

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2024

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection**

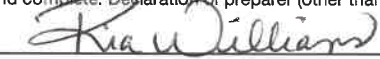
A For the 2024 calendar year, or tax year beginning <u>04/01</u> , 2024, and ending <u>03/31</u> , 20 <u>25</u>																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.</u></td> <td>D Employer identification number <u>75-1835298</u></td> </tr> <tr> <td colspan="2">Doing business as <u>SUSAN G. KOMEN</u></td> <td rowspan="3">E Telephone number <u>(972) 855-1600</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><u>13770 NOEL ROAD</u></td> <td><u>SUITE 801889</u></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>DALLAS, TX 75380</u></td> <td>G Gross receipts \$ <u>138,937,712</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>RIA WILLIAMS</u> <u>13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380</u></td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3">J Website: <u>WWW.KOMEN.ORG</u></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: <u>1982</u> M State of legal domicile: <u>TX</u></td> </tr> </table>	C Name of organization <u>THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.</u>		D Employer identification number <u>75-1835298</u>	Doing business as <u>SUSAN G. KOMEN</u>		E Telephone number <u>(972) 855-1600</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>13770 NOEL ROAD</u>	<u>SUITE 801889</u>	City or town, state or province, country, and ZIP or foreign postal code <u>DALLAS, TX 75380</u>		G Gross receipts \$ <u>138,937,712</u>	F Name and address of principal officer: <u>RIA WILLIAMS</u> <u>13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: <u>WWW.KOMEN.ORG</u>			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <u>1982</u> M State of legal domicile: <u>TX</u>
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 19	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 482	
	6	Total number of volunteers (estimate if necessary)	6 9,977	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 8,698
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
8		Contributions and grants (Part VIII, line 1h)	Prior Year 98,107,413 Current Year 102,783,181	
9		Program service revenue (Part VIII, line 2g)	0	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,825,383 6,255,060	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(6,998,610) (5,883,862)	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,934,186 103,154,379	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,270,944 18,581,010
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47,674,560 51,571,757
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,364,005 2,054,814	
	b	Total fundraising expenses (Part IX, column (D), line 25)	26,593,861	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40,180,095 38,289,701	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	111,489,604 110,497,282	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	(8,555,418) (7,342,903)	
	20	Total assets (Part X, line 16)	Beginning of Current Year 188,139,545 End of Year 178,872,555	
	21	Total liabilities (Part X, line 26)	58,636,745 54,765,664	
	22	Net assets or fund balances. Subtract line 21 from line 20	129,502,800 124,106,891	

Part II Signature Block

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

Sign Here

Signature of officer

Date

12/19/25RIA WILLIAMS, CHIEF FINANCIAL OFFICER

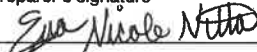
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

EVA NITTA

Preparer's signature



Date

Check ☐ if self-employed

PTIN

P01286320Firm's name ERNST & YOUNG US LLPFirm's EIN 34-6565596Firm's address 560 MISSION STREET, SAN FRANCISCO, CA 94105-2907Phone no. (415) 894-8000

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

(SEE ON SCHEDULE O)

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 47,390,113 including grants of \$ 7,687,029) (Revenue \$ 0)

PATIENT CARE: PROVISION OF BREAST HEALTH EDUCATION, BREAST CANCER PATIENT NAVIGATION SERVICES, AND FINANCIAL ASSISTANCE DIRECTLY BY KOMEN TO SUPPORT ACCESS TO SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS AS WELL AS GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND THIRD-PARTY CONTRACTS, WITH A FOCUS ON SERVING COMMUNITIES WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS LIMITED. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code:) (Expenses \$ 18,085,047 including grants of \$ 10,893,941) (Revenue \$ 0)

RESEARCH: KOMEN-LED RESEARCH & SCIENTIFIC PROGRAMS AND GRANTS AWARDED TO RESEARCH INSTITUTIONS AND OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH PROJECTS INCLUDING THOSE FOCUSED-ON RESEARCH PRIORITIES THAT WILL MAKE THE BIGGEST DIFFERENCE FOR PATIENTS: CONQUERING METASTATIC AND AGGRESSIVE BREAST CANCERS, ADVANCING PERSONALIZED BREAST CARE AND ELIMINATING BREAST CANCER DISPARITIES TO IMPROVE OUTCOMES FOR EVERYONE IMPACTED BY BREAST CANCER. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code:) (Expenses \$ 5,753,937 including grants of \$ 0) (Revenue \$ 0)

PUBLIC POLICY AND ADVOCACY: BREAST CANCER-RELATED INITIATIVES THAT HAVE THE POTENTIAL TO IMPACT ALL PEOPLE, INCLUDING ACTIVITIES ADVOCATING FOR LEGISLATIVE, REGULATORY AND OTHER POLICY SOLUTIONS DESIGNED TO SUPPORT KEY PATIENT PROTECTIONS, ENSURE ACCESS TO HIGH-QUALITY AFFORDABLE CARE, ALLEVIATE FINANCIAL AND ADMINISTRATIVE BURDENS AND FUND CRITICAL BREAST CANCER RESEARCH. SEE SCHEDULE O FOR DETAILS.

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

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

4e Total program service expenses 71,229,097

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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>	22 ✓	
23 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>	23 ✓	
24a 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>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	✓
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>	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 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>	32	✓
33 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>	33	✓
34 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>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 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>	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 245	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	482
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	<input checked="" type="checkbox"/>	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a	<input checked="" type="checkbox"/>	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b	<input checked="" type="checkbox"/>	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	<input checked="" type="checkbox"/>	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization 15b	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
RIA WILLIAMS, 13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380, (972) 855-1600

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULA SCHNEIDER PRESIDENT AND CEO	55.0 0.0			✓				658,115	0	30,697
(2) RIA WILLIAMS CHIEF FINANCIAL OFFICER	55.0 0.0			✓				323,478	0	36,314
(3) EUNICE NAKAMURA GENERAL COUNSEL AND CORPORATE SECRETARY (ENDING FEB-2025)	55.0 0.0			✓				311,206	0	24,533
(4) CATHERINE OLIVIERI SVP, HUMAN RESOURCES	55.0 0.0				✓			270,792	0	27,128
(5) KATHRYN WATT SVP, COMMUNITY DEVELOPMENT & OPERATIONS	55.0 0.0				✓			265,455	0	29,529
(6) SARAH ROSALES VP, CORPORATE PARTNERSHIPS	55.0 0.0				✓			259,602	0	32,314
(7) VICTORIA SMART SVP, MISSION	55.0 0.0				✓			265,909	0	2,935
(8) NICHOLAS MICHAEL DIFRANZA VP, INFORMATION TECHNOLOGY	55.0 0.0					✓		254,431	0	2,492
(9) BARBARA DUCHARME VP, CD STRATEGY & MIDWEST REGION	55.0 0.0					✓		202,930	0	25,211
(10) KIMBERLY SABELKO VP, RESEARCH & SCIENTIFIC PROGRAMS	55.0 0.0					✓		203,350	0	14,396
(11) MEGAN KLINK VP, CD STRATEGY & WEST REGION	55.0 0.0					✓		201,262	0	12,414
(12) TIMOTHY A. NEWMAN VP, CD STRATEGY & SOUTH REGION	55.0 0.0					✓		198,810	0	7,916
(13) ED DANDRIDGE CHAIR OF THE BOARD	1.0 0.0	✓		✓				0	0	0
(14) JERRI JOHNSON VICE CHAIR	1.0 0.0	✓		✓				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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BJ SCHAKNOWSKI BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) BORIS DOLGONOS BOD MEMBER (ENDING MARCH 2025)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHARLES ROCKEFELLER BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHRISTINA MINNIS BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) ELIZABETH SAINT-AIGNAN BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) GAIL HEIMANN BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JULIE GRUBER BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) KATHY SUTHERLAND BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) KIM BLACKWELL BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) KRISTEN MAPLE BOD MEMBER (ENDING MARCH 2025)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								3,415,340	0	245,879
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,415,340	0	245,879

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 **129**

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

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
EVENT 360, 205 N. MICHIGAN AVE, CHICAGO, IL 60601	EVENT MANAGEMENT	2,149,613
RKD GROUP LLC, 3400 WATERVIEW PARKWAY, RICHARDSON, TX 75080	CONSULTING	633,980
SPLICK 13 ASSOC. DBA REINVENT THE WORLD, 33 ALDRIDGE RD, CHAPPAQUE, NY 10514	FUNDRAISING CONSULTING	355,342
ERNST & YOUNG, 2323 VICTORY AVENUE, SUITE 2000, DALLAS, TX 75219	ACCTG & TAX SERVICES	340,920
DANA-FARBER CANCER INSTITUTE, INC., 450 BROOKLINE AVENUE, MAILSTOP BP437, BOSTON, MA 02215-5450	PROGRAM SERVICES	309,665
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	16	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	241,281			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	34,977,518			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	67,564,382			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 603,114			
	h	Total. Add lines 1a-1f		102,783,181			
	Program Service Revenue	Business Code					
2a			0	0	0	0	
b			0	0	0	0	
c			0	0	0	0	
d			0	0	0	0	
e			0	0	0	0	
f	All other program service revenue . .		0	0	0	0	
g	Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,374,124	0	0	2,374,124
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		51,000	0	0	51,000
	6a	Gross rents	(i) Real	0			
	b	Less: rental expenses	(ii) Personal	0			
	c	Rental income or (loss)		0			
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	30,989,495			
	b	Less: cost or other basis and sales expenses . .	(ii) Other	0			
	c	Gain or (loss)		27,108,559			
	d	Net gain or (loss)		3,880,936			
	8a	Gross income from fundraising events (not including \$ 34,977,518 of contributions reported on line 1c). See Part IV, line 18		2,460,355			
	b	Less: direct expenses		8,635,082			
	c	Net income or (loss) from fundraising events		(6,174,727)		0	(6,174,727)
	9a	Gross income from gaming activities. See Part IV, line 19		8,231			
	b	Less: direct expenses		0			
	c	Net income or (loss) from gaming activities		8,231	0	0	8,231
	10a	Gross sales of inventory, less returns and allowances		112,692			
	b	Less: cost of goods sold		39,692			
	c	Net income or (loss) from sales of inventory		73,000	0	0	73,000
Miscellaneous Revenue	Business Code						
	11a	OTHER INCOME	900099	158,634	0	8,698	149,936
	b			0	0	0	0
	c			0	0	0	0
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		158,634			
12	Total revenue. See instructions		103,154,379	0	8,698	362,500	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,964,376	10,964,376		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,471,750	7,471,750		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	144,884	144,884		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,538,009	1,653,509	294,221	590,279
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	0	0	0
7 Other salaries and wages	40,350,074	21,851,797	7,917,235	10,581,042
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,707,373	958,344	300,413	448,616
9 Other employee benefits	4,030,049	2,147,223	908,497	974,329
10 Payroll taxes	2,946,252	1,604,498	559,989	781,765
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	188,069	73,231	42,032	72,806
c Accounting	361,235	34,076	327,159	0
d Lobbying	375,932	375,932	0	0
e Professional fundraising services. See Part IV, line 17	2,054,814			2,054,814
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	6,579,739	4,781,285	273,846	1,524,608
13 Office expenses	13,459,606	6,813,506	89,048	6,557,052
14 Information technology	2,369,416	1,018,849	687,131	663,436
15 Royalties	0	0	0	0
16 Occupancy	155,237	112,292	2,877	40,068
17 Travel	983,085	557,954	131,845	293,286
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	222,033	149,405	17,195	55,433
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,289,614	1,158,773	66,729	64,112
23 Insurance	467,923	350,942	0	116,981
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONSULT & PROF. FEES	5,305,493	4,464,720	460,553	380,220
b EQUIP RENTAL & MAINT	3,317,081	2,547,293	288,391	481,397
c MERCHANT SERVICES & BANK FEES	1,925,997	1,212,895	78,514	634,588
d EVENT PRODUCTION	408,323	313,754	15,131	79,438
e All other expenses	880,918	467,809	213,518	199,591
25 Total functional expenses. Add lines 1 through 24e	110,497,282	71,229,097	12,674,324	26,593,861
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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)	47,650,051	33,080,905	1,338,884	13,230,262

Part X Balance SheetCheck 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	16,541,435	2	12,163,457
	3 Pledges and grants receivable, net	15,796,832	3	18,486,634
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	15,990	8	21,168
	9 Prepaid expenses and deferred charges	2,007,298	9	2,261,620
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,371,860		
	b Less: accumulated depreciation	10b 11,541,722	10c	2,830,138
	11 Investments—publicly traded securities	114,278,903	11	106,384,407
	12 Investments—other securities. See Part IV, line 11	33,480,000	12	34,020,000
	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	2,373,671	15	2,705,131
16 Total assets. Add lines 1 through 15 (must equal line 33)	188,139,545	16	178,872,555	
Liabilities	17 Accounts payable and accrued expenses	6,826,023	17	8,934,393
	18 Grants payable	51,574,727	18	45,550,351
	19 Deferred revenue	235,995	19	280,920
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	58,636,745	26	54,765,664
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	88,459,438	27	84,977,043
	28 Net assets with donor restrictions	41,043,362	28	39,129,848
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	129,502,800	32	124,106,891
33 Total liabilities and net assets/fund balances	188,139,545	33	178,872,555	

