

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2014 calendar year, or tax year beginning 04/01, 2014, and ending 03/31, 2015

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.  
 Doing Business As: SUSAN G. KOMEN

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

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

**F** Name and address of principal officer: DR. JUDITH SALERNO  
 5005 LBJ FREEWAY DALLAS, TX 75244-6125

**G** Gross receipts \$: 279,485,608.

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

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

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

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AT SUSAN G. KOMEN®, WE ARE COMMITTED TO ENDING BREAST CANCER FOREVER BY EMPOWERING PEOPLE, ENERGIZING SCIENCE TO FIND THE CURES AND ENSURING QUALITY CARE FOR ALL PEOPLE, EVERYWHERE			
	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)	10.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9.	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	267.	
	6	Total number of volunteers (estimate if necessary)	4,654.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	91,606,572.	77,337,857.
	9	Program service revenue (Part VIII, line 2g)	23,368,295.	20,910,092.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,781,994.	23,876,364.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,716,975.	-3,731,604.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,039,886.	118,392,709.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,325,752.
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)	24,001,926.	24,184,105.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	1,906,359.	2,905,078.
16b		Total fundraising expenses (Part IX, column (D), line 25)	10,893,656.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,523,637.	47,479,191.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	125,757,674.	120,364,222.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-2,717,788.	-1,971,513.
	20	Total assets (Part X, line 16)	282,716,020.	240,309,976.
	21	Total liabilities (Part X, line 26)	155,720,348.	124,648,853.
	22	Net assets or fund balances. Subtract line 21 from line 20	126,995,672.	115,661,123.

Part II Signature Block

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

**Sign Here**

Signature of officer: *Judith Salerno* Date: 12-23-15  
 DR. JUDITH SALERNO CEO AND PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: KATHY PITTS Preparer's signature: *Kathy Pitts* Date: 11/30/15 Check  if self-employed PTIN: P00292940  
 Firm's name: ERNST & YOUNG U.S. LLP Firm's EIN: 34-6565596  
 Firm's address: 1901 SIXTH AVENUE NORTH, SUITE 1200 BIRMINGHAM, AL 35203 Phone no.: 205-254-1608

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

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SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Form 990 (2014)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AT SUSAN G. KOMEN®, WE ARE COMMITTED TO ENDING BREAST CANCER FOREVER BY EMPOWERING PEOPLE, ENERGIZING SCIENCE TO FIND THE CURES AND ENSURING QUALITY CARE FOR ALL PEOPLE, EVERYWHERE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 41,498,219. including grants of \$ 36,703,535. ) (Revenue \$ 21,124,423. ) GRANTS TO OTHER NON-PROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH, AS WELL AS RESEARCH RESOURCES AND CONFERENCES THAT FURTHER THE BREAST CANCER RESEARCH AGENDA. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code: ) (Expenses \$ 38,204,613. including grants of \$ 3,618,580. ) (Revenue \$ 0 ) PUBLIC HEALTH EDUCATION PROGRAMS TO INCREASE THE PUBLIC'S AWARENESS OF BREAST CANCER INCLUDING, AMONG OTHER THINGS, EARLY DETECTION AND TREATMENT. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: ) (Expenses \$ 17,709,029. including grants of \$ 5,473,733. ) (Revenue \$ 0 ) BREAST CANCER SCREENING, DIAGNOSIS AND TREATMENT PROGRAMS AND GRANTS. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 97,411,861.

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## Part IV Checklist of Required Schedules

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

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

## 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> 10		
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> 9		
<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>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		X
<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>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O . . . . .</i>	<b>9</b>		X

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X	
<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>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	<b>11a</b>	X	
<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? <i>If "No," go to line 13 . . . . .</i>	<b>12a</b>	X	
<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>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done . . . . .</i>	<b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		X
<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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA CUSTARD CHAIR OF THE BOARD	30.00 0	X	X				0	0	0	
(2) CONNIE O'NEILL BOD MEMBER & TREASURER	1.00 0	X	X				0	0	0	
(3) NANCY G. BRINKER BOARD MEMBER & FOUNDER	55.00 0	X	X				397,093.	0	25,492.	
(4) JANE ABRAHAM BOD MEMBER	1.00 0	X					0	0	0	
(5) ALAN D. FELD BOD MEMBER	1.00 0	X					0	0	0	
(6) SUSIE KNOPF BOD MEMBER	1.00 0	X					0	0	0	
(7) DR. OLUFUNMILAYO OLOPADE, M.D. BOD MEMBER	1.00 0	X					0	0	0	
(8) TRICIA ORY BOD MEMBER	1.00 0	X					0	0	0	
(9) JOHN D. RAFFAELLI BOD MEMBER	1.00 0	X					0	0	0	
(10) LINDA WILKINS BOD MEMBER	1.00 0	X					0	0	0	
(11) DR. JUDITH SALERNO PRESIDENT & CEO	55.00 0			X			479,858.	0	3,625.	
(12) ELLEN WILLMOTT GEN COUNSEL & SECRETARY	55.00 0			X			264,156.	0	24,379.	
(13) LESLEY LURIE ASSISTANT SECRETARY	55.00 0			X			201,367.	0	27,147.	
(14) NORMAN BOWLING CHIEF MKT/REV OFF (BEGIN 7/14)	55.00 0			X			137,272.	0	3,707.	

# PUBLIC INSPECTION COPY

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Form 990 (2014)

Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MARK NADOLNY CHIEF FINAN OFFICER (END 9/14)	55.00 0			X				293,610.	0	28,281.
( 16) CHANDINI PORTEUS CHIEF MISSION OFFCR (END 9/14)	55.00 0			X				281,038.	0	31,720.
( 17) DAVID DAWSON VP, INFORMATION TECHNOLOGY	55.00 0				X			156,595.	0	26,122.
( 18) KAY MERRELL VP, HUMAN RESOURCES	55.00 0				X			209,001.	0	28,528.
( 19) MIGUEL PEREZ VP AFFILIATE NTRK	55.00 0				X			183,859.	0	19,203.
( 20) WENDY CARTER DIRECTOR, GLOBAL OUTREACH	55.00 0					X		175,987.	0	1,269.
( 21) ANDREA RADER MANAGING DIRECTOR, COMM.	55.00 0					X		163,484.	0	21,531.
( 22) SUBHENDU RATH DIRECTOR, IT ENTERPRISE SYSTEM	55.00 0					X		150,863.	0	23,689.
( 23) STEPHANIE BIRKEY REFFEY, PHD. MANAGING DIR. EVALUATION & OUT	55.00 0					X		152,253.	0	28,978.
( 24) VICTORIA WOLODZKO MNG DIRECTOR, GRANTS & PROG AD	55.00 0					X		165,491.	0	17,559.
<b>1b Sub-total</b> . . . . .								1,479,746.	0	84,350.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,932,181.	0	226,880.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,411,927.	0	311,230.

**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 **▶ 45**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 25**



# PUBLIC INSPECTION COPY

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	792,381.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	27,699,502.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	48,845,974.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		73,247.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			77,337,857.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b> AFFILIATE PAYMENTS		900099	20,910,092.	20,910,092.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			20,910,092.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			3,430,446.			3,430,446.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			111,677.			111,677.
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .				0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			175,552,675.			
	<b>c</b> Gain or (loss) . . . . .			155,106,757.			
	<b>d</b> Net gain or (loss) . . . . .			20,445,918.			20,445,918.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>27,699,502.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		1,250,967.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	5,462,211.			
<b>c</b> Net income or (loss) from fundraising events . . . . .				-4,211,244.			-4,211,244.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		414,262.				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	523,931.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			-109,669.	-109,669.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> SHARED SERVICES		900099	324,000.	324,000.			
<b>b</b> OTHER INCOME		900099	153,632.			153,632.	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			477,632.				
<b>12 Total revenue.</b> See instructions . . . . .			118,392,709.	21,124,423.		19,930,429.	

# PUBLIC INSPECTION COPY

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .	39,568,611.	39,568,611.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	6,227,237.	6,227,237.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,603,849.	2,109,118.	260,385.	234,346.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	18,010,858.	11,777,134.	5,394,894.	838,830.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	661,253.	433,835.	190,521.	36,897.
<b>9</b> Other employee benefits . . . . .	1,751,554.	1,137,880.	522,273.	91,401.
<b>10</b> Payroll taxes . . . . .	1,156,591.	751,255.	347,112.	58,224.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	143,217.	91,159.	40,123.	11,935.
<b>c</b> Accounting . . . . .	584,883.	372,285.	163,858.	48,740.
<b>d</b> Lobbying . . . . .	9,500.	9,500.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	2,905,078.			2,905,078.
<b>f</b> Investment management fees . . . . .	113,023.		113,023.	
<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 . . . . .	8,185,367.	5,720,056.	733,331.	1,731,980.
<b>13</b> Office expenses . . . . .	8,888,362.	5,154,323.	173,490.	3,560,549.
<b>14</b> Information technology . . . . .	2,212,570.	1,712,425.	350,285.	149,860.
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,055,064.	693,021.	305,007.	57,036.
<b>17</b> Travel . . . . .	1,592,123.	1,045,854.	439,228.	107,041.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,117,210.	612,794.	480,230.	24,186.
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	628,212.	377,574.	224,247.	26,391.
<b>23</b> Insurance . . . . .	285,184.	182,276.	79,888.	23,020.
<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. -----	11,802,868.	10,555,127.	1,247,741.	
<b>b</b> EVENT PRODUCTION -----	2,671,287.	2,196,147.	243,743.	231,397.
<b>c</b> BANK FEES -----	1,514,562.	1,029,722.	118,546.	366,294.
<b>d</b> EQUIP. RENTAL & MAINT. -----	1,226,123.	496,283.	444,666.	285,174.
<b>e</b> All other expenses -----	5,449,636.	5,158,245.	186,114.	105,277.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	120,364,222.	97,411,861.	12,058,705.	10,893,656.
<b>26 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 checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) . . . . .	32,228,489.	19,174,880.	2,483,225.	10,570,384.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	12,278,347.	<b>2</b>	66,156,825.
	<b>3</b> Pledges and grants receivable, net	30,072,080.	<b>3</b>	28,183,942.
	<b>4</b> Accounts receivable, net	446,048.	<b>4</b>	464,293.
	<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	259,648.	<b>8</b>	292,557.
	<b>9</b> Prepaid expenses and deferred charges	1,185,467.	<b>9</b>	2,602,199.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,516,747.	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation	7,115,605.	<b>10b</b>	
		943,355.	<b>10c</b>	2,401,142.
	<b>11</b> Investments - publicly traded securities	217,483,471.	<b>11</b>	122,241,945.
	<b>12</b> Investments - other securities. See Part IV, line 11	20,021,804.	<b>12</b>	17,941,273.
	<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>	25,800.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	282,716,020.	<b>16</b>	240,309,976.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	12,764,711.	<b>17</b>	11,874,887.
	<b>18</b> Grants payable	142,210,195.	<b>18</b>	112,186,111.
	<b>19</b> Deferred revenue	745,442.	<b>19</b>	587,855.
	<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 Total liabilities.</b> Add lines 17 through 25	155,720,348.	<b>26</b>	124,648,853.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	94,533,979.	<b>27</b>	84,147,622.
	<b>28</b> Temporarily restricted net assets	32,136,693.	<b>28</b>	31,188,501.
	<b>29</b> Permanently restricted net assets	325,000.	<b>29</b>	325,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	126,995,672.	<b>33</b>	115,661,123.
	<b>34</b> Total liabilities and net assets/fund balances	282,716,020.	<b>34</b>	240,309,976.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	118,392,709.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	120,364,222.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-1,971,513.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	126,995,672.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-16,544,067.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	-21,104.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	7,202,135.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	115,661,123.

