)	59,855.				RESEARCH
<b>(11)</b> UNIVERSITY OF CALIFORNIA-LOS ANGELES ADMIN MAIN CASHIER OFC. LOS ANGLS, CA 90095	95-6006143	501(C)(3)	310,000.				RESEARCH
<b>(12)</b> UNIVERSITY OF CALIFORNIA-SAN DIEGO UCSD CASHIERS OFFICE LA JOLLA, CA 92093	95-6006144	501(C)(3)	150,000.				RESEARCH

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<b>(1)</b> UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1600 DIVISADERO #1710 SAN FRAN., CA 94115	94-6036493	501(C)(3)	683,848.				RESEARCH
<b>(2)</b> UNIVERSITY OF CINCINNATI 51 GOODMAN DR STE 530 CINCINNATI, OH 45221	31-6000989	501(C)(3)	150,000.				RESEARCH
<b>(3)</b> UNIVERSITY OF DELAWARE 30 LOVETT AENUE NEWARK, DE 19716	51-6000279	501(C)(3)	150,000.				RESEARCH
<b>(4)</b> UNIVERSITY OF ILLINOIS AT CHICAGO 809 S MARSHFIELD MC551 CHICAGO, IL 60608	37-6000511	501(C)(3)	108,000.				RESEARCH
<b>(5)</b> UNIVERSITY OF ILLINOIS--URBANA-CHAMPAIGN SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	60,000.				RESEARCH
<b>(6)</b> UNIVERSITY OF KANSAS MEDICAL CENTER ATTN: TIM SISKEY KANSAS CITY, KS 66160	48-1108830	501(C)(3)	838,050.				RESEARCH
<b>(7)</b> UNIVERSITY OF MASSACHUSETTS AMHERST GOODELL BLDG RM 405 AMHERST, MA 01003	04-3167352	501(C)(3)	148,996.				RESEARCH
<b>(8)</b> UNIVERSITY OF MIAMI SCHOOL OF MEDICINE CTR FOR CANCER PREV, MIAMI, FL 33136	59-0624458	501(C)(3)	67,500.				EDUCATION, RESEARCH
<b>(9)</b> UNIVERSITY OF MICHIGAN ALEXANDRA THEBAUD ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	662,807.				RESEARCH
<b>(10)</b> UNIVERSITY OF MICHIGAN HEALTH SYSTEMS 3003 S STATE ST RM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	160,000.				RESEARCH
<b>(11)</b> UNIVERSITY OF MINNESOTA MCNAMARA ALUMNI CTR, MINNEAPOLIS MN 55455	41-6007513	501(C)(3)	197,637.				RESEARCH
<b>(12)</b> UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IL 46556	35-0868188	501(C)(3)	120,000.				RESEARCH

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<b>(1)</b> UNIVERSITY OF PENNSYLVANIA OFF. OF RSRCH SVCS, PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,180,618.				EDUCATION, RESEARCH
<b>(2)</b> UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0966691	501(C)(3)	464,600.				RESEARCH
<b>(3)</b> UNIVERSITY OF SOUTHERN CALIFORNIA ATTN: ROBERT OSUNA, LOS ANGELES, CA 90089	95-1642394	501(C)(3)	392,759.				RESEARCH
<b>(4)</b> UNIVERSITY OF TEXAS AT HEALTH SCIENCE CE ELIZABETH FRANTZ HOUSTON, TX 77030	74-1587488	501(C)(3)	135,000.				RESEARCH
<b>(5)</b> UNIVERSITY OF UTAH 201 S PRES CIR. #406 SLT LKE CITY, UT 84112	87-6000525	501(C)(3)	226,316.				RESEARCH
<b>(6)</b> UNIVERSITY OF WASHINGTON ATTN: TAMI SADUSKY SEATTLE, WA 98105	91-6001537	501(C)(3)	571,999.				RESEARCH
<b>(7)</b> UNIVERSITY OF WISCONSIN - MADISON RSRCH & SPON PROG, MADISON, WI 53715	39-6006492	501(C)(3)	149,760.				RESEARCH
<b>(8)</b> UT HSC - SAN ANTONIO OFF. SPONS. PROG., SAN ANTONIO, TX 77229	74-1586031	501(C)(3)	405,075.				RESEARCH
<b>(9)</b> UT SOUTHWESTERN MEDICAL CENTER UTSW GRANTS MGMT, DALLAS, TX 75284	74-6000203	501(C)(3)	162,000.				RESEARCH
<b>(10)</b> UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BLVD, #1644 HOUSTON, TX 77030	74-6001118	501(C)(3)	652,089.				RESEARCH
<b>(11)</b> VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S, NASHVILLE, TN 37232	62-0476822	501(C)(3)	544,894.				RESEARCH
<b>(12)</b> VERMONT CANCER CTR, UVM COLLEGE OF MED ATTN: JENNIFER GAGNON BURLINGTON, VT 05405	03-0179440	501(C)(3)	345,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VIETNAMESE RESETTLEMENT ASSOCIATION, INC ATTN: KIM O COOK FALLS CHURCH, VA 22044	54-1512549	501(C)(3)	129,703.				EDUCATION, SCREENING TREATMENT
(2) VIRGINIA COMMONWEALTH UNIVERSITY ATTN: MARK ROBERTS RICHMOND, VA 23284-3038	54-6001758	501(C)(3)	168,515.				RESEARCH
(3) WASHINGTON UNIV AT ST. LOUIS 700 ROSEDALE AVE #1034, ST LOUIS, MO 63112	43-0653611	501(C)(3)	1,930,597.				RESEARCH
(4) WAYNE STATE UNIVERSITY SPONSORED PROGRAM ADMIN. DETROIT, MI 48202	36-6028429	501(C)(3)	361,303.				RESEARCH
(5) WHITEHEAD INST FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142-1479	06-1043412	501(C)(3)	100,000.				RESEARCH
(6) WHITMAN-WALKER CLINIC 1701 14TH STREET N.W. WASHINGTON, DC 20009	52-1122122	501(C)(3)	97,068.				EDUCATION, TREATMENT
(7) WINCHESTER MEDICAL CENTER FOUNDATION 1840 AMHERST STREET WINCHESTER, VA 22601	54-2013319	501(C)(3)	32,503.				SCREENING
(8) YALE UNIVERSITY 2 WHITNEY AVENUE NEW HAVEN, CT 06510	06-0646973	501(C)(3)	100,000.				RESEARCH
(9) YOUNG SURVIVAL COALITION LORI ATKINSON NEW YORK, NY 10006	13-4057685	501(C)(3)	65,000.				EDUCATION
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 144.