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Part XI Reconciliation of Net AssetsCheck 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	103,154,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,497,282
3	Revenue less expenses. Subtract line 2 from line 1	3	(7,342,903)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	129,502,800
5	Net unrealized gains (losses) on investments	5	1,162,055
6	Donated services and use of facilities	6	98,668
7	Investment expenses	7	(419,170)
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,105,441
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,106,891

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

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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 (Check all that apply)						(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			
(25) LUKE SAUTER ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) LYDIA THE ----- BOD MEMBER (ENDING MARCH 2025)	1.0 ----- 0.0	✓						0	0	0
(27) MICHELLE BOTTOMLEY ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) PAIGE ROSS ----- BOD MEMBER (BEGINNING MARCH 2025)	1.0 ----- 0.0	✓						0	0	0
(29) PETER BRUNDAGE ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) ROBYN SHEPHERD ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) VALERIE RAINEY ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 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).)
- 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)(vii)**. (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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,983,746	99,456,148	111,805,407	98,107,413	102,783,181	463,135,895
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	50,983,746	99,456,148	111,805,407	98,107,413	102,783,181	463,135,895
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,491,781
6 Public support. Subtract line 5 from line 4						452,644,114

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	50,983,746	99,456,148	111,805,407	98,107,413	102,783,181	463,135,895
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,217,543	1,156,360	1,438,781	12,830,552	2,425,124	19,068,360
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,070	3,574	26,758	50,721	149,936	246,059
11 Total support. Add lines 7 through 10						482,450,314
12 Gross receipts from related activities, etc. (see instructions)					12	44,646,371
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	93.82 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	92.26 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. 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 <input type="checkbox"/>		
b 33¹/₃% support tests—2023. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Schedule A (Form 990) 2024

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.)

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	15,070	3,574	26,758	50,721	149,936	246,059
	Total	15,070	3,574	26,758	50,721	149,936	246,059

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	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.)
		\$	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 THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 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
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 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
-----	----- ----- -----	----- ----- -----	----- ----- -----
	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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

Name of organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number (EIN) 75-1835298
---	---

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

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990) 2024

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	25,410	25,410												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	350,522	350,522												
c	Total lobbying expenditures (add lines 1a and 1b)	375,932	375,932												
d	Other exempt purpose expenditures	97,447,026	97,447,026												
e	Total exempt purpose expenditures (add lines 1c and 1d)	97,822,958	97,822,958												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	204,997	293,520	320,990	375,932	1,195,439
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	26,906	15,803	20,317	25,410	88,436

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

[SEE NEXT PAGE](#)

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A - LOBBYING EXPENSES	PUBLIC POLICY AND ADVOCACY INITIATIVES HAVE THE POTENTIAL TO IMPACT ALL PEOPLE TOUCHED BY BREAST CANCER. RECOGNIZING THE IMPORTANCE OF THIS WORK TO ACCOMPLISH ITS MISSION, KOMEN SUPPORTS LIMITED LOBBYING ACTIVITIES TO ACHIEVE LEGISLATIVE AND REGULATORY SOLUTIONS DESIGNED TO SUPPORT KEY PATIENT PROTECTIONS, EXPAND ACCESS TO HIGH-QUALITY CARE AND FUND CRITICAL BREAST CANCER RESEARCH.

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

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

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

	(a) Donor advised funds	(b) Funds and other accounts
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
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.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.

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

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

Cat. No. 52283D

Schedule D (Form 990) (Rev. 1-2025)

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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	3,626,572	3,612,548	1,346,868	1,342,173	1,337,562
b Contributions	61,376	133,367	2,279,000	0	0
c Net investment earnings, gains, and losses	10,976	26,029	(7,607)	10,613	10,279
d Grants or scholarships	0	0		0	0
e Other expenditures for facilities and programs	57,866	145,372	5,713	5,918	5,668
f Administrative expenses	0	0		0	0
g End of year balance	3,641,058	3,626,572	3,612,548	1,346,868	1,342,173

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

a Board designated or quasi-endowment 28.00 %

b Permanent endowment 71.00 %

c Term endowment 1.00 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	9,497,787	6,966,640	2,531,147
e Other	0	4,874,073	4,575,082	298,991
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,830,138

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	0	
(2) Closely held equity interests	0	
(3) Other		
(A) PRIVATE EQUITY FUND	34,020,000	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	34,020,000	

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	136,501,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,162,054
b	Donated services and use of facilities	2b	33,790,718
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	6,587
e	Add lines 2a through 2d	2e	34,959,359
3	Subtract line 2e from line 1	3	101,542,087
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	419,170
b	Other (Describe in Part XIII.)	4b	1,193,122
c	Add lines 4a and 4b	4c	1,612,292
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	103,154,379

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

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

1	Total expenses and losses per audited financial statements	1	141,924,509
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	33,692,050
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	6,589
e	Add lines 2a through 2d	2e	33,698,639
3	Subtract line 2e from line 1	3	108,225,870
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	2,271,412
c	Add lines 4a and 4b	4c	2,271,412
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	110,497,282

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 STATEMENT](#)

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	PROGRAM COGS	6,587
	TOTAL	6,587
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	1,166,096
	REVENUE ELIMINATED UPON CONSOLIDATION	27,026
	TOTAL	1,193,122
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	PROGRAM COGS	6,587
	ROUNDING	2
	TOTAL	6,589
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	RESCINDED GRANTS	1,105,316
	FUNDRAISING EXPENSES	1,166,096
	TOTAL	2,271,412

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	<p>KOMEN HAS FIVE PERMANENT ENDOWMENTS: GOODMAN-BRINKER, FIRNBERG, TWO GENERAL ENDOWMENTS, AND A PERPETUAL TRUST.</p> <p>THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FELLOWSHIPS, THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH AWARDS, THE GENERAL ENDOWMENT AND PERPETUAL TRUST'S EARNINGS ARE RESTRICTED FOR ORGANIZATIONAL MISSION ACTIVITIES.</p> <p>ADDITIONALLY, THERE IS ONE GENERAL ENDOWMENT FUND ESTABLISHED BY THE BOARD OF DIRECTORS.</p>
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>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, 2025</p>

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 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) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING	RESEARCH	59,884
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	RESEARCH	6,639
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	LEARNING MGMT SYSTEM	19,292
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	MISSION TOOL DEVELOPMENT	30,375
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	2	PROGRAM SERVICES	MISSION SUPPORT	14,725
(6) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	MERCHANDISE	37,911
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	GRANTMAKING	RESEARCH	75,000
(8) NORTH AMERICA (CANADA & MEXICO ONLY)	0	2	PROGRAM SERVICES	SOFTWARE LICENSES AND IMPLEMENTATION	37,066
(9) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING	PATIENT CARE / EDUCATION	10,000
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	11			290,892
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	11			290,892

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

Cat. No. 50082W

Schedule F (Form 990) (Rev. 1-2025)

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	59,884	WIRE	0	N/A	FMV
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	75,000	WIRE	0	N/A	FMV
(3)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PATIENT CARE/EDUCATION	10,000	WIRE	0	N/A	FMV
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities 0

Part III

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

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) (Rev. 1-2025)

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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR GRANTS, ALL GRANTEEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS, FINANCIAL REPORTS AND ANY CHANGE REQUESTS THEY MAY HAVE FOR THEIR PROJECTS, IN THE FORMAT REQUIRED BY KOMEN AND IN ACCORDANCE WITH THE SCHEDULE SET FORTH IN THE POLICIES. ALL PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY QUALIFIED STAFF. SEE SCHEDULE I, PART IV AND SCHEDULE O, PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - RESEARCH, ACCRUAL - RESEARCH, ACCRUAL - LEARNING MGMT SYSTEM, ACCRUAL - MISSION TOOL DEVELOPMENT, ACCRUAL - PATIENT CARE / EDUCATION NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL - MISSION SUPPORT, ACCRUAL - MERCHANDISE, ACCRUAL - RESEARCH, ACCRUAL - SOFTWARE LICENSES AND IMPLEMENTATION
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL

SCHEDULE G
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047
Open to Public
Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [x] Mail solicitations e [x] Solicitation of nongovernment grants
b [x] Internet and email solicitations f [] Solicitation of government grants
c [x] Phone solicitations g [x] Special fundraising events
d [x] In-person solicitations
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? [x] 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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows include REVUNAMI, INC., RKD GROUP LLC, EVENT 360, INC., KARS-R-US.COM, and a Total row.

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

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

		(a) Event #1 <u>3 DAY SERIES</u> (event type)	(b) Event #2 <u>RACE-WALKEVENTS</u> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	12,944,913	20,830,989	3,661,971	37,437,873
	2 Less: Contributions	12,768,332	19,602,289	2,606,897	34,977,518
	3 Gross income (line 1 minus line 2)	176,581	1,228,700	1,055,074	2,460,355
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	1,315	266,327	31,895	299,537
	6 Rent/facility costs	1,908,873	266,534	209,579	2,384,986
	7 Food and beverages	495,980	341,280	238,899	1,076,159
	8 Entertainment	0	16,262	43,779	60,041
	9 Other direct expenses	1,537,237	2,987,665	289,457	4,814,359
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,635,082
	11 Net income summary. Subtract line 10 from line 3, column (d)				(6,174,727)

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** 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 explanations 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.

[SEE NEXT PAGE](#)

Part IV

Supplemental Information. Provide the explanations 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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(V) - KARS-R- US.COM FUNDRAISING	THE FUNDRAISING AGREEMENT BETWEEN KARS-R-US.COM (THE FUNDRAISER) AND SUSAN G. KOMEN (THE CHARITY) PROVIDES FOR THE FUNDRAISER TO ACCEPT AND LIQUIDATE DONATED VEHICLES, VESSELS AND OTHER ITEMS OF VALUE ON BEHALF (THE UNITS) OF THE CHARITY WITHOUT CHARGE. THE FUNDRAISER CHARGES THE CHARITY FOR THE 50% OF THE COST OF ADVERTISING PLUS A FEE FOR EACH UNIT DONATED AND SOLD. THE FUNDRAISER DEDUCTS THESE COSTS FROM THE GROSS SALE PRICE LESS DIRECT COSTS TO DETERMINE THE NET PROCEEDS FROM EACH UNIT SOLD. THE CHARITY AND THE FUNDRAISER EACH RECEIVE 50% OF THE NET PROCEEDS, WHICH WERE \$458,420. ADVERTISING AND PER UNIT FEES TOTALED \$707,676 FOR FY25.
SCHEDULE G, PART II - NET INCOME SUMMARY	GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF FUNDRAISING CONTRIBUTIONS, PER IRS INSTRUCTIONS. THE CONTRIBUTIONS FOR FISCAL YEAR 2025 WERE \$35 MILLION.

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	Name	Description
		KARS-R-US.COM	FUNDRAISER ACCEPTS AND LIQUIDATES DONATED VEHICLES, VESSELS, AND OTHER ITEMS OF VALUE ON BEHALF OF SUSAN G. KOMEN AND DEDUCTS FROM THE PROCEEDS OF SALES THEIR FEES.