**Part XII Financial Statements and Reporting**

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

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

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

# PUBLIC INSPECTION COPY

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

## Public Charity Status and Public Support

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

<b>Name of the organization</b> SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	<b>Employer identification number</b> 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.)
- 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 or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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75-1835298

Schedule A (Form 990 or 990-EZ) 2014

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**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	174,658,160.	159,779,664.	118,656,952.	91,606,572.	77,337,857.	622,039,205.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	174,658,160.	159,779,664.	118,656,952.	91,606,572.	77,337,857.	622,039,205.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						8,917,603.
<b>6 Public support.</b> Subtract line 5 from line 4.						613,121,602.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	174,658,160.	159,779,664.	118,656,952.	91,606,572.	77,337,857.	622,039,205.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,812,083.	4,528,150.	4,810,808.	4,064,746.	3,542,123.	20,757,910.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0			0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH-1</b> . . . . .	84,038.	378,313.	351,342.	436,740.	153,632.	1,404,065.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						644,201,180.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	161,403,729.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	95.18 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.93 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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**Part III Support 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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**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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<b>3b</b>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<b>3c</b>		
4a 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>4a</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>4b</b>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>		
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>5b</b>		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>		
6 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 Part VI.</i>	<b>6</b>		
7 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>7</b>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<b>8</b>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<b>9a</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 Part VI.</i>	<b>9b</b>		
c 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 Part VI.</i>	<b>9c</b>		
10a 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>10a</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>10b</b>		



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**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>		
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>		
<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>	<b>11 c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

		Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>		

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

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

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

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**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
OTHER INCOME	84,038.	378,313.	351,342.	436,740.	153,632.	1,404,065.
TOTALS	<u>84,038.</u>	<u>378,313.</u>	<u>351,342.</u>	<u>436,740.</u>	<u>153,632.</u>	<u>1,404,065.</u>

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

Schedule of Contributors

OMB No. 1545-0047

2014

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

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

# PUBLIC INSPECTION COPY

<b>Name of organization</b> SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	<b>Employer identification number</b> 75-1835298
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,458,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,125,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization **SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.**

Employer identification number

75-1835298

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

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

# PUBLIC INSPECTION COPY

Name of organization **SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.**

Employer identification number

75-1835298

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

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

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

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

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

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

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

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

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



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political 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? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments...

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

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

Schedule C (Form 990 or 990-EZ) 2014

# PUBLIC INSPECTION COPY

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	1,500.	52,478.												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	8,000.	39,456.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .	9,500.	91,934.												
<b>d</b> Other exempt purpose expenditures . . . . .	108,296,017.	227,949,177.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	108,305,517.	228,041,111.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.	250,000.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	656,218.	144,834.	98,255.	91,934.	991,241.
<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	519,831.	83,839.	68,694.	52,478.	724,842.

# PUBLIC INSPECTION COPY

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Schedule C (Form 990 or 990-EZ) 2014

Page **3**

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

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

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

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

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

<b>1</b> Dues, assessments and similar amounts from members		1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
<b>a</b> Current year	2a		
<b>b</b> Carryover from last year	2b		
<b>c</b> Total	2c		
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
<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?		4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		5	

**Part IV Supplemental Information**

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

SEE PAGE 4

# PUBLIC INSPECTION COPY

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Schedule C (Form 990 or 990-EZ) 2014

Page **4**

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**Part IV** Supplemental Information *(continued)*

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LOBBYING EXPENSES

SCHEDULE C, PART II-A

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures.

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

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

Table with 2 columns: Description, Amount. Rows include 1a) works of art held for public service, 1b) works of art held for public service, and 2) works of art held for financial gain.

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

Schedule D (Form 990) 2014

# PUBLIC INSPECTION COPY

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,346,267.	1,325,000.	1,325,000.	1,225,000.	1,225,000.
<b>b</b> Contributions				100,000.	
<b>c</b> Net investment earnings, gains, and losses	4,717.	23,736.	21.	33.	608.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	4,263.	2,469.	21.	33.	608.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,346,721.	1,346,267.	1,325,000.	1,325,000.	1,225,000.

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

- a** Board designated or quasi-endowment  75.0000 %
- b** Permanent endowment  25.0000 %
- c** Temporarily restricted endowment  \_\_\_\_\_ %

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

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

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		610,067.	22,596.	587,471.
<b>d</b> Equipment		2,488,661.	2,283,360.	205,301.
<b>e</b> Other		6,418,019.	4,809,649.	1,608,370.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,401,142.

# PUBLIC INSPECTION COPY

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Schedule D (Form 990) 2014

Page **3**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) LONG/SHORT EQUITY FUND	17,941,273.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,941,273.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

PUBLIC INSPECTION COPY

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

SEE PAGE 5

Series of horizontal dashed lines for providing supplemental information.



**Part XIII** Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

KOMEN HAS THREE PERMANENT ENDOWMENTS:

GOODMAN-BRINKER, FIRNBERG, AND A GENERAL ENDOWMENT.

THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FELLOWSHIPS;

THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND

RESEARCH AWARDS;

AND THE GENERAL ENDOWMENT'S EARNINGS ARE RESTRICTED FOR ORGANIZATIONAL

MISSION ACTIVITIES.

FIN 48 (ASC 740) FINANCIAL STATEMENT DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT

ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO

UNCERTAIN TAX POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS

AT MARCH 31, 2015 OR MARCH 31, 2014.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	EDUCATION GRANTS	217,718.
(2) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	RESEARCH GRANTS	109,010.
(3) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH GRANTS	450,249.
(4) EUROPE			GRANTMAKING	EDUCATION GRANTS	533,779.
(5) EUROPE			GRANTMAKING	RESEARCH GRANTS	1,747,637.
(6) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	EDUCATION GRANTS	401,880.
(7) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH GRANTS	435,000.
(8) NORTH AMERICA			GRANTMAKING	EDUCATION GRANTS	70,000.
(9) NORTH AMERICA			GRANTMAKING	RESEARCH GRANTS	1,817,751.
(10) SOUTH AMERICA			GRANTMAKING	EDUCATION GRANTS	327,265.
(11) SOUTH AMERICA			GRANTMAKING	RESEARCH GRANTS	81,948.
(12) SUB-SAHARAN AFRICA			GRANTMAKING	EDUCATION GRANTS	35,000.
(13) CENTRAL AMERICA/CARIBBEAN		1.	INVESTMENTS	PROGRAM SUPPORT SVCS	5,378.
(14) SOUTH AMERICA		3.	PROGRAM SERVICES	PROGRAM SUPPORT SVCS	98,027.
(15) NORTH AMERICA		3.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	56,500.
(16) EAST ASIA AND THE PACIFIC		1.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	62,428.
(17) EUROPE		1.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	2,979.
<b>3a Sub-total</b> . . . . .		9.			6,452,549.
<b>b Total from continuation sheets to Part I</b> . . . . .		3.			17,630.
<b>c Totals (add lines 3a and 3b)</b>		12.			6,470,179.

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

Schedule F (Form 990) 2014

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) MIDDLE EAST AND NORTH AFRICA		3.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	17,630.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2014

# PUBLIC INSPECTION COPY

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	EDUCATION	104,700.	WIRE TRANSFR			
(2)			SOUTH AMERICA	EDUCATION	104,000.	WIRE TRANSFR			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	405,000.	WIRE TRANSFR			
(4)			MIDDLE EAST/NORTH AFRICA	EDUCATION	100,000.	WIRE TRANSFR			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	158,022.	WIRE TRANSFR			
(6)			NORTH AMERICA	RESEARCH	260,000.	WIRE TRANSFR			
(7)			SOUTH AMERICA	EDUCATION	109,920.	WIRE TRANSFR			
(8)			MIDDLE EAST/NORTH AFRICA	RESEARCH	435,000.	WIRE TRANSFR			
(9)			EUROPE/ICELAND/GREENLAND	EDUCATION	77,499.	WIRE TRANSFR			
(10)			EUROPE/ICELAND/GREENLAND	EDUCATION	9,000.	WIRE TRANSFR			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	16,000.	WIRE TRANSFR			
(12)			EUROPE/ICELAND/GREENLAND	EDUCATION	42,437.	WIRE TRANSFR			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	40,000.	WIRE TRANSFR			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	200,000.	WIRE TRANSFR			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	149,991.	WIRE TRANSFR			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	150,000.	WIRE TRANSFR			

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

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

# PUBLIC INSPECTION COPY

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	EDUCATION	50,000.	WIRE TRANSFR			
(2)			EUROPE/ICELAND/GREENLAND	EDUCATION	7,500.	WIRE TRANSFR			
(3)			EUROPE/ICELAND/GREENLAND	EDUCATION	22,343.	WIRE TRANSFR			
(4)			CENT. AMERICA/CARIBBEAN	EDUCATION	84,618.	WIRE TRANSFR			
(5)			CENT. AMERICA/CARIBBEAN	RESEARCH	109,010.	WIRE TRANSFR			
(6)			SOUTH AMERICA	EDUCATION	23,345.	WIRE TRANSFR			
(7)			SOUTH AMERICA	RESEARCH	40,000.	WIRE TRANSFR			
(8)			SOUTH AMERICA	EDUCATION	15,000.	WIRE TRANSFR			
(9)			NORTH AMERICA	RESEARCH	304,598.	WIRE TRANSFR			
(10)			NORTH AMERICA	EDUCATION	20,000.	WIRE TRANSFR			
(11)			MIDDLE EAST/NORTH AFRICA	EDUCATION	50,000.	WIRE TRANSFR			
(12)			NORTH AMERICA	RESEARCH	29,285.	WIRE TRANSFR			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	175,000.	WIRE TRANSFR			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	138,623.	WIRE TRANSFR			
(15)			EUROPE/ICELAND/GREENLAND	EDUCATION	75,000.	WIRE TRANSFR			
(16)			NORTH AMERICA	RESEARCH	709,128.	WIRE TRANSFR			

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

**3** Enter total number of other organizations or entities. . . . . ▶ -----

# PUBLIC INSPECTION COPY

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	EDUCATION	114,400.	WIRE TRANSFR			
(2)			CENT. AMERICA/CARIBBEAN	EDUCATION	18,700.	WIRE TRANSFR			
(3)			MIDDLE EAST/NORTH AFRICA	EDUCATION	45,180.	WIRE TRANSFR			
(4)			EAST ASIA/PACIFIC	RESEARCH	150,322.	WIRE TRANSFR			
(5)			NORTH AMERICA	RESEARCH	224,500.	WIRE TRANSFR			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	315,000.	WIRE TRANSFR			
(7)			SOUTH AMERICA	EDUCATION	75,000.	WIRE TRANSFR			
(8)			MIDDLE EAST/NORTH AFRICA	EDUCATION	35,000.	WIRE TRANSFR			
(9)			MIDDLE EAST/NORTH AFRICA	EDUCATION	72,000.	WIRE TRANSFR			
(10)			MIDDLE EAST/NORTH AFRICA	EDUCATION	25,000.	WIRE TRANSFR			
(11)			EAST ASIA/PACIFIC	RESEARCH	299,927.	WIRE TRANSFR			
(12)			EUROPE/ICELAND/GREENLAND	EDUCATION	50,000.	WIRE TRANSFR			
(13)			NORTH AMERICA	RESEARCH	40,060.	WIRE TRANSFR			
(14)			NORTH AMERICA	RESEARCH	250,180.	WIRE TRANSFR			
(15)			SOUTH AMERICA	RESEARCH	41,948.	WIRE TRANSFR			
(16)			EUROPE/ICELAND/GREENLAND	EDUCATION	250,000.	WIRE TRANSFR			

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 48.