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) (2016)

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

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

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

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I PART 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. - LEVEL RESEARCH GRANT MANAGER. FOR EDUCATION, SCREENING, AND TREATMENT GRANTS, PROGRESS AND FINANCIAL OVERSIGHT IS MONITORED OR SUPERVISED THROUGHOUT THE GRANT TERM BY A MASTER'S OR PH.D. LEVEL COMMUNITY OR GLOBAL GRANTS MANAGER.

EACH YEAR OF THE GRANT TERM, THE GRANTEE IS REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS DETAILING PROGRESS TOWARD AIMS AND OBJECTIVES,

**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.

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

PUBLIC INSPECTION COPY

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

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

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

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

SCHEDULE J (Form 990)

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I Questions Regarding Compensation

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

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

- 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?

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?

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?

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 ID, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2016

PUBLIC INSPECTION COPY

**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 ROBERT GREEN CHIEF FINANCIAL OFFICER	(i)	260,569.	65,000.	4,284.	1,435.	4,520.	335,808.	
	(ii)	0.	0.	0.				
2 DR. JUDITH SALERNO PRESIDENT & CEO (END 11/16)	(i)	524,167.	0.	21,021.	4,089.	15,771.	565,048.	
	(ii)	0.	0.	0.				
3 ELLEN WILLMOTT (BEG. 11) SECRETARY AND INTERIM PRES/CEO	(i)	286,375.	0.	2,802.	11,970.	15,817.	316,964.	
	(ii)	0.	0.	0.				
4 LESLEY LURIE DEPUTY COUNSEL & ASST. SEC	(i)	219,310.	0.	2,667.	23,449.	13,592.	259,018.	
	(ii)	0.	0.	0.				
5 CHRISTINA ALFORD SVP, DEVELOPMENT	(i)	279,204.	0.	2,740.	740.	5,157.	287,841.	
	(ii)	0.	0.	0.				
6 VICTORIA WOLODZKO VP RESEARCH & COMMUNITY HEALTH	(i)	181,767.	0.	2,430.	8,712.	10,953.	203,862.	
	(ii)	0.	0.	0.				
7 LORI MARIS SVP, AFFL NETWORK (BEG 1/17)	(i)	146,654.	0.	2,920.	8,496.	7,343.	165,413.	
	(ii)	0.	0.	0.				
8 MIGUEL PEREZ SVP, AFFLT NTWK (END 01/17)	(i)	204,616.	0.	3,230.	14,044.	11,184.	233,074.	
	(ii)	0.	0.	0.				
9 CHARLOTTE WALSH SVP MARKETING (END 8/16)	(i)	174,270.	0.	787.	17,778.		192,835.	
	(ii)	0.	0.	0.				
10 ERIC MONTGOMERY VP, INFORMATION TECHNOLOGY	(i)	186,702.	0.	2,634.	32,912.	10,577.	232,825.	
	(ii)	0.	0.	0.				
11 CATHERINE OLIVIERI VP, HUMAN RESOURCES	(i)	208,122.	0.	2,802.	34,062.	7,449.	252,435.	
	(ii)	0.	0.	0.				
12 RIA WILLIAMS CONTROLLER	(i)	165,042.	0.	2,215.	28,927.	10,595.	206,779.	
	(ii)	0.	0.	0.				
13 GARY COLE SR DIR, (END 12/16)	(i)	172,355.	0.	578.	18,582.	9,643.	201,158.	
	(ii)	0.	0.	0.				
14 ANDREA RADER SR DIR, COMMUNICATIONS	(i)	166,998.	0.	2,912.	15,489.	10,826.	196,225.	
	(ii)	0.	0.	0.				
15 SUBHENDU RATH SR DIR, IT ENTERPRISE SYSTEMS	(i)	157,629.	0.	2,198.	23,046.	9,809.	192,682.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 VANESSA HEWITT SR DIR, INTERNAL AUDIT	(i)	155,157.	0.	633.	14,288.	9,678.	179,756.	
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part III Supplemental Information**

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

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

SUPPLEMENTAL COMPENSATION INFORMATION

EXCEPT AS MAY BE APPROVED IN ADVANCE FOR MEDICAL ACCOMODATION, FIRST CLASS AND BUSINESS CLASS FARES FOR DOMESTIC TRAVEL, CANADA, THE CARIBBEAN, CENTRAL AMERICA, AND MEXICO ARE NOT REIMBURSABLE. HOWEVER, PERSONAL FREQUENT FLIER MILEAGE AND/OR COUPONS MAY BE USED FOR NO-COST UPGRADES. IN THE EVENT OF INTERNATIONAL TRAVEL WITH FLIGHT TIMES OF SIX HOURS OR MORE, AND PRE-APPROVAL BUSINESS OR FIRST CLASS TRAVEL MAY BE PERMITTED IF THERE IS A MEDICAL ACCOMODATION OR BUSINESS PURPOSE. WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COST.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,798.	COST OR SALES PRICE
5 Clothing and household goods . . . . .	X		40,970.	COST OR SALES PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	110.	15,700.	COST OR SALES PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ADVANTAGE MILES )	X	800,000.	24,000.	COST OR SALES PRICE
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) (2016)

JSA

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SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

Schedule M (Form 990) (2016)

Page 2

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

---

**SCHEDULE 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.

**2016**

▶ 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

SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

VOLUNTEERS

FORM 990, PART I, QUESTION 6

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

FORM 990, PART I, QUESTION 8

THE PRIMARY CAUSE OF THE DECREASE REPORTED ON PART I, LINE 8, FOR  
CONTRIBUTIONS AND GRANTS IS DUE TO KOMEN RECEIVING A ONE-TIME RESTRICTED  
DONATION DURING FISCAL YEAR 2016 OF APPROXIMATELY \$40 MILLION.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SUSAN G. KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, FUNDING  
MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT WHILE PROVIDING REAL  
TIME HELP TO THOSE FACING THE DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN  
HAS FUNDED MORE THAN \$956 MILLION IN BREAST CANCER RESEARCH AND PROVIDED  
OVER \$2 BILLION IN FUNDING FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS,  
TREATMENT, EDUCATION, HEALTH SYSTEMS IMPROVEMENT, AND PSYCHOSOCIAL  
SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 30 COUNTRIES  
WORLDWIDE. KOMEN WAS FOUNDED BY NANCY G. BRINKER, WHO PROMISED HER  
SISTER, SUSAN G. KOMEN, THAT SHE WOULD END THE DISEASE THAT CLAIMED  
SUZY'S LIFE.