SCHEDULE I
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
**Open to Public
Inspection**

Name of the organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number 75-1835298
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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	13-1624225	501(C)(3)	229,500	0	FMV	N/A	RESEARCH
(2) (SEE STATEMENT)	58-1544781	501(C)(3)	2,681	0	FMV	N/A	PATIENT CARE
(3) (SEE STATEMENT)	23-7309937	501(C)(3)	37,500	0	FMV	N/A	PATIENT CARE
(4) (SEE STATEMENT)	74-1613878	501(C)(3)	326,549	0	FMV	N/A	RESEARCH
(5) BOSTON UNIVERSITY 580 HARRISON AVENUE, 3-W, BOSTON, MA 02118	04-2103547	501(C)(3)	179,998	0	FMV	N/A	RESEARCH
(6) (SEE STATEMENT)	04-2312909	501(C)(3)	103,993	0	FMV	N/A	RESEARCH
(7) (SEE STATEMENT)	34-1018992	501(C)(3)	75,000	0	FMV	N/A	RESEARCH
(8) (SEE STATEMENT)	13-5598093	501(C)(3)	75,000	0	FMV	N/A	RESEARCH
(9) (SEE STATEMENT)	13-5598093	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(10) (SEE STATEMENT)	04-2263040	501(C)(3)	70,000	0	FMV	N/A	RESEARCH
(11) (SEE STATEMENT)	04-2263040	501(C)(3)	729,735	0	FMV	N/A	RESEARCH
(12) (SEE STATEMENT)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							61
3 Enter total number of other organizations listed in the line 1 table							0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT CARE ASSISTANCE @ \$500	2,621	1,310,500	0	FMV	N/A
2 PATIENT CARE ASSISTANCE @ \$750	1,071	803,250	0	FMV	N/A
3 PATIENT CARE ASSISTANCE @ \$400	13,395	5,358,000	0	FMV	N/A
4					
5					
6					
7					

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

(SEE STATEMENT)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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 non-cash assistance	(h) Purpose of grant or assistance
(12) DANA-FARBER CANCER INSTITUTE. 44 BINNEY STREET, MAIL STOP 439C, BOSTON, MA 02115	04-2263040	501(C)(3)	870,000	0	FMV	N/A	RESEARCH
(13) DUKE UNIVERSITY MEDICAL CENTER. P.O. BOX 602651, CHARLOTTE, NC 28260- 2651	56-0532129	501(C)(3)	589,097	0	FMV	N/A	RESEARCH
(14) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR MAI, ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	158,660	0	FMV	N/A	RESEARCH
(15) INDIANA U (INDIANAPOLIS) FINANCIAL MGMT SVCS P.O. BOX 66057, INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)(3)	458,619	0	FMV	N/A	RESEARCH
(16) INDIANA UNIVERSITY (INDIANAPOLIS) FINANCIAL MGMT SVCS P.O. BOX 66057, INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)(3)	834,515	0	FMV	N/A	RESEARCH
(17) JOHNS HOPKINS UNIVERSITY 1650 ORLEANS STREET SUITE 141, BALTIMORE, MD 21231	52-0595110	501(C)(3)	937,500	0	FMV	N/A	RESEARCH
(18) JOHNS HOPKINS U, 1101 EAST 33RD STREET, EASTERN C220, BALTIMORE, MD 21218	52-0595110	501(C)(3)	180,000	0	FMV	N/A	RESEARCH
(19) LELAND STANFORD JR UNIVERSITY 485 BROADWAY, MAIL CODE 8838, REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(20) LOYOLA UNIVERSITY CHICAGO 820 N. MICHIGAN AVENUE SUITE 1300, CHICAGO, IL 60611	36-1408475	501(C)(3)	56,187	0	FMV	N/A	RESEARCH
(21) MAYO CLINIC JACKSONVILLE GRIFFIN BUILDING, ROOM 170 4500 SAN, JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(22) MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVE, NEW YORK, NY 10065	13-1924236	501(C)(3)	375,000	0	FMV	N/A	RESEARCH
(23) MICHIGAN STATE UNIVERSITY CONTRACT & GRANT ADMINISTRATION 301, EAST LANSING, MI 48824	38-6005984	501(C)(3)	60,832	0	FMV	N/A	RESEARCH
(24) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT MAIL CODE L106SPA, PORTLAND, OR 97239	93-1176109	501(C)(3)	289,999	0	FMV	N/A	RESEARCH
(25) PARKLAND FOUNDATION 2777 NORTH STEMMONS FREEWAY SUITE 1, DALLAS, TX 75207	75-2089180	501(C)(3)	150,000	0	FMV	N/A	PATIENT CARE
(26) PONCE MEDICAL SCHOOL FOUNDATION, INC. 388 DR. LUIS F SALA ST., PONCE, PR 00716-2347	66-0379122	501(C)(3)	62,374	0	FMV	N/A	RESEARCH
(27) PRINCETON UNIVERSITY 701 CARNEGIE CENTER, PRINCETON, NJ 08540	21-0634501	501(C)(3)	200,000	0	FMV	N/A	RESEARCH

(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 non-cash assistance	(h) Purpose of grant or assistance
(28) RECINTO DE CIENCIAS MEDICAS P.O. BOX 365067, SAN JUAN, PR 00936-5067	66-0433762	501(C)(3)	97,866	0	FMV	N/A	RESEARCH
(29) REGENTS OF UNIVERSITY OF MICHIGAN ROOM 7110 CCGC, INTERNAL MED. 3003, ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	75,000	0	FMV	N/A	RESEARCH
(30) ROCKEFELLER UNIVERSITY ATTN: SHAWN DAVIS, OFC OF DEVELOPME, NEW YORK, NY 10065	13-1624158	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(31) ROSWELL PARK ALLIANCE FOUNDATION. DEPARTMENT OF IMMUNOLOGY ELM & CARL, BUFFALO, NY 14263	16-1391608	501(C)(3)	340,531	0	FMV	N/A	RESEARCH
(32) STANFORD UNIVERSITY' P.O. BOX 44253, SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	448,168	0	FMV	N/A	RESEARCH
(33) TEXAS A&M UNIV SYSTEM HSC-RESEARCH FDN ATTN: MICHELE KENT 3578 TAMU, COLLEGE STATION, TX 77843-3578	74-6000541	501(C)(3)	39,578	0	FMV	N/A	RESEARCH
(34) THE MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST., BOSTON, MA 02114-2696	04-2697983	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(35) THE OHIO STATE UNIVERSITY COLLEGE ATTN: KATHY MILEM 700 CHILDREN'S DR, COLUMBUS, OH 43205	31-6025986	501(C)(3)	530,919	0	FMV	N/A	RESEARCH
(36) THE SALK INSTITUTE ATTN: CHRISTINE MARCKESE 10010 NORT, LA JOLLA, CA 92037-1002	95-2160097	501(C)(3)	150,000	0	FMV	N/A	RESEARCH
(37) THE UNIVERSITY OF CHICAGO 6030 S. ELLIS AVENUE, RM 114, CHICAGO, IL 60637	36-2177139	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(38) THE UNIVERSITY OF TEXAS AT AUSTIN COMMUNICATIONS CAREER SERVICES 300, AUSTIN, TX 78712	74-6000203	501(C)(3)	56,799	0	FMV	N/A	RESEARCH
(39) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CB #, CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	945,992	0	FMV	N/A	RESEARCH
(40) UNIV OF TEXAS MD ANDERSON CANCER CENTER/ GRANTS & CONTRACTS P.O. BOX 4390, HOUSTON, TX 77210-4390	74-6001118	501(C)(3)	600,000	0	FMV	N/A	RESEARCH
(41) UNIVERSITY HOSPITALS CLEVELAND MEDICAL 11100 EUCLID AVENUE,, CLEVELAND, OH 44106	34-1567805	501(C)(3)	225,000	0	FMV	N/A	RESEARCH
(42) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH ADMINISTRATIO, BIRMINGHAM, AL 35294-0111	63-6005396	501(C)(3)	60,000	0	FMV	N/A	RESEARCH

(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 non-cash assistance	(h) Purpose of grant or assistance
(43) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO ANDREW BOULTER 3333 CALIFORNIA ST., SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	320,000	0	FMV	N/A	RESEARCH
(44) UNIVERSITY OF CALIFORNIA-DAVIS CASHIER'S OFFICE, P.O. BOX 989062, WEST SACRAMENTO, CA 95798-9062	94-6036494	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(45) UNIVERSITY OF CHICAGO ATTN: MICHAEL LUDWIG 5801 S. ELLIS, CHICAGO, IL 60637	36-2177139	501(C)(3)	179,550	0	FMV	N/A	RESEARCH
(46) UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 20787, SPRINGFIELD, IL 62708-0787	37-6000511	501(C)(3)	100,000	0	FMV	N/A	RESEARCH
(47) UNIVERSITY OF KANSAS MEDICAL CENTER ATTN: TIM SISKEY 3901 RAINBOW BOUL., KANSAS CITY, KS 66160	48-1108830	501(C)(3)	78,257	0	FMV	N/A	RESEARCH
(48) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200, CB#, CHAPEL HILL, NC 27599-9525	56-6001393	501(C)(3)	180,000	0	FMV	N/A	RESEARCH
(49) UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL, NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	50,000	0	FMV	N/A	RESEARCH
(50) UNIVERSITY OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES 3451 WA, PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	473,675	0	FMV	N/A	RESEARCH
(51) UNIVERSITY OF PITTSBURGH OFFICE OF BUDGET & CONTROLLER 4200, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	300,000	0	FMV	N/A	RESEARCH
(52) UNIVERSITY OF UTAH 201 SOUTH PRESIDENT'S CIRCLE, ROOM, SALT LAKE CITY, UT 84112-9020	87-6000525	501(C)(3)	300,000	0	FMV	N/A	RESEARCH
(53) UNIVERSITY OF VIRGINIA AT SCHOOL OF MEDICINE P.O. BOX 400195, CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	50,000	0	FMV	N/A	RESEARCH
(54) UNIVERSITY OF WISCONSIN - MADISON RESEARCH & SPONSORED PROGRAMS 21 NO, MADISON, WI 53715-1218	39-6006492	501(C)(3)	71,493	0	FMV	N/A	RESEARCH
(55) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD ATTN: DA, DALLAS, TX 75390-9020	74-6000203	501(C)(3)	560,410	0	FMV	N/A	RESEARCH
(56) UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BOULEVARD, UNIT 1644, HOUSTON, TX 77030-4009	74-6001118	501(C)(3)	15,000	0	FMV	N/A	RESEARCH
(57) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE SUITE 970, ATLANTA, GA 37203-6856	62-0476822	501(C)(3)	721,137	0	FMV	N/A	RESEARCH

(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 non-cash assistance	(h) Purpose of grant or assistance
(58) VIRGINIA COMMONWEALTH UNIVERSITY 800 E. LEIGH ST., SUITE 3100, RICHMOND, VA 23284-3039	54-6001758	501(C)(3)	155,699	0	FMV	N/A	RESEARCH
(59) WASHINGTON UNIVERSITY AT ST. LOUIS, SCH NICOLE NICHOLS/SARAH GEHLERT 660 S., ST. LOUIS, MO 63110	43-0653611	501(C)(3)	328,106	0	FMV	N/A	RESEARCH
(60) WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVENUE, NEW YORK, NY 10061	13-1623978	501(C)(3)	520,000	0	FMV	N/A	RESEARCH
(61) YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS 25 SCI, NEW HAVEN, CT 06520-8327	06-0646973	501(C)(3)	365,000	0	FMV	N/A	RESEARCH

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>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 TERMINATION RIGHTS. FOR RESEARCH GRANTS, SCIENTIFIC PROGRESS AND FINANCIAL OVERSIGHT ARE MONITORED THROUGHOUT THE GRANT TERM BY A PH.D.-LEVEL RESEARCH GRANT MANAGER. FOR PATIENT CARE, EDUCATIONAL OR COMMUNITY PROGRAM GRANTS, PROGRESS AND FINANCIAL OVERSIGHT ARE MONITORED THROUGHOUT THE GRANT TERM BY QUALIFIED PROFESSIONALS SERVING AS GRANT MANAGERS.</p> <p>AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR GRANTS, GRANTEES ARE REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS DETAILING PROGRESS TOWARD AIMS AND OBJECTIVES, MAJOR ACCOMPLISHMENTS, KEY DELIVERABLES AND CHALLENGES ENCOUNTERED, WITH A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES) AND WRITTEN JUSTIFICATION OF EXPENSES.</p> <p>AS APPROPRIATE, THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH GRANTEES 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.</p> <p>REQUESTS FOR CHANGES TO THE DESIGN OF THE FUNDED PROJECT OR BUDGET ARE SUBJECT TO PRIOR APPROVAL BY KOMEN IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT.</p> <p>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.</p> <p>SEE SCHEDULE O, PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.</p>
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ALBERT EINSTEIN COLLEGE OF MED YESHIVA U</p> <p>1300 MORRIS PARK AVENUE,BELFER 1108, BRONX, NY 10461-1975</p>
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BAPTIST MEMORIAL HEALTH CARE FOUNDATION</p> <p>350 N HUMPHREYS BLVD, MEMPHIS, TN 38120</p>
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BARNES-JEWISH HOSPITAL</p> <p>ATTN: BRYAN LINCK 4249 CLAYTON AVEN, ST. LOUIS, MO 63110</p>
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BAYLOR COLLEGE MEDICINE.</p> <p>GRANTS - ACCOUNTS RECEIVABLE ONE BA, HOUSTON, TX 77030-3411</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BRIGHAM AND WOMEN'S HOSPITAL</p> <p>ATTN: JEFFREY RIVERA 181 LONGWOOD A, BOSTON, MA 02115</p>
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CASE WESTERN RESERVE UNIVERSITY</p> <p>CONTROLLER'S OFFICE 10900 EUCLID AV, CLEVELAND, OH 44106-7006</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COLUMBIA UNIVERSITY MEDICAL CENTER</p> <p>722 WEST 168TH STREET, 4TH FLOOR, NEW YORK, NY 10032</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COLUMBIA UNIVERSITY MEDICAL CENTER</p> <p>SPONSORED PROJECTS FINANCE 615 WEST, NEW YORK, NY 10027-0000</p>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>DANA FARBER CANCER INSTITUTE.</p> <p>44 BINNEY STREET, MAIL STOP 439C, BOSTON, MA 02115</p>