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

# PUBLIC INSPECTION COPY

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

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

PUBLIC INSPECTION COPY

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

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

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

SCHEDULE F, PART I, LINE 2

AS OUTLINED IN THE GRANT AGREEMENT, ALL RESEARCH, EDUCATION, SCREENING,  
AND TREATMENT GRANTEEES ARE REQUIRED TO SUBMIT, AT A MINIMUM, ANNUAL  
FINANCIAL AND PROGRESS REPORTS AND ANY CHANGE REQUESTS THEY MAY HAVE FOR  
THEIR PROJECTS. ALL PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY  
QUALIFIED STAFF. SEE SCHEDULE I, PART IV FOR MORE DETAILS.

# PUBLIC INSPECTION COPY

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

Complete if the organization answered "Yes" to 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).

2014

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to 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.

- |  |   |
|--|---|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|---|

**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			
<b>1</b> MERKLE, INC.	DIRECT MARKETING		X	15,591,036.	2,401,859.	13,189,177.
<b>2</b> EVENT 360	FUNDRAISING CONSULTING		X	23,455,909.	154,184.	23,301,725.
<b>3</b> RADARWORKS	FUNDRAISING CONSULTING		X	1,008,269.	10,365.	997,904.
<b>4</b> SLINGSHOT	FUNDRAISING CONSULTING		X		196,194.	
<b>5</b> SOCIAL CAPITAL	FUNDRAISING CONSULTING		X		107,460.	
<b>6</b> UNITED ENTERTAINMENT GROUP	FUNDRAISING CONSULTING		X		35,016.	
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				40,055,214.	2,905,078.	37,488,806.

**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,

# PUBLIC INSPECTION COPY

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Schedule G (Form 990 or 990-EZ) 2014

Page **2**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

Revenue		(a) Event #1 BRST CANCR 3DY <small>(event type)</small>	(b) Event #2 GBL RACE FR CU <small>(event type)</small>	(c) Other events 3. <small>(total number)</small>	(d) Total events (add col. (a) through col. (c))
	<b>1</b> Gross receipts . . . . .	24,144,623.	1,842,637.	2,963,209.	28,950,469.
	<b>2</b> Less: Contributions . . . . .	23,505,345.	1,292,293.	2,901,864.	27,699,502.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	639,278.	550,344.	61,345.	1,250,967.
Direct Expenses	<b>4</b> Cash prizes . . . . .			0	
	<b>5</b> Noncash prizes . . . . .	1,416.	16,429.	1,882.	19,727.
	<b>6</b> Rent/facility costs . . . . .	1,125,850.	66,411.	103,171.	1,295,432.
	<b>7</b> Food and beverages . . . . .	865,784.	26,060.	218,651.	1,110,495.
	<b>8</b> Entertainment . . . . .	4,176.		11,727.	15,903.
	<b>9</b> Other direct expenses . . . . .	2,815,826.	154,031.	50,797.	3,020,654.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				5,462,211.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-4,211,244.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<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: \_\_\_\_\_

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

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

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SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Schedule G (Form 990 or 990-EZ) 2014

Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G PART II

NET INCOME SUMMARY GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF CONTRIBUTIONS, PER IRS INSTRUCTIONS. THE CONTRIBUTIONS FOR FISCAL YEAR 2015 WERE \$26.5 MILLION.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

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

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ADVENTIST HEALTHCARE, INC. 1801 RESEARCH BLVD,#300 ROCKVILLE, MD 20850	52-1532556	501(C)(3)	229,250.				SCREENING
<b>(2)</b> ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AL 99508	92-0162721	501(C)(3)	62,500.				SCREENING
<b>(3)</b> ALBERT EINSTEIN COL OF MED YESHIVA UNIV 1300 MORRIS PK AVE,#1108 BRONX, NY 10461	13-1624225	501(C)(3)	210,001.				RESEARCH
<b>(4)</b> ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES 2445 ARMY NAVY DR. ARLINGTON, VA 22206	54-1849891	501(C)(3)	40,240.				EDUCATION, SCREENING & TREATMENT
<b>(5)</b> AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST,17TH FL PHILADELPH,PA 19106	23-6251649	501(C)(3)	761,000.				RESEARCH
<b>(6)</b> AMERICAN ASSOCIATION ON HEALTH & DISABILITY 110 N WASHINGTON #328J ROCKVILLE, MD 20850	52-1884887	501(C)(3)	124,999.				EDUCATION
<b>(7)</b> AMERICAN JEWISH JOINT 711 THIRD AVENUE NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	248,594.				EDUCATION
<b>(8)</b> ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501(C)(3)	118,100.				EDUCATION, SCREENING & TREATMENT
<b>(9)</b> BAYLOR COLLEGE MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	3,475,730.				RESEARCH
<b>(10)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	441,997.				RESEARCH
<b>(11)</b> BIOETHICS INTERNATIONAL 420 LEXINGTON AVENUE NEW YORK, NY 10170	87-0774767	501(C)(3)	15,000.				EDUCATION
<b>(12)</b> BOISE STATE UNIVERSITY 1910 UNIVERSITY DR. BOISE, ID 83725-1247	82-6010706	501(C)(3)	40,000.				RESEARCH

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

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Schedule I (Form 990) (2014)

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<b>(1)</b> BOSTON UNIVERSITY SCHOOL OF MEDICINE 580 HARRISON AVENUE, 3-W BOSTON, MA 02118	04-2103547	501(C)(3)	21,204.				RESEARCH
<b>(2)</b> BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	362,234.				RESEARCH
<b>(3)</b> CALIFORNIA PACIFIC MEDICAL CENTER 475 BRANNAN ST, #220 SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	31,818.				RESEARCH
<b>(4)</b> CANCER CARE 275 SEVENTH AVE NEW YORK, NY 10001	13-1825919	501(C)(3)	41,667.				TREATMENT
<b>(5)</b> CAPITAL CITY AREA HEALTH EDUCATION CENTER 1700 E CAP ST, NE #E120 WASHINGTON, DC 20003	26-3301051	501(C)(3)	100,000.				EDUCATION
<b>(6)</b> CASA OF MARYLAND, INC. 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	35,382.				EDUCATION
<b>(7)</b> CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106-7006	34-1018992	501(C)(3)	256,915.				RESEARCH
<b>(8)</b> CINCINNATI CHILDREN'S HOSPITAL MEDICAL 3333 BURNET AVE, ML 7030 CINCINNATI, OH 45229	31-0833936	501(C)(3)	150,000.				RESEARCH
<b>(9)</b> COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD. COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	254,107.				RESEARCH
<b>(10)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 615 W. 131ST ST, 3RD FL NY, NY 10027	13-5598093	501(C)(3)	60,000.				RESEARCH
<b>(11)</b> CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NE 14850	15-0532082	501(C)(3)	11,797.				RESEARCH
<b>(12)</b> DANA FARBER CANCER INSTITUTE 44 BINNEY ST, MS 439C BOSTON, MA 02115	04-2263040	501(C)(3)	3,011,119.				RESEARCH

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Internal Revenue Service

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<b>(1)</b> DOCTORS COMMUNITY HOSPITAL 8116 GOOD LUCK RD #215 LANHAM, MD 20706	52-1638026	501(C)(3)	375,000.				EDUCATION, SCREENING & TREATMENT
<b>(2)</b> DR. SUSAN LOVE RESEARCH FOUNDATION 2811 WILSHIRE BLVD SANTA MONICA, CA 90403	77-0009065	501(C)(3)	40,000.				RESEARCH
<b>(3)</b> DUKE UNIVERSITY MEDICAL CENTER 324 BLACKWELL ST #1000 DURHAM, NC 27701	56-0532129	501(C)(3)	2,796,277.				RESEARCH
<b>(4)</b> EMORY UNIVERSITY WINSHIP CANCER INST P.O. BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	401,641.				RESEARCH
<b>(5)</b> ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL 901 S. HIGHLAND STREET ARLINGTON, VA 22204	52-1308986	501(C)(3)	227,206.				EDUCATION & TREATMENT
<b>(6)</b> FACING OUR RISK OF CANCER EMPOWERED 16057 TMP PLM BLVD W #373 TAMPA, FL 33647	04-2103580	501(C)(3)	50,000.				EDUCATION
<b>(7)</b> FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	421,468.				RESEARCH
<b>(8)</b> FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, MS J6-330 SEATTLE, WA 98109	23-7156071	501(C)(3)	531,775.				RESEARCH
<b>(9)</b> FRIENDS OF CANCER RESEARCH 1800 M ST NW WASHINGTON, DC 20036	52-1983273	501(C)(3)	40,000.				RESEARCH
<b>(10)</b> GEORGE MASON UNIVERSITY 4400 UNIV DR, MSN 4C6 FAIRFAX, VA 22030	53-0196584	501(C)(3)	201,940.				RESEARCH
<b>(11)</b> GEORGE WASHINGTON UNIVERSITY 2300 EYE ST, #514 WASHINGTON, DC 20052-0011	53-0196584	501(C)(3)	166,667.				EDUCATION, SCREENING & TREATMENT
<b>(12)</b> GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057-1164	53-0196603	501(C)(3)	128,687.				RESEARCH

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(1) GEORGIA HEALTH SCIENCES UNIV. RSRCH INST 1120 15TH ST, CJ-3301 AUGUSTA, GA 30912	58-1418202	501(C)(3)	135,811.				RESEARCH
(2) GREATER BADEN MEDICAL SERVICES, INC. 7450 ALBERT RD. 3-321 BRANDYWINE, MD 20316	52-0961414	501(C)(3)	99,923.				SCREENING/TREATMENT
(3) HARVARD MEDICAL SCHOOL HOLYOKE CTR, ROOM 600 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	99,892.				RESEARCH
(4) HARVARD UNIVERSITY 25 SHATTUCK ST. BOSTON, MA 02115	04-2103580	501(C)(3)	265,000.				RESEARCH
(5) INDIANA UNIVERSITY (INDIANAPOLIS) P.O. BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)(3)	5,169,633.				RESEARCH
(6) INTERNATIONAL SCHOLARSHIP & TUITION SERVICE 1321 MURFREESBORO RD NASHVILLE, TN 37217	04-2697983	501(C)(3)	65,000.				EDUCATION
(7) JOHNS HOPKINS UNIVERSITY 1101 E. 33RD ST, #C210 BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,657,397.				RESEARCH
(8) KARMANOS CANCER INSTITUTE 4100 JOHN R, VE01FS DETROIT, MI 48201	13-1924236	501(C)(3)	41,560.				RESEARCH
(9) KOREAN COMMUNITY SVC. CTR. OF GREATER WA 7700 LTL RVR TRNPK #406 ANNANDALE,VA 22003	38-6005984	501(C)(3)	163,800.				SCREENING
(10) LAWRENCE BERKELEY NATIONAL LABORATORY P.O. BOX 528 BERKELEY, CA 94701	94-2951741	501(C)(3)	47,836.				RESEARCH
(11) LELAND STANFORD JR UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	1,052,968.				RESEARCH
(12) LIVING BEYOND BREAST CANCER 354 W LANCASTER AVE. HAVERFORD, PA 19041	53-0196932	501(C)(3)	103,000.				EDUCATION

