


<p><b>Form 990</b></p> <p></p> <p>Department of the Treasury Internal Revenue Service</p>	<p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foi/m990">www.irs.gov/foi/m990</a></p>	<p>OMB No 1545-0047</p> <p><b>2015</b></p> <p><b>Open to Public Inspection</b></p>
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<b>A</b> For the 2015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016		<b>D Employer identification number</b>  75-1835298	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>E Telephone number</b>  (972) 855-1600	
<b>C</b> Name of organization SUSAN G KOMEN BREAST CANCER FDN INC  % Robert Green Doing business as SUSAN G KOMEN  Number and street (or P O box if mail is not delivered to street address) Room/suite 5005 LBJ Freeway Suite 250  City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 752446125		<b>G Gross receipts \$</b> 208,711,389	
<b>F</b> Name and address of principal officer Robert Green 5005 LBJ Freeway Suite 250 Dallas, TX 752446125		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 7164	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ www.komen.org			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1982	<b>M</b> State of legal domicile TX

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Komen works to reduce breast cancer deaths by funding research & community-based medical, financial, educational & psychosocial support for those facing 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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	277
6 Total number of volunteers (estimate if necessary)	6	2,875	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Total unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	77,337,857	105,234,559
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,910,092	18,294,814
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,876,364	6,101,498
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,731,604	-3,518,888
		118,392,709	126,111,983
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	45,795,848	36,875,933
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,184,105	23,559,800
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,905,078	2,754,890
	16b Total fundraising expenses (Part IX, column (D), line 25) <b>11,339,035</b>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	47,479,191	41,567,268
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	120,364,222	104,757,891
	19 Revenue less expenses Subtract line 18 from line 12	-1,971,513	21,354,092
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	240,309,976	248,003,651
	21 Total liabilities (Part X, line 26)	124,648,853	106,786,837
	22 Net assets or fund balances Subtract line 21 from line 20	115,661,123	141,216,814

**Part II      Signature Block**

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

<b>Sign Here</b>	Signature of officer	
	ROBERT GREEN CFO Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATHY PITTS	Preparer's signature KATHY PITTS
	Firm's name ▶ ERNST & YOUNG US LLP	
	Firm's address ▶ 1901 SIXTH AVENUE NORTH SUITE 1200  BIRMINGHAM, AL 35203	

May the IRS discuss this return with the preparer shown above? (see instructions)

**For Paperwork Reduction Act Notice, see the separate instructions.**

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

Komen works to reduce breast cancer deaths by funding both research and community-based medical, financial, educational and psychosocial support services for women and men facing 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 ) (Expenses \$ 41,913,947 including grants of \$ 32,738,690 ) (Revenue \$ 18,432,261 )

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

4b

(Code ) (Expenses \$ 33,461,332 including grants of \$ 1,355,502 ) (Revenue \$ 0 )

Breast Health programs aimed at increasing the public's knowledge of and access to breast health care including breast self awareness, risk factors, access to early detection, treatment resources for breast cancer patients, and provision of scientifically reviewed research material. This also includes funding for patient navigation programs and resources for health providers. See schedule o for additional details.

4c

(Code ) (Expenses \$ 5,129,935 including grants of \$ 2,791,741 ) (Revenue \$ 0 )

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

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses

80,505,214

**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> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b> Yes	
<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>	No
<b>4 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> Yes	
<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>	No
<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>	No
<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>	No
<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>	No
<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>	No
<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> Yes	
<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> Yes	
<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> Yes	
<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>	No
<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>	No
<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>	No
<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> Yes	
<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>	No
<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> Yes	
<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>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<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> Yes	
<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> Yes	
<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>	No
<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</i> (see instructions)	<b>17</b> Yes	
<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> Yes	
<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>	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	No
<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>	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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? If "Yes," complete Schedule L, Part I . . . . .	25a		No
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? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	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? If "Yes," complete Schedule L, Part II . . . . .	26		No
27	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? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b		No
c	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? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	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 . . . . .	38	Yes	

**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. <span style="float: right;">139</span>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float: right;">0</span>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<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. <span style="float: right;">277</span>		
<b>2b</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).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</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>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)?		No
<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?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<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?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>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?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <span style="float: right;"></span>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>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>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float: right;"></span>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float: right;"></span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <span style="float: right;"></span>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <span style="float: right;"></span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <span style="float: right;"></span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</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>13b</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. <span style="float: right;"></span>		
<b>13c</b>	Enter the amount of reserves on hand. <span style="float: right;"></span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

**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	<b>1a</b> 12		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 11		
<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?	<b>2</b>		No
<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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<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?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<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	<b>9</b>		No

**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?	<b>10a</b> Yes	
<b>b</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?	<b>10b</b> Yes	
<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?	<b>11a</b> Yes	
<b>b</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	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<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	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
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?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	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
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records Robert Green   5005 LBJ FREEWAY SUITE 250   Dallas, TX 752446125 (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, or 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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 46

## Section B. Independent Contractors

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 20



Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	529,644				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	22,674,147				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	82,030,768				
	g	Noncash contributions included in lines 1a-1f \$		44,447,600				
	h	Total. Add lines 1a-1f . . . . . ▶						105,234,559
Program Service Revenue	2a	Affiliate payments	Business Code					
			900099	18,294,814	18,294,814	0	0	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . . ▶			18,294,814			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,385,209			2,385,209	
	4	Income from investment of tax-exempt bond proceeds . . ▶		0				
	5	Royalties . . . . . ▶		137,936			137,936	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)		0	0			
	d	Net rental income or (loss) . . . . . ▶			0			
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses		76,998,470				
	c	Gain or (loss)		3,716,289				
	d	Net gain or (loss) . . . . . ▶			3,716,289			3,716,289
	8a	Gross income from fundraising events (not including \$ 22,674,147 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a	1,047,998					
		b	Less direct expenses . . . . . b					
	c	Net income or (loss) from fundraising events . . ▶			-4,131,128			-4,131,128
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						
		b	Less direct expenses . . . . . b					
	c	Net income or (loss) from gaming activities . . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . . . . .						
a		222,257						
b		Less cost of goods sold . . . . . b		421,810				
c		Net income or (loss) from sales of inventory . . ▶		-199,553				
Miscellaneous Revenue		Business Code						
11a	Shared Services Income		900099	337,000	337,000	0	0	
b	Other Income		900099	336,857	0	0	336,857	
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . . ▶			673,857				
12	Total revenue. See Instructions . . . . . ▶			126,111,983	18,432,261	0	2,445,163	

**Part IX Statement of Functional Expenses**

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	33,038,771	33,038,771		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	3,837,162	3,837,162		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,528,837	2,149,511	252,884	126,442
<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	0	0	0
<b>7</b>	Other salaries and wages . . . . .	17,408,013	10,961,538	5,180,813	1,265,662
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	654,542	421,319	183,550	49,673
<b>9</b>	Other employee benefits . . . . .	1,778,334	1,136,303	528,536	113,495
<b>10</b>	Payroll taxes . . . . .	1,190,074	741,820	360,581	87,673
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0	0	0	0
<b>b</b>	Legal . . . . .	124,300	12,486	51,554	60,260
<b>c</b>	Accounting . . . . .	545,956	349,215	150,499	46,242
<b>d</b>	Lobbying . . . . .	134,244	134,244	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17	2,754,890			2,754,890
<b>f</b>	Investment management fees . . . . .	62,562	0	62,562	0
<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 . . . . .	6,111,989	4,202,383	298,846	1,610,760
<b>13</b>	Office expenses . . . . .	9,432,818	5,448,782	269,632	3,714,404
<b>14</b>	Information technology . . . . .	2,376,158	1,829,642	285,139	261,377
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	897,434	577,043	253,997	66,394
<b>17</b>	Travel . . . . .	2,085,203	1,121,598	842,299	121,306
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,233,873	703,211	422,622	108,040
<b>20</b>	Interest . . . . .	0	0	0	0
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	762,943	391,865	337,656	33,422
<b>23</b>	Insurance . . . . .	339,193	209,899	93,553	35,741
<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>	CONSULTING & PROF SVCS	9,957,496	8,636,980	1,248,706	71,810
<b>b</b>	Event Production	3,291,587	1,837,564	1,199,057	254,966
<b>c</b>	Equip Rent & Maint	1,429,954	587,769	594,241	247,944
<b>d</b>	Service Fee and Bank Fees	1,163,749	766,483	94,694	302,572
<b>e</b>	All other expenses	1,617,809	1,409,626	202,221	5,962
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	104,757,891	80,505,214	12,913,642	11,339,035
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	32,443,718	18,814,420	2,680,009	10,949,289