Return Reference - Identifier	Explanation
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE: BP 412, BOSTON, MA 02215-5450

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

Part I Questions Regarding Compensation

	Yes	No
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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
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	1b	
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?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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	7	<input checked="" type="checkbox"/>
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	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Cat. No. 50053T

Schedule J (Form 990) (Rev. 1-2025)

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAULA SCHNEIDER PRESIDENT AND CEO	(i)	650,216	0	7,899	17,436	13,261	688,812	0
	(ii)	0	0	0	0	0	0	0
2 RIA WILLIAMS CHIEF FINANCIAL OFFICER	(i)	320,735	0	2,743	20,080	16,234	359,792	0
	(ii)	0	0	0	0	0	0	0
3 EUNICE NAKAMURA GENERAL COUNSEL AND CORPORATE SECRETARY (ENDING FEB-2025)	(i)	308,567	0	2,639	15,289	9,244	335,739	0
	(ii)	0	0	0	0	0	0	0
4 CATHERINE OLIVIERI SVP, HUMAN RESOURCES	(i)	268,814	0	1,978	16,550	10,578	297,920	0
	(ii)	0	0	0	0	0	0	0
5 KATHRYN WATT SVP, COMMUNITY DEVELOPMENT & OPERATIONS	(i)	260,576	0	4,879	16,378	13,151	294,984	0
	(ii)	0	0	0	0	0	0	0
6 SARAH ROSALES VP, CORPORATE PARTNERSHIPS	(i)	258,236	0	1,366	16,398	15,916	291,916	0
	(ii)	0	0	0	0	0	0	0
7 VICTORIA SMART SVP, MISSION	(i)	264,375	0	1,534	0	2,935	268,844	0
	(ii)	0	0	0	0	0	0	0
8 NICHOLAS MICHAEL DIFRANZA VP, INFORMATION TECHNOLOGY	(i)	252,934	0	1,497	0	2,492	256,923	0
	(ii)	0	0	0	0	0	0	0
9 BARBARA DUCHARME VP, CD STRATEGY & MIDWEST REGION	(i)	200,795	0	2,135	12,206	13,005	228,141	0
	(ii)	0	0	0	0	0	0	0
10 KIMBERLY SABELKO VP, RESEARCH & SCIENTIFIC PROGRAMS	(i)	199,117	0	4,233	11,604	2,792	217,746	0
	(ii)	0	0	0	0	0	0	0
11 MEGAN KLINK VP, CD STRATEGY & WEST REGION	(i)	199,845	0	1,417	10,427	1,987	213,676	0
	(ii)	0	0	0	0	0	0	0
12 TIMOTHY A. NEWMAN VP, CD STRATEGY & SOUTH REGION	(i)	197,199	0	1,611	5,957	1,959	206,726	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		104,952	NONE
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	✓	1	5,400	OTHER
19 Food inventory	✓	75	339,716	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ((SEE STATEMENT))				
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 V, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
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.				

Part I
Types of Property (continued)

Property Type	(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
GIFT BAGS/GIFT CARDS	✓	32	60,418	MARKET VALUE
EVENT SUPPLIES	✓	17	92,628	MARKET VALUE

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	FOOD INVENTORY - FOOD & BEVERAGE NUMBER OF CONTRIBUTIONS
	OTHER - GIFT BAGS/GIFT CARDS NUMBER OF CONTRIBUTIONS
	OTHER - EVENT SUPPLIES NUMBER OF CONTRIBUTIONS
	CLOTHING AND HOUSEHOLD GOODS - NUMBER OF CONTRIBUTIONS
	COLLECTIBLES - NUMBER OF CONTRIBUTIONS OF GUITARS

Name of the organization The Susan G. Komen Breast Cancer Foundation Inc.	Employer identification number 75-1835298
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Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREATEST NUMBERS OF VOLUNTEERS ASSIST WITH THE MORE THAN PINK WALKS, RACE FOR THE CURE RUNS, THE SUSAN G. KOMEN 3 DAY® SERIES, AND ADVOCACY PROGRAMS.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	SUSAN G. KOMEN HAS AN UNMATCHED, COMPREHENSIVE 360-DEGREE APPROACH TO FIGHTING BREAST CANCER ACROSS ALL FRONTS AND SUPPORTING MILLIONS OF PEOPLE IN THE U.S. AND IN COUNTRIES WORLDWIDE. WE ADVOCATE FOR POLICIES TO PROTECT PATIENTS, DRIVE RESEARCH BREAKTHROUGHS, IMPROVE ACCESS TO HIGH-QUALITY CARE, OFFER DIRECT PATIENT NAVIGATION AND SUPPORT SERVICES AND EMPOWER PEOPLE WITH TRUSTWORTHY INFORMATION. KOMEN REMAINS COMMITTED TO SUPPORTING THOSE AFFECTED BY BREAST CANCER TODAY, WHILE TIRELESSLY SEARCHING FOR TOMORROW'S CURES.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Susan G. Komen Breast Cancer Foundation Inc.

Employer identification number

75-1835298

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS	<p>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.</p> <p>KOMEN TAKES A 360 DEGREE APPROACH TO FIGHT BREAST CANCER THROUGH:</p> <ul style="list-style-type: none">- RESEARCH, TO DRIVE BREAKTHROUGHS THAT WILL BRING US NEW KNOWLEDGE AND ADVANCES IN CARE FOR ALL.-COMMUNITY HEALTH, TO EMPOWER PEOPLE WITH TRUSTWORTHY INFORMATION AND SUPPORT PEOPLE IN THEIR BREAST HEALTH JOURNEY THROUGH DIRECT SERVICES, COMMUNITY PROGRAMS AND HEALTH SYSTEMS PARTNERSHIPS.- AND PUBLIC POLICY, TO ADVOCATE FOR POLICIES CREATING SYSTEMIC AND LASTING CHANGES THAT WILL FUND AND FACILITATE RESEARCH, ALLEVIATE THE BURDEN ON PATIENTS, AND PROTECT ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL. <p>KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, HAVING FUNDED MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE OF THE U.S. GOVERNMENT WHILE PROVIDING REAL-TIME HELP TO THOSE FACING THE DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN HAS INVESTED OVER \$1.1 BILLION IN BREAST CANCER RESEARCH IN MORE THAN 2800 GRANTS AND MORE THAN 500 CLINICAL TRIALS CONDUCTED BY THOUSANDS OF THE BEST AND BRIGHTEST RESEARCHERS ACROSS THE US AND AROUND THE WORLD. KOMEN HAS ALSO PROVIDED OVER \$3.3 BILLION IN COMMUNITY INVESTMENT FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT, EDUCATION, AND EMOTIONAL PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 60 COUNTRIES WORLDWIDE AS WELL AS PUBLIC POLICY AND ADVOCACY EFFORTS AT THE FEDERAL, STATE, AND LOCAL LEVELS, EMPOWERING POLICYMAKERS WITH KNOWLEDGE TO ACT FOR LASTING, SYSTEMIC CHANGE. 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. KOMEN REMAINS COMMITTED TO SUPPORTING THOSE AFFECTED BY BREAST CANCER TODAY, WHILE TIRELESSLY SEARCHING FOR TOMORROW'S CURES.</p> <p>RESEARCH</p> <p>SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MANY MAJOR ADVANCES IN BREAST CANCER SCIENCE. THE PROGRESS HAS BEEN SIGNIFICANT - TODAY, WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE DISEASE. WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER AND THE CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT, AND PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION MEDICINE. AND WE HAVE A BETTER UNDERSTANDING OF THE MANY FACTORS CONTRIBUTING TO DISPARITIES IN BREAST CANCER CARE AND OUTCOMES AND HOW TO ADDRESS/ELIMINATE THEM TO IMPROVE OUTCOMES FOR EVERYONE IMPACTED BY BREAST CANCER.</p> <p>KOMEN'S RESEARCH PROGRAMS ARE ADDRESSING CRITICAL ISSUES AND CUTTING-EDGE TOPICS THAT WILL DRIVE PROGRESS AND PROVIDE THE GREATEST BENEFIT TO PATIENTS. THE PATIENT VOICE IS CENTRAL TO OUR WORK AS WE ASK BIG QUESTIONS AND SEEK OUT THE ANSWERS THAT WILL SAVE LIVES FROM BREAST CANCER. WE LEAN ON OUR SCIENTIFIC EXPERTISE AND PATIENT INSIGHTS TO INFLUENCE THE STRATEGY, DESIGN AND CONDUCT OF RESEARCH; TO INVEST IN SCIENCE AND TECHNOLOGY AND SUPPORT THE NEXT GENERATION OF DIVERSE RESEARCH LEADERS, AND TO CONDUCT OUR OWN RESEARCH THAT'S ENGAGING DIVERSE, REAL-WORLD PEOPLE AS OUR PARTNERS IN RESEARCH AND CONTRIBUTING TO THE BODY OF EVIDENCE ABOUT BREAST CANCER.</p> <p>WITH OUR OVER \$1.1 BILLION RESEARCH INVESTMENT, KOMEN IS SUPPORTING LABORATORY RESEARCH, TRANSLATIONAL STUDIES, POPULATION SCIENCE AND CLINICAL TRIALS THAT ARE PAVING THE ROAD WITH SCIENTIFIC DISCOVERIES THAT ARE:</p> <ul style="list-style-type: none">- UNRAVELLING THE BIOLOGY OF BREAST CANCER, INCLUDING AGGRESSIVE & METASTATIC BREAST CANCERS- LEADING TO THE DEVELOPMENT OF NEW BREAST CANCER DRUGS AND NEW TECHNOLOGIES AND TESTS,- CHANGING THE STANDARD OF BREAST CANCER CARE-ADVANCING PERSONALIZED, PRECISION CARE FOCUSED ON THE PERSON AND THEIR BREAST CANCER AND- PROVIDING NEW, EVIDENCE-BASED INTERVENTIONS TO IMPROVE THE DELIVERY OF THAT CARE. <p>OUR GOAL IS TO IMPROVE HEALTH OUTCOMES FOR EVERYONE AND SAVE LIVES. THROUGH OUR INVESTMENT, KOMEN HAS SUPPORTED MORE THAN 4,200 RESEARCH DISCOVERIES THAT ARE MOVING US CLOSER TO THAT GOAL. THIS INCLUDES OVER 1500 NEW DISCOVERIES FOCUSED ON METASTATIC AND AGGRESSIVE BREAST CANCER, MORE THAN 1,800 POTENTIAL TREATMENTS AND MORE THAN 600 NEW STRATEGIES TO ELIMINATE BREAST CANCER DISPARITIES. THEY INCLUDE ADVANCES SUCH AS NEW BIOMARKERS, NEW DRUG TARGETS, NEW TREATMENTS, AND NEW HEALTH CARE DELIVERY TOOLS. IN PAVING THIS ROAD WITH SCIENTIFIC DISCOVERIES, WE'RE ALSO PAVING IT WITH HOPE. THE HOPE THAT NEW WAYS TO DETECT, DIAGNOSE, TREAT, PREVENT AND, ULTIMATELY, CURE BREAST CANCER ARE AROUND THE CORNER AND THERE WHEN PEOPLE WITH BREAST CANCER NEED THEM TO ALLOW THEM TO LIVE LONGER, WITH IMPROVED QUALITY</p>

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Susan G. Komen Breast Cancer Foundation Inc.