RESEARCH

PUBLIC INSPECTION COPY

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

SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO 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 DESIGNED TO UNDERSTAND THE BIOLOGY OF BREAST CANCER AND ADVANCE THE TRANSLATION OF RESEARCH BREAKTHROUGHS INTO NEW WAYS TO DETECT, DIAGNOSE, TREAT, AND PREVENT BREAST CANCER, AND KOMEN'S BOLD GOAL TO REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50 PERCENT IN THE U.S. BY 2026.

KOMEN IS GUIDED IN SETTING ITS RESEARCH STRATEGY BY A SCIENTIFIC ADVISORY BOARD, A GROUP OF INTERNATIONALLY RECOGNIZED DOCTORS, SCIENTISTS AND ADVOCATES, AND CONSULTS WITH THE KOMEN SCHOLARS, A GROUP COMPRISED OF DOCTORS, SCIENTISTS, AND PATIENT ADVOCATES NOTED FOR THEIR ACCOMPLISHMENTS IN BREAST CANCER RESEARCH AND ADVOCACY.

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.

PUBLIC INSPECTION COPY

Name of the organization

Employer identification number

SUSAN G KOMEN BREAST CANCER FDN, INC

75-1835298

IN FY17, KOMEN AWARDED MORE THAN 100 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, CANADA, FRANCE, ITALY, AND THE NETHERLANDS.

WE CONSIDER IT OUR RESPONSIBILITY TO ENSURE THE CONTINUITY OF BREAST CANCER RESEARCH FOR THE FUTURE. WITH FEDERAL RESEARCH BUDGETS TIGHTENING, THE PUBLIC CANNOT AFFORD TO LOSE PROMISING YOUNG INVESTIGATORS DUE TO A LACK OF FUNDING OPPORTUNITIES. TO THAT END, KOMEN AWARDED POSTDOCTORAL FELLOWSHIPS, GRADUATE TRAINING IN DISPARITIES RESEARCH GRANTS, AND CAREER CATALYST RESEARCH GRANTS (WITH A COMPETITIVE RENEWAL OPTION) TO SUPPORT YOUNG INVESTIGATORS IN BREAST CANCER RESEARCH. EACH MECHANISM IS FURTHER DESCRIBED BELOW:

POSTDOCTORAL FELLOWSHIPS (PDF):

PDF GRANTS SEEK TO ATTRACT AND SUPPORT PROMISING SCIENTISTS EMBARKING ON CAREERS DEDICATED TO BREAST CANCER RESEARCH WHO HAVE NO MORE THAN 3 YEARS POST-COMPLETION OF THEIR MOST RECENT CLINICAL FELLOWSHIP, 5 YEARS POST-COMPLETION OF THEIR MOST RECENT RESIDENCY (FOR PHYSICIANS) OR 5 YEARS POST-COMPLETION OF THEIR MOST RECENT PHD. BY PROVIDING FUNDING TO OUTSTANDING POSTDOCTORAL/POSTGRADUATE FELLOWS UNDER THE GUIDANCE OF A MENTOR, KOMEN SEEKS TO ENSURE THAT A DIVERSE POOL OF HIGHLY TRAINED SCIENTISTS WILL EMERGE AS THE NEXT GENERATION OF LEADERS IN THE FIELD OF BREAST CANCER RESEARCH. PDF GRANTS PROVIDE SUPPORT FOR RESEARCH PROJECTS

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THAT HAVE SIGNIFICANT POTENTIAL TO ADVANCE OUR UNDERSTANDING OF BREAST CANCER, LEAD TO REDUCTIONS IN BREAST CANCER INCIDENCE AND/OR MORTALITY AND MOVE US TOWARD OUR GOAL OF A WORLD WITHOUT BREAST CANCER.

GRADUATE TRAINING IN DISPARITIES RESEARCH GRANTS (GTDR):

GTDR GRANTS ARE INTENDED TO ESTABLISH AND/OR TO SUSTAIN A TRAINING PROGRAM DEDICATED TO UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES ACROSS POPULATION GROUPS. AT LEAST THREE GRADUATE STUDENTS, PREFERABLY THOSE FROM POPULATIONS AFFECTED BY DISPARITIES IN BREAST CANCER OUTCOMES, ARE SUPPORTED.

CAREER CATALYST RESEARCH GRANTS (CCR):

CCR GRANTS PROVIDE UNIQUE OPPORTUNITIES FOR SCIENTISTS WHO HAVE HELD FACULTY POSITIONS FOR NO MORE THAN 6 YEARS AT THE TIME OF FULL APPLICATION TO ACHIEVE RESEARCH INDEPENDENCE. CCR GRANTS PROVIDE SUPPORT FOR HYPOTHESIS-DRIVEN RESEARCH PROJECTS THAT HAVE SIGNIFICANT POTENTIAL TO ADVANCE OUR UNDERSTANDING OF BREAST CANCER, LEAD TO REDUCTIONS IN BREAST CANCER INCIDENCE AND/OR MORTALITY AND MOVE US TOWARD OUR GOAL OF A WORLD WITHOUT BREAST CANCER.

KOMEN ALSO OFFERS RESEARCH GRANTS THAT SUPPORT SPECIAL RESEARCH PROJECTS, PROGRAMS, AND COLLABORATIONS THAT LEVERAGE RESEARCH AND COMMUNITY RESOURCES TO FACILITATE THE DEVELOPMENT OF THE INFRASTRUCTURE, TOOLS, AND

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OTHER MEANS TO ACCELERATE THE TRANSLATION OF SCIENTIFIC DISCOVERIES FROM BENCH TO BEDSIDE TO CURBSIDE. FUNDING FROM ORGANIZATIONS LIKE KOMEN AND ITS SUPPORTERS HAS PROVEN CRITICAL FOR ALL THESE ACTIVITIES, ESPECIALLY AT A TIME OF DIMINISHING FEDERAL FUNDING FOR CANCER RESEARCH AND FOR CLINICAL TRIALS.

CAREER CATALYST RESEARCH GRANTS-COMPETING RENEWALS (CCR-CR):

CCR-CR GRANTS WERE DESIGNED TO ADDRESS THE INTENSE COMPETITION AND LACK OF FUNDING THAT MAY CAUSE TALENTED YOUNG SCIENTISTS TO LEAVE THE FIELD. CCR-CR GRANT ARE INTENDED TO PROVIDE CONTINUED SUPPORT TO EARLY CAREER BREAST CANCER RESEARCHERS AND CLINICIAN-SCIENTISTS WHO HAVE HAD PRIOR KOMEN CCR GRANT SUPPORT, BUT HAVE NOT YET SECURED SUPPORT AS A PRINCIPAL INVESTIGATOR THROUGH A NATIONAL INSTITUTES OF HEALTH R01 AWARD OR OTHER INDEPENDENT AWARD SIMILAR IN SCOPE. IT IS EXPECTED THAT AWARDEES WILL LEVERAGE THE CCR-CR AWARD TO SUCCESSFULLY COMPETE FOR ADDITIONAL INDEPENDENT RESEARCH FUNDING IN BREAST CANCER, AND THUS REMAIN IN THE FIELD.