Part X

Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b>	Savings and temporary cash investments . . . . .	66,156,825	<b>2</b>	51,130,831
	<b>3</b>	Pledges and grants receivable, net . . . . .	28,183,942	<b>3</b>	22,743,789
	<b>4</b>	Accounts receivable, net . . . . .	464,293	<b>4</b>	6,498,270
	<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 . . . . .	292,557	<b>8</b>	187,029
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	2,602,199	<b>9</b>	1,324,958
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 9,470,739		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 7,532,363	2,401,142	<b>10c</b> 1,938,376
	<b>11</b>	Investments—publicly traded securities . . . . .	122,241,945	<b>11</b>	104,689,264
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	17,941,273	<b>12</b>	59,470,361
	<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 . . . . .	25,800	<b>15</b>	20,773
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	240,309,976	<b>16</b>	248,003,651	
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	11,874,887	<b>17</b>	9,477,825
	<b>18</b>	Grants payable . . . . .	112,186,111	<b>18</b>	96,670,922
	<b>19</b>	Deferred revenue . . . . .	587,855	<b>19</b>	638,090
	<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 . . . . .	124,648,853	<b>26</b>	106,786,837
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .	84,147,622	<b>27</b>	86,358,774
	<b>28</b>	Temporarily restricted net assets . . . . .	31,188,501	<b>28</b>	54,533,040
	<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 <input type="checkbox"/> 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>	<b>Total net assets or fund balances</b> . . . . .	115,661,123	<b>33</b>	141,216,814
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	240,309,976	<b>34</b>	248,003,651

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,111,983
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,757,891
3	Revenue less expenses Subtract line 2 from line 1	3	21,354,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,661,123
5	Net unrealized gains (losses) on investments	5	-6,274,023
6	Donated services and use of facilities	6	2,091,377
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,384,245
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	141,216,814

Part XII

Financial Statements and Reporting

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

☐

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

Additional Data

Software ID:  
Software Version:  
EIN: 75-1835298  
Name: SUSAN G KOMEN BREAST CANCER FDN INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Linda Custard ..... CHAIR OF THE BOARD	1 0 ..... 0 0	X		X				0	0	0
Connie O'Neill ..... BOD Member & Treasurer	1 0 ..... 0 0	X		X				0	0	0
Nancy G Brnker ..... BOD Member & Founder	1 0 ..... 0 0	X		X				261,715	0	20,372
Jane Abraham ..... BOD Member	1 0 ..... 0 0	X						0	0	0
Kaye Ceille ..... BOD Member (Begin 6/24/15)	1 0 ..... 0 0	X						0	0	0
Alan D Feld ..... BOD Member	1 0 ..... 0 0	X						0	0	0
Janet Dunn Frantz ..... BOD Member (Begin 6/24/15)	1 0 ..... 0 0	X						0	0	0
Dan Glennon ..... BOD Member (Begin 6/24/15)	1 0 ..... 0 0	X						0	0	0
Melissa Maxfield ..... BOD Member (Begin 6/24/15)	1 0 ..... 0 0	X						0	0	0
Dr Olufunmilayo Olopade MD ..... BOD Member	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Meghan Shannon ..... BOD Member (Begin 6/24/15)	1 0 ..... 0 0	X						0	0	0
Linda Wilkins ..... BOD Member	1 0 ..... 0 0	X						0	0	0
Susie Knopf ..... BOD Member (END 6/24/15)	1 0 ..... 0 0	X						0	0	0
Tncia Ory ..... BOD Member (END 6/24/15)	1 0 ..... 0 0	X						0	0	0
John DRaffaelli ..... BOD Member (Until 10/20/15)	1 0 ..... 0 0	X						0	0	0
Dr Judith Salerno ..... President and CEO	55 0 ..... 0 0			X				496,324	0	18,904
Chrstina Alford ..... SVP, Development (Beg 7/15)	55 0 ..... 0 0			X				142,164	0	2,584
Robert Green ..... Chief Fin Officer (Beg 4/15)	55 0 ..... 0 0			X				158,181	0	1,623
Lesley Lune ..... Assistant Secretary	55 0 ..... 0 0			X				223,930	0	22,729
Miguel Perez ..... VP, Affiliate Network	55 0 ..... 0 0			X				212,270	0	16,654

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Came Walsh ..... SVP Marketing (Beg 9/15)	55 0 ..... 0 0			X				102,758	0	5,681
Ellen Willmott ..... General Counsel and Secretary	55 0 ..... 0 0			X				290,178	0	24,630
Victona Wolodzko ..... VP Rsrh & Comm Hlth(beg 6/15)	55 0 ..... 0 0			X				188,389	0	18,586
Norm Bowling ..... Chief Mkt/Rev Off(End 5/22/15)	1 0 ..... 0 0			X				178,653	0	3,829
Enc Montgomery ..... VP, Info Tech (Beg 4/15)	55 0 ..... 0 0				X			170,775	0	28,534
Stephanie Birkey Reffey ..... Managing Dir , Eval & Outcomes	55 0 ..... 0 0					X		156,449	0	22,138
Vanessa Hewitt ..... Managing Dir , Internal Audit	55 0 ..... 0 0					X		157,520	0	16,175
Andrea Rader ..... Managing Director, Comm	55 0 ..... 0 0					X		173,314	0	21,163
Subhendu Rath ..... Director, IT Enterpnse System	55 0 ..... 0 0					X		157,172	0	27,556
Tiffany Tsumpis ..... Senior Attorney	55 0 ..... 0 0					X		156,479	0	16,877

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization SUSAN G KOMEN BREAST CANCER FDN INC	Employer identification number 75-1835298
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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 11, 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 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 )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- 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- 9 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		
Total						



Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	159,779,664	118,656,952	91,606,572	77,337,857	105,234,559	552,615,604
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	159,779,664	118,656,952	91,606,572	77,337,857	105,234,559	552,615,604
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						39,725,217
6 Public support. Subtract line 5 from line 4						512,890,387

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	159,779,664	118,656,952	91,606,572	77,337,857	105,234,559	552,615,604
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,528,150	4,810,808	4,064,746	3,542,123	2,523,145	19,468,972
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	378,313	351,342	436,740	153,632	336,857	1,656,884
11 Total support. Add lines 7 through 10						573,741,460
12 Gross receipts from related activities, etc (see instructions)					12	140,218,777
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	89 394 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	95 176 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 II of Schedule L (Form 990).</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 <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b 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>		
<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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <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.</i></div>	<div>1</div>	
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <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.</i></div>	<div>2</div>	

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <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).</i></div>	<div>1</div>	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div> <div><div>a</div><div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <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.</i></div><div>b</div><div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <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.</i></div></div>	<div>2a</div>	
	<div>2b</div>	
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div> <div><div>a</div><div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div><div>b</div><div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div></div>	<div>3a</div>	
	<div>3b</div>	

**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: **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</b>	<b>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>1</b>	
<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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<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</b>	<b>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</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
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SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and 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 the organization SUSAN G KOMEN BREAST CANCER FDN INC	Employer identification number 75-1835298
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				



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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	2,877	66,033												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	131,367	152,763												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	134,244	218,796												
<b>d</b>	Other exempt purpose expenditures	91,710,005	196,807,418												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	91,844,249	197,026,214												
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table><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-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -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)2012	(b)2013	(c)2014	(d)2015	(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	144,834	98,255	91,934	218,796	553,819
<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	83,839	68,694	52,478	66,033	271,044

		(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?			

