

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017**Open to Public  
Inspection

A For the 2017 calendar year, or tax year beginning

04/01, 2017, and ending

03/31, 2018

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Doing Business As SUSAN G. KOMEN

Number and street (or P.O. box if mail is not delivered to street address)

5005 LBJ FREEWAY, SUITE 526

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DALLAS, TX 75244-6125

## F Name and address of principal officer:

PAULA SUE SCHNEIDER

5005 LBJ FREEWAY SUITE 526 DALLAS, TX 75244-6125

## D Employer identification number

75-1835298

## E Telephone number

(972) 855-1600

G Gross receipts \$ 109,982,784.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number 7164

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

J Website: WWW.KOMEN.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	OUR MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.	
	2	Check this box <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	14.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	245.
	6	Total number of volunteers (estimate if necessary)	6	2,640.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,100.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-14,562.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	55,634,984.	51,441,732.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,856,597.	14,437,717.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,758,190.	14,239,081.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-4,906,867.	-3,380,561.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	70,342,904.	76,737,969.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	35,357,025.	28,995,790.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	24,717,739.	21,442,628.
	b	Total fundraising expenses (Part IX, column (D), line 25) 11,817,989.	2,584,720.	1,118,493.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	36,543,700.	31,719,529.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,203,184.	83,276,440.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-28,860,280.	-6,538,471.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	220,522,141.	201,811,514.
	22	Net assets or fund balances. Subtract line 21 from line 20	92,137,738.	77,405,059.

## Part II Signature Block

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

Sign Here

Signature of officer

Date

PAULA SUE SCHNEIDER

PRESIDENT AND CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 12/12/18

Check ☐ if self-employed PTIN P00292940

Firm's name ERNST &amp; YOUNG U.S. LLP

Firm's EIN 34-6565596

Firm's address 1901 6TH AVE N, BIRMINGHAM, AL 35203

Phone no. 205-226-0027

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

**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:

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

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: 32) (Expenses \$ 34,254,506. including grants of \$ 26,025,613.) (Revenue \$ 14,437,717.)

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

**4b** (Code: 32) (Expenses \$ 23,555,222. including grants of \$ 555,547.) (Revenue \$ 0.)

PROVISION OF BREAST HEALTH/CANCER EDUCATION MATERIALS AND PATIENT  
SUPPORT PROGRAMS, SUCH AS THE KOMEN BREAST CARE HELPLINE, CLINICAL  
TRIAL INFORMATION HELPLINE, AND TREATMENT ASSISTANCE PROGRAM, WERE  
MADE POSSIBLE DIRECTLY BY KOMEN AND THROUGH GRANTS TO OTHER  
NONPROFIT ORGANIZATIONS TO INCREASE THE PUBLIC'S KNOWLEDGE OF  
BREAST CANCER, ITS RISK FACTORS, THE IMPORTANCE OF EARLY  
DETECTION, METASTATIC BREAST CANCER, TREATMENT, SOCIAL SUPPORT,  
AND INFORMATION ABOUT COMMUNITY RESOURCES. SEE SCHEDULE O FOR  
ADDITIONAL DETAILS.

**4c** (Code: 32) (Expenses \$ 5,917,427. including grants of \$ 2,414,630.) (Revenue \$ 1,387,402.)

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

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

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

**4e** Total program service expenses ▶ 63,727,155.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	<b>4</b> X	
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	<b>11b</b> X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> . . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	<b>19</b>	X

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

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 71		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> 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. . . . .	<b>2a</b> 245		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	<b>3b</b>	X	
<b>4a</b> 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)? . . . . .	<b>4a</b>		X
<b>b</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). . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b> 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? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> 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? . . . . .		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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 in Schedule O . . . . .		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	X	
<b>10b</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? . .	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

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972-855-1600

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONNIE O'NEILL CHAIR OF THE BOARD	1.00 0.	X		X				0.	0.	0.
(2) LINDA CUSTARD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(3) JANE ABRAHAM BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) ALAN FELD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) DR. OLUFUNMILAYO OLOPADE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) JANET DUNN FRANTZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) DAN GLENNON BOARD MEMBER AND TREASURER	1.00 0.	X		X				0.	0.	0.
(8) MELISSA MAXFIELD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) MEGHAN SHANNON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) TRISH WHEATON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) ANGELA ZEPEDA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) KIM BOHR BOARD MEMBER (BEG. 6/17)	1.00 0.	X						0.	0.	0.
(13) PETER D. BRUNDAGE BOARD MEMBER (BEG. 6/17)	1.00 0.	X						0.	0.	0.
(14) ANDREW ROBINSON BOARD MEMBER (BEG. 6/17)	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) LINDA WILKINS BOARD MEMBER (END 6/17)	1.00 0.	X						0.	0.	0.
( 16) KAYE CEILLE BOARD MEMBER (END 6/17)	1.00 0.	X						0.	0.	0.
( 17) PAULA SCHNEIDER PRESIDENT AND CEO (BEG. 10/17)	55.00 0.			X				137,155.	0.	6,155.
( 18) ROBERT GREEN CHIEF FINANCIAL OFFICER	55.00 0.			X				284,384.	0.	10,809.
( 19) ADAM VANEK (BEG. 4/17) GEN. COUNSEL & ASST CORP SECY	55.00 0.			X				166,163.	0.	23,926.
( 20) ELLEN WILLMOTT INTERIM CEO (END 10/17)	55.00 0.			X				380,456.	0.	26,839.
( 21) LESLEY LURIE (END 4/17) DEPUTY COUNSEL & ASSIST SECY	55.00 0.			X				95,097.	0.	16,737.
( 22) CHRISTINA ALFORD SVP, DEVELOPMENT	55.00 0.				X			282,288.	0.	19,315.
( 23) VICTORIA WOLODZKO VP RESEARCH AND COM. HEALTH PR	55.00 0.				X			185,526.	0.	21,607.
( 24) LORI MARIS SVP, AFFILIATE NETWORK	55.00 0.				X			170,432.	0.	18,785.
( 25) ERIC MONTGOMERY VP, I.T.	55.00 0.				X			194,143.	0.	46,653.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								3,208,123.	0.	403,527.
<b>d Total (add lines 1b and 1c)</b> .....								3,208,123.	0.	403,527.

**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 ► 49

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 19



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) CATHERINE OLIVIERI VP, HUMAN RESOURCES	55.00 0.				X			218,036.	0.	52,214.
( 27 ) ANDREA RADER SR DIR, COM. (END 04/18)	55.00 0.					X		172,769.	0.	28,449.
( 28 ) RIA WILLIAMS CONTROLLER	55.00 0.					X		172,059.	0.	42,500.
( 29 ) SUBHENDU RATH SR DIR, IT ENTERPRISE SYSTEMS	55.00 0.					X		164,799.	0.	28,697.
( 30 ) VANESSA HEWITT SR DIR, INTERNAL AUDIT	55.00 0.					X		158,438.	0.	30,560.
( 31 ) KIMBERLY SABELKO SR DIR, SCIENTIFIC STRATEGY	55.00 0.					X		154,755.	0.	30,281.
( 32 ) DR. JUDITH SALERNO FORMER PRESIDENT & CEO	0. 0.						X	271,623.	0.	0.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **49**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **49**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	359,104.			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	16,005,958.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	35,076,670.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		226,197.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		51,441,732.			
<b>Program Service Revenue</b>	<b>2a</b>	AFFILIATE RESEARCH FUNDS	<b>Business Code</b>	900099	14,437,717.	14,437,717.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		14,437,717.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		5,589,970.			5,589,970.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		0.			
	<b>5</b>	Royalties . . . . .		77,303.			77,303.
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			36,121,988.				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		27,472,877.			
	<b>c</b>	Gain or (loss) . . . . .		8,649,111.			
	<b>d</b>	Net gain or (loss) . . . . .		8,649,111.			8,649,111.
	<b>8a</b>	Gross income from fundraising events (not including \$ 16,005,958. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	723,932.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	5,693,721.			
	<b>c</b>	Net income or (loss) from fundraising events. . . . .		-4,969,789.			-4,969,789.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities. . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	16,300.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>	78,217.				
<b>c</b>	Net income or (loss) from sales of inventory. . . . .		-61,917.	-61,917.			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	SHARED SERVICES INTERCOMPANY		900099	1,449,319.	1,449,319.		
<b>b</b>	OTHER INCOME		900099	124,523.		6,100.	118,423.
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			1,573,842.			
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			76,737,969.	15,825,119.	6,100.	9,465,018.

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	26,648,984.	26,648,984.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	2,346,806.	2,346,806.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,385,305.	1,518,488.	524,165.	342,652.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	15,494,732.	9,844,534.	3,409,690.	2,240,508.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	697,170.	450,252.	143,152.	103,766.
<b>9</b> Other employee benefits . . . . .	1,790,058.	1,117,213.	415,564.	257,281.
<b>10</b> Payroll taxes . . . . .	1,075,363.	679,564.	243,794.	152,005.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	152,020.	71,797.	24,793.	55,430.
<b>c</b> Accounting . . . . .	451,550.	265,925.	93,057.	92,568.
<b>d</b> Lobbying . . . . .	210,678.	210,678.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	1,118,493.			1,118,493.
<b>f</b> Investment management fees . . . . .	69,358.		69,358.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0.			
<b>12</b> Advertising and promotion . . . . .	1,954,534.	1,277,995.	101,529.	575,010.
<b>13</b> Office expenses . . . . .	9,016,836.	5,380,940.	104,276.	3,531,620.
<b>14</b> Information technology . . . . .	1,638,065.	1,249,384.	160,872.	227,809.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	965,029.	606,865.	177,043.	181,121.
<b>17</b> Travel . . . . .	1,335,480.	775,872.	470,989.	88,619.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	262,622.	201,420.	61,202.	
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	587,266.	275,331.	246,241.	65,694.
<b>23</b> Insurance . . . . .	364,269.	214,524.	75,070.	74,675.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONSULT & PROF. SVCS	10,117,705.	8,215,278.	446,132.	1,456,295.
<b>b</b> EQUIP RENTAL & MAINT	1,535,239.	863,996.	285,647.	385,596.
<b>c</b> EVENT PRODUCTION	1,472,174.	870,165.	371,078.	230,931.
<b>d</b> BANK FEES	919,608.	381,253.	64,922.	473,433.
<b>e</b> All other expenses	667,096.	259,891.	242,722.	164,483.
<b>25</b> Total functional expenses. Add lines 1 through 24e	83,276,440.	63,727,155.	7,731,296.	11,817,989.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) . . . . .	24,611,074.	10,238,777.	1,438,841.	12,933,456.