INFLAMMATORY BREAST CANCER RESEARCH INNOVATOR GRANTS (IBC):

GENEROUSLY SUPPORTED BY THE MILBURN FOUNDATION AND THE INFLAMMATORY BREAST CANCER RESEARCH FOUNDATION, THESE INNOVATOR GRANTS ARE INTENDED TO SPUR IDEAS THAT WILL INCREASE THE UNDERSTANDING OF HOW IBC CAN BE BETTER DIAGNOSED AND HOW BIOLOGY DRIVES ITS PROGRESSION, THEREBY LEADING TO

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IMPROVED PROGNOSIS AND MORE EFFECTIVE TREATMENTS FOR THOSE WITH THIS AGGRESSIVE DISEASE. THIS PROGRAM CONSISTS OF TWO STAGES. IN THE FIRST STAGE, ONE YEAR OF FUNDING IS AWARDED TO ALLOW INVESTIGATORS TO ESTABLISH THE FOUNDATION OF A ROBUST AND INNOVATIVE IBC RESEARCH PROJECT. IN THE SECOND STAGE, AWARDEES WILL HAVE THE OPPORTUNITY TO COMPETE FOR ADDITIONAL FUNDING TO BUILD UPON THEIR ORIGINAL PROJECT.

#### LEADERSHIP GRANTS

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

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

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

KOMEN'S RESEARCH INVESTMENT THROUGH THESE GRANT MECHANISMS SUPPORTS



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PROJECTS THAT AIM TO, AMONG OTHER THINGS: (A) DEVELOP TARGETED THERAPIES; (B) OVERCOME BREAST CANCER PROGRESSION AND METASTASIS; (C) PREDICT RISK; (D) IMPROVE DIAGNOSIS MONITORING, AND TREATMENT OF AGGRESSIVE TYPE OF BREAST CANCER; (E) OVERCOME TREATMENT RESISTANCE; (F) DEVELOP NEW IMAGING TECHNIQUES; AND (G) UNDERSTAND AND ADDRESS DISPARITIES IN OUTCOMES.

EXAMPLES OF THESE GRANTS COMMITTED IN FY17 INCLUDE:

A) TARGETED THERAPIES FOR TRIPLE-NEGATIVE BREAST CANCER: DANIEL STOVER, M.D. FROM DANA-FARBER CANCER INSTITUTE WAS AWARDED A CAREER CATALYST RESEARCH GRANT. HE WILL STUDY PATIENTS WITH TRIPLE NEGATIVE BREAST CANCER (TNBC) WHOSE CANCER HAS SPREAD TO OTHER PARTS OF THE BODY, FOCUSING HIS STUDIES TO DETERMINE THE GENOMIC ALTERATIONS THAT CONTRIBUTE TO EARLY RESISTANCE TO THERAPY IN THESE PATIENTS. ULTIMATELY, THESE STUDIES COULD LEAD TO THE DEVELOPMENT OF NEW TREATMENTS TO OVERCOME THIS RESISTANCE, LEADING TO IMPROVED OUTCOMES IN PATIENTS DIAGNOSED WITH TNBC.

B) UNDERSTAND BREAST CANCER PROGRESSION AND METASTASIS: KOMEN SCHOLAR ADRIAN LEE, PH.D. FROM THE UNIVERSITY OF PITTSBURGH WAS AWARDED A LEADERSHIP GRANT. DR. LEE WILL CONTINUE HIS RESEARCH ON A SPECIFIC MUTATION IN BRAIN METASTASES, DETERMINE THE SIGNIFICANCE OF MOLECULAR CHANGES. AND IDENTIFY NEW THERAPEUTIC TARGETS AND TREATMENTS.

C) PREDICT RISK: KOMEN SCHOLAR SUSAN DOMCHEK, M.D. FROM THE UNIVERSITY OF PENNSYLVANIA WAS AWARDED A LEADERSHIP GRANT. SHE WILL CONTINUE HER

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WORK CREATING A REGISTRY TO FOLLOW INDIVIDUALS THAT HAVE HAD GENETIC TESTING AND TESTED POSITIVE FOR KNOWN BREAST CANCER MUTATIONS OR MUTATIONS ASSOCIATED WITH UNKNOWN RISK. THE REGISTRY WILL PROVIDE CRITICAL INFORMATION TO IDENTIFY THOSE AT RISK OF BREAST CANCER AND HELP RESEARCHERS IMPROVE THEIR UNDERSTANDING OF THE RISKS ASSOCIATED WITH DIFFERENT MUTATIONS, WHICH COULD IMPROVE OUTCOMES AMONG THESE INDIVIDUALS.

D) IMPROVE DIAGNOSIS, MONITORING, AND TREATMENT OF INFLAMMATORY BREAST CANCER: IN PARTNERSHIP WITH THE MILBURN FOUNDATION AND THE INFLAMMATORY BREAST CANCER RESEARCH FOUNDATION, MIHAELA SKOBE, PH.D. FROM THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI WAS AWARDED AN INFLAMMATORY BREAST CANCER INNOVATOR GRANT. HER WORK WILL FOCUS ON UNDERSTANDING HOW THE INTERACTIONS BETWEEN TRIPLE NEGATIVE INFLAMMATORY BREAST CANCER AND THE LYMPHATIC SYSTEM INFLUENCE THE AGGRESSIVENESS OF THE DISEASE, ULTIMATELY PROVIDING INSIGHT ON POTENTIAL NEW TREATMENT STRATEGIES.

E) IMPROVE TREATMENT RESPONSE: CARMEN BERGOM, M.D., PH.D., FROM THE MEDICAL COLLEGE OF WISCONSIN WAS AWARDED A CAREER CATALYST RESEARCH GRANT TO IDENTIFY TUMOR MICROENVIRONMENT GENES THAT CHANGE THE ABILITY OF RADIATION THERAPY TO BE AN EFFECTIVE TREATMENT. ONCE IDENTIFIED, THESE GENES COULD BE TARGETED TO IMPROVE RADIATION THERAPY TREATMENT RESPONSES AND ULTIMATELY IMPROVE PATIENT SURVIVAL.

F) DEVELOP NEW IMAGING TECHNIQUES: KOMEN SCHOLAR ELIZABETH MORRIS, M.D.