		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 expenditures from the prior year?	<b>3</b>	

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<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>	

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.	
Return Reference	Explanation
LOBBYING EXPENSES	SCHEDULE C, PART II-A KOMEN SUPPORTS LIMITED LOBBYING ACTIVITIES TO ACHIEVE EVIDENCE-BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO ELIMINATE BREAST CANCER AS A MAJOR HEALTH PROBLEM

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.

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

OMB No 1545-0047

2015

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4	Number of states where property subject to conservation easement is located ▶ _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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	▶ \$ _____

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	1,346,721	1,346,267	1,325,000	1,325,000	1,225,000
b Contributions . . . . .			0	0	100,000
c Net investment earnings, gains, and losses	29,808	4,717	23,736	21	33
d Grants or scholarships . . . . .				0	0
e Other expenditures for facilities and programs . . . . .	460	4,263	2,469	21	33
f Administrative expenses . . . . .					
g End of year balance . . . . .	1,376,069	1,346,721	1,346,267	1,325,000	1,325,000

2

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

a

Board designated or quasi-endowment ▶ 73 000 %

b

Permanent endowment ▶ 27 000 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

If "Yes" on 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land . . . . .				0
b Buildings . . . . .				
c Leasehold improvements . . . . .		610,067	90,380	519,687
d Equipment . . . . .		2,533,268	2,334,030	199,238
e Other . . . . .		6,327,404	5,107,953	1,219,451
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				1,938,376



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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Intended use of endowment funds	SCHEDULE D, PART V, LINE 4 KOMEN HAS THREE PERMANENT ENDOWMENTS GOODMAN-BRINKER, FIRNBERG, AND A GENERAL ENDOWMENT THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FELLOWSHIPS, THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH AWARDS, AND THE GENERAL ENDOWMENT'S EARNINGS ARE RESTRICTED FOR ORGANIZATIONAL MISSION ACTIVITIES FIN 48 (ASC 740) FINANCIAL STATEMENT DISCLOSURE SCHEDULE D, PART X, LINE 2 THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THERE WERE NO UNCERTAIN TAX POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT MARCH 31, 2016 OR MARCH 31, 2015

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

Return Reference	Explanation

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		43			2,553,385
b Total from continuation sheets to Part I					46,200,276
c Totals (add lines 3a and 3b)		43			48,753,661



Complete if the organization answered "Yes" to 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.

[illegible]

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 . . . . ▶	36
3	Enter total number of other organizations or entities . . . . . ▶	0

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

[illegible]

**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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

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

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
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 T ERM, AND ANY CHANGE REQUESTS THEY MAY HAVE FOR THEIR PROJECTS ALL PROGRESS REPORTS AND RE QUESTS ARE REVIEWED BY QUALIFIED STAFF SEE SCHEDULE I, PART IV FOR MORE DETAILS

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 75-1835298

**Name:** SUSAN G KOMEN BREAST CANCER FDN INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific		3	Program Services	Event Support	72,683
South America		2	Program Services	EDUC & EVENT SUPPORT	3,581
Sub-Saharan Africa		1	Program Services	EDUC & EVENT SUPPORT	20,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia		1	Program Services	EDUC & EVENT SUPPORT	10,773
Russia and the Newly Independent States		1	Send agents to seminar	Educ & Event Support	4,871
North America		8	Program Services	EDUC & EVENT SUPPORT	104,015

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		2	Send agents to seminar		10,034
Middle East and North Africa		3	Program Services	EDUC & EVENT SUPPORT	86,300
Middle East and North Africa		4	Send agents to seminar		16,926

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		6	Send agents to seminar		12,648
Europe (Including Iceland and Greenland)		12	Program Services	EDUC & EVENT SUPPORT	24,669
Central America and the Caribbean			Grantmaking	Education	74,750



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking	Research	151,139
Middle East and North Africa			Grantmaking	Education	217,420
Middle East and North Africa			Grantmaking	Research	200,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Grantmaking	Research	1,241,983
South America			Grantmaking	Education	301,593
South America			Grantmaking	Research	10,488

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking	Education	25,000
Central America and the Caribbean			Grantmaking	Education	211,520
Europe (Including Iceland and Greenland)			Grantmaking	Research	1,403,268

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		44,550,000

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	EDUCATION	25,000	WIRE TRANSFR			
		Middle East and North Africa	education	49,900	WIRE TRANSFR			
		Central America and the Caribbean	Education	53,432	WIRE TRANSFR			
		South America	EDUCATION	26,000	WIRE TRANSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	39,922	WIRE TRANSFR			
		Middle East and North Africa	Education	50,000	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)	RESEARCH	39,505	WIRE TRANSFR			
		North America		60,000	WIRE TRANSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Education	101,030	WIRE TRANSFR			
		Middle East and North Africa		200,000	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)	Research	24,000	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)		25,000	WIRE TRANSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research	200,000	WIRE TRANSFR			
		South America	education	75,000	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)	Research	420,000	WIRE TRANSFR			
		Central America and the Caribbean	education	22,343	WIRE TRANSFR			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Education	18,920	WIRE TRANSFR			
		South America	Education	24,563	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)	Research	230,184	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)		335,000	WIRE TRANSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research	34,655	WIRE TRANSFR			
		Middle East and North Africa	EDUCATION	75,500	WIRE TRANSFR			
		North America	Research	447,011	WIRE TRANSFR			
		Central America and the Caribbean	EDUCATION	98,124	WIRE TRANSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	education	18,700	WIRE TRANSFR			
		Middle East and North Africa	EDUCATION	19,020	WIRE TRANSFR			
		East Asia and the Pacific		37,580	WIRE TRANSFR			
		North America	Research	179,600	WIRE TRANSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research	35,000	WIRE TRANSFR			
		South America	education	75,000	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)		20,000	WIRE TRANSFR			
		Middle East and North Africa	Education	23,000	WIRE TRANSFR			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	research	113,558	WIRE TRANSFR			
		Central America and the Caribbean	EDUCATION	74,750	WIRE TRANSFR			
		North America		555,372	WIRE TRANSFR			
		South America		10,488	WIRE TRANSFR			

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

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 ten 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			
Merkle Inc	Direct Marketing		No	18,315,675	1,902,692	16,412,984
Event 360	Fundraising Consulting		No	23,135,659	390,691	22,744,968
Possible Worldwide 414 Olive Way Suite 500 Seattle, WA 98101	Marketing Consulting		No		281,520	
Slingshot LLC 208 N Market Street Suite 500 Dallas, TX 75202	Fundraising Consulting		No		149,703	
The Pursuant Group 5151 Beltline Road Suite 900 Dallas, TX 75254	Fundraising Consulting		No		30,284	
Total ▶				41,451,334	2,754,890	39,157,952

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, 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, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Part II Fundraising Events.**

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		<b>3 day</b> (event type)	<b>DC RFTC</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	20,438,852	1,541,308	1,741,985	23,722,145
	<b>2</b> Less Contributions . . . . .	19,935,747	1,032,128	1,706,272	22,674,147
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	503,105	509,180	35,713	1,047,998
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	973	21,184	32,954	55,111
	<b>6</b> Rent/facility costs . . . . .	910,855	0	43,588	954,443
	<b>7</b> Food and beverages . . . . .	824,416	11,889	170,014	1,006,319
	<b>8</b> Entertainment . . . . .	0	580	27,628	28,208
	<b>9</b> Other direct expenses . . . . .	2,826,737	118,788	189,520	3,135,045
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				5,179,126
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-4,131,128

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶				

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

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

Return Reference	Explanation
NET INCOME SUMMARY	SCHEDULE G PART II GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF CONTRIBUTIONS, PER IRS INSTRUCTIONS THE CONTRIBUTIONS FOR FISCAL YEAR 2016 WERE \$22.7 MILLION