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	31,823,756.	<b>2</b>	31,040,869.
	<b>3</b> Pledges and grants receivable, net . . . . .	20,419,320.	<b>3</b>	15,710,504.
	<b>4</b> Accounts receivable, net . . . . .	3,718,830.	<b>4</b>	2,934,675.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	102,613.	<b>8</b>	209,655.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,176,543.	<b>9</b>	1,215,980.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 9,239,331.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 8,071,129.		
		1,639,690.	<b>10c</b>	1,168,202.
	<b>11</b> Investments - publicly traded securities . . . . .	97,151,712.	<b>11</b>	101,757,276.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	64,468,904.	<b>12</b>	47,753,580.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	20,773.	<b>15</b>	20,773.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	220,522,141.	<b>16</b>	201,811,514.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,991,250.	<b>17</b>	6,873,683.
	<b>18</b> Grants payable . . . . .	82,800,353.	<b>18</b>	70,283,876.
	<b>19</b> Deferred revenue . . . . .	346,135.	<b>19</b>	247,500.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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.	<b>25</b>	0.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	92,137,738.	<b>26</b>	77,405,059.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	83,312,668.	<b>27</b>	86,358,517.
	<b>28</b> Temporarily restricted net assets . . . . .	44,746,735.	<b>28</b>	37,722,938.
	<b>29</b> Permanently restricted net assets . . . . .	325,000.	<b>29</b>	325,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	128,384,403.	<b>33</b>	124,406,455.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	220,522,141.	<b>34</b>	201,811,514.

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	76,737,969.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	83,276,440.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-6,538,471.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	128,384,403.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-228,854.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	-244,500.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	3,033,877.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	124,406,455.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection****Name of the organization**

SUSAN G KOMEN BREAST CANCER FDN, INC

**Employer identification number**

75-1835298

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

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

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

f Enter the number of supported organizations. . . . . 

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	91,606,572.	77,337,857.	105,234,559.	55,634,984.	51,441,732.	381,255,704.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	91,606,572.	77,337,857.	105,234,559.	55,634,984.	51,441,732.	381,255,704.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						37,715,158.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						343,540,546.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	91,606,572.	77,337,857.	105,234,559.	55,634,984.	51,441,732.	381,255,704.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4,064,746.	3,542,123.	2,523,145.	2,265,964.	5,667,273.	18,063,251.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0.	0.	0.	0.	0.	0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	436,740.	153,632.	336,857.	51,821.	124,523.	1,103,573.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						400,422,528.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	103,084,467.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	85.79 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	86.15 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017			
<b>a</b>				
<b>b</b>	From 2013 . . . . .			
<b>c</b>	From 2014 . . . . .			
<b>d</b>	From 2015 . . . . .			
<b>e</b>	From 2016 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013 . . . .			
<b>b</b>	Excess from 2014 . . . .			
<b>c</b>	Excess from 2015 . . . .			
<b>d</b>	Excess from 2016 . . . .			
<b>e</b>	Excess from 2017 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER INCOME	436,740.	153,632.	336,857.	51,821.	124,523.	1,103,573.
TOTALS	<u>436,740.</u>	<u>153,632.</u>	<u>336,857.</u>	<u>51,821.</u>	<u>124,523.</u>	<u>1,103,573.</u>

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

► Attach to Form 990, Form 990-EZ, or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Name of the organization**

SUSAN G KOMEN BREAST CANCER FDN, INC

**Employer identification number**

75-1835298

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

Name of organization **SUSAN G KOMEN BREAST CANCER FDN, INC**Employer identification number  
75-1835298**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,603,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,692,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,587,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,151,074.	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.)

Name of organization SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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



Name of organization SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)****Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.****If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		10,245.	19,478.												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		200,433.	234,047.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		210,678.	253,525.												
<b>d</b> Other exempt purpose expenditures . . . . .		75,334,466.	153,056,366.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		75,545,144.	153,309,891.												
<b>f</b> 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>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:	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:	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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	250,000.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	91,934.	218,796.	274,215.	253,525.	838,470.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	52,478.	66,033.	19,341.	19,478.	157,330.

Schedule C (Form 990 or 990-EZ) 2017

**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
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

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

**Part IV Supplemental Information**

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

LOBBYING EXPENSES

SCHEDULE C, PART II-A

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

**SCHEDULE D  
(Form 990)**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

	(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 (e.g., 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.

	Held at the End 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 in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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? . . . . . ☐ Yes ☐ 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

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

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

- a** ☐ Public exhibition      **d** ☐ Loan or exchange programs  
**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
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,377,855.	1,376,069.	1,346,721.	1,346,267.	1,325,000.
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .	10,034.	1,786.	29,808.	4,717.	23,736.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	25,799.		460.	4,263.	2,469.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,362,090.	1,377,855.	1,376,069.	1,346,721.	1,346,267.

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

**a** Board designated or quasi-endowment ▶ 73.0000 %

**b** Permanent endowment ▶ 24.0000 %

**c** Temporarily restricted endowment ▶ 3.0000 %

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

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

(i) unrelated organizations . . . . . **3a(i)** ☐ Yes ☒ No

(ii) related organizations . . . . . **3a(ii)** ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b** ☐ Yes ☐ No

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		610,067.	225,951.	384,116.
<b>d</b> Equipment . . . . .		2,283,342.	2,099,946.	183,396.
<b>e</b> Other . . . . .		6,345,922.	5,745,232.	600,690.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,168,202.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) LONG/SHORT EQUITY FUND	1,165,580.	FMV
(B) PRIVATE EQUITY FUND	46,588,000.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	47,753,580.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information *(continued)*

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

KOMEN HAS THREE PERMANENT ENDOWMENTS:

GOODMAN-BRINKER, FIRNBERG, AND A GENERAL ENDOWMENT.

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

FIN 48 (ASC740) FINANCIAL STATEMENT DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT  
ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX  
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO  
UNCERTAIN TAX POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS  
AT MARCH 31, 2018 OR MARCH 31, 2017.

**SCHEDULE F  
(Form 990)**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	0.	2.	GRANTMAKING	EDUCATION	68,416.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN	0.	1.	GRANTMAKING	SCREENING	45,000.
<b>(3)</b> EAST ASIA AND THE PACIFIC	0.	2.	GRANTMAKING	RESEARCH	269,871.
<b>(4)</b> EUROPE	0.	9.	GRANTMAKING	RESEARCH	1,054,471.
<b>(5)</b> MIDDLE EAST AND NORTH AFRICA	0.	3.	GRANTMAKING	EDUCATION	21,841.
<b>(6)</b> NORTH AMERICA	0.	5.	GRANTMAKING	RESEARCH	672,834.
<b>(7)</b> NORTH AMERICA	0.	2.	GRANTMAKING	SCREENING	61,239.
<b>(8)</b> SOUTH AMERICA	0.	1.	GRANTMAKING	EDUCATION	53,500.
<b>(9)</b> SOUTH AMERICA	0.	1.	GRANTMAKING	SCREENING	55,000.
<b>(10)</b> SOUTH AMERICA	0.	1.	GRANTMAKING	TREATMENT	34,880.
<b>(11)</b> SUB-SAHARAN AFRICA	0.	1.	GRANTMAKING	EDUCATION	9,754.
<b>(12)</b> EUROPE	0.	4.	PROGRAM SERVICES	PROGRAM SUPPORT	16,677.
<b>(13)</b> NORTH AMERICA	0.	7.	PROGRAM SERVICES	PROGRAM SUPPORT	69,529.
<b>(14)</b> NORTH AMERICA	0.	1.	PROGRAM SERVICES	DIRECT MAIL PROCESSING	9,080,694.
<b>(15)</b> NORTH AMERICA	0.	2.	PROGRAM SERVICES	MARKETING SUPPORT	192,216.
<b>(16)</b> NORTH AMERICA	0.	1.	PROGRAM SERVICES	SOFTWARE MAINTENANCE	4,577.
<b>(17)</b> SOUTH AMERICA	0.	2.	PROGRAM SERVICES	PROGRAM SUPPORT	43,405.
<b>3a</b> Sub-total . . . . .		45.			11,753,904.
<b>b</b> Total from continuation sheets to Part I . . . . .		3.			23,581.
<b>c</b> Totals (add lines 3a and 3b)		48.			11,777,485.

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

Schedule F (Form 990) 2017

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0.	3.	PROGRAM SERVICES	PROGRAM SUPPORT	23,581.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2017

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			NORTH AMERICA	SCREENING	59,241.	WIRE TRANSFE			
<b>(2)</b>			CENT. AMERICA/CARIBBEAN	EDUCATION	28,416.	WIRE TRANSFE			
<b>(3)</b>			MIDDLE EAST/NORTH AFRICA	EDUCATION	10,000.	WIRE TRANSFE			
<b>(4)</b>			NORTH AMERICA	RESEARCH	50,000.	WIRE TRANSFE			
<b>(5)</b>			SOUTH AMERICA	EDUCATION	53,500.	WIRE TRANSFE			
<b>(6)</b>			SUB-SAHARAN AFRICA	EDUCATION	9,754.	WIRE TRANSFE			
<b>(7)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	35,640.	WIRE TRANSFE			
<b>(8)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	35,000.	WIRE TRANSFE			
<b>(9)</b>			SOUTH AMERICA	SCREENING	55,000.	WIRE TRANSFE			
<b>(10)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	30,000.	WIRE TRANSFE			
<b>(11)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	120,000.	WIRE TRANSFE			
<b>(12)</b>			CENT. AMERICA/CARIBBEAN	SCREENING	45,000.	WIRE TRANSFE			
<b>(13)</b>			EAST ASIA/PACIFIC	RESEARCH	149,871.	WIRE TRANSFE			
<b>(14)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	148,128.	WIRE TRANSFE			
<b>(15)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	60,000.	WIRE TRANSFE			
<b>(16)</b>			SOUTH AMERICA	TREATMENT	34,880.	WIRE TRANSFE			

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

**3** Enter total number of other organizations or entities . . . . . ►

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	190,703.	WIRE TRANSFE			
<b>(2)</b>			MIDDLE EAST/NORTH AFRICA	EDUCATION	6,500.	WIRE TRANSFE			
<b>(3)</b>			NORTH AMERICA	RESEARCH	190,000.	WIRE TRANSFE			
<b>(4)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	135,000.	WIRE TRANSFE			
<b>(5)</b>			CENT. AMERICA/CARIBBEAN	EDUCATION	40,000.	WIRE TRANSFE			
<b>(6)</b>			NORTH AMERICA	RESEARCH	149,320.	WIRE TRANSFE			
<b>(7)</b>			MIDDLE EAST/NORTH AFRICA	EDUCATION	5,341.	WIRE TRANSFE			
<b>(8)</b>			NORTH AMERICA	RESEARCH	55,121.	WIRE TRANSFE			
<b>(9)</b>			EAST ASIA/PACIFIC	RESEARCH	120,000.	WIRE TRANSFE			
<b>(10)</b>			NORTH AMERICA	RESEARCH	228,394.	WIRE TRANSFE			
<b>(11)</b>			EUROPE (INCLUDING ICELAN	RESEARCH	300,000.	WIRE TRANSFE			
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **28.**
- 3** Enter total number of other organizations or entities . . . . .