Employer identification number

75-1835298

Return Reference - Identifier	Explanation
	<p>OF LIFE. TO DATE, 29 DRUGS USED TO TREAT BREAST CANCER HAVE, IN SOME WAY, BEEN SUPPORTED BY KOMEN'S RESEARCH INVESTMENT.</p> <p>KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY MORE THAN 50 OF THE WORLD'S LEADERS IN BREAST CANCER RESEARCH, ONCOLOGY AND ADVOCACY. THE SCIENTIFIC ADVISORY BOARD ASSISTS KOMEN IN SETTING ITS RESEARCH STRATEGY AND PRIORITIZING ITS RESEARCH INVESTMENT. THE KOMEN SCHOLARS LEAD AND PARTICIPATE IN KOMEN'S WORLD-CLASS SCIENTIFIC PEER REVIEW PROCESS. OUR ADVOCATES IN SCIENCE BRING THE COLLECTIVE PATIENT VOICE TO KOMEN'S RESEARCH PROGRAMS AND SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT. TOGETHER, THIS EXCLUSIVE GROUP OF BREAST CANCER RESEARCHERS, CLINICIANS AND ADVOCATES HELP GUIDE THE ORGANIZATION'S WORK TO SAVE LIVES AND END BREAST CANCER.</p> <p>KOMEN'S TEAM OF HIGHLY QUALIFIED PROFESSIONALS, INCLUDING THOSE WITH PHD-LEVEL EXPERTISE, DEVELOP AND IMPLEMENT KOMEN-LED, PATIENT CENTRIC RESEARCH & SCIENTIFIC PROGRAMS CREATED TO FILL CRITICAL GAPS IN THE SYSTEM AND DRIVE PROGRESS IN UNDERSTUDIED TOPICS AND EMERGING ISSUES IN BREAST CANCER. THE INFLAMMATORY BREAST CANCER (IBC) COLLABORATIVE, BIG DATA FOR BREAST CANCER (BD4BC) INITIATIVE AND SHAREFORCURES PATIENT RESEARCH REGISTRY ARE EXAMPLES OF THE INNOVATIVE AND IMPACTFUL KOMEN-LED PROGRAMS ACTIVE IN FY25.</p> <p>INFLAMMATORY BREAST CANCER (IBC) COLLABORATIVE</p> <p>IN 2016, KOMEN PARTNERED WITH THE INFLAMMATORY BREAST CANCER RESEARCH FOUNDATION AND THE MILBURN FOUNDATION TO LEAD THIS COLLABORATIVE GROUP FOCUSED ON ACCELERATING IBC RESEARCH AND IMPROVING CARE AND OUTCOMES FOR PEOPLE WITH IBC, A DEADLY AND AGGRESSIVE FORM OF CANCER. KOMEN CONVENED PATIENT ADVOCATES, BREAST CANCER RESEARCHERS AND CLINICIANS TO REVIEW THE STATE OF IBC CARE AND RESEARCH GLOBALLY AND PROPOSE SPECIFIC INITIATIVES TO MOVE THE FIELD FORWARD. THE OUTCOME OF THE DISCUSSIONS WAS ABUNDANTLY CLEAR: THE FIELD NEEDS A FORMAL DEFINITION OF IBC. WITHOUT A CLEAR DEFINITION, BOTH PATIENT CARE AND RESEARCH SUFFER. DIAGNOSIS REMAINS SUBJECTIVE AND TREATMENT VARIABLE.</p> <p>THE GOAL IS TO MOVE BEYOND THE SUBJECTIVE 'CLINICAL DIAGNOSIS' TO A SET OF SPECIFIC DIAGNOSTIC CRITERIA AND SCORING SYSTEM THAT WILL ADVANCE IBC RESEARCH AND FACILITATE THE DISCOVERIES THAT WILL IMPROVE THE CARE OF IBC PATIENTS. THE COLLABORATIVE PUBLISHED A PROPOSED DEFINITION OF IBC, BASED ON A REVIEW OF CLINICAL, AND PATHOLOGIC FEATURES IN 2022. THIS EVIDENCE-BASED SCORING SYSTEM IS CURRENTLY BEING VALIDATED (A CRITICAL STEP FOR IT TO BE WIDELY ADOPTED) BY KOMEN-FUNDED RESEARCHERS AT TWO OF THE WORLD'S LEADING IBC CLINICS. IN FY25 KOMEN CREATED AN EASY-TO-USE IBC SCORING SYSTEM ONLINE TOOL TO HELP DOCTORS DIAGNOSE IBC ACCURATELY AND EARLIER.</p> <p>BIG DATA FOR BREAST CANCER</p> <p>KOMEN CONTINUES WORK ON THE BIG DATA FOR BREAST CANCER INITIATIVE, WHICH IS AIMED AT USING BIG DATA TO FUEL SCIENTIFIC DISCOVERIES AND ACCELERATE THE DELIVERY OF EQUITABLE, PATIENT-FOCUSED CARE. KOMEN EMPOWERS BREAST CANCER PATIENTS, ADVOCATES, AND THE PUBLIC WITH INFORMATION AND TOOLS TO MAKE DATA SHARING UNDERSTANDABLE THROUGH THE BIG DATA FOR PATIENTS EDUCATIONAL PROGRAMS. WE ALSO ADDRESS THE CHALLENGES OF INCORPORATING BIG DATA APPLICATIONS INTO BREAST CANCER RESEARCH AND CLINICAL CARE THROUGH WORKING WITH PARTNERS REPRESENTING A VARIETY OF STAKEHOLDERS IN BREAST CANCER RESEARCH AND CLINICAL CARE. ADDITIONALLY, KOMEN SUPPORTS DATA SCIENCE PROJECTS TO IMPROVE BREAST CANCER OUTCOMES AND SAVE LIVES, SUCH AS THE BREAST CANCER HACKATHON CHALLENGE AND KOMEN'S PEOPLE-POWERED BREAST CANCER RESEARCH REGISTRY, SHAREFORCURES®.</p> <p>LAUNCHED IN JULY 2023, SHAREFORCURES BUILDS ON KOMEN'S COMMITMENT TO DELIVER THE PROMISE OF BIG DATA TO BREAST CANCER PATIENTS. THIS INVALUABLE BREAST CANCER REGISTRY LEVERAGES THE LATEST TECHNOLOGY AND KOMEN'S BROAD, NATIONAL REACH TO DIRECTLY ENGAGE WITH INDIVIDUALS IMPACTED BY BREAST CANCER WHILE PROVIDING A SAFE, SECURE PATHWAY FOR PEOPLE FROM DIVERSE BACKGROUNDS TO SHARE THEIR HEALTH DATA AND PARTICIPATE IN BREAST CANCER RESEARCH. WITH THIS ROBUST DATA PROVIDED DIRECTLY BY PATIENTS, KOMEN WILL BREAK DOWN SILOS, FUEL SCIENTIFIC DISCOVERIES AND ACCELERATE THE DELIVERY OF EQUITABLE, PATIENT-FOCUSED CARE. MORE THAN 1,000 PEOPLE HAVE SIGNED ON TO PARTICIPATE IN SHAREFORCURES TO DATE.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Susan G. Komen Breast Cancer Foundation Inc.

Employer identification number

75-1835298

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>KOMEN ALSO AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND INSTITUTIONS THROUGH A FAIR, TRANSPARENT, RIGOROUS, AND COMPETITIVE REVIEW PROCESS THAT ENSURES MAXIMUM IMPACT FOR OUR RESEARCH INVESTMENT. IN FY25, KOMEN AWARDED 25 GRANTS TO SUPPORT CUTTING-EDGE, IMPACTFUL SCIENTIFIC RESEARCH IN THE UNITED STATES AND ITS TERRITORIES. MOST OF THE GRANTS AWARDED THIS YEAR SUPPORT OUTSTANDING RESEARCH PROJECTS BEING CONDUCTED BY A DIVERSE GROUP OF EARLY CAREER RESEARCHERS, THE NEXT GENERATION OF LEADERS WHO WILL MAKE BREAKTHROUGH DISCOVERIES AND INNOVATIONS TO END BREAST CANCER.</p> <p>THE SUSAN G. KOMEN CAREER TRANSITION AWARDS (CTA) AIM TO HELP OUTSTANDING SENIOR POSTDOCTORAL FELLOWS AND CLINICAL FELLOWS WORKING UNDER THE GUIDANCE OF A MENTOR TO LAUNCH COMPETITIVE, INDEPENDENT RESEARCH CAREERS IN BREAST CANCER. THE CTAS PROVIDE UP TO FIVE YEARS OF RESEARCH FUNDING IN TWO PHASES: PHASE 1 SUPPORTS THE FINAL YEARS OF MENTORED, POSTDOCTORAL TRAINING AND PHASE 2 SUPPORTS THE INDEPENDENT BREAST CANCER-FOCUSED RESEARCH OF THE EARLY CAREER, TENURE-TRACK INVESTIGATORS.</p> <p>CAREER CATALYST RESEARCH (CCR) GRANTS SUPPORT BREAST CANCER RESEARCHERS WHO ARE IN THE EARLY STAGES OF THEIR INDEPENDENT FACULTY CAREERS AND CONDUCTING OUTSTANDING HYPOTHESIS-DRIVEN BASIC, TRANSLATIONAL, CLINICAL AND/OR POPULATION SCIENCE RESEARCH PROJECTS.</p> <p>LEADERSHIP GRANTS SUPPORT KOMEN SCIENTIFIC ADVISORS PURSUING INNOVATIVE RESEARCH PROJECTS WHICH WILL IMPROVE THE UNDERSTANDING, DETECTION, TREATMENT OR PREVENTION OF BREAST CANCER, WITH A FOCUS ON CONQUERING METASTATIC BREAST CANCER, ADVANCING PRECISION MEDICINE AND ELIMINATING BREAST CANCER DISPARITIES.</p> <p>THE 25 RESEARCH GRANTS AWARDED IN FY25 ARE:</p> <p>CAREER TRANSITION AWARDS:</p> <p>DR. CHARLES DAI, OF MASSACHUSETTS GENERAL HOSPITAL, WILL BE EXPLORING A NEW TREATMENT APPROACH FOR TRIPLE NEGATIVE BREAST CANCER (TNBC) BY TARGETING A PROTEIN CALLED THE ANDROGEN RECEPTOR (AR). DR. DAI BELIEVES THAT ACTIVATING AR IN CERTAIN TNBCS COULD HELP FIGHT THE DISEASE BY AFFECTING A CANCER-DRIVING GENE CALLED MYC. THE RESEARCH WILL IDENTIFY WHICH PATIENTS MIGHT BENEFIT AND FIND MARKERS TO PREDICT RESPONSE, POTENTIALLY LEADING TO MORE PERSONALIZED AND EFFECTIVE THERAPIES.</p> <p>DR. AVANTIKA GUPTA, OF MEMORIAL SLOAN KETTERING CANCER CENTER, WILL INVESTIGATE HOW MUTATIONS IN A PROTEIN CALLED APOBEC3 MAY CAUSE BREAST CANCER TO BECOME RESISTANT TO TREATMENT. DR. GUPTA WILL STUDY HOW THESE MUTATIONS AFFECT CANCER CELLS AND LOOK FOR WEAK SPOTS THAT CAN BE TARGETED TO STOP RESISTANCE FROM DEVELOPING. THE FINDINGS COULD LEAD TO NEW WAYS TO KEEP TREATMENTS EFFECTIVE FOR LONGER.</p> <p>DR. ALISSA MICHEL, OF COLUMBIA UNIVERSITY IRVING MEDICAL CENTER, AIMS TO DEVELOP AND TEST TOOLS THAT EMPOWER WOMEN TO MAKE INFORMED DECISIONS ABOUT USING MRI FOR BREAST SCREENING. SHE WILL IDENTIFY FACTORS INFLUENCING ENHANCED MRI SCREENING AMONG HIGH-RISK WOMEN, CONDUCT USABILITY STUDIES FOR PROGRAM REFINEMENT, AND RUN A CLINICAL TRIAL TO BOOST SCREENING AMONG ETHNICALLY AND RACIALLY DIVERSE HIGH-RISK GROUPS. SUCCESS WILL LEAD TO A MULTILEVEL INTERVENTION FOR BREAST CANCER RISK ASSESSMENT, INCORPORATING DECISION SUPPORT FOR BOTH PROVIDERS AND PATIENTS, FACILITATING INTEGRATION INTO CLINICAL WORKFLOWS FOR SUSTAINED OUTREACH TO UNDERSERVED POPULATIONS.</p> <p>DR. VEENA PADMANABAN, OF THE ROCKEFELLER UNIVERSITY, WILL INVESTIGATE HOW BREAST CANCER MAY UTILIZE NEARBY NERVES, KNOWN AS PERIPHERAL NERVES, TO HELP IT SPREAD TO OTHER LOCATIONS. THE RESEARCH WILL UNCOVER HOW BREAST CANCER INTERACTS WITH THE NERVES OF THE NERVOUS SYSTEM AND WHETHER THESE NERVES PLAY A KEY ROLE IN CREATING ENVIRONMENTS WHERE BREAST CANCER CAN GROW AND SPREAD. THE FINDINGS COULD REVEAL NEW WAYS TO STOP BREAST CANCER METASTASIS BY TARGETING THESE NERVE-BREAST CANCER CONNECTIONS.</p> <p>CAREER CATALYST RESEARCH GRANTS:</p> <p>DR. CHUN-KAN CHEN, OF WASHINGTON UNIVERSITY IN ST. LOUIS, AIMS TO FIND NEW WAYS TO CREATE MORE PRECISE AND EFFECTIVE BREAST CANCER VACCINES. DR. CHEN IS EXPLORING WHETHER UNIQUE PIECES OF PROTEIN, MADE FROM SPECIAL CIRCULAR RNA FOUND ONLY IN BREAST CANCER CELLS, CAN BE USED TO TRAIN THE IMMUNE SYSTEM TO BETTER RECOGNIZE AND FIGHT THE DISEASE. IF SUCCESSFUL, THIS RESEARCH COULD LEAD TO MORE PERSONALIZED AND POWERFUL BREAST CANCER TREATMENTS.</p> <p>DR. MIRIAM JACOBS, OF GEORGETOWN UNIVERSITY, IS LEADING A PROJECT THAT AIMS TO BOOST THE BODY'S NATURAL IMMUNE DEFENSES TO FIGHT AN AGGRESSIVE FORM OF BREAST CANCER CALLED TRIPLE NEGATIVE BREAST CANCER (TNBC). BY HELPING IMMUNE CELLS CALLED NATURAL</p>