**Open to Public Inspection**

75-1835298

**(h) Purpose of grant or assistance**

Schedule I (Form 990) 2015

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

Part IV

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

Return Reference	Explanation
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 TERMINATION RIGHTS FOR RESEARCH GRANTS, SCIENTIFIC PROGRESS IS MONITORED THROUGHOUT THE GRANT TERM BY A PH D - LEVEL SCIENTIFIC GRANTS MANAGER FOR EDUCATION, SCREENING, AND TREATMENT GRANTS, PROGRESS IS MONITORED THROUGHOUT THE GRANT TERM BY A MASTERS or PH D - LEVEL COMMUNITY OR GLOBAL GRANTS MANAGER EACH YEAR OF THE GRANT TERM, GRANTEES ARE REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS DETAILING PROGRESS TOWARD AIMS AND OBJECTIVES, CHALLENGES ENCOUNTERED, AND A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES) WITH WRITTEN JUSTIFICATION AS APPROPRIATE THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH THE GRANTEE TO BUILD A STRONGER RELATIONSHIP WITH THE GRANTEE, GAIN A BETTER UNDERSTANDING OF THEIR WORK, AND ADDRESS ANY CHALLENGES IMPACTING THE FUNDED PROGRAM ALL GRANT FUNDS MUST BE EXPENDED IN ACCORDANCE WITH THE PROJECT'S APPROVED BUDGET AND ARE DISBURSED IN ACCORDANCE WITH THE SCHEDULE DOCUMENTED WITHIN THE GRANT AGREEMENT REQUESTS FOR CHANGES TO THE DESIGN OF THE FUNDED PROJECT OR BUDGET ARE SUBJECT TO PRIOR APPROVAL OF KOMEN IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT 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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-1835298  
**Name:** SUSAN G KOMEN BREAST CANCER FDN INC

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
African Women's Cancer Awareness Assoc 8955 Edmonston Road Greenbelt,MD 20770	73-1704355	501(C)(3)	99,201				education
Alaska Native Tribal Health Consortium 4000 Ambassador Drive Anchorage,AK 99508	92-0162721	501(C)(3)	62,500				screening
Albert Einstein College of Med Yeshiva U 1300 Morris Park Ave Bronx,NY 104611975	13-1624225	501(C)(3)	22,477				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Association for Cancer Research 615 Chestnut St 17th Fl Philly, PA 19106	23-6251649	501(C)(3)	665,000				
American Jewish Joint Attn Itai Shamir New York, NY 100174014	13-1656634	501(C)(3)	88,703				EDUCATION
American Society of Clinical Oncology Conquer Cancer FDN Alexandria, VA 22314	13-6180880	501(C)(3)	500,000				research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Arlington Free Clinic 2921 11th Street South Arlington, VA 22204	54-1671883	501(C)(3)	99,605				screening
Baylor College Medicine Grants - Acct Recvbl Houston, TX 770303411	74-1613878	501(C)(3)	1,698,348				Research
Beth Israel Deaconess Medical Center Resrch Fin Office BR109 Boston, MA 02215	04-2103881	501(C)(3)	222,000				RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boat People SOS 6066 Leesburg Pike 100 FC, VA 22041	54-1563619	501(C)(3)	47,178				education
Boston University 580 Harrison Avenue 3-W Boston, MA 02118	04-2103547	501(C)(3)	161,726				
Breast Care for Washington 4 Atlantic St SW Washington, DC 20032	45-5574713	501(C)(3)	100,000				Screening

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Brigham & Women's Hospital PO Box 3149 Boston, MA 022413149	04-2312909	501(C)(3)	343,613				Research
Broad Institute Inc 415 Main Street Cambridge, MA 02142	26-3428781	501(C)(3)	60,000				
Burnham Institute for Medical Research Cancer Ctr La Jolla, CA 92037	51-0197108	501(C)(3)	30,000				research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Bush Global Health Initiative 6116 N Central Expressway Dallas, TX 75360	47-4585630	501(C)(3)	118,074				treatment
Cancer Care 275 Seventh Avenue New York, NY 10001	13-1825919	501(C)(3)	1,493,807				treatment
Cancer Resource Centers of Mendocino Cty 45040 Calpella Street Mendocino, CA 95460	68-0357416	501(C)(3)	65,538				Education



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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Capital Breast Care Center 3970 Reservoir Rd NW Washington, DC 20057	53-0196603	501(C)(3)	50,000				education
CASA of Maryland Inc Attn Jennifer Freedman Hytvle, MD 20783	52-1372972	501(C)(3)	135,382				education
Case Western Reserve University Controllers Office Cleveland, OH 44106	34-1018992	501(C)(3)	236,563				

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Children's Hospital Boston Resrch Fin Boston, MA 022414413	04-2774441	501(C)(3)	60,000				Research
Cincinnati Children's Hospital Medical 3333 Burnet Ave Cincinnati, OH 45229	31-0833936	501(C)(3)	120,000				Research
Cold Spring Harbor Laboratory Attn Walter Goldschmidts CSH, NY 11724	11-2013303	501(C)(3)	310,861				Research

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Columbia University Medical Center 722 W 168th St 4th Fl New York, NY 10027	13-5598093	501(C)(3)	727,831				Research
Cornell University 341 Pine Tree Road Ithaca, NY 14850	15-0532082	501(C)(3)	60,000				research
Dana Farber Cancer Institute 44 Binney St 439C Boston, MA 02115	04-2263040	501(C)(3)	2,507,556				

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Doctors Community Hospital 8118 Good Luck Road Lanham, MD 207063502	52-1638026	501(C)(3)	750,000				education, screening, and treatment
ECOG Research and Education Foundation 1818 Market Street Philadelphia, PA 19109	39-1723095	501(C)(3)	150,000				Research
Facing Our Risk of Cancer Empowered 16057 TP Blvd W 373 Tampa, FL 33647	65-0927702	501(C)(3)	10,000				education

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Fox Chase Cancer Center 333 Cottman Avenue Philadelphia, PA 19111	23-2003072	501(C)(3)	120,000				Research
Fred Hutchinson Cancer Research Center PO Box 19024 J6-330 Seattle, WA 98109	56-3744111	501(C)(3)	231,459				Research
Friends of Cancer Research Attn Heather S Chaney Wshngtn, DC 20036	52-1983273	501(C)(3)	40,000				research

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George Mason University 4400 Univ Drive MSN 4C6 Fairfax, VA 22030	53-0196584	501(C)(3)	220,678				
Georgetown University Box 571164 Washington, DC 20007	53-0196603	501(C)(3)	216,693				
Georgia Health Sciences Univ Rsrch Inst 1120 15th St CJ - 3301 Augusta, GA 30912	58-1418202	501(C)(3)	29,204				Research

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Georgia Regents Research Institute Inc 1120 15th Street Augusta, GA 309124810	58-1418202	501(C)(3)	111,919				Research
Georgia Tech Research Corporation 505 Tenth Street NW Atlanta, GA 30318	58-0603146	501(C)(3)	150,000				Research
Global Biological Standards Institute 1020 19th St NW 550 Wshgtn, DC 20036	61-1705421	501(C)(3)	40,000				research

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H Lee Moffitt Cancer Center 12902 Magnolia Drive Tampa, FL 33612	59-2451713	501(C)(3)	60,000				Research
Harvard University 1350 Massachusetts Avenue Boston, MA 02138	04-2103580	501(C)(3)	512,992				education & research
Holy Cross Hospital 1500 Forest Glen Rd Silver Spring, MD 20910	59-0791028	501(C)(3)	100,000				education



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Howard University 2041 Georgia Ave NW Wshgtn, DC 20059	53-0204707	501(C)(3)	297,503				Education, Screening, and Treatment
Hudson-Alpha Institute for Biotechnology 601 Genome Way Huntsville, AL 35801	43-2059317	501(C)(3)	239,865				Research
Indiana University (Indianapolis) PO Box 66057 Indianapolis, IN 462666057	35-6001673	501(C)(3)	1,357,075				Research

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International Scholarship & Tuition Serv 1321 Murfreesboro Road Nashville, TN 37217	04-2697983	501(C)(3)	35,000				education
Johns Hopkins University 1650 Orleans Street Baltimore, MD 21205	52-0595110	501(C)(3)	697,000				
Korean Community Svc Ctr of Greater WA 7700 Ltl Rvr Trnpk 406 Annadale, VA 22003	38-6005984	501(C)(3)	100,000				education