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FROM MEMORIAL SLOAN-KETTERING CANCER CENTER WAS AWARDED A LEADERSHIP GRANT. HER WORK WILL COMBINE GENOMIC MUTATION INFORMATION WITH MRI IMAGING TO IDENTIFY NEW BREAST MRI BIOMARKERS TO BE TESTED IN A CLINICAL TRIAL. THE DEVELOPMENT OF NEW PREDICTIVE AND PROGNOSTIC MRI BIOMARKERS MAY HELP TO BETTER PREDICT TREATMENT RESPONSES AND IMPROVE PATIENT OUTCOMES.

G) UNDERSTAND AND ADDRESS DISPARITIES IN OUTCOMES: LORNA MCNEIL, PH.D., AND KELLY HUNT, M.D., FROM THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER WERE AWARDED A GRADUATE TRAINING IN DISPARITIES RESEARCH GRANT. WITH KOMEN'S SUPPORT THEY WILL CREATE THE MD ANDERSON TRAINING PROGRAM TO REDUCE BREAST CANCER DISPARITIES IN BLACK AND HISPANIC WOMEN. GRADUATE STUDENTS WILL COMBINE COURSEWORK WITH INDIVIDUALLY-TAILORED RESEARCH PROJECTS AND INTERACTIVE COMMUNITY BASED AND CLINICAL BREAST CANCER EXPERIENCES TO DEVELOP NOVEL STRATEGIES TO IMPROVE THE LIVES OF AFRICAN AMERICAN AND HISPANIC WOMEN WITH AND AT RISK FOR BREAST CANCER.

EDUCATION AND PATIENT SUPPORT

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

OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE, AS WELL AS INFORMATION ABOUT OUR RESEARCH PROGRAMS, COMMUNITY

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PROGRAMS, VOLUNTEER OPPORTUNITIES AND EVENTS. THE "ABOUT BREAST CANCER" SECTION OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER STAFF, RECEIVED NEARLY SEVEN MILLION PAGE VIEWS DURING FY17.

KOMEN ALSO PRODUCES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. KOMEN AND ITS AFFILIATES, GRANTEES AND OTHERS DISTRIBUTED MORE THAN 1.6 MILLION EDUCATIONAL MATERIALS IN FY17. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE: A) BREAST SELF-AWARENESS MESSAGE CARDS IN MORE THAN 40 LANGUAGES, B) BREAST CANCER SPECIFIC BROCHURES AND FACTSHEETS, C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS, AND D) TOOLKITS FOR BREAST CANCER OUTREACH AND EDUCATION FOR HISPANIC/LATINO IN ENGLISH AND SPANISH AND FOR BLACK AND AFRICAN-AMERICAN COMMUNITIES.

THE SUSAN G. KOMEN "1-877 GO KOMEN" (1-877-465-6636) BREAST CARE HELPLINE OFFERS BREAST CANCER EDUCATION, PSYCHOSOCIAL SUPPORT, AND INFORMATION ABOUT COMMUNITY RESOURCES FOR PATIENTS, FAMILIES, AND FRIENDS. THE HELPLINE OPERATES FROM 9 A.M. - 10 P.M. ET. DURING FY17, THE KOMEN BREAST CANCER HELPLINE RESPONDED TO MORE THAN 12,000 CALLS AND EMAILS.

IN ADDITION, IN FY17 KOMEN SUPPORTED TWO NON-PROFIT ADVOCACY ORGANIZATIONS TO PRESENT PATIENT-FOCUSED, EDUCATIONAL CONFERENCES DEDICATED TO THE CRITICAL ISSUES FACING BREAST CANCER PATIENTS AND THEIR FAMILIES. KOMEN'S FUNDING OF LIVING BEYOND BREAST CANCER'S (LBBC) ANNUAL CONFERENCE FOR WOMEN LIVING WITH METASTATIC BREAST CANCER AND THE YOUNG

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SURVIVAL COALITION'S (YSC'S) NATIONAL SUMMIT FOR YOUNG WOMEN AFFECTED BY BREAST CANCER GAVE APPROXIMATELY 1,200 SURVIVORS AND CO-SURVIVORS A CHANCE TO CONNECT WITH EACH OTHER WHILE ALSO HEARING FROM LEADING RESEARCHERS ABOUT THE LATEST ADVANCES IN BREAST CANCER CARE.

BREAST CANCER IS THE MOST COMMON CANCER IN WOMEN, WORLDWIDE, AND THE NUMBER OF CASES IS INCREASING IN NEARLY EVERY COUNTRY. THE NUMBER OF NEW BREAST CANCER CASES HAS MORE THAN DOUBLED AROUND THE WORLD IN THE LAST THREE DECADES, WITH HIGHEST INCREASES OBSERVED IN LOW AND MIDDLE INCOME COUNTRIES. BREAST CANCER IS ALSO THE LEADING CAUSE OF CANCER DEATH IN THESE COUNTRIES, WITH OVER 500,000 DEATHS IN 2012. THESE TRENDS ARE CONCERNING, WHICH IS WHY KOMEN WORKS TIRELESSLY TO PROVIDE SUPPORT TO BREAST HEALTH PROGRAMS WORLDWIDE. IT TAKES COLLABORATION AND STRONG PARTERNSHIPS TO MAKE A GLOBAL IMPACT. KOMEN STRIVES TO SERVE AS A "BRIDGE" - COLLABORATING WITH INTERNATIONAL NONPROFITS, CORPORATIONS, AND MINISTRIES OF HEALTH TO BRING TOGETHER PEOPLE AND ORGANIZATIONS TO DEVELOP PROGRAMS THAT ARE TAILORED TO THE SPECIFIC NEEDS OF THE COMMUNITY AND SENSITIVE TO CULTURAL DIFFERENCES. IN FY17, KOMEN'S GLOBAL PROGRAM AWARDED EIGHT GRANTS TO SUPPORT EDUCATION PROGRAMMING FOR PATIENTS AND FOR HEALTH PROFESSIONALS AND TO REDUCE BARRIERS TO BREAST CANCER CARE IN BOSNIA & HERZEGOVINA, BRAZIL, HUNGARY, ISRAEL, MEXICO, PANAMA. IN BOSNIA & HERZEGOVINA AND HUNGARY, THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) AND LOCAL PARTNERS SUPPORT THE EARLY DETECTION OF BREAST CANCER ULTIMATELY AIMING TO REDUCE BREAST CANCER MORTALITY RATES, PARTICULARLY AMONG MINORITY AND HIGHER-RISK POPULATIONS, BY SUPPORTING

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BREAST HEALTH AND CANCER EDUCATION SESSIONS, SCREENING ACTIVITIES, AND HEALTH PROVIDER SCREENING TRAININGS, TO IMPROVE ACCESS TO TIMELY AND QUALITY CARE.