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<b>(1)</b> LUTHERAN HOSPITAL ASSOCIATION OF 106 BLANCA AVE. ALAMOSA, CO 81101	84-0255530	501(C)(3)	61,692.				SCREENING
<b>(2)</b> MAASAI WILDERNES CONSERVATION FUND P.O. BOX 1413 SANTA BARBARA, CA 93102	54-1943145	501(C)(3)	45,360.				EDUCATION
<b>(3)</b> MARYLAND DEPT. OF HEALTH & MENTAL HYGIEN 201 W PRESTON ST, RM 303 BALTIMORE, MD 21201	52-6002033	501(C)(3)	62,425.				SCREENING
<b>(4)</b> MARY'S CTR FOR MATERNAL CHILD CARE, INC. 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	100,000.				EDUCATION
<b>(5)</b> MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983	501(C)(3)	691,352.				RESEARCH
<b>(6)</b> MAYO CLINIC AND FOUNDATION 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	54-1806317	501(C)(3)	181,630.				RESEARCH
<b>(7)</b> MAYO CLINIC ROCHESTER 200 1ST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	151,799.				RESEARCH
<b>(8)</b> MEMORIAL SLOAN-KETTERING CANCER CTR 633 3RD AVE, 28TH FL NEW YORK, NY 10017	13-1924236	501(C)(3)	696,111.				RESEARCH
<b>(9)</b> METASTATIC BREAST CANCER NETWORK 211 E. 18TH ST NEW YORK CITY, NY 10003	80-0418281	501(C)(3)	25,000.				EDUCATION
<b>(10)</b> MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501(C)(3)	150,000.				RESEARCH
<b>(11)</b> MOBILE MEDICAL CARE, INC. 9309 OLD GEORGETOWN RD BETHESDA, MD 20814	23-7022588	501(C)(3)	147,081.				EDUCATION
<b>(12)</b> MOUNT SINAI SCHOOL OF MEDICINE 633 THIRD AVENUE NEW YORK, NY 10017	13-6171197	501(C)(3)	571,384.				RESEARCH

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<b>(1)</b> MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEWHAMPSH AVE SILVER SPRING, MD 20905	52-1072792	501(C)(3)	93,971.				EDUCATION, SCREENING & TREATMENT
<b>(2)</b> NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVE, 11TH FL NEW YORK, NY 10016	13-5562308	501(C)(3)	600,000.				RESEARCH
<b>(3)</b> NORTHWESTERN UNIVERSITY 633 CLARK EVANSTON, IL 60208	36-2167817	501(C)(3)	631,021.				RESEARCH/SCREENING
<b>(4)</b> NUEVA VIDA, INC. 2000 P ST NW, #300 WASHINGTON, DC 20036	54-1943145	501(C)(3)	138,523.				EDUCATION, SCREENING & TREATMENT
<b>(5)</b> OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH ST OKLAHOMA CITY, OK 73104	14-1368361	501(C)(3)	114,904.				RESEARCH
<b>(6)</b> ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR PITTSBURGH, PA 15275-1214	25-1410081	501(C)(3)	9,453.				EDUCATION
<b>(7)</b> OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT PORTLAND, OR 97239	75-2668014	501(C)(3)	328,333.				SCREENING/RESEARCH
<b>(8)</b> PARTNERS FOR CANCER CARE AND PREVENTION 10 E LEE ST, UNIT #1901 BALTIMORE, MD 21202	45-1605551	501(C)(3)	25,000.				EDUCATION
<b>(9)</b> PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	83-0292601	501(C)(3)	750,000.				TREATMENT
<b>(10)</b> PENNSYLVANIA STATE UNIVERSITY MCG230, P.O. BOX 850 HERSHEY, PA 17033	24-6000376	501(C)(3)	1,585,543.				RESEARCH
<b>(11)</b> PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22209	52-1429544	501(C)(3)	67,794.				EDUCATION/SCREENING
<b>(12)</b> PRIMARY CARE COALITION-MONTGOMERYCTY INC 8757 GA AVE, 10TH FL SILVER SPRING, MD 20910	52-1847976	501(C)(3)	250,000.				SCREENING/TREATMENT

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PRINCE WILLIAM HOSPITAL 8700 SUDLEY ROAD MANASSAS, VA 20110	54-1307595	501(C)(3)	46,559.				EDUCATION/SCREENING
<b>(2)</b> PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501(C)(3)	205,000.				RESEARCH
<b>(3)</b> PROGRAM FOR APPROPRIATE P.O. BOX 900922 SEATTLE, WA 98109	91-1157127	501(C)(3)	190,746.				EDUCATION
<b>(4)</b> PROVIDENCE HEALTH FOUNDATION 1150 VARNUM ST, NE WASHINGTON, DC 20017	52-1275583	501(C)(3)	250,000.				SCREENING
<b>(5)</b> PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST., 5F40 PORTLAND, OR 97213	93-0386906	501(C)(3)	120,000.				RESEARCH
<b>(6)</b> REGENTS OF UNIVERSITY OF MICHIGAN RM 7110 CCGC, INTNL MED. ANN ARBOR, MI 48109	74-6000949	501(C)(3)	60,000.				RESEARCH
<b>(7)</b> RESEARCH ADVOCACY NETWORK 6505 W PARK BLVD PLANO, TX 75093	56-6001393	501(C)(3)	56,104.				RESEARCH
<b>(8)</b> ROSWELL PARK ALLIANCE FOUNDATION DEPT OF IMMUNOLOGY BUFFALO, NY 14263	16-1391608	501(C)(3)	419,982.				RESEARCH
<b>(9)</b> SMITH FARM CENTER FOR HEALING & THE ARTS 1632 U ST NW WASHINGTON, DC 20009	59-0624458	501(C)(3)	166,667.				EDUCATION, SCREENING & TREATMENT
<b>(10)</b> SOCIETY FOR SURGICAL ONCOLOGY 85 W ALGNQUN RD ARLINGTON HEIGHTS, IL 60005	13-6161070	501(C)(3)	54,000.				RESEARCH
<b>(11)</b> SOCIETY FOR WOMEN'S HEALTH RESEARCH 1025 CT AVE, NW WASHINGTON, DC 20036	95-6006144	501(C)(3)	264,487.				RESEARCH
<b>(12)</b> SOUTH EAST ALASKA 3245 HOSPITAL DRIVE JUNEAU, AK 99801	92-0056274	501(C)(3)	21,250.				SCREENING

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

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

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(1) STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	23,366.				RESEARCH
(2) THE ALLIANCE OF PENNSYLVANIA COUNCILS 3461 MARKET STREET CAMP HILL, PA 17011	25-1888581	501(C)(3)	106,816.				SCREENING
(3) THE GENERAL HOSPITAL CORPORATION 101 HUNTINGTON AVE. #300 BOSTON, MA 02199	04-2697983	501(C)(3)	91,966.				RESEARCH
(4) THE JAMES EWING FOUNDATION 520 GREEN BAY RD WINNETKA, IL 60093	11-2498503	501(C)(3)	57,500.				RESEARCH
(5) THE RED DEVILS P.O. BOX 36291 TOWSON, MD 21286	74-3070929	501(C)(3)	11,595.				TREATMENT
(6) THE SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037	37-6000511	501(C)(3)	360,000.				RESEARCH
(7) THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVE. CHICAGO, IL 60637	36-2177139	501(C)(3)	752,761.				RESEARCH
(8) THE WISTAR INSTITUTE 3601 SPRUCE ST. PHILADELPHIA, PA 19104-4265	23-6434390	501(C)(3)	96,220.				RESEARCH
(9) UNIV OF COLORADO HEALTH SCIENCES CENTER GRANTS AND CONTRACTS DENVER, CO 80291-0238	84-6000555	501(C)(3)	78,628.				RESEARCH
(10) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR, #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	813,876.				EDUCATION/RESEARCH
(11) UNIV OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD #1644 HOUSTON, TX 77030	74-6001118	501(C)(3)	5,663,361.				RESEARCH
(12) UNIVERSITY OF MIAMI SCHOOL OF MEDICINE 1400 NW 10TH AVE MIAMI, FL 33136	59-0624458	501(C)(3)	341,931.				RESEARCH

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(1) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S. BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	1,430,490.				RESEARCH
(2) UNIVERSITY OF ARIZONA P.O. BOX 44390 TUCSON, AZ 85733-4390	74-2652689	501(C)(3)	150,000.				RESEARCH
(3) UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DR MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)(3)	120,096.				RESEARCH
(4) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIF ST. #315 SAN FRANCISCO, CA 94107	94-6036493	501(C)(3)	1,147,167.				RESEARCH
(5) UNIVERSITY OF CALIFORNIA AT SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	58,562.				RESEARCH
(6) UNIVERSITY OF CALIFORNIA-BERKELEY 2195 HEARST AVE, RM 130 BERKELEY, CA 94720	94-6002123	501(C)(3)	11,659.				RESEARCH
(7) UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLD #107 LOS ANGELES, CA 90024	95-6006143	501(C)(3)	360,000.				RESEARCH
(8) UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PKWY #300 ORLANDO, FL 32828	59-2924021	501(C)(3)	39,991.				RESEARCH
(9) UNIVERSITY OF CINCINNATI P.O. BOX 210222 CINCINNATI, OH 45221-0222	31-6000989	501(C)(3)	565,831.				RESEARCH
(10) UNIVERSITY OF DELAWARE 30 LOVETT AVENUE NEWARK, DE 19716	51-6000279	501(C)(3)	15,823.				RESEARCH
(11) UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 20787 SPRINGFIELD, IL 62708-0787	37-6000511	501(C)(3)	290,542.				RESEARCH
(12) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	501(C)(3)	60,000.				RESEARCH

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<b>(1)</b> UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RNBW BLD,MS1039 KANSAS CITY,KS 66160	48-1108830	501(C)(3)	2,790,541.				RESEARCH
<b>(2)</b> UNIVERSITY OF MARYLAND-BALTIMORE P.O. BOX 41428 BALTIMORE, MD 20203-6428	52-6002033	501(C)(3)	69,999.				RESEARCH
<b>(3)</b> UNIVERSITY OF MICHIGAN 3086 WOLVERINE TOWER ANN ARBOR,MI 48109	38-6006309	501(C)(3)	2,498,286.				RESEARCH
<b>(4)</b> UNIVERSITY OF MINNESOTA 200 OAK ST SE #450 MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	728,842.				RESEARCH
<b>(5)</b> UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE ST JACKSON, MS 39216	64-6008520	501(C)(3)	198,713.				RESEARCH
<b>(6)</b> UNIVERSITY OF NEBRASKA 985100 NE MED CTR OMAHA, NE 68198-5100	47-0049123	501(C)(3)	12,000.				RESEARCH
<b>(7)</b> UNIVERSITY OF NOTRE DAME DU LAC 731 GRACE HALL NOTRE DAME, IL 46556	35-0868188	501(C)(3)	150,000.				RESEARCH
<b>(8)</b> UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	548,650.				RESEARCH
<b>(9)</b> UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0966691	501(C)(3)	733,000.				RESEARCH
<b>(10)</b> UNIVERSITY OF SOUTH DAKOTA 2301 E 60TH ST N SIOUX FALLS, SD 57104	46-6000364	501(C)(3)	40,031.				RESEARCH
<b>(11)</b> UNIVERSITY OF SOUTHERN CALIFORNIA UNIV GARDENS BLDG. LOS ANGELES, CA 90089	95-1642394	501(C)(3)	150,000.				RESEARCH
<b>(12)</b> UNIVERSITY OF TENNESSEE 1926 ALCOA HWY #342 KNOXVILLE, TN 37920	31-1626179	501(C)(3)	36,904.				RESEARCH