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

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

Schedule F (Form 990) 2017

**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) 2017



**Part V** **Supplemental Information**

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

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

SCHEDULE F, PART I, LINE 2

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

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

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

PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY QUALIFIED STAFF. SEE

SCHEDULE I, PART IV FOR MORE DETAILS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)****Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

**Part I****Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations      **e** ☒ Solicitation of non-government grants  
**b** ☒ Internet and email solicitations      **f** ☐ Solicitation of government grants  
**c** ☒ Phone solicitations      **g** ☒ Special fundraising events  
**d** ☒ 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? ☒ **Yes** ☐ **No**  
**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> EVENT 360	FUNDRAISING CONSULTING		X	15,672,171.	380,000.	15,292,171.
<b>2</b> STEPHEN THOMAS, LTD.	DIRECT MARKETING		X	14,447,032.	464,592.	13,982,441.
<b>3</b> INFINITE AGENCY	MARKETING CONSULTING		X	1,326,000.	126,522.	1,199,478.
<b>4</b> ARTSMARKETING SVCS. INC.	TELEMARKETG		X	111,220.	63,412.	47,808.
<b>5</b> MERKLE, INC.	DIRECT MARKETING		X		49,105.	
<b>6</b> BOB CARTER COMPANIES	FUNDRAISING CONSULTING		X		34,862.	
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				31,556,423.	1,118,493.	30,521,898.

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

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

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

		(a) Event #1 3 DAY (event type)	(b) Event #2 DC RACE (event type)	(c) Other events 3. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	14,764,958.	724,107.	1,240,825.	16,729,890.
	2 Less: Contributions . . . . .	14,403,799.	533,484.	1,068,675.	16,005,958.
	3 Gross income (line 1 minus line 2). . . . .	361,159.	190,623.	172,150.	723,932.
Direct Expenses	4 Cash prizes . . . . .			0.	
	5 Noncash prizes . . . . .	31,735.		1,787.	33,522.
	6 Rent/facility costs . . . . .	950,464.	57,402.	86,612.	1,094,478.
	7 Food and beverages . . . . .	720,176.	34,256.	112,000.	866,432.
	8 Entertainment . . . . .			47,090.	47,090.
	9 Other direct expenses . . . . .	3,503,257.	125,503.	23,439.	3,652,199.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				5,693,721.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-4,969,789.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

NET INCOME SUMMARY

SCHEDULE G PART II

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

INSTRUCTIONS. THE CONTRIBUTIONS FOR FISCAL YEAR 2018 WERE \$16,005,958.

**SCHEDULE I  
(Form 990)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN WOMEN'S CANCER AWARENESS ASSOC. 8955 EDMONSTON ROAD, GREENBELT, MD 20770	73-1704355	501 (C) (3)	57,004.				EDUCATION, TREATMENT
(2) ALBANY MEDICAL COLLEGE ATTN: FRANCES ALBERT, ALBANY, NY 12208	14-1338310	501 (C) (3)	150,000.				RESEARCH
(3) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT, 17TH FL PHILADELPHIA PA 19106	23-6251649	501 (C) (3)	328,000.				RESEARCH, SCREENING, EDUCATION
(4) AMERICAN ASSOCIATION ON HEALTH & DISABIL 110 N. WASHINGTON ST ROCKVILLE, MD 20850	52-1884887	501 (C) (3)	44,165.				TREATMENT
(5) AMERICAN JEWISH JOINT ATTN: ITAI SHAMIR, NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	112,500.				EDUCATION
(6) AMERICAN SOCIETY OF CLINICAL ONCOLOGY CONQUER CANCER FOUND., ALEXANDRIA, VA 22314	13-6180880	501 (C) (3)	100,000.				RESEARCH
(7) ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH, ARLINGTON, VA 22204	54-1671883	501 (C) (3)	59,959.				SCREENING, TREATMENT
(8) BAYLOR COLLEGE MEDICINE HOUSTON, TX 77030-3411	74-1613878	501 (C) (3)	951,217.				RESEARCH
(9) BETH ISRAEL DEACONESS MEDICAL CENTER BR109, BOSTON, MA 2215	04-2103881	501 (C) (3)	162,000.				RESEARCH
(10) BOAT PEOPLE, SOS 6066 LEESBURG PIKE #100, FALLS CH, VA 22041	54-1563619	501 (C) (3)	65,327.				EDUCATION, TREATMENT
(11) BOSTON UNIVERSITY 580 HARRISON AVENUE, 3-W, BOSTON, MA 2118	04-2103547	501 (C) (3)	108,000.				RESEARCH
(12) BREAST CARE FOR WASHINGTON 4 ATLANTIC ST. SW, WASHINGTON, DC 20032	45-5574713	501 (C) (3)	60,000.				SCREENING, TREATMENT

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**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.

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OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRIGHAM & WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501 (C) (3)	323,929.				RESEARCH
(2) BROAD INSTITUTE, INC. 415 MAIN STREET, CAMBRIDGE, MA 2142	26-3428781	501 (C) (3)	122,996.				RESEARCH
(3) CANCER CARE 275 SEVENTH AVENUE, NEW YORK, NY 10001	13-1825919	501 (C) (3)	1,439,879.				EDUCATION, TREATMENT
(4) CANCER RESOURCE CENTERS OF MENDOCINO CTY 45040 CALPELLA STREET, MENDOCINO, CA 95460	68-0357416	501 (C) (3)	13,108.				EDUCATION
(5) CAPITAL BREAST CARE CENTER 3970 RESERVOIR ROAD NW, WASHINGTON DC 20057	53-0196603	501 (C) (3)	50,000.				EDUCATION
(6) CASA OF MARYLAND, INC. HYATTSVILLE, MD 20783	52-1372972	501 (C) (3)	35,000.				EDUCATION, TREATMENT
(7) CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH 44106-7006	34-1018992	501 (C) (3)	294,311.				RESEARCH
(8) CHILDREN'S HOSPITAL, BOSTON RESEARCH FINANCE, BOSTON, MA 02241-4413	04-2774441	501 (C) (3)	108,000.				RESEARCH
(9) COLD SPRING HARBOR LABORATORY COLD SPRING HARBOR, NY 11724	11-2013303	501 (C) (3)	168,000.				RESEARCH
(10) COLUMBIA UNIVERSITY MEDICAL CENTER 722 WEST 168TH ST, 4 FL, NEW YORK, NY 10032	13-5598093	501 (C) (3)	646,000.				RESEARCH
(11) CORNELL UNIVERSITY. ATTN: ILENE LAMBIASE, ITHACA, NY 14850	15-0532082	501 (C) (3)	48,000.				RESEARCH
(12) DANA FARBER CANCER INSTITUTE 44 BINNEY STREET, MS 439C, BOSTON, MA 02115	04-2263040	501 (C) (3)	1,994,658.				RESEARCH

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> DOCTORS COMMUNITY HOSPITAL 8118 GOOD LUCK ROAD, LANHAM, MD 20706-3502	52-1638026	501 (C) (3)	75,000.				EDUCATION, SCREENING TREATMENT
<b>(2)</b> DR. SUSAN LOVE RESEARCH FOUNDATION 2811 WILSHIRE BLVD, SANTA MONICA, CA 90403	77-0009065	501 (C) (3)	25,000.				RESEARCH
<b>(3)</b> DUKE UNIVERSITY MEDICAL CENTER P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501 (C) (3)	536,052.				RESEARCH
<b>(4)</b> EASTERN MICHIGAN UNIVERSITY ATTN: SUSAN SHIPLEY, YPSILANTI, MI 48197	38-2953297	501 (C) (3)	225,074.				EDUCATION
<b>(5)</b> EMORY UNIVERSITY WINSHIP CANCER INST P.O. BOX 935084, ATLANTA, GA 31193-5084	58-0566256	501 (C) (3)	150,000.				RESEARCH
<b>(6)</b> ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL ATTN: AZEB TADESSE, ARLINGTON, VA 22204	52-1308986	501 (C) (3)	50,000.				TREATMENT
<b>(7)</b> FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD. W. #373, FL 33647	65-0927702	501 (C) (3)	6,000.				EDUCATION
<b>(8)</b> FOX CHASE CANCER CENTER 333 COTTMAN AVENUE, PHILADELPHIA, PA 19111	23-2003072	501 (C) (3)	150,000.				RESEARCH
<b>(9)</b> FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, MS J6-330 SEATTLE, WA 98109	56-3744111	501 (C) (3)	334,998.				EDUCATION, RESEARCH
<b>(10)</b> GEORGE MASON UNIVERSITY 4400 UNIV.DRIVE MSN 4C6, FAIRFAX, VA 22030	54-0836354	501 (C) (3)	29,686.				RESEARCH
<b>(11)</b> GEORGE WASHINGTON UNIVERSITY ASHBURN, VA 20147	53-0196584	501 (C) (3)	44,653.				EDUCATION
<b>(12)</b> GEORGETOWN U WASHINGTON, DC 20057-1164	53-0196603	501 (C) (3)	243,000.				RESEARCH

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**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.

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OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET, NW, ATLANTA, GA 30318	58-0603146	501 (C) (3)	150,000.				RESEARCH
(2) GLOBAL BIOLOGICAL STANDARDS INSTITUTE 1020 19TH ST #550, WASHINGTON, DC 20036	61-1705421	501 (C) (3)	8,000.				RESEARCH
(3) H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501 (C) (3)	348,000.				RESEARCH
(4) HARVARD MEDICAL SCHOOL HOLYOKE CENTER, 600, CAMBRIDGE, MA 2138	04-2103580	501 (C) (3)	97,000.				RESEARCH
(5) HARVARD UNIVERSITY 25 SHATTUCK STREET, BOSTON, MA 2115	04-2103580	501 (C) (3)	120,000.				RESEARCH
(6) HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5E, DETROIT, MI 48202	38-1357020	501 (C) (3)	200,000.				RESEARCH
(7) HOWARD UNIVERSITY 2041 GEORGIA AV. N.W., WASHINGTON, DC 20060	53-0204707	501 (C) (3)	49,994.				TREATMENT
(8) HUDSON-ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY, HUNTSVILLE, AL 35801	43-2059317	501 (C) (3)	28,125.				RESEARCH
(9) INDIANA UNIVERSITY (INDIANAPOLIS) P.O. BOX 66057, INDIANAPOLIS, IN 46266	35-6001673	501 (C) (3)	1,477,684.				RESEARCH
(10) JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST STE C210 BALTIMORE, MD 21218	52-0595110	501 (C) (3)	2,391,260.				EDUCATION, RESEARCH
(11) KOREAN COMMUNITY SVC. CTR. OF GREATER WA ATTN: JAI HOON JUNG, ANNANDALE, VA 22003	38-6005984	501 (C) (3)	10,000.				EDUCATION
(12) LELAND STANFORD JR UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 94144	94-1156365	501 (C) (3)	546,989.				RESEARCH