ADVOCACY

SUSAN G. KOMEN IS THE VOICE FOR THE MORE THAN 3.1 MILLION BREAST CANCER SURVIVORS AND THOSE WHO LOVE THEM. KOMEN WORKS TO ENSURE THAT THE FIGHT AGAINST BREAST CANCER IS A PRIORITY AMONG POLICYMAKERS IN WASHINGTON, D.C., AND EVERY STATE CAPITOL ACROSS THE COUNTRY.

EACH YEAR, THROUGH A TRANSPARENT, BROAD-BASED AND INTENSIVE VETTING AND SELECTION PROCESS, KOMEN WORKS TO IDENTIFY THE POLICY ISSUES WITH THE GREATEST POTENTIAL MISSION IMPACT.

THIS PROCESS INCLUDES COLLECTING FEEDBACK FROM KOMEN HEADQUARTERS' LEADERSHIP, POLICY STAFF, AND SUBJECT MATTER EXPERTS; KOMEN AFFILIATES FROM ACROSS THE COUNTRY; ADVISORY GROUPS INCLUDING THE KOMEN ADVOCACY ADVISORY TASKFORCE (KAAT), ADVOCATES IN SCIENCE (AIS), AND KOMEN SCHOLARS; AND OTHER STAKEHOLDERS WITH A VESTED INTEREST IN BREAST CANCER-RELATED ISSUES. THE SELECTED ISSUES ARE THE BASIS FOR KOMEN'S STATE AND FEDERAL ADVOCACY WORK IN THE COMING YEAR.

KOMEN'S 2017 ADVOCACY PRIORITIES INCLUDED: SUPPORTING EXPANDED FEDERAL FUNDING FOR BREAST CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE DEPARTMENT OF DEFENSE (DOD); SUPPORTING STATE AND FEDERAL

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FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC MAMMOGRAPHY; AND EVALUATING STATE AND FEDERAL POLICIES TO INCREASE PUBLIC ACCESS TO INFORMATION ABOUT AND PARTICIPATION IN CLINICAL TRIALS FOR ALL PATIENT POPULATIONS.

IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR 2015 AND 2016 ADVOCACY PRIORITIES, KOMEN ALSO ENGAGED ON ISSUES RELATED TO BREAST DENSITY, COMPASSIONATE USE, GENETIC TESTING, HEALTH DISPARITIES, LYMPHEDEMA, METASTATIC BREAST CANCER, NETWORK ADEQUACY, PALLIATIVE CARE AND SURVIVORSHIP.

KOMEN DEVELOPED AND IMPLEMENTED ADVOCACY CAMPAIGNS TO ENCOURAGE LAWMAKERS AND AGENCY OFFICIALS TO SUPPORT AND IMPLEMENT PROGRAMS THAT WOULD ADVANCE OUR PRIORITY ISSUES AND ADDITIONAL POLICY AREAS TO FURTHER KOMEN'S MISSION OF ENDING BREAST CANCER FOREVER. KOMEN CONTINUED TO RECRUIT AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS ADVOCACY NETWORK.

SCREENING AND PATIENT NAVIGATION

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

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

IN FY17, KOMEN AWARDED SCREENING COMMUNITY GRANTS TO TWO NON-PROFIT ORGANIZATIONS, WHICH REACH LOW-INCOME, MINORITY AND UNINSURED WOMEN IN THE WASHINGTON, D.C. METRO AREA, SPECIFICALLY WARDS 2, 5, 7 AND 8, AND ALEXANDRIA CITY, VA., WHERE DEATH RATES FROM BREAST CANCER CONTINUE TO RANK ABOVE NATIONAL AVERAGES. THROUGH KOMEN SUPPORT, THE AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION WILL PROVIDE PATIENT NAVIGATION SERVICES FOR AFRICAN IMMIGRANT WOMEN TO LINK THEM TO CULTURALLY COMPETENT HEALTH AND SUPPORT SERVICES, ENSURING THEY RECEIVED ASSISTANCE AFTER AN ABNORMAL BREAST CANCER SCREENING RESULT AND BEFORE DIAGNOSIS.

THROUGH ITS GLOBAL PROGRAM, KOMEN AWARDED TEN GRANTS TO COMMUNITY ORGANIZATIONS IN SUPPORT OF SCREENING AND PATIENT NAVIGATION PROGRAMS AND



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TO REDUCE BARRIERS TO BREAST CANCER CARE IN BOSNIA & HERZEGOVINA, BRAZIL, HUNGARY, ISRAEL, MEXICO, PANAMA, AND TANZANIA. IN SUPPORT OF BREAST HEALTH SERVICES IN SERGIPE, BRAZIL, KOMEN FUNDED PROJECTS BUILD THE CAPACITY OF HEALTH PROFESSIONALS IN THREE AREAS: (1) FUNDAÇÃO PIO XII - HOSPITAL DE CÂNCER DE BARRETOS TO IMPROVE MAMMOGRAPHY QUALITY; (2) CENTRO DE ESTUDOS E PESQUISA DO HOSPITAL PEROLA BYINGTON TO REDUCE THE TIME FROM SCREENING TO DIAGNOSIS; AND (3) INSTITUTO ONCOGUIA TO PREPARE SOCIAL WORKERS ON PATIENT NAVIGATION AND PATIENT RIGHTS.

TREATMENT AND PATIENT NAVIGATION

BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATION GROUPS. THE MOST COMMON BARRIERS TO QUALITY CARE INCLUDE: (1) ABILITY TO PAY FOR CARE; (2) LANGUAGE/CULTURE; (3) COMMUNICATION; (4) LACK OF TRANSPORTATION; (4) BIAS; AND (5) FEAR.

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

IN FY17, KOMEN FUNDED EIGHT NON-PROFIT ORGANIZATIONS IN SUPPORT OF PROGRAMS TO REDUCE STRUCTURAL, PERSONAL, SOCIOCULTURAL, AND FINANCIAL

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BARRIERS TO CARE, AND PROVIDE PATIENT NAVIGATION SERVICES FOR UNDERSERVED COMMUNITIES IN THE WASHINGTON, D.C. METRO AREA, SPECIFICALLY WARDS 2, 5, 7, AND 8, AND ALEXANDRIA CITY, VA. NUEVA VIDA WILL USE GRANT FUNDS FROM KOMEN TO SERVE 100% MEDICALLY UNDERSERVED LATINOS AND PROVIDE CULTURALLY SENSITIVE AND APPROPRIATE PATIENT NAVIGATION SERVICES THROUGHOUT DIAGNOSIS, TREATMENT, SURVIVORSHIP, AND END OF LIFE.