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<b>(1)</b> UNIVERSITY OF TX AT HLTH SCIENCE CTR 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	321,966.				RESEARCH
<b>(2)</b> UNIVERSITY OF UTAH 201 S PRS CRL #406 SALT LAKE CITY,UT 84112	97-6000525	501(C)(3)	60,000.				RESEARCH
<b>(3)</b> UNIVERSITY OF WASHINGTON 3917 UNIV WAY NE SEATTLE, WA 98105	91-6001537	501(C)(3)	792,237.				RESEARCH
<b>(4)</b> UNIVERSITY OF WISCONSIN HOSPITAL 21 N PK ST #6401 MADISON, WI 53715-1218	39-6006492	501(C)(3)	129,670.				RESEARCH
<b>(5)</b> UT HSC - SAN ANTONIO 7703 FLOYD CURL DR SAN ANTONIO,TX 77229	74-6002868	501(C)(3)	680,000.				RESEARCH
<b>(6)</b> UT SOUTHWESTERN MEDICAL CENTER AT DALLAS PO BOX 841753 DALLAS, TX 75284-1753	74-6002868	501(C)(3)	76,181.				RESEARCH
<b>(7)</b> VACCINE & GENE THERAPY INSTITUTE OF FLA 9801 SW DSVY WAY PORT ST. LUCIE, FL 34987	36-4631835	501(C)(3)	180,596.				RESEARCH
<b>(8)</b> VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE, #100 NASHVILLE, TN 37203	62-0476822	501(C)(3)	1,259,252.				RESEARCH
<b>(9)</b> VIETNAMESE RESETTLEMENT ASSOCIATION, INC 6131 WILLSTON DR, RM #6 FALLS CHRH,VA 22044	54-1512549	501(C)(3)	46,559.				EDUCATION, SCREENING & TREATMENT
<b>(10)</b> VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284-3038	54-6001758	501(C)(3)	360,000.				RESEARCH
<b>(11)</b> WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD. WINSTON-SALEM,NC 27157	22-3849199	501(C)(3)	160,000.				RESEARCH
<b>(12)</b> WASHINGTON UNIVERSITY AT ST. LOUIS 700 ROSEDALE AV. BOX 1034 ST LOUIS,MO 63112	43-0653611	501(C)(3)	3,877,704.				RESEARCH & SCREENING

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(1) WAYNE STATE UNIVERSITY 5057 WOODWARD AVE, 13TH FL DETROIT, MI 48202	36-6028429	501(C)(3)	502,268.				RESEARCH
(2) WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	30,000.				RESEARCH
(3) WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	23-1386178	501(C)(3)	120,000.				RESEARCH
(4) WINCHESTER MEDICAL CENTER FOUNDATION 1840 AMHERST STREET WINCHESTER, VA 22601	54-2013319	501(C)(3)	68,567.				SCREENING
(5) YALE UNIVERSITY SCHOOL OF MEDICINE 47 COLLEGE STREET NEW HAVEN, CT 06510-3209	06-0646973	501(C)(3)	40,000.				RESEARCH
(6) YOUNG SURVIVAL COALITION LORI ATKINSON NEW YORK, NY 10006	13-4057685	501(C)(3)	40,000.				EDUCATION
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 138.

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Schedule I (Form 990) (2014)



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SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Schedule I (Form 990) (2014)

Page 2

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2

SUSAN G. KOMEN'S (KOMEN) POLICIES FOR MANAGING RESEARCH, EDUCATION, SCREENING, AND TREATMENT GRANTS FROM THE TIME OF INITIAL AWARD THROUGH COMPLETION SEEK TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE REVIEW AND FUNDING PROCESS.

FOR RESEARCH GRANTS, SCIENTIFIC PROGRESS IS MONITORED THROUGHOUT THE GRANT TERM BY A PH.D.-LEVEL SCIENTIFIC GRANTS MANAGER. THE GRANTEE IS

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

REQUIRED TO SUBMIT SCIENTIFIC PROGRESS REPORTS ON EACH ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE PROJECT, EXCEPT FOR THE FINAL YEAR OF THE GRANT WHEN A FINAL REPORT IS DUE NO LATER THAN 30 DAYS AFTER THE END DATE OF THE GRANT TERM. A SCIENTIFIC PROGRESS REPORT ALSO IS DUE IF THE GRANTEE IS REQUESTING AN EXTENSION TO THE END OF THE GRANT TERM OR ACCELERATION OF THE GRANT TERM. THE GRANTEE MUST SUBMIT REQUESTS FOR ANY CHANGES TO THE DESIGN OF THE FUNDED RESEARCH PROJECT, OR CHANGES TO KEY PERSONNEL AND THEIR LEVEL OF EFFORT FOR KOMEN'S APPROVAL PRIOR TO IMPLEMENTING SAID CHANGES.

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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. ANNUAL FINANCIAL REPORTS ARE DUE NO LATER THAN 30 DAYS AFTER EACH ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE GRANT TERM, WITH THE EXCEPTION OF THE FINAL FINANCIAL REPORT, WHICH IS DUE NO LATER THAN 60 DAYS AFTER THE END DATE OF THE GRANT TERM. ALL EXPENDITURES MUST BE REPORTED IN UNITED STATES DOLLARS (\$USD). THE GRANTEE MUST SUBMIT A REQUEST FOR A BUDGET CHANGE IN THE EVENT THE GRANTEE WISHES TO MOVE FUNDS ACROSS BUDGET CATEGORIES IN EXCESS OF THE ALLOWABLE LIMITS AS STATED WITHIN THE POLICIES AND PROCEDURES.

PUBLIC INSPECTION COPY

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

UPON TERMINATION OF A GRANT, UNEXPENDED FUNDS MUST BE REMITTED 30 DAYS

AFTER RECEIPT OF AN INVOICE FROM KOMEN.

WITH REASONABLE PRIOR NOTICE TO THE GRANTEE, KOMEN MAY REQUIRE ADDITIONAL PROGRESS AND/OR FINANCIAL REPORTING FROM THE GRANTEE AND ALSO MAY REQUIRE THE GRANTEE TO PARTICIPATE IN SITE VISITS, TELEPHONE CONFERENCES, PRESENTATIONS, OR OTHER SPEAKING ENGAGEMENTS. AS PART OF ITS OVERSIGHT OF RESEARCH PROGRESS, KOMEN MAY ADJUST THE PROJECT REPORTING PERIOD AND ASSOCIATED DISBURSEMENT OF GRANT FUNDS AT ANY TIME DURING THE GRANT TERM WITH PRIOR WRITTEN NOTICE TO THE GRANTEE. KOMEN WILL NOT BE RESPONSIBLE

PUBLIC INSPECTION COPY

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOR A) ANY EXPENDITURE MADE PRIOR TO THE EFFECTIVE DATE OR AFTER THE TERMINATION OF THE GRANT, B) COMMITMENTS MADE DURING THE GRANT TERM BUT NOT PAID WITHIN SIXTY (60) DAYS FOLLOWING THE EXPIRATION OF THE GRANT AGREEMENT, C) EXPENDITURES THAT ARE NOT PERMITTED AS DESCRIBED WITHIN THE RFA, OR D) ANY EXPENDITURE THAT IS INCONSISTENT WITH THE APPROVED RESEARCH PLAN AND BUDGET OR THAT EXCEEDS THE TOTAL AMOUNT OF THE GRANT. KOMEN HAS THE RIGHT TO CONDUCT AN AUDIT OF THE RECORDS RELATED TO A GRANT AT ANY TIME DURING THE GRANT AND FOR FIVE YEARS THEREAFTER.

KOMEN'S POLICIES FOR MANAGING EDUCATION, SCREENING, AND TREATMENT GRANTS

PUBLIC INSPECTION COPY

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

REQUIRE THAT ALL GRANTEES SIGN A GRANT AGREEMENT, WHICH SETS FORTH THE TERMS OF THE GRANT, INCLUDING THE PURPOSE OF THE GRANT, AMOUNT, BUDGETARY RESTRICTIONS, DURATION, PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AND AUDIT AND EARLY TERMINATION RIGHTS FOR KOMEN. PROGRESS IS MONITORED THROUGHOUT THE GRANT TERM BY A COMMUNITY HEALTH GRANTS MANAGER. THE GRANTEE IS REQUIRED TO SUBMIT PROGRESS REPORTS (TYPICALLY EVERY SIX MONTHS) THAT DETAIL PROGRESS TOWARD MEETING EACH OF THE OBJECTIVES AND ANY CHALLENGES ENCOUNTERED. THE PROGRESS REPORT MUST ALSO INCLUDE A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES). THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH THE GRANTEE, WHEN

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

APPROPRIATE, TO BUILD A STRONGER RELATIONSHIP WITH THE GRANTEE; TO GAIN A BETTER UNDERSTANDING OF ITS WORK; AND TO ADDRESS ANY CHALLENGES OR PROBLEMS THE GRANTEE IS FACING. ANY CHANGES TO THE PROJECT MUST BE APPROVED BY KOMEN'S GRANTS MANAGER IN WRITING IN ADVANCE OF THE CHANGE. A FINAL REPORT MUST BE PROVIDED AT THE COMPLETION OR EARLY TERMINATION OF THE GRANT AND MUST INCLUDE, AMONG OTHER THINGS, A FINANCIAL REPORT AND AN EVALUATION OF THE PROGRAM'S ACCOMPLISHMENTS AND IMPACT IN THE COMMUNITY. UPON TERMINATION OF THE GRANT, ANY UNEXPENDED FUNDS MUST BE REMITTED TO KOMEN UNLESS OTHERWISE DIRECTED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014