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(1) LIVING BEYOND BREAST CANCER HAVERFORD, PA 19041	53-0196932	501 (C) (3)	20,000.				EDUCATION, RESEARCH
(2) MAASAI WILDERNES CONSERVATION FUND P.O. BOX 1413, SANTA BARBARA, CA 93102	54-1943145	501 (C) (3)	60,000.				EDUCATION
(3) MARY'S CTR FOR MATERNAL&CHILD CARE, INC. 2333 ONTARIO ROAD, NW, WASHINGTON, DC 20009	52-1594116	501 (C) (3)	125,291.				EDUCATION
(4) MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983	501 (C) (3)	528,910.				RESEARCH
(5) MAYO CLINIC JACKSONVILLE GRIFFIN BUILDING 170, JACKSONVILLE FL 32224	59-3337028	501 (C) (3)	100,000.				RESEARCH
(6) MAYO CLINIC ROCHESTER ROCHESTER, MN 55903-4008	41-6011702	501 (C) (3)	200,000.				RESEARCH
(7) MEDICAL COLLEGE OF WISCONSIN 1234 ANY STREET, ANYWHERE, TX 75244	39-0806261	501 (C) (3)	150,000.				RESEARCH
(8) MEDICAL UNIVERISTY OF SOUTH CAROLINA 171 ASHLEY AVENUE, CHARLESTON, SC 29425	57-6000722	501 (C) (3)	120,000.				RESEARCH
(9) MEMORIAL SLOAN-KETTERING CANCER CTR 633 3RD AVENUE, 28TH FL, NEW YORK, NY 10017	13-1924236	501 (C) (3)	160,000.				RESEARCH
(10) METROPOLITAN CHICAGO BREAST CANCER 1645 W. JACKSON BLVD #450, CHICAGO IL 60612	26-2264895	501 (C) (3)	100,000.				EDUCATION, RESEARCH
(11) MIDMICHIGAN MEDICAL CENTER-GRATIOT 300 EAST WARWICK DRIVE, ALMA, MI 48801	38-1437919	501 (C) (3)	13,889.				EDUCATION
(12) MOBILE MEDICAL CARE, INC. 9309 OLD GEORGETOWN ROAD, BETHESDA MD 20814	23-7022588	501 (C) (3)	29,416.				EDUCATION, SCREENING

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(1) MOUNT SINAI SCHOOL OF MEDICINE NEW YORK, NY 10029-6574	13-6171197	501 (C) (3)	396,000.				RESEARCH
(2) NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY, ALEXANDRIA, VA 22306	54-1849891	501 (C) (3)	139,917.				EDUCATION
(3) NEW YORK UNIVERSITY SCHOOL OF MED NEW YORK, NY 10016	13-5562308	501 (C) (3)	120,000.				RESEARCH
(4) NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE STREET, DURHAM, NC 27707	56-6000730	501 (C) (3)	135,000.				RESEARCH
(5) NORTHWESTERN UNIVERSITY - CHICAGO 633 CLARK, EVANSTON, IL 60208	36-2167817	501 (C) (3)	448,219.				RESEARCH
(6) NUEVA VIDA, INC. 2000 P ST NW # 300, WASHINGTON, DC 20036	54-1943145	501 (C) (3)	64,879.				EDUCATION, TREATMENT
(7) OBESITY SOCIETY 8757 GEORGIA AV, SILVER SPRING, MD 20910	54-1438429	501 (C) (3)	8,000.				RESEARCH
(8) OREGON HEALTH & SCIENCE UNIVERSITY PORTLAND, OR 97239	75-2668014	501 (C) (3)	909,855.				RESEARCH
(9) PARTNERS FOR CANCER CARE AND PREVENTION 10 EAST LEE ST #1901, BALTIMORE, MD 21202	45-1605551	501 (C) (3)	67,500.				EDUCATION
(10) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM ROAD, HAMPTON, VA 23666	83-0292601	501 (C) (3)	25,000.				TREATMENT
(11) PREVENT CANCER FOUNDATION 1600 DUKE STREET, ALEXANDRIA, VA 22209	52-1429544	501 (C) (3)	10,000.				EDUCATION
(12) PRIMARY CARE COALITION-MONTGOMERYCTY INC 8757 GEORGIA AV, SILVER SPRING, MD 20910	52-1847976	501 (C) (3)	250,000.				SCREENING, TREATMENT

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(1) PRINCE WILLIAM HOSPITAL 8700 SUDLEY ROAD, MANASSAS, VA 20110	54-1307595	501 (C) (3)	93,057.				EDUCATION, RESEARCH
(2) PRINCETON UNIVERSITY 701 CARNEGIE CENTER, PRINCETON, NJ 8540	21-0634501	501 (C) (3)	208,000.				RESEARCH
(3) PROGRAM FOR APPROPRIATE P.O. BOX 900922, SEATTLE, WA 98109	91-1157127	501 (C) (3)	45,646.				EDUCATION
(4) PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST., 5F40, PORTLAND OR 97213	93-0386906	501 (C) (3)	120,000.				RESEARCH
(5) PURDUE UNIVERSITY. CHICAGO, IL 60673-1235	35-6002041	501 (C) (3)	150,000.				RESEARCH
(6) QUANTUM LEAP HEALTHCARE COLLABORATIVE 3450 CALIFORNIA ST, SAN FRANCISCO, CA 94118	20-4284925	501 (C) (3)	10,000.				EDUCATION
(7) REAGAN UDALL FOUNDATION MD, WASHINGTON, DC 20001	26-3727917	501 (C) (3)	10,000.				RESEARCH
(8) RESEARCH ADVOCACY NETWORK 6505 WEST PARK BOULEVARD, PLANO, TX 75093	56-6001393	501 (C) (3)	72,295.				EDUCATION
(9) ROCKEFELLER UNIVERSITY NEW YORK, NY 10065	13-1624158	501 (C) (3)	150,000.				RESEARCH
(10) ROSWELL PARK ALLIANCE FOUNDATION. DEPARTMENT OF IMMUNOLOGY, BUFFALO, NY 14263	16-1391608	501 (C) (3)	158,690.				RESEARCH
(11) SMITH FARM CENTER FOR HEALING & THE ARTS 1632 U STREET NW, WASHINGTON, DC 20009	59-0624458	501 (C) (3)	50,000.				EDUCATION, SCREENING
(12) ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE ROAD, READING, PA 19603-0316	53-0196617	501 (C) (3)	17,257.				EDUCATION

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<b>(1)</b> STANFORD UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 94144	94-1156365	501 (C) (3)	180,000.				RESEARCH
<b>(2)</b> STEVENS INSTITUTE OF TECHNOLOGY 1 CASTLE POINT TERRACE, HOBOKEN, NJ 7030	22-1487354	501 (C) (3)	60,000.				RESEARCH
<b>(3)</b> SUNY AT STONY BROOK STONY BROOK, NY 11794	14-6013200	501 (C) (3)	374,389.				RESEARCH
<b>(4)</b> SUPPORTING OUR SISTERS INTERNATIONAL, IN 2604 PINEBROOK AVE C2, HYATTSVILLE MD 20785	47-2511778	501 (C) (3)	10,000.				EDUCATION
<b>(5)</b> TEMPLE UNIVERSITY PHILADELPHIA, PA 19122	23-1365971	501 (C) (3)	60,000.				RESEARCH
<b>(6)</b> THE OHIO STATE UNIVERSITY COLLEGE ATTN: KATHY MILEM, COLUMBUS, OH 43205	31-6025986	501 (C) (3)	258,000.				RESEARCH
<b>(7)</b> THE SALK INSTITUTE LA JOLLA, CA 92037-1002	95-2160097	501 (C) (3)	228,070.				RESEARCH
<b>(8)</b> THE UNIVERSITY OF CHICAGO RESEARCH ADMINISTRATION, CHICAGO, IL 60637	36-2177139	501 (C) (3)	334,999.				RESEARCH
<b>(9)</b> THE VANDERBILT UNIVERSITY PMB 406310, NASHVILLE, TN 37240-6310	62-0476822	501 (C) (3)	48,000.				RESEARCH
<b>(10)</b> THE WISTAR INSTITUTE 3601 SPRUCE ST, PHILADELPHIA, PA 19104	23-6434390	501 (C) (3)	150,000.				RESEARCH
<b>(11)</b> TRUSTEES OF COLUMBIA UNIV. NEW YORK, NY 10027	13-5598093	501 (C) (3)	150,000.				RESEARCH
<b>(12)</b> TRUSTEES OF DARTMOUTH COLLEGE HANOVER, NH 03755-1404	02-0222111	501 (C) (3)	120,000.				RESEARCH

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<b>(1)</b> TUFTS UNIVERSITY 800 WASHINGTON STREET, BOSTON, MA 2111	04-2103634	501 (C) (3)	242,712.				RESEARCH
<b>(2)</b> TULANE UNIVERSITY HEALTH SCIENCES CENTER 800 E. COMMERCE, HARAHAN, LA 70023	72-0423889	501 (C) (3)	120,000.				RESEARCH
<b>(3)</b> UNIV OF COLORADO HEALTH SCIENCES CENT ATTN: GEORGE JOHNSTON, DENVER, CO 80291	84-6002597	501 (C) (3)	150,000.				RESEARCH
<b>(4)</b> UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT D #2200, CHAPEL HILL NC 27599	56-6001393	501 (C) (3)	2,157,806.				EDUCATION, RESEARCH, SCREENING, TREATMENT
<b>(5)</b> UNIV OF TEXAS MD ANDERSON CANCER CENTER GRANTS & CONTRACTS, HOUSTON, TX 77210-4390	74-6001118	501 (C) (3)	774,111.				RESEARCH
<b>(6)</b> UNIVERSITY MIAMI SCHOOL OF MEDICINE ATLANTA, GA 30384-5803	59-0624458	501 (C) (3)	120,000.				RESEARCH
<b>(7)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE SOUTH, BIRMINGHAM, AL 35294	63-6005396	501 (C) (3)	408,000.				RESEARCH
<b>(8)</b> UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1600 DIVISADERO ST., SAN FRANCISCO CA 94115	94-6036493	501 (C) (3)	764,159.				RESEARCH
<b>(9)</b> UNIVERSITY OF CALIFORNIA-BERKELEY 2195 HEARST AVE, #130, BERKELEY, CA 94720	94-6002123	501 (C) (3)	243,000.				RESEARCH
<b>(10)</b> UNIVERSITY OF CALIFORNIA-DAVIS CASHIER'S OFFICE, WEST SACRAMENTO, CA 95798	94-6036494	501 (C) (3)	59,983.				RESEARCH
<b>(11)</b> UNIVERSITY OF CALIFORNIA-LOS ANGELES ADMIN MAIN CASHIER OFC. LOS ANGLS, CA 90095	95-6006143	501 (C) (3)	390,000.				RESEARCH
<b>(12)</b> UNIVERSITY OF CALIFORNIA-SAN DIEGO UCSD CASHIERS OFFICE, LA JOLLA, CA 92093	95-6006144	501 (C) (3)	228,000.				RESEARCH