THROUGH ITS GLOBAL PROGRAM, KOMEN AWARDED SEVEN GRANTS TO COMMUNITY ORGANIZATIONS IN SUPPORT OF TREATMENT AND PATIENT NAVIGATION PROGRAMS AND TO REDUCE BARRIERS TO BREAST CANCER CARE IN BOSNIA & HERZEGOVINA, BRAZIL, HUNGARY, ISRAEL, MEXICO, PANAMA, AND TANZANIA. IN FY17, KOMEN SUPPORTED CASITA DE MAUSI TO PROVIDE LODGING, TRANSPORTATION, AND MEALS FOR BREAST CANCER PATIENTS FROM RURAL COMMUNITIES IN PANAMA, FACILITATING THEIR ACCESS TO BREAST CANCER SERVICES.

KOMEN'S TREATMENT ASSISTANCE FUND ADMINISTERED BY CANCERCARE AIMS TO HELP THOSE IN BREAST CANCER TREATMENT WHO ARE FACING FINANCIAL CHALLENGES BY PROVIDING LIMITED FINANCIAL ASSISTANCE, EDUCATION, AND SUPPORT SERVICES. FINANCIAL ASSISTANCE IS GRANTED TO LOW-INCOME, UNDERINSURED OR UNINSURED WOMEN ACROSS THE COUNTRY WHO MEET PRE-DETERMINED ELIGIBILITY CRITERIA. THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR TREATMENT-RELATED COSTS, INCLUDING BUT NOT LIMITED TO, TRANSPORTATION TO AND FROM TREATMENT, CHILD/ELDER CARE, HOME CARE, ORAL PAIN/ANTI-NAUSEA MEDICATIONS, ORAL CHEMOTHERAPY/HORMONE THERAPY, LYMPHEDEMA CARE/SUPPLIES, PALLIATIVE CARE, AND DURABLE MEDICAL EQUIPMENT. IN FY17, KOMEN AWARDED \$1.7 MILLION IN

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CONTINUED SUPPORT OF THIS TREATMENT ASSISTANCE PROGRAM, WITH A GOAL TO SERVE MORE THAN 4,000 PATIENTS IN NEED.

FOR MORE INFORMATION ABOUT ANY OF THE ACCOMPLISHMENTS DESCRIBED HERE OR TO LEARN MORE ABOUT SUSAN G. KOMEN®, VISIT WWW.KOMEN.ORG OR CALL 1-877 GO KOMEN (1-877-465-6636).

EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 1A

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

THE BYLAWS PROVIDE THE EXECUTIVE COMMITTEE WITH THE AUTHORITY TO: (A) APPOINT MEMBERS TO NON-STANDING COMMITTEES OF THE ORGANIZATION, AND NAME CHAIRS OF SUCH COMMITTEES; (B) AUTHORIZE UNBUDGETED DISBURSEMENTS BY THE ORGANIZATION IN ACCORDANCE WITH THE SPECIFIC EXPENDITURE AUTHORITY PRESCRIBED BY THE BOARD OF DIRECTORS; (C) EMPLOY AGENTS; AND (D) CARRY INTO EXECUTION SUCH OTHER MEASURES AS IT DETERMINES WILL PROMOTE THE PURPOSE OF THE ORGANIZATION. THE COMMITTEE ALSO MAY EXERCISE, WHEN THE BOARD IS NOT IN SESSION, ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN

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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.

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, QUESTION 4

SIGNIFICANT CHANGES DURING FISCAL YEAR 2017:

INCREASED THE MINIMUM NUMBER OF MEMBERS ON THE GOVERNANCE COMMITTEE TO THREE (3) MEMBERS, TO INCLUDE THE CHAIR OF THE BOARD AND THE PRESIDENT & CHIEF EXECUTIVE OFFICER.

REMOVED THE BOARD OF DIRECTORS AUTHORITY TO APPOINT/HIRE THE OPTIONAL OFFICER POSITIONS OF CHAIR OF GLOBAL STRATEGY, CHIEF MARKETING AND REVENUE OFFICER, AND CHIEF MISSION OFFICER .

ADDED THE PRESIDENT & CHIEF EXECUTIVE OFFICER AS AN EX-OFFICIO, VOTING MEMBER OF THE GOVERNANCE COMMITTEE.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY

TO REVIEW 990

FORM 990, PART VI, QUESTION 11B

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

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Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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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. DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.

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

KOMEN PRODUCES AN ANNUAL SURVEY REQUIRING ALL EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS, AND ADVISORY BOARD MEMBERS TO DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST THEY MAY HAVE. ANY REPORTED POTENTIAL OR ACTUAL CONFLICTS ARE THEN REVIEWED BY SENIOR MANAGEMENT AND THE AUDIT COMMITTEE, WHEREUPON APPROPRIATE MEASURES ARE TAKEN. ALL EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS AND ADVISORY BOARD MEMBERS ARE REQUIRED TO UPDATE THEIR RESPECTIVE CONFLICT OF INTEREST DISCLOSURES AS NECESSARY DURING THE YEAR. UPDATE THEIR RESPECTIVE CONFLICT OF INTEREST DISCLOSURES AS NECESSARY DURING THE YEAR.

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

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN OVERSEEING COMPENSATION POLICIES AND BEST PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER; THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER KEY EMPLOYEES; GRANTING THE PRESIDENT & CHIEF EXECUTIVE OFFICER WITH THE AUTHORITY TO DETERMINE

Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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COMPENSATION LEVELS WITHIN AN APPROVED RANGE; AND ANY INCENTIVE/BONUS COMPENSATION PROGRAMS, IF APPROVED. THE CURRENT POLICY WAS ADOPTED IN 2010.

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

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

FORM 990, PART VI, QUESTION 19

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

ADDITNL DETAIL ON EVENT PRODUCTION EXPENSES INCLUDED ON OTHER EXP

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Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
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FORM 990, PART IX, LINE 24

KOMEN PAYS 80% OF THE COST OF ALL T-SHIRTS FOR THE SUSAN G. KOMEN RACE FOR THE CURE EVENTS CONDUCTED BY THE KOMEN AFFILIATES DURING THE YEAR.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

RESCINDED GRANTS	\$6,673,343
NET DIRECT BENEFIT AFFILIATE RACE	\$(40,374)
	-----
TOTAL	\$6,632,969
	=====

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EVENT 360 205 N. MICHIGAN AVE CHICAGO, IL 60601	EVENT MANAGEMENT	5,007,032.
MERKLE RESPONSE SERVICES PO BOX 64897 BALTIMORE, MD 21264	DONATION PROCESSING	1,550,586.
POSSIBLE WORLDWIDE LLC 414 OLIVE WAY, SUITE 500 SEATTLE, WA 98101	MARKETING SERVICES	903,512.