**SCHEDULE O
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(Rev. January 2025)

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	<p>KILLER (NK) CELLS BETTER RECOGNIZE AND ATTACK TNBC, THE RESEARCH COULD LEAD TO NEW TREATMENTS AND A CLINICAL TRIAL FOR WOMEN WITH ADVANCED DISEASE.</p> <p>DR. MARTINA MOLGORA, OF H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE, IS DIRECTING A PROJECT THAT EXPLORES THE ROLE OF A PROTEIN CALLED TREM2 IN HOW BREAST CANCER STARTS AND GROWS. DR. MOLGORA WILL STUDY WHETHER TREM2 CAN HELP DETECT, PREDICT, OR TREAT BREAST CANCER, AND HOW IT AFFECTS THE ENVIRONMENT AROUND TUMORS. HER WORK COULD OPEN THE DOOR TO NEW AND MORE EFFECTIVE TREATMENT STRATEGIES.</p> <p>DR. DANIEL O'NEIL, OF YALE UNIVERSITY, WILL IMPLEMENT HOME-BASED CLINICAL BREAST EXAMINATIONS IN SOUTH AFRICA, A COUNTRY WHERE 50% TO 85% OF BREAST CANCER CASES ARE DIAGNOSED AT ADVANCED STAGES DUE TO LIMITED ACCESS TO MAMMOGRAPHY. HE AIMS TO PARTNER WITH LOCAL COMMUNITY HEALTH WORKERS TO DEVELOP METHODS FOR AT-HOME EXAMS, OFFERING A COST-EFFICIENT PATHWAY FOR EARLY DETECTION IN SOUTH AFRICA AND OTHER LOW- AND MIDDLE-INCOME COUNTRIES.</p> <p>DR. CLAIRE SATHE, OF COLUMBIA UNIVERSITY IRVING MEDICAL CENTER, WILL STUDY WORK DISRUPTIONS IN NEWLY DIAGNOSED METASTATIC BREAST CANCER (MBC) PATIENTS, HYPOTHESIZING THEY FACE GREATER JOB LOSS OR REDUCED HOURS THAN THOSE WITH EARLY-STAGE BREAST CANCER. SHE WILL MONITOR NEWLY-DIAGNOSED MBC PATIENTS OVER A THREE-YEAR PERIOD TO ASSESS THE FREQUENCY OF THESE CHANGES AND TO ANALYZE VARIOUS CONTRIBUTING FACTORS, INCLUDING PERSONAL AND JOB-RELATED ISSUES. THE RESEARCH WILL ALSO EVALUATE THE IMPACT OF WORK CHANGES ON HEALTH INSURANCE, TREATMENT INTERRUPTIONS, AND FINANCIAL STRESS, ULTIMATELY SEEKING STRATEGIES TO MITIGATE JOB DISRUPTIONS THAT COULD HINDER CANCER CARE FOR MBC PATIENTS.</p> <p>DR. NA ZHAO, OF BAYLOR COLLEGE OF MEDICINE, IS WORKING ON NEW STRATEGIES TO TREAT TRIPLE NEGATIVE BREAST CANCER (TNBC) LUNG AND LIVER METASTASES. SHE IS INTERESTED IN A PROTEIN INVOLVED IN TRANSLATION, EIF4-A, AND THINKS TARGETING IT IS A POTENTIAL STRATEGY TO TREAT METASTATIC TNBC (MTNBC). ULTIMATELY, SHE HOPES TO INFORM FUTURE CLINICAL TRIALS WITH EIF4-A TARGETING DRUGS AND PAVE THE WAY FOR NOVEL COMBINATION THERAPIES THAT TARGET MTNBC MORE EFFECTIVELY TO IMPROVE PATIENT OUTCOMES.</p> <p>LEADERSHIP GRANTS:</p> <p>DR. ALAN ASHWORTH, OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, WILL CARRY OUT STUDIES TO IDENTIFY AND TEST GENES THAT COULD HELP IMPROVE TWO TYPES OF CANCER TREATMENTS-CAR-T AND NK CELL THERAPIES-FOR ADVANCED BREAST CANCER. MODELS WILL BE USED TO SEE HOW WELL THESE CHANGES WORK AND HOW SAFE THEY ARE. THE GOAL IS TO MAKE THESE TREATMENTS MORE EFFECTIVE, WHICH COULD LEAD TO BETTER OUTCOMES FOR BREAST CANCER PATIENTS.</p> <p>DR. TUYA PAL, OF VANDERBILT UNIVERSITY, WILL CONTINUE PROVIDING WEB-BASED GENETIC COUNSELING TO YOUNG BLACK WOMEN WITH BREAST CANCER, AIMING TO INCREASE GENETIC TESTING TO INFORM THEIR FAMILIES. SHE PLANS TO ENROLL 100 MORE WOMEN AND CONTINUE RESEARCHING GENETIC DRIVERS OF HEREDITARY CANCER BY ANALYZING MEDICAL RECORDS AND SEQUENCING ARCHIVAL TISSUES. THE GOAL IS TO REDUCE DISPARITIES IN BREAST CANCER OUTCOMES THROUGH IMPROVED UNDERSTANDING OF INHERITED MUTATIONS.</p> <p>DR. RULLA TAMIMI, OF WEILL CORNELL, AIMS TO STUDY HOW VARIOUS WEIGHT LOSS METHODS INCLUDING BARIATRIC SURGERY, NUTRITION, AND MEDICATION AFFECT BREAST CANCER RISK AND SURVIVAL IN WOMEN WITH AND WITHOUT THE DISEASE. THIS RESEARCH COULD SIGNIFICANTLY CLARIFY THE IMPACT OF WEIGHT MANAGEMENT STRATEGIES ON BREAST CANCER RISK AND SURVIVAL.</p> <p>DR. KORNELIA POLYAK, OF DANA-FARBER CANCER INSTITUTE, WILL STUDY WHETHER A PROTEIN CALLED MIDKINE CAN BE USED TO HELP IDENTIFY YOUNGER WOMEN AT HIGHER RISK OF DEVELOPING BREAST CANCER. HER GROUP WILL ALSO EXPLORE HOW AN INHERITED GENE MUTATION INCREASES THE CHANCES OF GETTING ESTROGEN RECEPTOR-POSITIVE (ER+) BREAST CANCER AT A YOUNG AGE. THE RESULTS COULD IMPROVE HOW WE ASSESS BREAST CANCER RISK AND LEAD TO NEW WAYS TO PREVENT THE DISEASE IN WOMEN WHO ARE MOST AT RISK.</p> <p>DR. CHRISTINA CURTIS, OF STANFORD UNIVERSITY SCHOOL OF MEDICINE, WILL STUDY THE TISSUE ENVIRONMENT AROUND BREAST CANCER TUMORS IN HIGH-RISK GROUPS TO BETTER UNDERSTAND WHAT CAUSES THE BREAST CANCER TUMOR TO GROW, RESIST TREATMENT, OR COME BACK. BY USING ADVANCED TOOLS, THE RESEARCH AIMS TO IMPROVE HOW PATIENTS ARE GROUPED FOR TREATMENT AND HELP DEVELOP BETTER THERAPIES.</p>

**SCHEDULE O
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(Rev. January 2025)

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Susan G. Komen Breast Cancer Foundation Inc.

Employer identification number

75-1835298

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>DR. JEFFREY ROSEN, FROM BAYLOR COLLEGE OF MEDICINE, WILL USE COMBINATION THERAPY OF IMMUNE SUPPRESSIVE AGENT WITH EITHER A TUMOR MACROPHAGE ELIMINATOR OR A MODULATOR IN LABORATORY MODELS OF TRIPLE NEGATIVE BREAST CANCER (TNBC). AGENTS IDENTIFIED IN THIS STUDY WILL BE USED IN FUTURE CLINICAL TRIALS TO TARGET LUNG AND LIVER METASTASES IN TNBC.</p> <p>DR. TRACY BATTAGLIA, OF YALE UNIVERSITY, AIMS TO INCREASE GENETIC TESTING FOR HEREDITARY BREAST CANCER, ESPECIALLY AMONG BLACK PATIENTS. HER TEAM IS USING AN AI ALGORITHM TO IDENTIFY ELIGIBLE INDIVIDUALS WITHIN A STATEWIDE CARE NETWORK WHO SHOULD RECEIVE TESTING. THEY WILL IMPLEMENT A SINGLE-ARM PROSPECTIVE PILOT STUDY TO EVALUATE THE INTERVENTION'S EFFECTIVENESS IN INCREASING GENETIC TESTING RATES AMONG APPROXIMATELY 1,200 ELIGIBLE BREAST CANCER PATIENTS.</p> <p>DR. ALLISON KURIAN, AT STANFORD UNIVERSITY SCHOOL OF MEDICINE, WILL EXPLORE WHY SOME WOMEN ARE MORE LIKELY TO DIE FROM BREAST CANCER BY STUDYING DATA FROM THE NORTHERN CALIFORNIA BREAST CANCER FAMILY REGISTRY AND THE CALIFORNIA CANCER REGISTRY. DR. KURIAN WILL BE USING ADVANCED TECHNOLOGIES TO ANALYZE BREAST CANCER TUMORS AND THE AREA AROUND THEM FOR MOLECULAR PATTERNS ASSOCIATED WITH RECURRENCE AND BREAST CANCER DEATH. THE PROJECT WILL LOOK AT HOW FACTORS LIKE RACE, GENETICS, AND THE IMMUNE SYSTEM AFFECT OUTCOMES, WITH THE GOAL OF IMPROVING TREATMENTS AND MAKING CLINICAL TRIALS MORE INCLUSIVE.</p> <p>DR. NANCY LIN, FROM DANA-FARBER CANCER INSTITUTE, WILL USE PATIENT SAMPLES TO FIND NEW TREATMENT TARGETS FOR PEOPLE WITH ADVANCED BREAST CANCER THAT HAS SPREAD TO THE BRAIN AND SPINAL FLUID. THE GOAL IS TO DEVELOP BETTER THERAPIES AND IMPROVE OUTCOMES FOR THESE PATIENTS.</p> <p>DR. BEN PARK, OF VANDERBILT UNIVERSITY MEDICAL CENTER, WILL EXPLORE HOW MUTATIONS IN A PROTEIN CALLED SF3B1 CONTRIBUTE TO BREAST CANCER AND USE THAT KNOWLEDGE TO DEVELOP NEW TREATMENTS FOR TUMORS WITH THIS MUTATION. THE FINDINGS MAY ALSO HELP CREATE THERAPIES FOR OTHER BREAST CANCERS INVOLVING MISTAKES IN PROCESSING GENETIC MESSAGES AND COULD POINT TO NEW DRUG TARGETS.</p> <p>DR. JENNIFER PIETENPOL, FROM VANDERBILT UNIVERSITY MEDICAL CENTER, IS USING PATIENT SAMPLES FROM A CLINICAL TRIAL, ALONG WITH SOME LAB MODELS, TO FIGURE OUT HOW TO BETTER TARGET AND TREAT A TYPE OF TRIPLE NEGATIVE BREAST CANCER CALLED LUMINAL ANDROGEN RECEPTOR (LAR) TNBC. SHE'S EXPLORING HOW A MIX OF ANDROGEN THERAPY AND REGULAR TREATMENTS CAN WORK TOGETHER. THE MAIN AIM IS TO FIND NEW, EFFECTIVE TREATMENTS TAILORED TO LAR, SINCE THIS KIND OF TNBC DOESN'T RESPOND WELL TO IMMUNOTHERAPY.</p> <p>OPPORTUNITY GRANTS:</p> <p>A TEAM LED BY DR. FILIPA LYNCE OF DANA-FARBER CANCER INSTITUTE WILL RECEIVE FUNDING TO FURTHER REFINE AND ENHANCE THE INFLAMMATORY BREAST CANCER (IBC) SCORING SYSTEM, A NOVEL DIAGNOSTIC TOOL ALLOWING CLINICIANS TO BETTER ASSESS THE LIKELIHOOD OF A PATIENT HAVING IBC. IBC IS AN AGGRESSIVE AND DIFFICULT-TO-DIAGNOSE BREAST CANCER WITH HIGHLY VARIABLE SIGNS AND SYMPTOMS. THIS STUDY WILL FURTHER TEST AND OPTIMIZE THE ABILITY OF THE IBC SCORING SYSTEM TO DISCRIMINATE BETWEEN IBC AND NON-IBC IN DIVERSE PATIENT POPULATIONS.</p> <p>MICHELE COTE, PH.D., OF INDIANA UNIVERSITY (IU) WILL RECEIVE FUNDING TO SUPPORT THE SUSAN G. KOMEN TISSUE BANK (KTB) AT THE IU SIMON CANCER CENTER, THE WORLD'S ONLY BIOREPOSITORY OF NORMAL BREAST TISSUE. ACCESS TO THESE NORMAL BREAST TISSUE SAMPLES PROVIDES RESEARCHERS THE OPPORTUNITY TO UNDERSTAND HOW BIOLOGICAL ALTERATIONS IN NORMAL BREAST TISSUE CAN PROMOTE CANCER DEVELOPMENT.</p> <p>ANTONIO WOLFF, M.D., OF JOHNS HOPKINS UNIVERSITY, WILL RECEIVE FUNDING TO SUPPORT THE TRANSLATIONAL BREAST CANCER RESEARCH CONSORTIUM (TBCRC). THE TBCRC, A GROUP OF 18 LEADING ACADEMIC INSTITUTIONS AND MEDICAL CENTERS, PROVIDES A FORUM WHERE INVESTIGATORS, ADVOCATES, COORDINATORS, SCIENTISTS AND BIOSTATISTICIANS WORK TOGETHER TO PLAN AND REFINE CLINICAL TRIALS, ADVANCING BREAST CANCER RESEARCH. MORE THAN HALF OF TBCRC TRIALS HAVE FOCUSED ON METASTATIC BREAST CANCER.</p> <p>*THE BREAST CANCER ORGANOID WORKSHOP, LED BY ADRIAN LEE, PH.D. AT THE UNIVERSITY OF PITTSBURGH, WILL BRING TOGETHER RESEARCH SCIENTISTS AND PATIENT ADVOCATES TO GUIDE THE NEXT GENERATION OF BREAST CANCER ORGANOID RESEARCH BY SHARING KNOWLEDGE AND EXPERIENCE IN INNOVATIVE TECHNOLOGIES, PROTOCOLS, TECHNIQUES, AND BARRIERS TO PROGRESS. ORGANOIDS ARE A THREE-DIMENSIONAL MODEL RECAPITULATING THE FUNCTIONAL, STRUCTURAL, AND BIOLOGICAL COMPLEXITY OF AN ORGAN OR TUMOR.</p> <p>*ORGANOIDS SERVE AS A POWERFUL TOOL FOR MODELING HUMAN DISEASES. ORGANOIDS ARE A UNIQUE AND VALUABLE RESOURCE FOR PRE-CLINICAL DRUG SCREENING TO IMPROVE PATIENT</p>