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CINCINNATI 51 GOODMAN DR. #530, CINCINNATI, OH 45221	31-6000989	501 (C) (3)	120,000.				RESEARCH
(2) UNIVERSITY OF COLORADO DENVER 13001 E 17TH PLACE, AURORA, CO 80045-2571	84-6002597	501 (C) (3)	75,975.				RESEARCH
(3) UNIVERSITY OF DELAWARE 30 LOVETT AENUE, NEWARK, DE 19716	51-6000279	501 (C) (3)	150,000.				RESEARCH
(4) UNIVERSITY OF ILLINOIS AT CHICAGO 809 S. MARSHFIELD AVE, CHICAGO, IL 60608	37-6000511	501 (C) (3)	104,059.				RESEARCH
(5) UNIVERSITY OF ILLINOIS-URBANA-CHAMPAIGN SPRINGFIELD, IL 62708-4610	37-6000511	501 (C) (3)	60,000.				RESEARCH
(6) UNIVERSITY OF KANSAS MEDICAL CENTER ATTN: TIM SISKEY KANSAS CITY, KS 66160	48-1108830	501 (C) (3)	583,275.				RESEARCH
(7) UNIVERSITY OF KENTUCKY RESEARCH FNDN. MARKEY CANCER CENTER, LEXINGTON, KY 40526	61-6033693	501 (C) (3)	75,948.				RESEARCH
(8) UNIVERSITY OF MASSACHUSETTS AMHERST GOODELL BLDG. ROOM 405, AMHERST, MA 01003	04-3167352	501 (C) (3)	149,944.				RESEARCH
(9) UNIVERSITY OF MIAMI SCHOOL OF MEDICINE CTR FOR CANCER PREV AND GEN, MIAMI FL 33136	59-0624458	501 (C) (3)	60,000.				RESEARCH
(10) UNIVERSITY OF MICHIGAN ALEXANDRA THEBAUD, ANN ARBOR, MI 48109-1274	38-6006309	501 (C) (3)	255,000.				RESEARCH
(11) UNIVERSITY OF MINNESOTA MCNAMARA ALUMNI CTR, MINNEAPOLIS, MN 55455	41-6007513	501 (C) (3)	180,000.				RESEARCH
(12) UNIVERSITY OF PENNSYLVANIA PHILADELPHIA, PA 19104-6205	23-1352685	501 (C) (3)	819,727.				EDUCATION, RESEARCH

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501 (C) (3)	773,574.				RESEARCH
(2) UNIVERSITY OF SOUTH CAROLINA, THE 1600 HAMPTON ST #404H, COLUMBIA, SC 29208	57-6001153	501 (C) (3)	135,000.				RESEARCH
(3) UNIVERSITY OF SOUTHERN CALIFORNIA ATTN: ROBERT OSUNA, LOS ANGELES, CA 90089	95-1642394	501 (C) (3)	818,086.				RESEARCH
(4) UNIVERSITY OF TEXAS AT HEALTH SCIENCE CE ELIZABETH FRANTZ, HOUSTON, TX 77030	74-1587488	501 (C) (3)	259,916.				RESEARCH
(5) UNIVERSITY OF UTAH. 201 S PRES CIR. #406 SLT LKE CITY, UT 84112	87-6000525	501 (C) (3)	296,000.				RESEARCH
(6) UNIVERSITY OF VIRGINIA AT SCHOOL OF MEDI P.O. BOX 400195, CHARLOTTESVILLE, VA 22904	54-6001796	501 (C) (3)	150,000.				RESEARCH
(7) UNIVERSITY OF WASHINGTON ATTN: TAMI SADUSKY, SEATTLE, WA 98105	91-6001537	501 (C) (3)	502,837.				EDUCATION, RESEARCH
(8) UNIVERSITY OF WISCONSIN - MADISON MADISON, WI 53715-1218	39-6006492	501 (C) (3)	179,383.				RESEARCH
(9) UT HSC - SAN ANTONIO SAN ANTONIO, TX 77229-3900	74-1586031	501 (C) (3)	150,000.				RESEARCH
(10) UT SOUTHWESTERN MEDICAL CENTER UT SW GRANTS MGMT, DALLAS, TX 75284	74-6000203	501 (C) (3)	210,000.				RESEARCH
(11) UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BVRD #1644, HOUSTON, TX 77030	74-6001118	501 (C) (3)	364,479.				RESEARCH
(12) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVENUE SOUTH, NASHVILLE, TN 37232	62-0476822	501 (C) (3)	1,242,169.				RESEARCH

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VERMONT CANCER CTR, UVM COLLEGE OF MED ATTN: JENNIFER GAGNON, BURLINGTON, VT 54005	03-0179440	501 (C) (3)	150,000.				RESEARCH
(2) VIETNAMESE RESETTLEMENT ASSOCIATION, INC ATTN: KIM O COOK, FALLS CHURCH, VA 22044	54-1512549	501 (C) (3)	279,182.				EDUCATION, TREATMENT
(3) VIRGINIA COMMONWEALTH UNIVERSITY ATTN: MARK ROBERTS, RICHMOND, VA 23284-3038	54-6001758	501 (C) (3)	25,204.				RESEARCH
(4) WASHINGTON UNIV AT ST. LOUIS 700 ROSEDALE AVE #1034, ST LOUIS, MO 63112	43-0653611	501 (C) (3)	1,059,427.				RESEARCH
(5) WAYNE STATE UNIVERSITY SPONSORED PROGRAM ADMIN. DETROIT, MI 48202	36-6028429	501 (C) (3)	143,999.				RESEARCH
(6) WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVENUE, NEW YORK, NY 10061	13-1623978	501 (C) (3)	60,000.				RESEARCH
(7) WHITEHEAD INST FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER, CAMBRIDGE, MA 02142	06-1043412	501 (C) (3)	48,000.				RESEARCH
(8) WHITMAN-WALKER CLINIC 1701 14TH STREET N.W., WASHINGTON, DC 20009	52-1122122	501 (C) (3)	194,136.				EDUCATION, TREATMENT
(9) YALE UNIVERSITY 2 WHITNEY AVENUE, NEW HAVEN, CT 6510	06-0646973	501 (C) (3)	200,000.				RESEARCH
(10) YOUNG SURVIVAL COALITION LORI ATKINSON, NEW YORK, NY 10006	13-4057685	501 (C) (3)	10,000.				EDUCATION
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 142.

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

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

Schedule I (Form 990) (2017)



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

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

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

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I PART I LINE 2

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

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

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

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

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

TERMINATION RIGHTS.

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

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

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

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

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

ACCOMPLISHMENTS, KEY DELIVERABLES AND CHALLENGES ENCOUNTERED, WITH A FULL

ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES) AND

WRITTEN JUSTIFICATION OF EXPENSES. AS APPROPRIATE, THE GRANTS MANAGER MAY

CONDUCT SITE VISITS WITH GRANTEEES TO GAIN A BETTER UNDERSTANDING OF THEIR

WORK AND ADDRESS ANY CHALLENGES IMPACTING THE FUNDED PROGRAM. ALL GRANT

FUNDS MUST BE EXPENDED IN ACCORDANCE WITH THE PROJECT'S APPROVED BUDGET

AND ARE DISBURSED IN ACCORDANCE WITH THE SCHEDULE DOCUMENTED WITHIN THE

GRANT AGREEMENT. REQUESTS FOR CHANGES TO THE DESIGN OF THE FUNDED PROJECT

OR BUDGET ARE SUBJECT TO PRIOR APPROVAL BY KOMEN IN ACCORDANCE WITH THE

TERMS OF THE GRANT AGREEMENT.

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

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

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

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

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (such as, maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☒  
☒  
☒

Compensation committee

Independent compensation consultant

Form 990 of other organizations

☒  
☒  
☒

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT GREEN CHIEF FINANCIAL OFFICER	(i) 279,292.	0.	5,092.	8,644.	2,165.	295,193.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	ADAM VANEK (BEG. 4/17) GEN. COUNSEL & ASST CORP SECY	(i) 164,539.	0.	1,624.	0.	23,926.	190,089.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	ELLEN WILLMOTT INTERIM CEO (END 10/17)	(i) 341,849.	34,725.	3,882.	15,973.	10,866.	407,295.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	CHRISTINA ALFORD SVP, DEVELOPMENT	(i) 280,188.	0.	2,100.	14,385.	4,930.	301,603.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	VICTORIA WOLODZKO VP RESEARCH AND COM. HEALTH PR	(i) 183,156.	0.	2,370.	10,914.	10,693.	207,133.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	LORI MARIS SVP, AFFILIATE NETWORK	(i) 167,873.	0.	2,559.	7,370.	11,415.	189,217.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	ERIC MONTGOMERY VP, I.T.	(i) 192,148.	0.	1,995.	9,526.	37,127.	240,796.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	CATHERINE OLIVIERI VP, HUMAN RESOURCES	(i) 215,234.	0.	2,802.	13,834.	38,380.	270,250.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
9	ANDREA RADER SR DIR, COM. (END 04/18)	(i) 169,826.	0.	2,943.	10,481.	17,968.	201,218.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10	RIA WILLIAMS CONTROLLER	(i) 170,058.	0.	2,001.	8,369.	34,131.	214,559.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
11	SUBHENDU RATH SR DIR, IT ENTERPRISE SYSTEMS	(i) 163,037.	0.	1,762.	9,912.	18,785.	193,496.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
12	VANESSA HEWITT SR DIR, INTERNAL AUDIT	(i) 156,643.	0.	1,795.	9,856.	20,704.	188,998.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
13	KIMBERLY SABELKO SR DIR, SCIENTIFIC STRATEGY	(i) 152,257.	0.	2,498.	9,132.	21,149.	185,036.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
14	DR. JUDITH SALERNO FORMER PRESIDENT & CEO	(i) 0.	0.	271,623.	0.	0.	271,623.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **3****Part III Supplemental Information**

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

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

SUPPLEMENTAL COMPENSATION INFORMATION

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

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

DR. JUDITH SALERNO RECEIVED A SEVERANCE PAYMENT OF \$271,623.