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Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ERNST & YOUNG 3712 SOLUTIONS CENTER CHICAGO, IL 60677	ACCOUNTING & TAX SVC	465,032.
LAUREL STRATEGIES, INC. 4A OXFORD STREET CHEVY CHASE, MD 20815	CONSULTING	440,404.



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The Susan G. Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2017

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 5005 LBJ Freeway, Suite 526, Dallas, Texas 75244					
1 Acadiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1436764	-	-	-	421,435	421,435
2 Arizona Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845061	-	383	383	1,466,728	1,467,111
3 Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 71-0724439	-	-	-	1,244,049	1,244,049
4 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	-	-	-	1,492,058	1,492,058
5 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	-	3	3	352,829	352,832
6 Bayou Region Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854976	-	-	-	265	265
7 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	-	-	617,629	617,629
8 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 43-2052349	-	-	-	1,348,983	1,348,983
9 Central and Western Oklahoma Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 73-1372249	-	-	-	631,313	631,313
10 Central Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854957	-	76	76	246,682	246,758
11 Central Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2881536	-	-	-	256,651	256,651
12 Central Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2941627	-	-	-	1,700,330	1,700,330
13 Central Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875174	-	406	406	212,184	212,590
14 Central New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 16-1389666	-	-	-	379,515	379,515

PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2017

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
15 Central Tennessee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 62-1671774	-	-	-	1,176,553	1,176,553
16 Central Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844659	-	-	-	474,750	474,750
17 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	-	-	1,677,925	1,677,925
18 Chattanooga Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875175	-	-	-	157,737	157,737
19 Chicagoland Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 36-4111723	-	148	148	2,806,946	2,807,094
20 Coastal Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	618,358	618,358
21 Colorado South Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844654	-	-	-	403,779	403,779
22 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844651	205	2,182	2,387	2,561,009	2,563,396
23 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2444724	-	-	-	1,705,701	1,705,701
24 Denver Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1199858	-	1,579	1,579	2,159,942	2,161,521
25 East Central Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2764235	-	-	-	363,952	363,952
26 Eastern Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 81-0578449	-	992	992	253,674	254,666

PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2017

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
27 El Paso Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 74-2723408	-	-	-	161,400	161,400
28 Evansville Tri-State Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	-	-	661,870	661,870
29 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2870702	-	-	-	221,317	221,317
30 Greater Amarillo Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	834	834	(834)	-
31 Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 58-1959763	-	-	-	2,237,842	2,237,842
32 Greater Fort Worth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2445070	-	-	-	1,169,765	1,169,765
33 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	-	-	-	1,080,602	1,080,602
34 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	-	-	-	3,383,293	3,383,293
35 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	206	206	498,296	498,502
36 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 76-0360372	-	-	-	2,497,713	2,497,713
37 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964	-	1,351	1,351	538,276	539,627
38 Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	-	-	-	1,194,004	1,194,004
39 Kansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 48-1120492	-	785	785	385,080	385,865
40 Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	1,074,798	1,074,798
41 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	1,375	1,375	1,072,942	1,074,317

PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2017

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
42 Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064	-	1,361	1,361	1,248,541	1,249,902
43 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844655	-	-	-	539,842	539,842
44 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2509762	-	-	-	575,417	575,417
45 Maine Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844637	-	-	-	74,444	74,444
46 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 52-2053491	-	206	206	1,610,453	1,610,659
47 Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 37-1286285	-	-	-	1,458,710	1,458,710
48 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	911,021	911,021
49 Miami-Ft Lauderdale Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	935,350	935,350
50 Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844631	94	27	121	816,545	816,666
51 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 41-1924790	-	-	-	1,388,642	1,388,642
52 Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844650	-	-	-	1,356,351	1,356,351
53 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845066	-	-	-	1,108,122	1,108,122
54 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 26-0056671	-	-	-	1,401,714	1,401,714
55 Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 88-0372386	-	(180)	(180)	762,233	762,053
56 New Orleans Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1222127	-	810	810	791,612	792,422

PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2017

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
57 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844656	-	662	662	604,214	604,876
58 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844636	-	55	55	276,411	276,466
59 North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 22-3528454	-	4,298	4,298	1,490,469	1,494,767
60 North Louisiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844653	-	75	75	565,754	565,829
61 North Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844621	-	150	150	254,414	254,564
62 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2356437	-	56	56	916,395	916,451
63 Northeast Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 34-1793460	-	125	125	876,640	876,765
64 Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854968	46	232	278	222,861	223,139
65 Northeastern Pennsylvania Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 23-2657570	-	-	-	390,606	390,606
66 Northwest North Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	-	-	-	626,227	626,227
67 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063	-	-	-	1,034,455	1,034,455
68 Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0487943	-	3,549	3,549	3,410,359	3,413,908
69 Oregon & Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 93-1068897	-	-	-	1,871,097	1,871,097
70 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845062	-	-	-	1,487,501	1,487,501
71 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2949264	14,000	-	14,000	2,666,040	2,680,040

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The Susan G. Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2017

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
72 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 81-0665396	-	-	-	1,405,551	1,405,551
73 Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-1624040	-	77	77	2,504,480	2,504,557
74 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3169358	-	14,180	14,180	746,291	760,471
75 San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 74-2856696	-	-	-	1,005,615	1,005,615
76 San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911	-	1,891	1,891	2,391,076	2,392,967
77 San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3047626	-	6,101	6,101	413,233	419,334
78 SC Mountains to Midlands Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854973	-	-	-	308,614	308,614
79 South Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 65-0254225	-	25	25	1,037,386	1,037,411
80 Southeast Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844639	-	-	-	2,603,623	2,603,623
81 Southern New England Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844629	-	-	-	2,028,115	2,028,115
82 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 68-0523074	-	235	235	476,544	476,779

PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
 Year Ended March 31, 2017

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
83 Southwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	621,099	621,099
84 Texarkana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844649	-	-	-	354,518	354,518
85 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	-	-	-	567,585	567,585
86 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854974	-	-	-	1,071,273	1,071,273
87 Twin Tiers Region Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844630	-	-	-	216,380	216,380
88 Utah Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	-	-	-	520,780	520,780
89 Virginia Blue Ridge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2619425	-	-	-	683,176	683,176
90 West Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2885304	-	-	-	235,181	235,181
91 Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	2,611	2,611	608,164	610,775
92 Wyoming Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1387410	-	-	-	145,010	145,010
Totals - Affiliates	14,345	46,866	61,211	92,523,475	92,584,686
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	4,996	208,008	213,004	87,360,161	87,573,165
Totals for Parent and Affiliates	19,341	254,874	274,215	179,883,636	180,157,851