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Lawrence Berkeley National Laboratory PO Box 528 Berkeley, CA 94701	94-2951741	501(C)(3)	11,857				research
Leland Stanford Jr University PO Box 44253 Palo Alto, CA 941444253	94-1156365	501(C)(3)	998,842				Research
Living Beyond Breast Cancer 354 W Lancaster Ave Haverford, PA 19041	53-0196932	501(C)(3)	102,000				Education

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Lutheran Hospital Association of 106 Blanca Ave Alamosa, CO 81101	84-0255530	501(C)(3)	61,692				screening
Maasai Wilderness Conservation Fund PO Box 1413 Santa Barbara, CA 93102	54-1943145	501(C)(3)	80,040				education
Maryland Dept of Health & Mental hygiene 201 W Prstn St 303 Baltimore, MD 21201	52-6002033	501(C)(3)	62,425				Screening

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Mary's Ctr for Maternal&Child Care Inc 2333 Ontario Road NW Washington, DC 20009	52-1594116	501(C)(3)	270,000				education, screening, and treatment
Massachusetts General Hospital PO Box 414876 Boston, MA 02199	04-2697983	501(C)(3)	516,191				Research
Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville, FL 32224	59-3337028	501(C)(3)	39,645				research

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Mayo Clinic Rochester 200 First St SW Rochester, MN 559034008	41-6011702	501(C)(3)	167,295				
Medical Univeristy of South Carolina 171 Ashley Avenue Charleston, SC 29425	57-6000722	501(C)(3)	60,000				research
Memorial Sloan-Kettering Cancer Center 633 3rd Ave 28th Fl New York, NY 10017	13-1924236	501(C)(3)	329,998				education & research

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Mercy Medical Ctr 301 St Paul Place Baltimore, MD 21202	52-1495113	501(C)(3)	52,768				
Metastatic Breast Cancer Network 211 E 18th Street New York City, NY 10003	80-0418281	501(C)(3)	20,000				education
Metropolitan Chicago Breast Cancer 1645 W Jcksn Blvd 450 Chicago, IL 60612	26-2264895	501(C)(3)	500,000				education & Research

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MidMichigan Medical Center-Gratiot 300 East Warwick Drive Alma, MI 48801	38-1437919	501(C)(3)	99,999				education
Mobile Medical Care Inc 9309 Old Gergtwn Rd Bethesda, MD 20814	23-7022588	501(C)(3)	294,161				Education & screening
Mount Sinai School of Medicine 633 Third Avenue New York, NY 10017	13-6171197	501(C)(3)	362,000				Research



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New York University School of Medicine One Park Ave 11th Fl New York, NY 10016	13-5562308	501(C)(3)	198,828				research
Northwestern University 633 Clark Evanston, IL 60208	36-2167817	501(C)(3)	157,640				screening & Research
Nueva Vida Inc 2000 P St NW 300 Washington, DC 20036	54-1943145	501(C)(3)	100,000				Education

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Obesity Society 8757 Georgia Avenue Silver Spring, MD 20910	54-1438429	501(C)(3)	7,300				Research
Oklahoma Medical Research Foundation 825 NE 13th Street Oklahoma City, OK 73104	14-1368361	501(C)(3)	13,726				Research
Oregon Health & Science University 0690 SW Bancroft Street Portland, OR 97239	75-2668014	501(C)(3)	200,000				research

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Partners for Cancer Care and Prevention 10 E Lee St 1901 Baltimore, MD 21202	45-1605551	501(C)(3)	25,000				education
Patient Advocate Foundation 421 Butler Farm Road Hampton, VA 23666	83-0292601	501(C)(3)	500,000				treatment
Prevent Cancer Foundation 1600 Duke Street Alexandria, VA 22209	52-1429544	501(C)(3)	235,588				Education & screening

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Primary Care Coalition-MontgomeryCty Inc 8757 GA Ave 10th Fl Silver Spring, MD 20910	52-1847976	501(C)(3)	250,000				Screening & treatment
Prince William Hospital 8700 Sudley Road Manassas, VA 20110	54-1307595	501(C)(3)	186,235				Education & screening
Princeton University 701 Carnegie Center Princeton, NJ 08540	21-0634501	501(C)(3)	111,250				research

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Program for Appropriate PO Box 900922 Seattle, WA 98109	91-1157127	501(C)(3)	72,446				education
Providence Health Foundation 1150 Varnum Street NE Washington, DC 20017	52-1275583	501(C)(3)	222,903				Education/Screening
Providence Portland Medical Center 4805 NE Glisan St 5F40 Portland, OR 97213	93-0386906	501(C)(3)	179,612				

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Quantum Leap HealthCare Collaborative 3450 California St SF, CA 941181837	20-4284925	501(C)(3)	70,000				Education
Regents of University of Michigan 3003 S State St Rm 1054 Ann Arbor, MI 48109	74-6000949	501(C)(3)	160,000				Research
Research Advocacy Network 6505 West Park Boulevard Plano, TX 75093	56-6001393	501(C)(3)	41,537				research

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Roswell Park Alliance Foundation Elm Carlton Streets Buffalo, NY 14263	16-1391608	501(C)(3)	120,000				research
Rush University 1700 West Van Buren Chicago, IL 60612	36-2174823	501(C)(3)	14,999				research
Smith Farm Center for Healing & the Arts 1632 U Street NW Washington, DC 20009	59-0624458	501(C)(3)	500,000				education, screening, and treatment

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St Joseph Medical Center 2500 Bernville Road Reading, PA 196030316	53-0196617	501(C)(3)	86,284				education
Stanford University PO Box 44253 San Francisco, CA 941444253	94-1156365	501(C)(3)	200,000				
The Alliance of Pennsylvania Councils 3461 Market Street Camp Hill, PA 17011	25-1888581	501(C)(3)	53,408				screening



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The Ohio State University College 700 Childrens Drive Columbus, OH 43205	38-1746722	501(C)(3)	299,915				Research
The Red Devils PO Box 36291 Towson, MD 21286	74-3070929	501(C)(3)	34,785				treatment
The Salk Institute 10010 N Torrey Pines Rd La Jolla, CA 92037	37-6000511	501(C)(3)	240,000				Research

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The University of Chicago 5801 South Ellis Avenue Chicago, IL 60637	36-2177139	501(C)(3)	472,000				
Thomas Jefferson University 1020 Walnut St Philadelphia, PA 19107	23-2829095	501(C)(3)	295,360				Research
Trustees of Dartmouth College 11 Rope Ferry Rd HB 6210 Hanover, NH 03755	02-0222111	501(C)(3)	150,000				Research

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Tufts University 800 Washington Street Boston, MA 02111	04-2103634	501(C)(3)	269,686				
Univ of North Carolina at Chapel Hill 104 Airport Dr 2200 CB 1350 CH, NC 27599	56-6001393	501(C)(3)	2,000,221				education & Research
Univ of TX MD Anderson Cancer Center 1515 Holcombe Blvd Houston, TX 77030	74-6001118	501(C)(3)	1,271,677				Research

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University Miami School of Medicine 1400 NW 10th Avenue Miami, FL 33136	59-0624458	501(C)(3)	255,951				Research
University of Alabama at Birmingham 1530 3rd Ave S Birmingham, AL 35294	63-6005396	501(C)(3)	594,618				Research
University of California-Berkeley 2195 Hearst Ave Rm130 Berkeley, CA 94720	94-6002123	501(C)(3)	135,000				Research

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University of California-Irvine Biological Sci 3 1400 Irvine, CA 92697	95-2226406	501(C)(3)	40,000				Research
University of California-Los Angeles 10920 Wilshire Blvd 107 LA, CA 90024	95-6006143	501(C)(3)	240,000				Research
University of California-San Diego 9500 Gilman Dr La Jolla, CA 92093	95-6006144	501(C)(3)	270,000				Research