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	3,800.	14,577.	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		8,595.	211,620.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

**29**

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

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

Schedule M (Form 990) (2017)

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PARENT

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
TABLECLOTHS & FLOWERS	X	16.	3,568.	FMV
EXERCISE SUPPLIES	X	20.	1,035.	FMV
GOLF EQUIP INVENTORY	X	8559.	207,017.	FMV
TOTALS		<u>8,595.</u>	<u>211,620.</u>	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

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## VOLUNTEERS

FORM 990, PART I, LINE 6

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

## FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SUSAN G. KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, HAVING  
FUNDED MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE THE  
U.S. GOVERNMENT WHILE PROVIDING REAL TIME HELP TO THOSE FACING THE  
DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED MORE THAN \$988  
MILLION IN BREAST CANCER RESEARCH AND PROVIDED OVER \$2.2 BILLION IN  
FUNDING FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT,  
EDUCATION, HEALTH SYSTEMS IMPROVEMENT, AND PSYCHOSOCIAL SUPPORT PROGRAMS  
SERVING MILLIONS OF PEOPLE IN MORE THAN 60 COUNTRIES WORLDWIDE. KOMEN WAS  
FOUNDED BY NANCY G. BRINKER, WHO PROMISED HER SISTER, SUSAN G. KOMEN,  
THAT SHE WOULD END THE DISEASE THAT CLAIMED SUZY'S LIFE.

## RESEARCH

SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED  
TO 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

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PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION  
MEDICINE.

KOMEN'S RESEARCH PROGRAMS ARE FOCUSED ON BREAKTHROUGH RESEARCH TO PREVENT  
AND CURE BREAST CANCER THROUGH BETTER APPROACHES FOR EARLY DETECTION AND  
DIAGNOSIS, UNDERSTANDING METASTASIS AND RECURRENCE, AND DEVELOPING NOVEL  
THERAPIES FOR ALL STAGES OF BREAST CANCER, WITH THE GOAL OF SUPPORTING  
WORK THAT HAS SIGNIFICANT POTENTIAL TO LEAD TO NEW TREATMENTS AND  
TECHNOLOGIES THAT WILL REDUCE THE NUMBER OF BREAST CANCER DEATHS IN THE  
U.S. BY 50 PERCENT BY 2026.

KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 60 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 PATIENT VOICE TO KOMEN'S RESEARCH PROGRAMS, EMPHASIZING URGENCY  
AND PATIENT IMPACT.

KOMEN AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND  
ORGANIZATIONS AROUND THE WORLD THROUGH A FAIR, TRANSPARENT, RIGOROUS, AND  
COMPETITIVE REVIEW PROCESS THAT ENSURES MAXIMUM IMPACT FOR OUR RESEARCH  
INVESTMENT. IN FY18, KOMEN AWARDED MORE THAN 60 GRANTS THROUGH ITS  
RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND  
TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA,

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CANADA, FRANCE, AND IRELAND.

WE CONSIDER IT OUR RESPONSIBILITY TO ENSURE THE CONTINUITY OF BREAST CANCER RESEARCH FOR THE FUTURE. WITH FEDERAL RESEARCH BUDGETS TIGHTENING, THE PUBLIC CANNOT AFFORD TO LOSE PROMISING YOUNG INVESTIGATORS DUE TO A LACK OF FUNDING OPPORTUNITIES. TO THAT END, KOMEN AWARDED CAREER CATALYST RESEARCH GRANTS (WITH A COMPETITIVE RENEWAL OPTION) TO SUPPORT YOUNG INVESTIGATORS IN BREAST CANCER RESEARCH ADDRESSING TWO OF THE GREATEST CHALLENGES FACING BREAST CANCER PATIENTS -DRUG-RESISTANT BREAST CANCERS AND NEW APPROACHES TO COMBAT METASTATIC BREAST CANCER.

KOMEN ALSO OFFERED LEADERSHIP GRANTS AND A PHASE II COMPETITIVE RENEWAL OF THE INFLAMMATORY BREAST CANCER RESEARCH INNOVATOR GRANTS. EACH MECHANISM IS FURTHER DESCRIBED BELOW:

CAREER CATALYST RESEARCH GRANTS (CCR) :

CCR GRANTS PROVIDE UNIQUE OPPORTUNITIES FOR SCIENTISTS WHO HAVE HELD FACULTY POSITIONS FOR NO MORE THAN 5 YEARS AT THE TIME OF FULL APPLICATION TO ACHIEVE RESEARCH INDEPENDENCE.

THE GOAL OF THE FY18 CCR GRANTS IS TO SUPPORT OUTSTANDING TRANSLATIONAL RESEARCH FOCUSED ON THOSE BREAST CANCERS THAT DO NOT CURRENTLY RESPOND WELL TO STANDARD THERAPIES INCLUDING TRIPLE NEGATIVE BREAST CANCER (TNBC), ER+ BREAST CANCER WITH ACQUIRED RESISTANCE, AND METASTATIC BREAST

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CANCER OF ALL SUB-TYPES. CCR GRANTS SUPPORT WORK THAT HAS SIGNIFICANT POTENTIAL TO LEAD TO NEW TREATMENTS AND TECHNOLOGIES THAT WILL REDUCE THE NUMBER OF BREAST CANCER DEATHS IN THE U.S. BY 50 PERCENT BY 2026.

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

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

INFLAMMATORY BREAST CANCER (IBC) RESEARCH INNOVATOR GRANTS:

GENEROUSLY SUPPORTED BY THE MILBURN FOUNDATION AND THE INFLAMMATORY BREAST CANCER RESEARCH FOUNDATION, THESE INNOVATOR GRANTS ARE INTENDED TO SPUR IDEAS THAT WILL INCREASE THE UNDERSTANDING OF HOW IBC CAN BE BETTER DIAGNOSED AND HOW BIOLOGY DRIVES ITS PROGRESSION, THEREBY LEADING TO IMPROVED PROGNOSIS AND MORE EFFECTIVE TREATMENTS FOR THOSE WITH THIS AGGRESSIVE DISEASE. THIS PROGRAM CONSISTED OF TWO STAGES. IN THE FIRST

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STAGE, ONE YEAR OF FUNDING WAS AWARDED TO ALLOW INVESTIGATORS TO ESTABLISH THE FOUNDATION OF A ROBUST AND INNOVATIVE IBC RESEARCH PROJECT. IN THE SECOND STAGE, AWARDEES COMPETED FOR ADDITIONAL FUNDING TO BUILD ON THEIR ORIGINAL PROJECT AND ONE GRANT WAS FUNDED.

LEADERSHIP GRANTS:

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

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

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

KOMEN'S RESEARCH INVESTMENT THROUGH THESE GRANT MECHANISMS SUPPORTS PROJECTS THAT AIM TO, AMONG OTHER THINGS: (A) DEVELOP TARGETED

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THERAPIES; (B) OVERCOME AGGRESSIVE TYPES OF BREAST CANCER AND METASTASIS;  
(C) OVERCOME TREATMENT RESISTANCE; AND (D) UNDERSTAND AND ADDRESS  
DISPARITIES IN OUTCOMES.

EXAMPLES OF RESEARCH GRANTS AWARDED IN FY18 INCLUDE:

A) TARGETED THERAPIES FOR TRIPLE-NEGATIVE BREAST CANCER: DR. SOHRAB SHAH  
FROM MEMORIAL SLOAN-KETTERING CANCER CENTER WAS AWARDED A LEADERSHIP  
GRANT TO COMBINE AND ANALYZE GENOMIC AND CLINICAL DATA FROM APPROXIMATELY  
300 PATIENTS WITH TRIPLE NEGATIVE BREAST CANCER (TNBC) TO STUDY HOW  
MUTATIONS IN THE DNA OF TNBC CELLS CAN BE USED TO DESIGN BETTER TREATMENT  
APPROACHES. USING STATE-OF-THE-ART DNA SEQUENCING TECHNOLOGIES, DR. SHAH  
WILL MEASURE THE DNA OF INDIVIDUAL CANCER CELLS TO CREATE AN  
ULTRA-DETAILED PICTURE OF HOW TNBC CHANGES OVER TIME. THESE DETAILED  
VIEWS WILL REVEAL PREVIOUSLY UNSEEN PATTERNS OF DNA MUTATIONS IN TNBC,  
WHICH WILL BE USED TO STRATIFY PATIENTS INTO BIOLOGICALLY DISTINCT  
SUBGROUPS WITH DIFFERENT SENSITIVITIES TO CHEMOTHERAPY. THE DATA  
GENERATED FROM HIS PROJECT WILL BE USED TO HELP STRATIFY PATIENTS  
ACCORDING TO TREATMENT RESPONSE AND OUTCOMES, POTENTIALLY DIRECTING  
PATIENTS TO MORE TARGETED THERAPIES, WHICH ARE CURRENTLY LACKING FOR  
TNBC.

B) OVERCOME AGGRESSIVE TYPES OF BREAST CANCER AND METASTASIS: DR. XIA  
LIU FROM NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE WAS  
AWARDED A CCR GRANT TO TEST WHETHER TWO NATURAL COMPOUNDS - HYPERFORIN

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AND BOSWELLIA - CAN BE USED ALONE OR IN COMBINATION WITH ANOTHER IMMUNOTHERAPY, A CHECKPOINT INHIBITOR CALLED ANTI PD-1 ANTIBODY, TO PREVENT THE ABILITY OF NEUTROPHILS TO PROMOTE METASTASIS. HYPERFORIN IS A PLANT-DERIVED ANTIBIOTIC FROM ST. JOHN'S WORT AND BOSWELLIA IS A PLANT THAT PRODUCES INDIAN FRANKINCENSE. DR. LIU WILL ALSO CONDUCT STUDIES TO UNCOVER HOW NEUTROPHILS INTERACT WITH TUMOR CELLS IN THE BLOOD TO PROMOTE METASTASIS. SHE WILL IDENTIFY THE MOLECULES THAT FACILITATE THIS INTERACTION AND DETERMINE WHETHER THESE MOLECULES CAN SERVE AS BIOMARKERS TO PREDICT METASTASIS IN PATIENTS WITH TRIPLE NEGATIVE BREAST CANCER, HELPING TO GUIDE TREATMENT STRATEGIES.

C) OVERCOME TREATMENT RESISTANCE: DR. SVASTI HARICHARAN AT BAYLOR COLLEGE OF MEDICINE WAS AWARDED A CCR GRANT TO STUDY ENDOCRINE THERAPY RESISTANCE IN ER+ BREAST CANCER. PATIENTS WITH ESTROGEN RECEPTOR-POSITIVE (ER+) BREAST CANCER ARE TREATED WITH ENDOCRINE THERAPY, BUT ABOUT 1/3 OF ER+ PATIENTS DO NOT RESPOND TO THIS TREATMENT AND EVENTUALLY DIE OF THE DISEASE. DR. HARICHARAN HAS DISCOVERED THAT TUMORS WITH DEFECTS IN THEIR ABILITY TO REPAIR MISMATCHES IN DNA ARE RESISTANT TO ENDOCRINE THERAPIES, AND UP TO 30% OF ENDOCRINE TREATMENT RESISTANT TUMORS SHOW THIS DEFECT. DR. HARICHARAN WILL MOVE THIS DISCOVERY INTO THE CLINIC BY 1) DEVELOPING A SIMPLE DIAGNOSTIC TEST SO THAT CLINICIANS CAN IDENTIFY TUMORS WITH DEFECTIVE MISMATCH REPAIR AND 2) IDENTIFYING EXISTING FDA-APPROVED DRUGS THAT CAN TREAT THESE TUMORS MORE EFFECTIVELY THAN ENDOCRINE TREATMENT. THIS STUDY WILL HELP IDENTIFY WOMEN LIKELY TO DEVELOP DRUG RESISTANCE EARLY IN THE TIMELINE OF THEIR CANCER TREATMENT,



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PROVIDING DOCTORS A CRUCIAL OPPORTUNITY TO PERSONALIZE THERAPY TO EACH PATIENT.