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Return Reference - Identifier	Explanation
	<p>OUTCOMES THROUGH PRECISION MEDICINE.</p> <p>EDUCATION</p> <p>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. OUR GOAL IS TO EMPOWER PEOPLE TO MAKE INFORMED BREAST CARE DECISIONS.</p> <p>OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE. CONTENT IS OFFERED IN A VARIETY OF FORMATS INCLUDING INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER IN ENGLISH AND SPANISH, INTERACTIVE 3D MODELS, ILLUSTRATIONS, CHARTS, GRAPHS, AND SHORT VIDEOS TO MEET THE LEARNING PREFERENCES AND NEEDS OF OUR WEB VISITORS. THE ABOUT BREAST CANCER PAGES AND PORTIONS OF THE PATIENT & CAREGIVER SECTIONS OF KOMEN'S WEBSITE, ARE CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/HARVARD CANCER CENTER STAFF AND HAD ABOUT 3 MILLION USERS IN FY25.</p> <p>WHETHER A NEW THERAPY OR TEST BECOMES PART OF THE STANDARD OF CARE FOR BREAST CANCER DEPENDS LARGELY ON CLINICAL TRIAL RESULTS. KOMEN USED THE CLINICAL TRIALS EDUCATION INITIATIVE ON KOMEN.ORG TO EDUCATE PEOPLE ABOUT THE IMPORTANCE OF CLINICAL TRIALS AND THE NEED FOR DIVERSITY OF STUDY PARTICIPANTS TO REFLECT THE DIVERSITY OF PEOPLE DIAGNOSED WITH BREAST CANCER, TO EMPOWER PEOPLE WITH INFORMATION ON TRIALS AND RESOURCES, AND TO OFFER PERSONALIZED SUPPORT AVAILABLE THROUGH THE KOMEN BREAST CARE HELPLINE. THE RESOURCES HELP TO ENSURE PATIENTS ARE EQUIPPED TO MAKE INFORMED DECISIONS REGARDING TRIAL PARTICIPATION IN PARTNERSHIP WITH THEIR HEALTH CARE PROVIDERS. THE INITIATIVE ALSO RAISES AWARENESS OF THE DIFFERENT TYPES OF TRIALS, INCLUDING TRIALS SUPPORTED BY KOMEN FOCUSED ON RISK, SCREENING AND EARLY DETECTION, TREATMENT, FAMILY SUPPORT, QUALITY OF LIFE AND SURVIVORSHIP.</p> <p>KOMEN PROVIDES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS IN DOWNLOADABLE FORMATS ON KOMEN.ORG. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE: A) BREAST SELF-AWARENESS MESSAGE RESOURCES IN MORE THAN 40 LANGUAGES, B) BREAST CANCER-SPECIFIC BROCHURES AND FACT SHEETS, C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS, AND D) QUESTIONS TO ASK YOUR DOCTOR MATERIALS.</p> <p>NBCAM BREAST HEALTH IQ EVENT - IN FY25, IN HONOR OF BREAST CANCER AWARENESS MONTH, WE LAUNCHED OUR BREAST HEALTH IQ CHALLENGE. THIS FUN AND EDUCATIONAL TRIVIA SHOW TESTED KNOWLEDGE ABOUT BREAST CANCER RISK FACTORS AND EARLY DETECTION AND OFFERED PROACTIVE BREAST CARE TIPS. EDUCATIONAL GOALS FOCUSED ON UNDERSTANDING PERSONAL RISK TO EMPOWER PEOPLE TO MAKE IMPORTANT DECISIONS AND TAKE ACTION FOR THEIR HEALTH.</p> <p>BREAKTHROUGHS IN BREAST CANCER SERIES: A VIRTUAL, SHAREABLE EDUCATION SERIES IN PARTNERSHIP WITH INDUSTRY EXPERTS, SCIENTISTS FROM ACADEMIC INSTITUTIONS AND PATIENT ADVOCATES WHO CAN DIRECTLY SPEAK TO CLINICAL RESEARCH AND NEW THERAPEUTICS. GUIDED BY THESE EXPERTS, KOMEN SHARES COMPLEX SCIENTIFIC TOPICS IN AN APPROACHABLE, HEADLINE-FOCUSED FORMAT THAT IS COMPELLING, INTERESTING AND UNDERSTANDABLE TO PATIENTS AND CAREGIVERS. IN FY25 THERE WERE 4 EPISODES OF BREAKTHROUGHS IN BREAST CANCER.</p> <p>KNOW MORE: THE KNOW MORE EDUCATION SERIES PROVIDES PATIENTS WITH A COLLECTION OF EVERGREEN, ACCESSIBLE, EDUCATIONAL CONTENT THAT GRADUALLY BUILDS FOUNDATIONAL KNOWLEDGE, NO MATTER THEIR LEARNING STYLES. EACH MONTH, THE SERIES HIGHLIGHTS A CRITICAL LEARNING TOPIC THROUGH A MULTI-MEDIA FORMAT TO EDUCATE THE BREAST CANCER COMMUNITY. IN FY25 THERE WERE 8 INSTALLMENTS OF THE KNOW MORE SERIES.</p> <p>CLINICAL TRIAL SPOTLIGHT SERIES: KOMEN'S SPOTLIGHT ON CLINICAL TRIALS IS A PATIENT EDUCATION SERIES THAT EQUIPS PEOPLE WITH INFORMATION TO SUPPORT INFORMED DECISIONS ABOUT THEIR MEDICAL OPTIONS, IN PARTNERSHIP WITH THEIR DOCTORS. THROUGH THIS SERIES, KOMEN TEACHES BREAST CANCER PATIENTS HOW TO ADVOCATE FOR THEMSELVES, GET CONNECTED WITH CLINICAL TRIALS AND HEAR STORIES FROM THOSE WHO HAVE PARTICIPATED IN CLINICAL TRIALS. IN FY25, THERE WERE 9 SPOTLIGHTS PUBLISHED.</p>

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FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>KOMEN CONTINUED TO SUPPORT THE METASTATIC BREAST CANCER (MBC) COMMUNITY BY HOSTING 10 VIRTUAL EVENTS THROUGH THE MBC IMPACT SERIES AND 2 IN PERSON EVENTS IN PHILADELPHIA AND SEATTLE. THESE EVENTS PROVIDED PEOPLE LIVING WITH METASTATIC BREAST CANCER AND THEIR LOVED ONES A SAFE, COLLABORATIVE SPACE TO GATHER INFORMATION AND DISCOVER PRACTICAL RESOURCES TO HELP MAKE DECISIONS FOR IMPROVED PHYSICAL AND EMOTIONAL HEALTH. WE OFFER ON-DEMAND VIDEOS OF THESE EVENTS IN BOTH ENGLISH AND SPANISH FOR THOSE NOT ABLE TO ATTEND LIVE. THE MBC IMPACT SERIES ALSO OFFERS REGULAR NEWSLETTERS AND 3 EPISODES OF WELLNESS WEDNESDAY VIDEOS FOCUSED ON QUALITY OF LIFE AND OVERALL WELLNESS TOPICS.</p> <p>PATIENT SUPPORT</p> <p>KOMEN IS COMMITTED TO ELIMINATING BREAST HEALTH DISPARITIES AND ENSURING ALL PEOPLE HAVE ACCESS TO THE HIGH-QUALITY CARE THEY NEED. THROUGHOUT OUR HISTORY, WE HAVE HELPED REMOVE FINANCIAL, GEOGRAPHIC, AND CULTURAL BARRIERS TO CARE, AND WE CONTINUE TO EVOLVE OUR PATIENT CARE MODEL TO MEET THE NEEDS OF BREAST CANCER PATIENTS TODAY. THE KOMEN PATIENT CARE CENTER (PCC) PROVIDES INDIVIDUALIZED, DIRECT PATIENT CARE AND SUPPORT ACROSS THE BREAST HEALTH CONTINUUM THROUGH A NATIONAL TELEHEALTH MODEL. KOMEN'S TEAM OF PATIENT NAVIGATORS ARE THE ENGINE BEHIND OUR PATIENT CARE CENTER. OUR PATIENT NAVIGATORS, WHO ARE INFORMED BY EVIDENCE-BASED INTERVENTIONS, HELP BREAK DOWN BARRIERS TO CARE BY GUIDING PATIENTS THROUGH NUMEROUS DECISIONS, APPOINTMENTS AND TREATMENT OPTIONS. THEY STAY WITH PATIENTS FOR AS LONG AS NEEDED, FROM DAYS TO MONTHS, ENSURING ALL PATIENTS HAVE ACCESS TO THE RESOURCES AND CARE THEY NEED.</p> <p>ACCESSED THROUGH THE KOMEN BREAST CARE HELPLINE, THE PCC PROVIDED NEARLY 43,000 SERVICES TO NEARLY 36,000 PEOPLE THIS YEAR, INCLUDING:</p> <p>PROVIDING INFORMATION AND EDUCATIONAL RESOURCES ABOUT BREAST CANCER SCREENING AND TREATMENT OPTIONS.</p> <p>HELP WITH UNDERSTANDING A BREAST CANCER DIAGNOSIS.</p> <p>CONNECTIONS TO RESOURCES AND FINANCIAL SUPPORT.</p> <p>EMOTIONAL SUPPORT.</p> <p>ANOTHER IMPORTANT TOOL FOR KOMEN'S NAVIGATORS IS THE KOMEN FINANCIAL ASSISTANCE PROGRAM (KFA), WHICH ADDRESSES FINANCIAL BARRIERS TO CARE. WHILE MEDICAL TREATMENT AND MEDICAL CARE ARE THE PRIMARY COSTS ASSOCIATED WITH BREAST CANCER, THERE ARE OTHER COSTS OF DAILY LIVING THAT MAY PREVENT BREAST CANCER PATIENTS FROM COMPLETING TREATMENT. THE KFA HELPS INDIVIDUALS IN BREAST CANCER TREATMENT OR THOSE LIVING WITH METASTATIC BREAST CANCER (MBC), WHO HAVE AN ANNUAL INCOME AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL, PAY FOR COSTS ASSOCIATED WITH BASIC NEEDS LIKE HOUSING, TRANSPORTATION, GROCERIES, MEDICATIONS, CHILDCARE AND MORE. OVER 17,000 PEOPLE WERE SUPPORTED WITH NEARLY \$7.5 MILLION IN FINANCIAL SUPPORT THROUGH KFA THIS YEAR. BY COVERING NECESSARY OUT-OF-POCKET COSTS, THE KFA INCREASES THE CHANCES THAT PEOPLE WILL CONTINUE WITH THEIR CARE, THEREBY DRIVING BETTER OUTCOMES. THE KOMEN PCC TEAM IS MADE UP OF MORE THAN 30 HIGHLY SKILLED PROFESSIONALS WHO ARE AS DIVERSE AS THOSE WE SERVE. OUR CARING AND COMPASSIONATE TEAM INCLUDES PATIENT NAVIGATORS, SOCIAL WORKERS, BILINGUAL SPECIALISTS, AND BREAST CANCER SURVIVORS FROM AROUND THE COUNTRY WHO UNDERSTAND THAT EVERYONE'S HEALTH CARE JOURNEY IS UNIQUE, THUS PROVIDING INDIVIDUALIZED CARE TO ENSURE THE BEST POSSIBLE OUTCOMES FOR EACH PERSON.</p> <p>KOMEN'S PCC MAKES CERTAIN THAT NO ONE FACES BREAST CANCER ALONE. WE ARE COMMITTED TO ADDRESSING BREAST HEALTH DISPARITIES THROUGH OUR TEAM OF EXPERTS BY MEETING PATIENTS WHERE THEY ARE AND HELPING THEM ACCESS HIGH-QUALITY BREAST CARE NO MATTER WHERE THEY LIVE AND FOR AS LONG AS THEY NEED IT.</p> <p>PUBLIC POLICY AND ADVOCACY</p> <p>SUSAN G. KOMEN IS THE NONPARTISAN VOICE FOR OVER 4 MILLION BREAST CANCER SURVIVORS, INDIVIDUALS LIVING WITH THE DISEASE AND THEIR SUPPORTERS ACROSS THE UNITED STATES. THROUGH OUR CENTER FOR PUBLIC POLICY, KOMEN WORKS TO EDUCATE PEOPLE ABOUT PUBLIC POLICY ISSUES SO THEY ARE EMPOWERED TO BECOME FORCEFUL ADVOCATES FOR THEMSELVES AND THEIR NEIGHBORS AND THEN UNITES THEIR COLLECTIVE VOICES FOR MAXIMUM IMPACT</p> <p>THE CENTER FOR PUBLIC POLICY IS THE DRIVING FORCE THAT ENSURES THE VOICE OF BREAST CANCER PATIENTS, SURVIVORS, CAREGIVERS, AND OTHER MEMBERS OF THE BREAST CANCER COMMUNITY ARE HEARD BY POLICYMAKERS ON LOCAL, STATE AND NATIONAL LEVELS. KOMEN BELIEVES THAT ONLY THROUGH INFORMED GOVERNMENT ACTION CAN BROAD, SYSTEMIC AND LASTING CHANGES BE MADE TO ENSURE THE NEEDS OF THE BREAST CANCER COMMUNITY ARE MET.</p> <p>KOMEN'S 2024-2025 POLICY AND ADVOCACY PRIORITIES INCLUDED: ACCELERATING RESEARCH BY SUPPORTING INCREASED STATE AND FEDERAL FUNDING FOR BREAST CANCER RESEARCH AND INCREASED CLINICAL TRIAL ACCESSIBILITY; EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL PATIENT POPULATIONS; SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND</p>