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University of California-San Francisco 1600 Divisadero St Box 1710 SF, CA 94115	94-6036493	501(C)(3)	913,734				Research
University of Cincinnati 51 Gdmn Dr Univ Hall 530 Cincy, OH 45221	31-6000989	501(C)(3)	180,000				Research
University of Illinois at Chicago 809 S Mrshfld Ave MC551 Chicago, IL 60608	37-6000511	501(C)(3)	190,016				research

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Kansas Center for Research 2385 Irving Hill Rd Lawrence, KS 66045	48-0680117	501(C)(3)	60,000				Research
University of Kansas Medical Center 3901 Rainbow Blvd MSN 1039 KC, KS 66160	48-1108830	501(C)(3)	1,697,740				Research
University of Michigan 3086 Wlvrne Twer Ann Arbor, MI 48109	38-6006309	501(C)(3)	427,099				Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Minnesota 200 Oak St SE 450 Minneapolis, MN 55455	41-6007513	501(C)(3)	399,556				research
University of Notre Dame du Lac 731 Grace Hall Notre Dame, IL 46556	35-0868188	501(C)(3)	150,000				Research
University of Oklahoma Hlth Sci Center 1100 N Lindsay SCB 228 OC, OK 73104	73-6017987	501(C)(3)	38,427				Research



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Pennsylvania 3451 Wlnt St P211 Frnkln Philly, PA 19104	23-1352685	501(C)(3)	937,985				education & Research
University of Pittsburgh 139 Univ Place Pittsburgh, PA 152132303	25-0965591	501(C)(3)	232,000				Research
University of South Carolina 1600 Hampton St 404H Columbia, SC 29208	57-6001153	501(C)(3)	150,000				Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Southern California Univ Gardens Bldg LA, CA 900898001	95-1642394	501(C)(3)	712,063				Research
University of Tennessee 62 South Dunlap Memphis, TN 38163	31-1626179	501(C)(3)	79,480				Research
University of Texas Health Science Ctr 7703 Floyd Curl Dr MSC 7828 SA, TX 78229	74-1586031	501(C)(3)	39,895				research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Virginia at School of Med PO Box 400195 P211 Frnkln Bldg Chrltsvle, VA 22904	23-7173411	501(C)(3)	32,534				research
University of Washington 3917 University Way NE Seattle, WA 98105	91-6001537	501(C)(3)	639,636				education & research
University of Wisconsin - Madison 21 N Park St 6401 Madison, WI 53715	39-6006492	501(C)(3)	179,416				research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UT Health Center at Tyler 11937 US Highway 271 Tyler, TX 757083154	75-6001354	501(C)(3)	33,231				research
UT HSC - San Antonio 7703 Floyd Curl Dr SA, TX 77229	74-6002868	501(C)(3)	385,000				Research
UT Southwestern Medical Center PO Box 841753 Dallas, TX 752841753	74-6000203	501(C)(3)	48,000				Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UTMD Anderson Cancer Ctr 1515 Holcombe Blvd 1644 Houston, TX 77030	74-6001118	501(C)(3)	1,241,902				Research
Vanderbilt University Medical Center 3319 W End Ave 100 Nshvle, TN 37203	62-0476822	501(C)(3)	769,813				research
Vermont Cancer Ctr UVM College of Med 85 S Prospect St Burlington, VT 05405	03-0179440	501(C)(3)	75,000				research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Vietnamese Resettlement Association Inc 6131 Wlstn Dr Rm 6 FC, VA 22044	54-1512549	501(C)(3)	430,224				education, screening, and treatment
Virginia Commonwealth University PO Box 843039 Richmond, VA 232843038	54-6001758	501(C)(3)	360,000				research
Wake Forest University Health Sciences Med CTR Blvd WinstonSalem, NC 27157	22-3849199	501(C)(3)	39,592				research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Washington Univ at St Louis 700 Rosedale Ave Cmps 1034 SL, MO 63112	43-0653611	501(C)(3)	1,565,686				research
Wayne State University 5057 Woodward Ave 13th Fl Detroit, MI 48202	36-6028429	501(C)(3)	223,464				
Whitehead Institute 9 Cambridge Center Cambridge, MA 021421479	06-1043412	501(C)(3)	220,000				research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Widener University One University Place Chester, PA 19013	23-1386178	501(C)(3)	29,527				research
Young Survival Coalition 61 Broadway Suite 2235 New York, NY 10006	13-4057685	501(c)(3)	10,000				education
Duke University Medical Center PO Box 602651 Charlotte, NC 282602651	56-0532129	501(C)(3)	1,463,857				research



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Univ of Puerto Rico -Recinto de Regular PO Box 365067 San Juan,PR 009365067	66-0433762	501(c)(3)	50,000				research
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE CTR FOR CNCR PRVNTN GNTCS MIAMI,FL 33136	59-0624458	501(C)(3)	65,560				EDUCATION

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

OMB No 1545-0047

2015

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

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		

**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 are not 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				
See Additional Data Table							

**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.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION EXCEPT AS MAY BE APPROVED IN ADVANCE FOR MEDICAL ACCOMODATION, FIRST CLASS AND BUSINESS CLASS FARES FOR DOMESTIC TRAVEL, CANADA, THE CARIBBEAN, CENTRAL AMERICA, AND MEXICO ARE NOT REIMBURSABLE. HOWEVER, PERSONAL FREQUENT FLIER MILEAGE AND/OR COUPONS MAY BE USED FOR NO-COST UPGRADES. IN THE EVENT OF INTERNATIONAL TRAVEL WITH FLIGHT TIMES OF SIX HOURS OR MORE, AND PRE-APPROVAL BUSINESS OR FIRST CLASS TRAVEL MAY BE PERMITTED IF THERE IS A MEDICAL ACCOMODATION OR BUSINESS PURPOSE. WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COST.

Additional Data

Software ID:

Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAST CANCER FDN INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1Nancy G Brinker BOD Member & Founder	(i)	257,778	0	3,937	15,480	4,892	282,087	0
	(ii)	0	0	0	0	0	0	0
1Dr Judith Salerno President and CEO	(i)	491,003	0	5,321	15,346	3,558	515,228	0
	(ii)	0	0	0	0	0	0	0
2Robert Green Chief Fin Officer (Beg 4/15)	(i)	155,885	0	2,296	0	1,623	159,804	0
	(ii)	0	0	0	0	0	0	0
3Lesley Lune Assistant Secretary	(i)	221,591	0	2,339	10,977	11,752	246,659	0
	(ii)	0	0	0	0	0	0	0
4Miguel Perez VP, Affiliate Network	(i)	208,962	0	3,308	8,311	8,343	228,924	0
	(ii)	0	0	0	0	0	0	0
5Ellen Willmott General Counsel and Secretary	(i)	287,268	0	2,910	15,814	8,816	314,808	0
	(ii)	0	0	0	0	0	0	0
6Victoria Wolodzko VP Rsrh & Comm Hlth(beg 6/15)	(i)	178,221	7,500	2,668	10,718	7,868	206,975	0
	(ii)	0	0	0	0	0	0	0
7Norm Bowling Chief Mkt/Rev Off(End 5/22/15)	(i)	176,683	0	1,970	0	3,829	182,482	0
	(ii)	0	0	0	0	0	0	0
8Enc Montgomery VP, Info Tech (Beg 4/15)	(i)	168,156	718	1,901	10,909	17,625	199,309	0
	(ii)	0	0	0	0	0	0	0
9Stephanie Birkey Reffey Managing Dir , Eval & Outcomes	(i)	154,312	0	2,137	9,726	12,412	178,587	0
	(ii)	0	0	0	0	0	0	0
10Vanessa Hewitt Managing Dir , Internal Audit	(i)	157,323	0	197	9,821	6,354	173,695	0
	(ii)	0	0	0	0	0	0	0
11Andrea Rader Managing Director, Comm	(i)	170,093	0	3,221	10,419	10,744	194,477	0
	(ii)	0	0	0	0	0	0	0
12Subhendu Rath Director, IT Enterprise System	(i)	155,359	0	1,813	9,659	17,897	184,728	0
	(ii)	0	0	0	0	0	0	0
13Tiffany Tsumpis Senior Attorney	(i)	155,513	0	966	9,356	7,521	173,356	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M  
(Form 990)

OMB No 1545-0047

2015

Open to Public Inspection

Noncash Contributions

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number  
75-1835298

Part I

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 . . . . .	X	1	40,500,000	IND 3RD PARTY VALUE
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 . . . . .	X	1	12,350	cost or sales price
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>Aadantage Miles</u> )	X	131,175,000	3,935,250	cost or sales price
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29

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

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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not 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.