D) UNDERSTAND AND ADDRESS DISPARITIES IN OUTCOMES: RACHEL FREEDMAN, M.D., M.P.H., OF DANA-FARBER CANCER INSTITUTE WILL INVESTIGATE WAYS TO IMPROVE SURVIVAL FOR BREAST CANCER PATIENTS THAT ARE 70 YEARS OF AGE OR OLDER. OLDER PATIENTS OFTEN FACE WORSE OUTCOMES WHEN COMPARED TO THEIR YOUNGER COUNTERPARTS. THE GOAL OF THIS STUDY IS TO IDENTIFY TAILORED TREATMENT METHODS THAT WILL IMPROVE SURVIVAL FOR THIS POPULATION OF PATIENTS.

KOMEN SCHOLAR JULIE PALMER, SC.D., OF BOSTON UNIVERSITY WILL DEVELOP A RISK PREDICTION TOOL THAT WILL CONSIDER THE DIFFERENT RISK FACTORS FOR ER+ AND ER- BREAST CANCER, ALONG WITH THE DIFFERING AGE INCIDENCE PATTERNS IN AFRICAN AMERICAN WOMEN. THIS TOOL WILL HELP IDENTIFY AFRICAN AMERICAN WOMEN WHO WOULD BENEFIT FROM EARLIER AND MORE FREQUENT SCREENING OR ALTERNATIVE MODES OF SCREENING.

EDUCATION AND PATIENT SUPPORT:

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

OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE. CONTENT IS OFFERED IN A VARIETY OF FORMATS INCLUDING

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INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER IN ENGLISH AND SPANISH, ILLUSTRATIONS, CHARTS, GRAPHS, AND SHORT VIDEOS TO MEET THE LEARNING PREFERENCES AND NEEDS OF OUR WEB VISITORS. THE "ABOUT BREAST CANCER" SECTION OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER STAFF, RECEIVED MORE THAN 5.6 MILLION PAGE VIEWS DURING FY18.

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

THE SUSAN G. KOMEN "1-877 GO KOMEN" (1-877-465-6636) BREAST CARE HELPLINE OFFERS BREAST CANCER EDUCATION, PSYCHOSOCIAL SUPPORT, AND INFORMATION ABOUT COMMUNITY RESOURCES FOR PATIENTS, FAMILIES, AND FRIENDS. IN FY18, KOMEN ADDED A CLINICAL TRIAL INFORMATION HELPLINE TO PROVIDE INFORMATION, RESOURCES, COACHING AND SUPPORT RELATED TO BREAST CANCER CLINICAL TRIALS. THE HELPLINE OPERATES FROM 9 A.M. - 10 P.M. E.T. THE SERVICE IS OFFERED IN ENGLISH, SPANISH, AND TAGALOG. DURING FY18, THE KOMEN BREAST CANCER HELPLINE RESPONDED TO MORE THAN 13,000 CALLS AND EMAILS.

IN ADDITION, IN FY18 KOMEN SUPPORTED TWO NONPROFIT ADVOCACY ORGANIZATIONS

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TO PRESENT PATIENT-FOCUSED, EDUCATIONAL CONFERENCES DEDICATED TO THE CRITICAL ISSUES FACING BREAST CANCER PATIENTS AND THEIR FAMILIES. KOMEN FUNDS THE LIVING BEYOND BREAST CANCER'S (LBBC) CONFERENCE FOR WOMEN LIVING WITH METASTATIC BREAST CANCER IN THE WASHINGTON, D.C. REGION. THE CONFERENCE BRINGS PEOPLE WITH METASTATIC BREAST CANCER, CAREGIVERS, HEALTHCARE PROFESSIONALS, HEALTHCARE ORGANIZATIONS, SUPPORT ORGANIZATIONS AND OTHERS, WHO PARTICIPATE IN THE CARE OF PATIENTS WITH METASTATIC BREAST CANCER, TO DISCUSS SCIENTIFIC BREAKTHROUGHS, ONGOING CLINICAL TRIALS, QUALITY OF LIFE, AND INTEGRATIVE MEDICINE. THE CONFERENCE IS DESIGNED TO FILL THE NEEDS OF THE METASTATIC BREAST CANCER COMMUNITY AND SEEKS TO STRENGTHEN METASTATIC BREAST CANCER VOICES IN THE NATIONAL CAPITAL REGION BY CREATING OPPORTUNITIES FOR LEARNING, ENGAGEMENT AND ACTION.

BREAST CANCER IS THE MOST COMMON CANCER IN WOMEN, WORLDWIDE, AND THE NUMBER OF CASES IS INCREASING IN NEARLY EVERY COUNTRY. THE NUMBER OF NEW BREAST CANCER CASES HAS MORE THAN DOUBLED AROUND THE WORLD IN THE LAST THREE DECADES, WITH HIGHEST INCREASES OBSERVED IN LOW- AND MIDDLE-INCOME COUNTRIES. BREAST CANCER IS ALSO THE LEADING CAUSE OF CANCER DEATH IN THESE COUNTRIES, WITH OVER 500,000 DEATHS IN 2012. THESE TRENDS ARE CONCERNING, WHICH IS WHY KOMEN WORKS TIRELESSLY TO PROVIDE SUPPORT TO BREAST HEALTH PROGRAMS WORLDWIDE. IT TAKES COLLABORATION AND STRONG PARTNERSHIPS TO MAKE A GLOBAL IMPACT. KOMEN STRIVES TO SERVE AS A "BRIDGE" - COLLABORATING WITH INTERNATIONAL NONPROFITS, CORPORATIONS, AND MINISTRIES OF HEALTH TO BRING TOGETHER PEOPLE AND ORGANIZATIONS TO

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DEVELOP PROGRAMS THAT ARE TAILORED TO THE SPECIFIC NEEDS OF THE COMMUNITY AND SENSITIVE TO CULTURAL DIFFERENCES. IN FY18, KOMEN'S GLOBAL PROGRAM AWARDED TEN GRANTS TO SUPPORT EDUCATION PROGRAMMING FOR PATIENTS AND FOR HEALTH PROFESSIONALS AND TO REDUCE BARRIERS TO BREAST CANCER CARE IN CHINA, COLOMBIA, MEXICO, PANAMA, AND ZAMBIA.

IN ZAMBIA, SUSAN G. KOMEN PARTNERED WITH CENTRE FOR INFECTIOUS DISEASE RESEARCH IN ZAMBIA (CIDRZ) TO CONVENE THE CANCER PREVENTION ALLIANCE OF ZAMBIA (CAPRAZ). THIS COUNTRY-WIDE ALLIANCE OF CANCER ADVOCACY GROUPS WILL WORK TO INTENSIFY BREAST AND CERVICAL CANCER EDUCATION CAMPAIGNS IN COMMUNITIES TO DISPEL MYTHS AND MISCONCEPTIONS; ENSURE THE BREAST AND CERVICAL CANCER HEALTH PROMOTION MESSAGES ARE EVIDENCE-BASED AND CONTEXTUALLY RELEVANT; AND COORDINATE AND PROVIDE TECHNICAL SUPPORT FOR EDUCATION ACTIVITIES OF MEMBER GROUPS.

#### PUBLIC POLICY AND ADVOCACY

SUSAN G. KOMEN IS THE VOICE FOR THE MORE THAN 3.5 MILLION BREAST CANCER SURVIVORS AND THOSE WHO LOVE THEM. KOMEN WORKS TO ENSURE THAT THE FIGHT AGAINST BREAST CANCER IS A PRIORITY AMONG POLICYMAKERS IN WASHINGTON, D.C., AND EVERY STATE CAPITOL ACROSS THE COUNTRY.

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

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

KOMEN'S 2017-2018 ADVOCACY PRIORITIES INCLUDED: SUPPORTING EXPANDED FEDERAL FUNDING FOR BREAST CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE DEPARTMENT OF DEFENSE (DOD); SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC MAMMOGRAPHY; AND EVALUATING STATE AND FEDERAL POLICIES TO INCREASE PUBLIC ACCESS TO INFORMATION ABOUT AND PARTICIPATION IN CLINICAL TRIALS FOR ALL PATIENT POPULATIONS.

IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR 2017-2018 ADVOCACY PRIORITIES, KOMEN CONTINUED OUR EFFORTS TO ENSURE EVERY BREAST CANCER PATIENT AND SURVIVOR HAS ACCESS TO AFFORDABLE, QUALITY HEALTH INSURANCE

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AND CARE. KOMEN ALSO ENGAGED ON ISSUES RELATED TO BREAST DENSITY, COMPASSIONATE USE, GENETIC TESTING, HEALTH DISPARITIES, LYMPHEDEMA, METASTATIC BREAST CANCER, PALLIATIVE CARE AND SURVIVORSHIP.

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

#### SCREENING AND PATIENT NAVIGATION

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

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

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

IN FY18, KOMEN AWARDED ONE SCREENING COMMUNITY GRANT TO THE AMERICAN ASSOCIATION ON HEALTH AND DISABILITY. THE PROJECT FOCUSES ON WOMEN WITH DISABILITIES IN WASHINGTON D.C., PARTICULARLY BLACK AND AFRICAN-AMERICAN WOMEN, WITH THE ULTIMATE GOAL OF INCREASING BREAST CANCER CARE UTILIZATION THROUGH DECREASING BARRIERS TO ACCESS CARE, LEADING TO REDUCED MORTALITY.

THROUGH ITS GLOBAL PROGRAM, KOMEN AWARDED TEN GRANTS TO COMMUNITY ORGANIZATIONS IN SUPPORT OF SCREENING AND PATIENT NAVIGATION PROGRAMS IN MEXICO, PANAMA, CHINA, COLUMBIA, AND ZAMBIA.

TREATMENT AND PATIENT NAVIGATION

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

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

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

RESULTING IN IMPROVED OUTCOMES.

IN FY18, KOMEN FUNDED THREE NONPROFIT ORGANIZATIONS IN SUPPORT OF PROGRAMS TO REDUCE STRUCTURAL, PERSONAL, SOCIOCULTURAL, AND FINANCIAL BARRIERS TO CARE, AND PROVIDE PATIENT NAVIGATION SERVICES FOR UNDERSERVED COMMUNITIES IN THE WASHINGTON, D.C. METRO AREA, SPECIFICALLY WARDS 2, 5, 7, AND 8, AND ALEXANDRIA CITY, VA.