PUBLIC INSPECTION COPY

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

For each individual whose compensation must be reported in 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. JUDITH SALERNO PRESIDENT & CEO	(i)	474,734.	0	5,124.	0	3,625.	483,483.	0
	(ii)	0	0	0	0	0	0	0
2 ELLEN WILLMOTT GEN COUNSEL & SECRETARY	(i)	261,354.	0	2,802.	15,345.	9,034.	288,535.	0
	(ii)	0	0	0	0	0	0	0
3 LESLEY LURIE ASSISTANT SECRETARY	(i)	199,164.	0	2,203.	10,603.	16,544.	228,514.	0
	(ii)	0	0	0	0	0	0	0
4 NANCY G. BRINKER BOARD MEMBER & FOUNDER	(i)	389,782.	0	7,311.	15,478.	10,014.	422,585.	0
	(ii)	0	0	0	0	0	0	0
5 DAVID DAWSON VP, INFORMATION TECHNOLOGY	(i)	156,262.	0	333.	8,872.	17,250.	182,717.	0
	(ii)	0	0	0	0	0	0	0
6 KAY MERRELL VP, HUMAN RESOURCES	(i)	199,488.	5,000.	4,513.	10,704.	17,824.	237,529.	0
	(ii)	0	0	0	0	0	0	0
7 MIGUEL PEREZ VP AFFILIATE NTWRK	(i)	181,090.	0	2,769.	10,878.	8,325.	203,062.	0
	(ii)	0	0	0	0	0	0	0
8 WENDY CARTER DIRECTOR, GLOBAL OUTREACH	(i)	168,759.	4,950.	2,278.	0	1,269.	177,256.	0
	(ii)	0	0	0	0	0	0	0
9 ANDREA RADER MANAGING DIRECTOR, COMM.	(i)	160,433.	0	3,051.	7,694.	13,837.	185,015.	0
	(ii)	0	0	0	0	0	0	0
10 SUBHENDU RATH DIRECTOR, IT ENTERPRISE SYSTEM	(i)	148,334.	712.	1,817.	9,152.	14,537.	174,552.	0
	(ii)	0	0	0	0	0	0	0
11 STEPHANIE BIRKEY REFFEY MANAGING DIR. EVALUATION & OUT	(i)	146,266.	0	5,987.	9,227.	19,751.	181,231.	0
	(ii)	0	0	0	0	0	0	0
12 VICTORIA WOLODZKO MNG DIRECTOR, GRANTS & PROG AD	(i)	162,996.	0	2,495.	9,798.	7,761.	183,050.	0
	(ii)	0	0	0	0	0	0	0
13 MARK NADOLNY CHIEF FINAN OFFICER (END 9/14)	(i)	246,694.	0	46,916.	13,868.	14,413.	321,891.	0
	(ii)	0	0	0	0	0	0	0
14 CHANDINI PORTTEUS CHIEF MISSION OFFCR (END 9/14)	(i)	220,483.	0	60,555.	13,489.	18,231.	312,758.	0
	(ii)	0	0	0	0	0	0	0
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

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

SUPPLEMENTAL COMPENSATION INFORMATION

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. BUSINESS OR FIRST CLASS REQUIRES ADVANCE WRITTEN APPROVAL AS PART OF A MEDICAL ACCOMMODATION OR IN THE EVENT OF INTERNATIONAL TRAVEL WITH FLIGHT TIMES OF SIX HOURS OR MORE, BASED ON BUSINESS NEED. WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COST.

SCHEDULE J, PART I, LINE 4A

DURING CALENDAR YEAR 2014 THE FOLLOWING SEVERANCE PAYMENTS WERE MADE:

MARK NADOLNY \$41,717

CHANDINI PORTEUS \$58,867

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		2,920.	COST OR SALES PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	15,000.	39,350.	COST OR SALES PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		40,000.	30,977.	
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

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

Schedule M (Form 990) (2014)

JSA

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SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Schedule M (Form 990) (2014)

Page **2**

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
PERSONAL CARE PACKET	X	40000.	30,977.	COST OR SALES PRICE
TOTALS		<u>40,000.</u>	<u>30,977.</u>	

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**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.**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

## VOLUNTEERS

FORM 990, PART I, QUESTION 6

VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREATEST NUMBERS OF

VOLUNTEERS ASSIST WITH THE SUSAN G. KOMEN 3 DAY® SERIES.

## FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SUSAN G. KOMEN IS THE WORLD'S LARGEST 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 \$889 MILLION IN RESEARCH AND PROVIDED \$1.9 BILLION IN FUNDING TO 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.

## A - RESEARCH

SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO COUNTLESS MAJOR ADVANCES IN BREAST CANCER SCIENCE. IN JUST ONE GENERATION, 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

# PUBLIC INSPECTION COPY

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

TO ENSURE MAXIMUM IMPACT, KOMEN CALLS ON ITS MISSION ADVISORS-THE BEST AND BRIGHTEST BREAST CANCER RESEARCHERS, CLINICIANS, ADVOCATES AND OTHER EXPERTS- TO HELP GUIDE AND IMPLEMENT OUR MISSION PROGRAMS. THANKS TO THEIR EFFORTS, WE'RE DRIVING DISCOVERY, AFFECTING CHANGE AND ACCELERATING PROGRESS IN THE FIGHT AGAINST BREAST CANCER. THE SCIENTIFIC ADVISORY BOARD (SAB) PROVIDES STRATEGIC GUIDANCE AND DIRECTION FOR OUR RESEARCH AND SCIENTIFIC PROGRAMS, AND PLAYS A KEY ROLE IN GUIDING AND PRIORITIZING KOMEN'S GLOBAL RESEARCH INVESTMENT. THE SAB IS LED BY THE CHIEF SCIENTIFIC ADVISORS AND SERVES AS THE EXECUTIVE COMMITTEE OF THE KOMEN SCHOLARS. THE KOMEN SCHOLARS ARE AN ADVISORY GROUP OF 60 DISTINGUISHED LEADERS IN BREAST CANCER RESEARCH AND ADVOCACY. REPRESENTING MORE THAN 32 INSTITUTIONS IN SEVEN COUNTRIES, THEIR EXPERTISE INCLUDES CLINICAL RESEARCH, LABORATORY RESEARCH, PATHOLOGY, PREVENTION, RADIATION ONCOLOGY, SURGERY AND OTHER DISCIPLINES AND SPECIALTIES. THEY CONTRIBUTE TO OUR PROGRAMS, ACTIVITIES AND EVENTS IN MANY WAYS-MOST NOTABLY BY LEADING AND PARTICIPATING AS REVIEWERS IN OUR SCIENTIFIC PEER REVIEW PROCESS - AND ACT AS OUR AMBASSADORS IN COMMUNITIES AROUND THE U.S. AND THE WORLD.

# PUBLIC INSPECTION COPY

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

KOMEN'S RESEARCH ADVOCATES, ADVOCATES IN SCIENCE (AIS), BRING THE PATIENT VOICE TO RESEARCH, ENSURING THAT THE UNIQUE AND VALUABLE PERSPECTIVES OF BREAST CANCER PATIENTS, SURVIVORS, AND CO-SURVIVORS ARE INTEGRATED INTO THE SCIENTIFIC DIALOGUE AND DECISIONS THAT IMPACT PROGRESS TOWARD ENDING BREAST CANCER. KOMEN UNIQUELY INCLUDES AIS IN EVERY STEP OF THE RESEARCH INVESTMENT PROCESS: THEY SERVE ON OUR SCIENTIFIC ADVISORY BOARD AND KOMEN SCHOLARS; PARTICIPATE IN RESEARCH GRANT PEER REVIEWS; WORK WITH OR AS PART OF SCIENTIFIC TEAMS TO HELP PRIORITIZE, DEVELOP AND IMPLEMENT RESEARCH PROJECTS; AND EDUCATE OUR AFFILIATES AND THE PUBLIC TO ENHANCE COMMUNITY AWARENESS, UNDERSTANDING, AND SUPPORT OF BREAST CANCER RESEARCH.

KOMEN RESEARCH AND TRAINING PROGRAM:

KOMEN AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS AND ORGANIZATIONS AROUND THE WORLD THROUGH A TRANSPARENT AND RIGOROUS PEER REVIEW PROCESS THAT ENSURES MAXIMUM IMPACT FOR OUR RESEARCH DOLLARS.

OUR SCIENTIFIC ADVISORY BOARD DETERMINES THE MOST CRITICAL AREAS OF NEED IN BREAST CANCER RESEARCH. THESE NEEDS DETERMINE THE AREAS OF RESEARCH FOCUS IN THE REQUEST FOR APPLICATIONS (RFA).

THE RFA IS ANNOUNCED AND RESEARCHERS SUBMIT SHORT VERSIONS OF THEIR PROPOSALS, DESCRIBING BOTH THE PROPOSED STUDY AND POTENTIAL CLINICAL IMPACT OF THE PROJECT. THESE PRE-APPLICATIONS ARE SCIENTIFICALLY REVIEWED

# PUBLIC INSPECTION COPY

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298
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BY PEER-REVIEW COMMITTEES WHICH ARE LED BY A CHAIRPERSON AND COMPRISED OF OUR KOMEN SCHOLARS, ADVOCATES IN SCIENCE AND OTHER PROMINENT RESEARCHERS AND ADVOCATES FROM AROUND THE GLOBE.

APPROXIMATELY 20-25 PERCENT OF THESE PRE-APPLICATIONS WILL BE IDENTIFIED AS THE MOST MERITORIOUS AND ALIGNED WITH OUR RESEARCH OBJECTIVES. UPON APPROVAL BY OUR SCIENTIFIC ADVISORY BOARD, APPLICANTS WILL BE INVITED TO SUBMIT FULL APPLICATIONS FOR FURTHER PEER REVIEW AND FUNDING CONSIDERATION.

FULL APPLICATIONS ARE DISCUSSED, RATED AND SCORED BY THE ASSIGNED REVIEWERS - INCLUDING MEMBERS OF THE KOMEN SCHOLARS AND ADVOCATES IN SCIENCE- WHO ASSESS THE STRENGTHS AND WEAKNESSES OF EACH APPLICATION BASED ON DEFINED REVIEW CRITERIA SUCH AS SCIENTIFIC MERIT AND POTENTIAL FOR IMPACT.

THE OVERALL SCORES FOR EACH APPLICATION ARE THEN USED BY THE SCIENTIFIC ADVISORY BOARD TO MAKE FINAL FUNDING RECOMMENDATIONS ACROSS ALL RESEARCH MECHANISMS. APPLICATIONS ARE RECOMMENDED FOR FUNDING IN THE ORDER OF THE OVERALL AVERAGE SCORE. THE SCIENTIFIC ADVISORY BOARD'S RECOMMENDATIONS ARE FORWARDED TO KOMEN LEADERSHIP, WHO APPROVE THE FINAL SLATE OF APPLICATIONS FOR FUNDING.

THE BOARD OF DIRECTORS APPROVES THE ANNUAL BUDGET FOR KOMEN, WHICH INCLUDES THE TOTAL BUDGET FOR GRANTS. THE BOARD OF DIRECTORS HOLDS THE



# PUBLIC INSPECTION COPY

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298
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RESPONSIBILITY OF REVIEWING THE FINANCIAL HEALTH OF THE ORGANIZATION AND APPROVING ANY REDUCTIONS OR INCREASES IN THE TOTAL MISSION BUDGET FOR GRANTS.

PEER-REVIEW IS A GRANT REVIEW PROCESS USED BY MANY ORGANIZATIONS, INCLUDING THE NATIONAL INSTITUTES OF HEALTH (NIH), TO DETERMINE WHICH RESEARCH GRANTS WILL BE FUNDED. IN FACT, THE NIH HAS DESIGNATED, PER PROGRAM ANNOUNCEMENT STANDARD NUMBER PAR-13-386, THAT KOMEN MAINTAINS A PEER REVIEW SYSTEM THAT IS FREE OF CONFLICTS OF INTEREST AND THAT BASES DECISIONS ON SCIENTIFIC MERIT. BY USING THIS RIGOROUS PROCESS, WE STRIVE TO FUND THE VERY BEST RESEARCH - FUNDING PROJECTS THAT HAVE THE POTENTIAL TO ADVANCE THE FIELD AND HAVE AN IMPACT ON PATIENTS AS RAPIDLY AS POSSIBLE.