Cat No 51227J

Schedule M (Form 990) (2015)

**Part II**

**Supplemental Information.**

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

Return Reference	Explanation
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As Filed Data -

DLN: 93493358002096

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
SUSAN G KOMEN BREAST CANCER FDN INC

Employer identification number  
75-1835298

Return Reference	Explanation
EXPLANATION OF AMENDMENTS	<p>THE SUSAN G KOMEN BREAST CANCER FOUNDATION, INC FORM 990 IS BEING AMENDED TO REFLECT THE CORRECT INVESTMENT VALUE FOR STOCK THAT WAS DONATED TO THE FOUNDATION THE FINAL VALUATION OF THE STOCK WAS NOT COMPLETED WHEN THE ORIGINAL RETURN WAS FILED VOLUNTEERS FORM 990, PART I, QUESTION 6 VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREA TEST 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, FUNDING MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT WHILE PROVIDING REAL TIME HELP TO THOSE FACING THE DISEASE SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED MORE THAN \$920 MILLION IN BREAST CANCER RESEARCH AND PROVIDED \$2 BILLION IN FUNDING FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT, EDUCATION, HEALTH SYSTEMS IMPROVEMENT, AND PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 30 COUNTRIES WORLDWIDE KOMEN WAS FOUNDED BY NANCY G BRINKER, WHO PROMISED HER SISTER, SUSAN G KOMEN, THAT SHE WOULD END THE DISEASE THAT CLAIMED SUZY'S LIFE RESEARCH SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MAJOR ADVANCES IN BREAST CANCER SCIENCE THE PROGRESS HAS BEEN SIGNIFICANT - TODAY , WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE DISEASE WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER AND THE CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT AND PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION MEDICINE KOMEN'S RESEARCH PROGRAMS ARE DESIGNED TO UNDERSTAND THE BIOLOGY OF BREAST CANCER AND ADVANCE THE TRANSLATION OF RESEARCH DISCOVERIES INTO NEW WAYS TO DETECT, DIAGNOSE, TREAT AND PREVENT BREAST CANCER, In order TO REDUCE BREAST CANCER INCIDENCE AND MORTALITY WITHIN THE NEXT DECADE IN FISCAL YEAR 2016, KOMEN AWARDED OVER 100 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, BELGIUM, CANADA, GERMANY, PUERTO RICO, AND THE UNITED KINGDOM WE CONSIDER IT OUR RESPONSIBILITY TO ENSURE THE CONTINUITY OF BREAST CANCER RESEARCH FOR THE FUTURE WITH FEDERAL RESEARCH BUDGETS TIGHTENING, WE CANNOT AFFORD TO LOSE PROMISING YOUNG INVESTIGATORS FOR LACK OF FUNDING TO THAT END, KOMEN AWARDED POSTDOCTORAL FELLOWSHIPS, GRADUATE TRAINING IN DISPARITIES RESEARCH AND CAREER CATALYST RESEARCH GRANTS TO SUPPORT YOUNG INVESTIGATORS IN THE FIELD OF BREAST CANCER RESEARCH KOMEN'S RESEARCH INVESTMENT THROUGH THE ABOVE GRANT MECHANISMS SUPPORTS PROJECTS THAT AIM TO, AMONG OTHER THINGS A) DEVELOP TARGETED THERAPIES FOR TRIPLE-NEGATIVE BREAST CANCER, B) UNDERSTAND BREAST CANCER PROGRESSION AND METASTASIS, C) PREDICT RISK USING IMAGING, D) REDUCE TOXICITY IN BREAST CANCER RADIOTHERAPY , E) IMPROVE TREATMENT RESPONSE, F) DEVELOP NEW IMAGING TECHNIQUES TO IMPROVE DIAGNOSIS, AND G) UNDERSTAND THE LINK BETWEEN OBESITY AND BREAST CANCER EACH MECHANISM IS FURTHER DESCRIBED BELOW POSTDOCTORAL FELLOWSHIPS (PDF) PDF GRANTS SEEK TO ATTRACT AND SUPPORT PROMISING SCIENTISTS EMBARKING ON CAREERS DEDICATED TO BREAST CANCER RESEARCH WHO HAVE NO MORE THAN 3 YEARS POST-COMPLETION OF THEIR MOST RECENT CLINICAL FELLOWSHIP, 5 YEARS POST-COMPLETION OF THEIR MOST RECENT RESIDENCY (FOR PHYSICIANS) OR 5 YEARS POST-COMPLETION OF THEIR MOST RECENT PHD BY PROVIDING FUNDING TO OUTSTANDING POSTDOCTORAL/POSTGRADUATE FELLOWS UNDER THE GUIDANCE OF A MENTOR, KOMEN SEEKS TO ENSURE THAT A DIVERSE POOL OF HIGHLY TRAINED SCIENTISTS WILL EMERGE AS THE NEXT GENERATION OF LEADERS IN THE FIELD OF BREAST CANCER RESEARCH PDF GRANTS PROVIDE SUPPORT FOR RESEARCH PROJECTS THAT HAVE SIGNIFICANT POTENTIAL TO ADVANCE OUR UNDERSTANDING OF BREAST CANCER, LEAD TO REDUCTIONS IN BREAST CANCER INCIDENCE AND/OR MORTALITY AND MOVE US TOWARD OUR GOAL OF A WORLD WITHOUT BREAST CANCER GRADUATE TRAINING IN DISPARITIES RESEARCH (GTDR) GTDR GRANTS ARE INTENDED TO ESTABLISH AND/OR TO SUSTAIN A TRAINING PROGRAM DEDICATED TO UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES ACROSS POPULATION GROUPS AT LEAST THREE GRADUATE STUDENTS, PREFERABLY THOSE FROM POPULATIONS AFFECTED BY DISPARITIES IN BREAST CANCER OUTCOMES, ARE SUPPORTED CAREER CATALYST RESEARCH (CCR) CCR GRANTS PROVIDE UNIQUE OPPORTUNITIES FOR SCIENTISTS WHO HAVE HELD FACULTY POSITIONS FOR NO MORE THAN 6 YEARS AT THE TIME OF FULL APPLICATION TO ACHIEVE RESEARCH INDEPENDENCE CCR GRANTS PROVIDE SUPPORT FOR HYPOTHESIS-DRIVEN RESEARCH PROJECTS THAT HAVE SIGNIFICANT POTENTIAL TO ADVANCE OUR UNDERSTANDING OF BREAST CANCER, LEAD TO REDUCTIONS IN BREAST CANCER INCIDENCE AND/OR MORTALITY AND MOVE US TOWARD OUR GOAL OF A WORLD WITHOUT BREAST CANCER KOMEN ALSO OFFERS RESEARCH GRANTS THAT SUPPORT SPECIAL RESEARCH PROJECTS, PROGRAMS AND COLLABORATIONS THAT LEVERAGE RESEARCH AND COMMUNITY RESOURCES TO FACILITATE THE DEVELOPMENT OF THE INFRASTRUCTURE, TOOLS, AND 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 EXAMPLES OF THESE GRANTS COMMITTED IN FISCAL YEAR 2016 INCLUDE METASTATIC BREAST CANCER PROJECT SUPPORT FOR THE METASTATIC BREAST CANCER (MBC) PROJECT WHICH SEEKS TO EMPOWER PATIENTS TO ACCELERATE MBC RESEARCH BY SHARING THEIR SAMPLES AND CLINICAL INFORMATION THE GOAL IS THAT THIS APPROACH WILL LEAD TO MORE RAPID DISCOVERIES IN METASTATIC BREAST CANCER AND HELP IDENTIFY NEW THERAPEUTIC STRATEGIES THE PROJECT WORKS BY ASKING PATIENTS WITH METASTATIC BREAST CANCER ACROSS THE COUNTRY TO PARTICIPATE BY SHARING A PORTION OF THEIR STORED TUMOR SAMPLES, A SALIVA SAMPLE, AND COPIES OF THEIR MEDICAL RECORDS THIS APPROACH ALLOWS PATIENTS WHO DO NOT CURRENTLY HAVE THE OPPORTUNITY TO PARTICIPATE IN RESEARCH THROUGH CLINICAL TRIALS - the vast majority of cancer patients in the US - to say "count me in participate in metastatic breast cancer research directly Within this project, Komen supports the "young patients with metastatic breast cancer" study because breast cancer is the leading cause of cancer-related deaths in women age 40 and younger YOUNG WOMEN ARE MORE LIKELY TO DEVELOP MORE AGGRESSIVE SUBTYPES OF BREAST CANCER AND SURVIVAL RATES FOR YOUNG WOMEN WITH BREAST CANCER ARE LOWER THAN FOR OLDER WOMEN THE GOAL OF THIS STUDY IS TO CHARACTERIZE THE TUMOR AND GERMLINE FROM 50-100 YOUNG PATIENTS WITH METASTATIC BREAST CANCER TO BETTER UNDERSTAND THE BIOLOGICAL MECHANISMS FOR THESE AGE DISPARITIES IN BREAST CANCER OUTCOMES FRIENDS OF CANCER RESEARCH CONFERENCE ON CLINICAL RESEARCH SUPPORT FOR THE FRIENDS OF CANCER RESEARCH (FOCR) TO CONVENE A CONFERENCE ON CLINICAL CANCER RESEARCH THIS CONFERENCE ADDRESSES CRITICAL ISSUES IN NEW DRUG DEVELOPMENT AND APPROVAL THIS EVENT BRINGS TOGETHER APPROXIMATELY 250 LEADERS FROM FEDERAL HEALTH AND REGULATORY AGENCIES, ACADEMIC RESEARCH CENTERS, PATIENT ADVOCACY ORGANIZATIONS AND THE PRIVATE SECTOR TO IDENTIFY CHALLENGES, PROPOSE CONSENSUS SOLUTIONS AND DEVELOP A CLEAR PATH FORWARD ON CRITICAL ISSUES SURROUNDING THE DEVELOPMENT AND REGULATION OF DRUGS AND THERAPIES THE 2015 CONFERENCE HIGHLIGHTED THE FOLLOWING THREE TOPICS INTEGRATING ALTERNATIVE MEASURES OF TUMOR RESPONSE INTO DRUG DEVELOPMENT, BLURRING OF PHASE 1, 2 AND 3 TRIALS IN ONCOLOGY (EXPANSION COHORTS IN EARLY DRUG DEVELOPMENT), AND MEASURING PATIENT-REPORTED OUTCOMES IN PRE-MARKET STUDIES -GLOBAL BIOLOGICAL STANDARDS INSTITUTE TRAINING MODULE SUPPORT TO THE GLOBAL BIOLOGICAL STANDARDS INSTITUTE (GBSI) TO DEVELOP A TRAINING MODULE TO IMPROVE CELL AUTHENTICATION PRACTICE AMONG BREAST CANCER RESEARCHERS CELL LINES ARE CRITICAL TOOLS IN PRECLINICAL BASIC CANCER RESEARCH BECAUSE THEY ARE THE FOUNDATION FOR FURTHER INVESTIGATION WHICH MAY LEAD TO NEW DIAGNOSTICS AND TREATMENTS IT IS THEREFORE IMPORTANT FOR RESEARCHERS TO MAKE SURE THAT THE CELLS THEY ARE USING IN THEIR RESEARCH ARE AUTHENTICATED, I.E., THE CELLS ARE WHAT THEY THINK THEY ARE AND ARE FREE OF CONTAMINATION FROM OTHER CELLS OR MICROBES APPROXIMATELY 15-36% OF RESEARCH INVOLVING CELL LINES USES CELLS THAT ARE CONTAMINATED OR MISIDENTIFIED THE GBSI WILL DEVELOP A FREELY AVAILABLE, online "active learning" module in cell authentication that equips CANCER RESEARCHERS WITH EXPERT INSTRUCTIONAL VIDEOS, COUPLED WITH A DISSEMINATION CAMPAIGN THAT WILL DECREASE RESEARCH REPRODUCIBILITY PROBLEMS INVOLVING CELL LINES AND IMPROVE RESEARCH PRACTICE THIS PROJECT WILL ENSURE MORE EFFECTIVE USE OF HUNDREDS OF MILLIONS OF DOLLARS IN RESEARCH EXPENDITURES WHILE SPEEDING THE DEVELOPMENT OF NEW THERAPIES THAT CAN REDUCE THE INCIDENCE AND MORTALITY OF BREAST CANCER EDUCATION, PATIENT SUPPORT AND PATIENT NAVIGATION KOMEN IS A TRUSTED SOURCE OF BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CON</p>