THROUGH ITS GLOBAL PROGRAM IN FY18, KOMEN AWARDED TEN GRANTS TO COMMUNITY ORGANIZATIONS IN SUPPORT OF TREATMENT AND PATIENT NAVIGATION PROGRAMS AND TO REDUCE BARRIERS TO BREAST CANCER CARE IN CHINA, COLOMBIA, MEXICO, PANAMA, AND ZAMBIA. FOR EXAMPLE, KOMEN SUPPORTED CASITA DE MAUSI TO PROVIDE LODGING, TRANSPORTATION, AND MEALS FOR BREAST CANCER PATIENTS FROM RURAL COMMUNITIES IN PANAMA, FACILITATING THEIR ACCESS TO BREAST CANCER SERVICES. KOMEN ALSO SUPPORTED ALIANZA MEXICANA POR EL CÁNCER IN MEXICO TO IMPROVE THE CURRENT OUTLOOK OF BREAST CANCER IN MEXICO THROUGH THE EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF BREAST CANCER; IMPROVING CLINICAL CARE OF PATIENTS; ENCOURAGING MULTIDISCIPLINARY RESEARCH OF BREAST CANCER IN MEXICO; EXPANDING THE EDUCATION OF THE PUBLIC, PATIENTS, AND HEALTH PROFESSIONALS; AND GUARANTEEING THE REPLICABILITY OF THE PROGRAMS WE FOSTER.

KOMEN'S TREATMENT ASSISTANCE PROGRAM, ADMINISTERED BY CANCERCARE, AIMS TO HELP WOMEN AND MEN IN BREAST CANCER TREATMENT WHO ARE FACING FINANCIAL CHALLENGES BY PROVIDING LIMITED FINANCIAL ASSISTANCE, EDUCATION, AND



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

SUPPORT SERVICES. FINANCIAL ASSISTANCE IS GRANTED TO UNDERSERVED, UNDERINSURED OR UNINSURED WOMEN AND MEN ACROSS THE COUNTRY UNDERGOING BREAST CANCER TREATMENT WHO MEET PRE-DETERMINED ELIGIBILITY CRITERIA. THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR TREATMENT-RELATED COSTS, INCLUDING TRANSPORTATION TO AND FROM TREATMENT, CHILD/ELDER CARE, HOME CARE, ORAL PAIN/ANTI-NAUSEA MEDICATIONS, ORAL CHEMOTHERAPY/HORMONE THERAPY, LYMPHEDEMA CARE/SUPPLIES, PALLIATIVE CARE, AND DURABLE MEDICAL EQUIPMENT. WE SERVED MORE THAN 3200 PEOPLE THROUGH THIS PROGRAM IN FY18.

#### EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 1A

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

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

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

MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN EXCEPTIONS SUCH AS REPEALING ANY BOARD RESOLUTIONS, AMENDING THE ORGANIZATION'S ARTICLES OR BYLAWS, OR MERGING OR DISSOLVING THE ORGANIZATION. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES.

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

FORM 990, PART VI, LINE 11B

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

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

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

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

MEMBERS, COMMITTEE MEMBERS AND ADVISORY BOARD MEMBERS ARE REQUIRED TO  
UPDATE THEIR RESPECTIVE CONFLICT OF INTEREST DISCLOSURES AS NECESSARY  
DURING THE YEAR.

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

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

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

A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES. PERIODICALLY, ALL  
POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA  
BY ENGAGING INDEPENDENT EXPERTS OR ACQUIRING UPDATED MARKET DATA TO  
CONDUCT THE BENCHMARKING PROCESS. COMPENSATION IS THEN BASED UPON  
COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND  
THE FINANCIAL POSITION OF THE ORGANIZATION. BENCHMARKING WAS CONDUCTED  
FOR THE CHIEF EXECUTIVE OFFICER AND ALL EXECUTIVE TEAM MEMBERS'  
COMPENSATION TO EXTERNAL MARKET DATA IN 2017, TO ENSURE MARKET ALIGNMENT.  
KOMEN PROVIDES SALARY INCREASES, PROMOTIONS AND OTHER FORMS OF  
COMPENSATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.

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

FORM 990, PART VI, LINE 19

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

ADDITNL DETAIL ON EVENT PRODUCTION EXPENSES INCLUDED ON OTHER EXP

FORM 990, PART IX, LINE 24

KOMEN PAYS 50% OF THE COST OF ALL T-SHIRTS FOR THE 125 SUSAN G. KOMEN  
RACE FOR THE CURE EVENTS CONDUCTED BY THE KOMEN AFFILIATES DURING THE  
FISCAL YEAR.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

RESCINDED GRANTS	\$2,093,947
AFFILIATE RACE SERIES DIRECT BENEFIT	\$ 939,930
	-----
TOTAL	\$3,033,877
	=====

Name of the organization	Employer identification number
SUSAN G KOMEN BREAST CANCER FDN, INC	75-1835298
ATTACHMENT 1	

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DC,

FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EVENT 360 205 N. MICHIGAN AVE CHICAGO, IL 60601	EVENT MANAGEMENT	6,169,963.
STEPHEN THOMAS LTD. 184 FRONT STREET EAST, SUITE 501 TORONTO ONTARIO CANADA M5A 4N3	DIRECT MARKETING SS	1,236,588.
THE ADVERTISING COUNCIL, INC. 815 SECOND AVENUE, 9TH FLOOR NEW YORK, NY 10017	MARKETING	649,147.
BLACKBAUD, INC. PO BOX 930256 ATLANTA, GA 31193-0256	DONATION SOFTWARE SS	583,144.
LAUREL STRATEGIES, INC. 4A OXFORD STREET CHEVY CHASE, MD 20815	CONSULTING	520,000.

## PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2018

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 5005 LBJ Freeway, Suite 526, Dallas, Texas 75244					
1 Acadiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1436764	-	-	-	402,683	402,683
2 Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 71-0724439	-	-	-	1,705,806	1,705,806
3 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	-	-	-	1,428,587	1,428,587
4 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	-	-	-	377,858	377,858
5 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	-	-	485,451	485,451
6 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 43-2052349	-	-	-	1,363,611	1,363,611
7 Central and Western Oklahoma Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 73-1372249	-	-	-	463,883	463,883
8 Central Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854957	-	-	-	105,827	105,827
9 Central Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2881536	-	-	-	70,909	70,909
10 Central Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2941627	-	-	-	1,434,756	1,434,756
11 Central Tennessee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 62-1671774	-	-	-	1,299,574	1,299,574
12 Central Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844659	-	-	-	430,620	430,620
13 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	-	-	1,486,186	1,486,186
14 Chicagoland Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 36-4111723	-	41	41	1,616,559	1,616,600
15 Coastal Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	533,693	533,693

## PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2018

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
16 Colorado South Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844654	-	-	-	332,701	332,701
17 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844651	203	721	924	2,112,462	2,113,386
18 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2444724	-	-	-	1,731,534	1,731,534
19 Denver Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1199858	-	-	-	1,590,169	1,590,169
20 East Central Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2764235	-	-	-	307,620	307,620
21 Evansville Tri-State Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	-	-	613,956	613,956
22 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2870702	-	-	-	212,884	212,884
23 Greater Detroit Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	-	-	182,536	182,536
24 Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 58-1959763	-	-	-	2,302,379	2,302,379
25 Greater Fort Worth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2445070	-	-	-	1,178,058	1,178,058
26 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	-	179	179	713,720	713,899
27 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	-	-	-	3,306,701	3,306,701
28 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	546,132	546,132
29 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 76-0360372	-	-	-	1,572,314	1,572,314
30 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964	-	1,752	1,752	540,923	542,675
31 Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	-	-	-	1,052,005	1,052,005

## PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2018

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
32 Kansas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 48-1120492	206	7	213	260,692	260,905
33 Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	835,414	835,414
34 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	-	-	784,453	784,453
35 Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064	-	1,815	1,815	1,090,778	1,092,593
36 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844655	-	-	-	749,799	749,799
37 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2509762	-	-	-	488,500	488,500
38 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 52-2053491	-	110	110	1,633,305	1,633,415
39 Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 37-1286285	-	-	-	1,243,366	1,243,366
40 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	1,257,311	1,257,311
41 Miami-Ft Lauderdale Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	901,939	901,939
42 Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844631	-	-	-	854,960	854,960
43 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 41-1924790	-	-	-	1,260,605	1,260,605
44 Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844650	-	-	-	1,083,665	1,083,665
45 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845066	-	-	-	1,129,301	1,129,301
46 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 26-0056671	-	-	-	1,179,002	1,179,002
47 Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 88-0372386	-	351	351	789,967	790,318



## PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2018

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
48 New Orleans Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1222127	-	305	305	654,972	655,277
49 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844656	-	-	-	572,326	572,326
50 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844636	-	-	-	1,083	1,083
51 North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 22-3528454	-	-	-	1,713,519	1,713,519
52 North Louisiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844653	-	-	-	409,258	409,258
53 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2356437	-	-	-	789,753	789,753
54 Northeast Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 34-1793460	-	235	235	743,948	744,183
55 Northeastern Pennsylvania Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 23-2657570	-	-	-	317,715	317,715
56 Northwest North Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	-	-	-	436,767	436,767
57 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063	-	-	-	1,025,870	1,025,870
58 Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0487943	-	3,617	3,617	2,820,077	2,823,694
59 Oregon & Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 93-1068897	-	-	-	1,591,689	1,591,689
60 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845062	-	-	-	1,190,169	1,190,169
61 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2949264	-	-	-	2,408,493	2,408,493
62 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 81-0665396	-	-	-	1,183,564	1,183,564
63 Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-1624040	-	1,479	1,479	2,486,648	2,488,127

## PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2018

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
64 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3169358	-	19,793	19,793	626,879	646,672
65 San Antonio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 74-2856696	-	-	-	843,178	843,178
66 San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911	8,824	157	8,981	1,708,201	1,717,182
67 San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3047626	-	2,385	2,385	358,162	360,547
68 South Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 65-0254225	-	-	-	804,348	804,348
69 Southeast Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844639	-	-	-	1,555,799	1,555,799
70 Southern New England Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844629	-	-	-	1,690,229	1,690,229
71 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 68-0523074	-	-	-	474,255	474,255
72 Southwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	559,072	559,072
73 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	-	-	-	483,323	483,323
74 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854974	-	-	-	902,979	902,979
75 Utah Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	-	-	-	255,256	255,256
76 Virginia Blue Ridge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2619425	-	-	-	558,215	558,215
77 Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	667	667	1,267,952	1,268,619
78 Affiliates that became inactive during the fiscal year	-	-	-	243,047	243,047
Totals - Affiliates	9,233	33,614	42,847	77,721,900	77,764,747

## PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2018

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	10,245	200,433	210,678	75,334,466	75,545,144
Totals for Parent and Affiliates	19,478	234,047	253,525	153,056,366	153,309,891