A TYPICAL PEER-REVIEW PROCESS CAN INVOLVE MORE THAN 400 SCIENTISTS AND ADVOCATE REVIEWERS AND UP TO 23 TO 25 PEER-REVIEW COMMITTEES. ALTHOUGH THE NUMBER OF APPLICATIONS RECEIVED VARIES FROM YEAR TO YEAR, KOMEN TYPICALLY RECEIVES BETWEEN 950 AND 1,050 PRE-APPLICATIONS ANNUALLY. FUNDING RATIOS CAN VARY CONSIDERABLY BY YEAR AND GRANT TYPE.

IN FISCAL YEAR 2015, KOMEN AWARDED 124 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, BRAZIL, CANADA, ISRAEL, ITALY, JORDAN, MEXICO, PANAMA, SPAIN AND SWITZERLAND.

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Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298
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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, THE FOLLOWING REQUEST-FOR-APPLICATIONS (RFA) GRANT OPPORTUNITIES WERE OFFERED BY KOMEN DURING FISCAL YEAR 2015:

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 (FORMERLY POST-BACCALAUREATE TRAINING IN DISPARITIES RESEARCH GRANTS) ARE INTENDED TO ESTABLISH AND/OR TO SUSTAIN A TRAINING PROGRAM

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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 SIX 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'S RESEARCH INVESTMENT THROUGH THE ABOVE GRANT MECHANISMS SUPPORT PROJECTS THAT AIM TO, AMONG OTHER THINGS:

- DEVELOP TARGETED THERAPIES FOR TRIPLE-NEGATIVE BREAST CANCER
- UNDERSTAND BREAST CANCER PROGRESSION AND METASTASIS
- DEVELOP VACCINES FOR BREAST CANCER TREATMENT
- PREDICT RISK USING IMAGING
- IMPROVE TOXICITY PREDICTION FOR OLDER WOMEN
- IMPROVE TREATMENT RESPONSE
- DEVELOP NEW IMAGING TECHNIQUES TO IMPROVE DIAGNOSIS
- OVERCOME BREAST CANCER DISPARITIES IN LOW-INCOME WOMEN

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OPPORTUNITY GRANTS / SPONSORED PROGRAMS AND PARTNERSHIP GRANTS:

THESE GRANTS SUPPORT SPECIAL RESEARCH PROJECTS, PROGRAMS AND COLLABORATIONS THAT LEVERAGE RESEARCH AND COMMUNITY RESOURCES TO FACILITATE THE DEVELOPMENT OF THE INFRASTRUCTURE, TOOLS AND OTHER MEANS TO ACCELERATE THE TRANSLATION OF SCIENTIFIC DISCOVERIES FROM BENCH TO BEDSIDE TO CURBSIDE.

FUNDING FROM ORGANIZATIONS LIKE KOMEN AND ITS SUPPORTERS HAS PROVEN CRITICAL FOR ALL THESE ACTIVITIES, ESPECIALLY AT A TIME OF DIMINISHING FEDERAL FUNDING FOR CANCER RESEARCH AND FOR CLINICAL TRIALS.

EXAMPLES OF OPPORTUNITY GRANTS/SPONSORED PROGRAMS & PARTNERSHIP GRANTS COMMITTED IN FISCAL YEAR 2015 INCLUDE:

- SUPPORT FOR THE SUSAN G. KOMEN FOR THE CURE TISSUE BANK AT THE IU SIMON CANCER CENTER (KTB), THE FIRST AND ONLY BIOREPOSITORY OF NORMAL BREAST TISSUE IN THE WORLD. THIS GRANT SUPPORTS THE INFRASTRUCTURE OF THE KTB, ALLOWING THE KTB TO CONTINUE TO COLLECT, STORE AND DISTRIBUTE WHOLE BLOOD, DNA, SERUM, PLASMA AND HEALTHY BREAST TISSUE FROM WOMEN NOT KNOWN TO HAVE BREAST CANCER. EACH SAMPLE IS ANNOTATED WITH DETAILED INFORMATION ABOUT THE DONOR. THE SAMPLES AND ANNOTATION ARE CATALOGUED IN THE KTB DATABASE AND THE VIRTUAL TISSUE BANK AND SUCH SAMPLES ARE MADE AVAILABLE TO THE GLOBAL RESEARCH COMMUNITY UPON APPLICATION TO THE BANK. THE

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AVAILABILITY OF SUCH NORMAL TISSUE HAS THE POTENTIAL TO REVOLUTIONIZE OUR UNDERSTANDING OF THE CHANGES THAT HAPPEN IN A NORMAL BREAST AND HOW THESE MOLECULAR MECHANISMS ARE ALTERED IN THE MALIGNANT PROCESS.

- SUPPORT FOR PHASE III OF THE CAROLINA BREAST CANCER STUDY (CBCS), WHICH BEGAN IN 1993 AND WAS AT THE TIME THE LARGEST POPULATION-BASED STUDY OF BREAST CANCER IN AFRICAN-AMERICAN WOMEN. CBCS PHASE III IS BUILT UPON FINDINGS FROM PHASES I-II, WITH THE MAJOR EXPANSION BEING TO OBTAIN CLINICAL TREATMENT AND OUTCOMES DATA FOR AT LEAST 10 YEARS FROM AFRICAN AMERICAN AND CAUCASIAN WOMEN ACROSS THE STATE OF NORTH CAROLINA WHO ENROLLED IN THIS STUDY. THE COMPREHENSIVE EPIDEMIOLOGIC, TUMOR AND GERMLINE GENETIC, BREAST CANCER-SPECIFIC TREATMENT AND HEALTH SERVICES AND OUTCOMES INFORMATION WILL BE COLLECTED AT AN UNPRECEDENTED LEVEL OF DETAIL FOR A DIVERSE, AT-RISK POPULATION. THE STUDY IS THE FIRST TO ADDRESS HOW TREATMENT DECISIONS, ACCESS TO CARE AND FINANCIAL OR GEOGRAPHIC BARRIERS IMPACT BREAST CANCER OUTCOMES AMONG AFRICAN-AMERICAN WOMEN WITH BREAST CANCER IN LOW INCOME AND RURAL AREAS. FURTHERMORE, CBCS III COMBINES HEALTH OUTCOMES WITH BREAST CANCER MOLECULAR SUBTYPE INFORMATION TO PROVIDE A SYSTEMATIC EVALUATION OF BREAST CANCER PROGNOSIS IN YOUNGER AFRICAN-AMERICAN WOMEN.

- SUPPORT FOR THE TRANSLATIONAL BREAST CANCER RESEARCH CONSORTIUM (TBCRC), WHICH WAS ESTABLISHED IN 2006 AND IS COMPRISED OF A COLLABORATIVE GROUP OF SCIENTISTS FROM SEVENTEEN OF THE TOP US ACADEMIC MEDICAL CENTERS. THE TBCRC CONDUCTS STUDIES OF NEW TREATMENT APPROACHES. THE TBCRC'S CLINICAL TRIALS EVALUATE NOVEL BIOMARKERS USING BLOOD, TISSUE

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AND IMAGING TO DIAGNOSE, STAGE, MONITOR AND TREAT ALL STAGES OF BREAST CANCER. THE TBCRC CONDUCTS CLINICAL TRIALS BEFORE AND AFTER SURGERY IN PATIENTS WITH EARLY-STAGE OR ADVANCED DISEASE. MORE THAN 30 TRIALS HAVE BEEN DESIGNED, OVER 20 STUDIES HAVE BEEN COMPLETED AND MANY HAVE BEEN REPORTED OR PUBLISHED IN INTERNATIONAL MEETINGS AND JOURNALS. SOME OF THESE STUDIES OFFERED NEW INSIGHT IN THE BIOLOGY AND CLINICAL BEHAVIOR OF DISEASES LIKE TRIPLE-NEGATIVE AND ER-POSITIVE BREAST CANCER IN WOMEN WITH EARLY STAGE OR ADVANCED DISEASE. THE TBCRC PROVIDES A FORUM WHERE INVESTIGATORS FROM ALL DISCIPLINES, ADVOCATES, COORDINATORS, SCIENTISTS AND BIOSTATISTICIANS MEET TO SHARE KNOWLEDGE AND PLAN NEW BREAST CANCER TRIALS. THE TBCRC HAS ALSO BECOME A SUPPORTIVE AND NURTURING ENVIRONMENT FOR SOME OF THE MOST CREATIVE YOUNG INVESTIGATORS TO DEVELOP AND TEST IDEAS WORKING ALONGSIDE MORE SEASONED RESEARCHERS, THEREBY ENSURING THE TRAINING AND RETENTION OF A NEW GENERATION OF RESEARCHERS TO CONTINUE OUR MARCH TOWARD A BRIGHTER TOMORROW WITH LESS SUFFERING FROM BREAST CANCER.

SUPPORT FOR THE ACCELERATING ANTI-CANCER DRUG DEVELOPMENT WORKSHOP, WHICH IS DESIGNED FOR SCIENTISTS AND CONSUMER ADVOCATES WITH CLINICAL TRIAL EXPERIENCE WHO HAVE AN INTEREST IN NEW APPROACHES TO DEVELOPING OR ENHANCING AGENTS OR COMBINATIONS OF AGENTS FOR THE DIAGNOSIS, TREATMENT OR PREVENTION OF CANCER. THIS GROUNDBREAKING WORKSHOP IS DESIGNED TO BRING TOGETHER LEADERS IN CLINICAL AND TRANSLATIONAL CANCER RESEARCH FROM ACADEMIA, INDUSTRY, THE NCI AND FDA TO ASSIST INVESTIGATORS IN UNDERSTANDING AND IMPROVING THE PROCESS OF CANCER DRUG DEVELOPMENT. THE GOAL IS TO EXPEDITE THE DEVELOPMENT AND VALIDATION PROCESSES FOR NEW

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ANTICANCER AND CANCER PREVENTION AGENTS, SO THEY CAN BE MADE AVAILABLE TO PATIENTS AT AN ACCELERATED RATE.

- SUPPORT TO THE AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR) FOR AACR SCIENTIFIC CONFERENCES THAT:
  - HIGHLIGHT THE BEST AND LATEST FINDINGS IN MAJOR AREAS OF CANCER RESEARCH, INCLUDING PREVENTION AND HEALTH DISPARITIES;
  - PROVIDE INVESTIGATORS WITH NETWORKING OPPORTUNITIES THAT HELP ADVANCE SCIENTIFIC PROGRESS;
  - PROMOTE TRAINING PROGRAMS THAT PROVIDE ADVOCATES WITH A SOLID BACKGROUND IN CANCER RESEARCH AND STIMULATE COLLABORATIVE INTERDISCIPLINARY INTERACTIONS AND PARTNERSHIPS AMONG THE LEADERS OF THE SCIENTIFIC AND CANCER SURVIVOR AND PATIENT ADVOCACY COMMUNITIES WORLDWIDE; AND
  - PROVIDE SCIENTIFIC AWARDS THAT RECOGNIZE INVESTIGATORS FOR SIGNIFICANT CONTRIBUTIONS TO THE FIELD.