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	<p>CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO REMOVE ADMINISTRATIVE BURDEN AND FINANCIAL BARRIERS TO SCREENING, DIAGNOSIS, AND TREATMENT; INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PREVENT THE USE OF STEP THERAPY PROTOCOLS AND ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING.</p> <p>IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR POLICY AND ADVOCACY PRIORITIES, KOMEN ALSO ENGAGED ON ISSUES RELATED TO CUSTOM BREAST PROSTHESES, GENETIC AND GENOMIC TESTING, MEDICARE AND SOCIAL SECURITY DISABILITY INSURANCE (SSDI) WAITING PERIODS, MULTICANCER EARLY DETECTION TESTS, PALLIATIVE CARE, SURPRISE MEDICAL BILLING AND SURVIVORSHIP.</p> <p>KOMEN DEVELOPED AND IMPLEMENTED ADVOCACY CAMPAIGNS TO ENCOURAGE LAWMAKERS AND AGENCY OFFICIALS TO SUPPORT AND IMPLEMENT PROGRAMS THAT WOULD ADVANCE OUR PRIORITY ISSUES. KOMEN CONTINUED TO RECRUIT AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS ADVOCACY NETWORK.</p>
FORM 990, PART VI, LINE 1A - EXECUTIVE COMMITTEE	<p>THE ORGANIZATION'S BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE COMPRISED OF A MINIMUM OF THREE 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.</p> <p>THE BYLAWS PROVIDE THE EXECUTIVE COMMITTEE WITH THE AUTHORITY TO: (A) APPOINT MEMBERS TO NON-STANDING COMMITTEES OF THE ORGANIZATION, AND NAME CHAIRS OF SUCH COMMITTEES; (B) AUTHORIZE UNBUDGETED DISBURSEMENTS BY THE ORGANIZATION IN ACCORDANCE WITH THE SPECIFIC EXPENDITURE AUTHORITY PRESCRIBED BY THE BOARD OF DIRECTORS; (C) EMPLOY AGENTS; AND (D) CARRY INTO EXECUTION SUCH OTHER MEASURES AS IT DETERMINES WILL PROMOTE THE PURPOSE OF THE ORGANIZATION. THE COMMITTEE ALSO MAY EXERCISE, WHEN THE BOARD IS NOT IN SESSION, ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN EXCEPTIONS SUCH AS REPEALING ANY BOARD RESOLUTIONS, AMENDING THE ORGANIZATION'S ARTICLES OR BYLAWS, OR MERGING OR DISSOLVING THE ORGANIZATION. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES.</p>
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>ON SEPTEMBER 17, 2024 THE BOARD OF DIRECTORS UNANIMOUSLY APPROVED A MOTION TO THE PROPOSED CHANGES TO THE SEVENTH AMENDED AND RESTATED BYLAWS AND ADOPTED THE EIGHTH AMENDED AND RESTATED BYLAWS AS PRESENTED. THE CHANGE TO SECTION 3.04 ADDED A THIRD, 3-YEAR TERM FOR CLASS II DIRECTORS.</p> <p>ON MARCH 26, 2025, THE BOARD OF DIRECTORS UNANIMOUSLY APPROVED A MOTION TO AMEND THE CURRENT EIGHTH AMENDED BYLAWS TO ADOPT THE NINTH AMENDED BYLAWS. THE CHANGES TO THE BYLAWS INCLUDED THE REMOVAL OF SECTION 5.04 TO EFFECTIVELY ELIMINATE THE DEVELOPMENT COMMITTEE.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE OF AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVEL MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR SUBSEQUENT PRESENTATION TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWS, MAKES RECOMMENDATIONS, AND APPROVES THE FORM 990 FOR PRESENTATION TO THE BOARD OF DIRECTORS. THEREAFTER, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>KOMEN'S CONFLICT OF INTEREST POLICY REQUIRES EVERY BOARD MEMBER, OFFICER, DIRECTOR, COMMITTEE MEMBER, ADVISORY BOARD MEMBER, EMPLOYEE, AND VOLUNTEER TO AVOID CONFLICTS OF INTEREST. IT ALSO REQUIRES THESE PERSONS TO REPORT ANY ACTUAL AND/OR POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE. REPORTS ARE REVIEWED BY THE GENERAL COUNSEL'S OFFICE AND/OR INTERNAL AUDIT, AND APPROPRIATE ACTION IS TAKEN PURSUANT TO THE CONFLICT OF INTEREST POLICY. FURTHER, KOMEN REQUIRES ALL BOARD MEMBERS, OFFICERS, DIRECTORS, COMMITTEE MEMBERS, ADVISORY BOARD MEMBERS, AND EMPLOYEES TO REVIEW AND EXECUTE THE CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE ANY ADDITIONAL ACTUAL/POTENTIAL CONFLICTS OF INTEREST. THESE ANNUAL DISCLOSURES ARE REVIEWED IN THE SAME MANNER. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES AND REVIEWS ALL REPORTED ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND THE RELATED ACTION TO ADDRESS THEM.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Susan G. Komen Breast Cancer Foundation Inc.

Employer identification number

75-1835298

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 15 - OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	<p>THE HUMAN CAPITAL MANAGEMENT COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN OVERSEEING COMPENSATION POLICIES AND BEST PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER; THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER KEY EMPLOYEES; GRANTING THE CHIEF EXECUTIVE OFFICER WITH THE AUTHORITY TO DETERMINE COMPENSATION LEVELS WITHIN AN APPROVED RANGE; AND ANY INCENTIVE/BONUS COMPENSATION PROGRAMS, IF APPROVED. THE CURRENT POLICY WAS ADOPTED IN 2009 AND IS REVIEWED ANNUALLY.</p> <p>A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES. PERIODICALLY, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA BY ENGAGING INDEPENDENT EXPERTS OR ACQUIRING UPDATED MARKET DATA TO CONDUCT THE BENCHMARKING PROCESS. COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION. BENCHMARKING WAS CONDUCTED FOR THE CHIEF EXECUTIVE OFFICER AND ALL EXECUTIVE TEAM MEMBERS' COMPENSATION TO EXTERNAL MARKET DATA IN 2023, 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.</p>								
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, DE, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	KOMEN'S FINANCIAL STATEMENTS AND THE FORM 990 ARE PUBLICLY AVAILABLE ON OUR WEBSITE. THE CONFLICT OF INTEREST POLICY IS ALSO 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 IS NOT PUBLISHED ONLINE BUT IS AVAILABLE TO THE PUBLIC UPON REQUEST.								
FORM 990, PART IX, LINE 1 -	<p>FOR OVER 40 YEARS, SUSAN G. KOMEN HAS WORKED TO FULFILL ITS VISION OF CREATING A WORLD WITHOUT BREAST CANCER THROUGH ITS MISSION OF SAVING LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO BETTER DETECT, PREVENT, TREAT BREAST CANCERS.</p> <p>OVER THE LAST THREE YEARS, KOMEN CONTINUED TO IMPLEMENT A SERIES OF CHANGES BEGUN IN 2020 TO STRENGTHEN ITS FINANCIAL AND OPERATIONAL POSITION IN RESPONSE TO THE CHANGING NEEDS OF THE BREAST CANCER COMMUNITY AND ECONOMIC CONDITIONS RESULTING FROM THE COVID-19 PANDEMIC. KOMEN HAS NEARLY COMPLETED THE CONSOLIDATION OF ALL OPERATIONS OF ITS INDEPENDENT AFFILIATES INTO ITS HEADQUARTERS ORGANIZATION, RESULTING IN A SINGLE ORGANIZATION. THIS CONSOLIDATION IS ENABLING KOMEN TO LEVERAGE THE COMBINED EXPERTISE OF ITS MISSION LEADERS TO DELIVER A UNITED MISSION PROGRAM, UTILIZING TECHNOLOGY AS A KEY DRIVER TO CONNECT TO PEOPLE WHO NEED TO ACCESS CARE WHERE THEY ARE AND TO HELP IMPROVE THE PATIENT EXPERIENCE, AS WELL AS RESULTED IN ADMINISTRATIVE AND OPERATIONAL EFFICIENCIES.</p> <p>CENTRAL TO KOMEN'S VISION IS A STEADFAST COMMITMENT TO INVESTING IN BREAKTHROUGH RESEARCH. KOMEN REMAINED COMMITTED TO INVESTING IN RESEARCH CENTERED ON THE PRIMARY FOCUS OF METASTATIC BREAST CANCER AND UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES BETWEEN BLACK AND WHITE PATIENTS. DESPITE THE ECONOMIC UNCERTAINTY AND CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN AWARDED \$40 MILLION IN NEW RESEARCH AWARDS OVER THE PAST TWO FISCAL YEARS.</p> <p>WHILE WE CONTINUE TO INVEST IN RESEARCH INTO NEW TREATMENTS, KOMEN SUPPORTS PEOPLE WHO ARE FACING BREAST CANCER TODAY THROUGH A GROWING SUITE OF PATIENT CARE SERVICES, INCLUDING DIRECT FINANCIAL ASSISTANCE THROUGH ITS TREATMENT ASSISTANCE PROGRAM, ELIGIBLE TO HELP PAY FOR EXPENSES THAT MAY SERVE AS A BARRIER TO ATTAINING THE CARE NEEDED TO SURVIVE, SUCH AS CO-PAYS, TRANSPORTATION, CHILDCARE OR RENT.</p>								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><thead><tr><th>(a) Description</th><th>(b) Amount</th></tr></thead><tbody><tr><td>RESCINDED GRANTS</td><td>1,105,316</td></tr><tr><td>OTHER EXPENSE</td><td>125</td></tr><tr><td>TOTAL</td><td>1,105,441</td></tr></tbody></table>	(a) Description	(b) Amount	RESCINDED GRANTS	1,105,316	OTHER EXPENSE	125	TOTAL	1,105,441
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