Return Reference	Explanation
Significant changes to governing documents	FORM 990, PART VI, QUESTION 4 SIGNIFICANT CHANGES DURING FISCAL YEAR 2016 - ESTABLISHED THE MAXIMUM NUMBER OF DIRECTORSHIPS AT 15 - ESTABLISHED A MAXIMUM TOTAL FOR CLASS IV DIRECTORS AT 11

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO	REVIEW 990 FORM 990, PART VI, QUESTION 11B MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE OF AND REVIEW BY EXTERNAL ACCOUNTANTS SENIOR LEVELS OF MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR PRESENTATION TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND MAKES AN APPROVAL RECOMMENDATION REGARDING THE FORM 990 TO THE BOARD OF DIRECTORS THEREAFTER, THE BOARD OF DIRECTORS APPROVES THE FORM 990 PRIOR TO THE FORM BEING FILED

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF	INTEREST FORM 990, PART VI, QUESTION 12C KOMEN PRODUCES AN ANNUAL SURVEY REQUIRING ALL EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS, AND ADVISORY BOARDS TO DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST THEY MAY HAVE ANY CONFLICTS ARE THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND APPROPRIATE MEASURES ARE TAKEN ALL EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS AND ADVISORY BOARDS ARE REQUIRED TO UPDATE THEIR CONFLICT OF INTEREST DISCLOSURES AS NECESSARY DURING THE YEAR

Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS	<p>WAS BEGUN FORM 990, PART VI, QUESTIONS 15A AND 15B THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN OVERSEEING COMPENSATION POLICIES AND PRACTICES RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER EMPLOYEES, GRANTING THE CEO AUTHORITY TO DETERMINE ACTUAL COMPENSATION LEVELS WITHIN AN APPROVED RANGE, AND INCENTIVE/BONUS COMPENSATION PROGRAMS, IF APPROVED THE CURRENT POLICY WAS ADOPTED IN 2010 A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES PERIODICALLY, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA BY ENGAGING INDEPENDENT EXPERTS OR ACQUIRING UPDATED MARKET DATA TO CONDUCT THE BENCHMARKING PROCESS COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION FOR THE POSITION OF PRESIDENT/CEO, EXTERNAL BENCHMARKING WAS CONDUCTED TO ENSURE MARKET ALIGNMENT KOMEN PROVIDES SALARY INCREASES, PROMOTIONS AND OTHER FORMS OF COMPENSATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION</p>

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

Return Reference	Explanation
ADDITNL DETAIL ON EVENT PRODUCTION EXPENSES INCLUDED on other exp	FORM 990, PART IX, LINE 24 Komen pays 80% of the cost of all T-shirts for the Susan G Komen Race for the Cure events conducted by the Komen Affiliates during the year

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 Rescinded Grants \$8,384,244 Rounding \$1 ----- Total \$8,384,245 =====