**B - EDUCATION**

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

OUR WEBSITE, WWW.KOMEN.ORG, PROVIDES SAFE, ACCURATE, COMPREHENSIVE AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED UPON SCIENTIFIC EVIDENCE,

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AS WELL AS INFORMATION ABOUT OUR RESEARCH PROGRAMS, COMMUNITY PROGRAMS, VOLUNTEER OPPORTUNITIES AND EVENTS. THE "UNDERSTANDING BREAST CANCER" SECTION OF THE WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER STAFF, RECEIVED MORE THAN SEVEN MILLION PAGE VIEWS DURING FISCAL YEAR 2015.

KOMEN ALSO PRODUCES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. KOMEN AND ITS AFFILIATES, GRANTEEES AND OTHERS DISTRIBUTED MORE THAN THREE MILLION EDUCATIONAL MATERIALS IN FISCAL YEAR 2015. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE THE FOLLOWING:

- BREAST SELF-AWARENESS MESSAGES CARDS IN 40 LANGUAGES AND FOR 41 SPECIFIC AUDIENCES
- BREAST CANCER AWARENESS AND BREAST CANCER SPECIFIC BROCHURES AND FACT SHEETS
- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS
- TOOLKIT FOR BREAST CANCER OUTREACH AND EDUCATION FOR HISPANIC/LATINO COMMUNITIES IN ENGLISH AND SPANISH

THE SUSAN G. KOMEN "1-877 GO KOMEN" BREAST CARE HELPLINE OFFERS BREAST CANCER EDUCATION, PSYCHOSOCIAL SUPPORT AND INFORMATION ABOUT RESOURCES FOR PATIENTS, FAMILIES AND FRIENDS. THE HELPLINE OPERATES FROM 9 A.M. - 10 P.M. ET. DURING FISCAL YEAR 2015, THE KOMEN BREAST CANCER HELPLINE RESPONDED TO MORE THAN 14,000 CALLS AND MORE THAN 450 EMAILS.



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THROUGH THE GENEROUS SUPPORT OF WALGREENS AND ITS CUSTOMERS, KOMEN HAS PROVIDED FUNDING TO 26 AFFILIATES (TOTALING \$1.5 MILLION IN FY 2015) TO DEPLOY AND DEVELOP BREAST HEALTH AND BREAST CANCER EDUCATIONAL PROGRAMS IN THEIR SERVICE AREAS. THIS SUPPORT ENABLED AFFILIATES TO:

- PROVIDE EVIDENCE-BASED, CULTURALLY-COMPETENT OUTREACH AND EDUCATION TO VULNERABLE AND/OR UNDERSERVED POPULATIONS INCLUDING ELDERLY, RACIAL MINORITIES, LOW SOCIO-ECONOMIC POPULATIONS, RURAL POPULATIONS, THOSE WITH LIMITED LITERACY OR HEALTH LITERACY SKILLS AND/OR LGBT COMMUNITIES
- PROVIDE ONE-ON-ONE OR SMALL GROUP EDUCATION FOCUSED ON RISK FACTORS AND BARRIERS TO CARE IMPACTING SPECIFIC INDIVIDUALS OR VULNERABLE POPULATIONS
- HIRE AFFILIATE STAFF AND/OR INDIVIDUAL CONSULTANTS TO IMPLEMENT CULTURALLY-COMPETENT EDUCATION AND OUTREACH PROJECTS FOCUSED ON SERVING VULNERABLE POPULATIONS

IN THE WASHINGTON, D.C. METRO AREA, KOMEN PROVIDED NEARLY \$1.2 MILLION FOR SIX EDUCATION PROGRAMS TO INCREASE UNDERSTANDING OF BREAST HEALTH, BREAST CANCER AND SURVIVORSHIP. THESE PROGRAMS PROVIDE CULTURALLY COMPETENT MESSAGING AND PROMOTE ACTIONS THAT ENCOURAGE PARTICIPANTS TO UNDERSTAND THEIR PERSONAL RISK, TALK TO THEIR DOCTORS ABOUT APPROPRIATE SCREENING AND SEEK TIMELY TREATMENT WHEN NECESSARY.

IN ADDITION, IN FY15 KOMEN PARTNERED WITH SEVEN NON-PROFIT ADVOCACY ORGANIZATIONS TO SUPPORT PATIENT-FOCUSED, EDUCATIONAL CONFERENCES

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DEDICATED TO THE CRITICAL ISSUES FACING BREAST CANCER PATIENTS AND THEIR FAMILIES. SOME OF KOMEN'S FUNDING SUPPORTED TRAVEL SCHOLARSHIPS, GIVING MORE THAN 330 SURVIVORS AND CO-SURVIVORS A CHANCE TO CONNECT WITH EACH OTHER WHILE ALSO HEARING FROM LEADING RESEARCHERS ABOUT THE LATEST ADVANCES IN BREAST CANCER CARE. IN FY15, THESE CONFERENCES INCLUDED:

- LIVING BEYOND BREAST CANCER'S (LBBC) ANNUAL CONFERENCE FOR WOMEN LIVING WITH METASTATIC BREAST CANCER
- FACING OUR RISK EMPOWERED (FORCE) ANNUAL CONFERENCE FOR PEOPLE AND FAMILIES AFFECTED BY HEREDITARY CANCER OR A BRCA MUTATION
- THE YOUNG SURVIVAL COALITION'S (YSC'S) NATIONAL SUMMIT FOR YOUNG WOMEN AFFECTED BY BREAST CANCER
- THE METASTATIC BREAST CANCER NETWORK'S (MBCN) ANNUAL MEETING FOR PEOPLE LIVING WITH METASTATIC BREAST CANCER

CANCER KILLS MORE PEOPLE, WORLDWIDE, THAN TB, HIV/AIDS AND MALARIA COMBINED AND CANCER IS GROWING EXPONENTIALLY IN LOW-TO-MIDDLE RESOURCE COUNTRIES. KOMEN PARTNERS WITH GOVERNMENT AGENCIES, NON-GOVERNMENTAL ORGANIZATIONS AND CORPORATE PARTNERS TO PROVIDE HEALTH SYSTEMS ASSESSMENTS (RESEARCH), EDUCATION, SCREENING AND TREATMENT PROGRAMS IN MORE THAN 30 COUNTRIES.

EXAMPLES INCLUDE:

WITH THE GENEROUS SUPPORT OF THE CATERPILLAR FOUNDATION, KOMEN FUNDED PROGRAMS IN BRAZIL, PANAMA, AND MEXICO THAT HAVE REACHED AN ESTIMATED 29

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MILLION PEOPLE THROUGH MASS MEDIA AWARENESS CAMPAIGNS, TRAINED 2,500 COMMUNITY HEALTH WORKERS AND MEDICAL PROVIDERS AND REACHED MORE THAN 50,000 COMMUNITY MEMBERS THROUGH BREAST SELF-AWARENESS AND BREAST CANCER EDUCATIONAL WORKSHOPS SINCE INCEPTION OF THE PARTNERSHIP IN 2011 THROUGH THE END OF FISCAL YEAR 2015.

WITH THE GENEROUS SUPPORT OF GE HEALTHYIMAGINATION FROM 2011 THROUGH THE END OF FISCAL YEAR 2015, KOMEN MADE GREAT STRIDES IN ACCESS TO BREAST HEALTH EDUCATION, AWARENESS, AND SCREENING THROUGH PROGRAM ACTIVITIES IN THE PEOPLE'S REPUBLIC OF CHINA AND THE KINGDOM OF SAUDI ARABIA. IN CHINA, PROGRAM ACTIVITIES INCLUDED MAPPING OF POTENTIAL PARTNERS (LANDSCAPE ANALYSIS), DEVELOPMENT OF CULTURALLY -APPROPRIATE BREAST HEALTH EDUCATION MATERIALS, TRAINING OF COMMUNITY OUTREACH REPRESENTATIVES AND PARTICIPATION IN EDUCATION AND AWARENESS EVENTS HELD DURING THE SCIENTIFIC CONFERENCES, AT HOSPITALS AND MEDICAL CENTERS, AND AT THE AMERICAN CHAMBER OF COMMERCE IN BEIJING TO INTRODUCE WORKPLACE AWARENESS CAMPAIGNS. IN SAUDI ARABIA, KOMEN FOCUSED ON SUPPORTING THE MINISTRY OF HEALTH'S EFFORTS TO INCREASE BREAST CANCER SCREENING THROUGH A PUBLIC AWARENESS CAMPAIGN, TRAINING OF CALL CENTER WORKERS WHO SCHEDULE APPOINTMENTS AND DELIVER RESULTS AND MEDICAL PROVIDER TRAINING.

KOMEN ALSO AWARDED GRANTS AIMED AT EDUCATING COMMUNITIES AND INCREASING ACCESS TO QUALITY CARE IN THE BAHAMAS, BOSNIA AND HERZEGOVINA, BRAZIL, CHINA, COLUMBIA, EGYPT, HUNGARY, ISRAEL, JORDAN, KENYA, MEXICO, PANAMA, PERU, ROMANIA, AND ZAMBIA.

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## ADVOCACY

SUSAN G. KOMEN IS THE VOICE FOR THE MORE THAN 3 MILLION BREAST CANCER SURVIVORS AND THOSE WHO LOVE THEM, WORKING TO ENSURE THAT THE FIGHT AGAINST BREAST CANCER IS A PRIORITY AMONG POLICYMAKERS IN WASHINGTON, D.C., AND EVERY CAPITOL ACROSS THE COUNTRY.

EACH YEAR, KOMEN WORKS TO IDENTIFY, THROUGH A TRANSPARENT AND BROAD-BASED, INTENSIVE VETTING AND SELECTION PROCESS, THE POLICY ISSUES THAT HAVE THE GREATEST POTENTIAL IMPACT ON KOMEN'S MISSION. THIS PROCESS INCLUDES THE COLLECTION OF FEEDBACK FROM KOMEN HEADQUARTERS' LEADERSHIP, POLICY STAFF, AND SUBJECT MATTER EXPERTS; KOMEN AFFILIATES FROM ACROSS THE COUNTRY; ADVISORY GROUPS INCLUDING THE KOMEN ADVOCACY ADVISORY TASKFORCE (KAAT), ADVOCATES IN SCIENCE, AND KOMEN SCHOLARS; AND OTHER STAKEHOLDERS WITH A VESTED INTEREST IN BREAST CANCER-RELATED ISSUES. THE SELECTED ISSUES ARE THE BASIS FOR KOMEN'S STATE AND FEDERAL ADVOCACY WORK IN THE COMING YEAR.

KOMEN'S 2014 AND 2015 ADVOCACY PRIORITIES INCLUDED: SUPPORTING EXPANDED FEDERAL FUNDING FOR BREAST CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE DEPARTMENT OF DEFENSE (DOD); SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE

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COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; SUPPORTING EXPANDED MEDICAID COVERAGE TO ENSURE THE AVAILABILITY OF THE FULL-RANGE OF BREAST HEALTH SERVICES TO LOW-INCOME WOMEN; AND EVALUATING STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC MAMMOGRAPHY.

KOMEN DEVELOPED AND IMPLEMENTED EDUCATION AND ADVOCACY INITIATIVES TO ENCOURAGE LAWMAKERS AND AGENCY OFFICIALS TO SUPPORT AND IMPLEMENT PROGRAMS THAT WOULD ADVANCE OUR PRIORITY ISSUES AND KOMEN'S MISSION OF ENDING BREAST CANCER FOREVER. IN ADDITION TO THESE PRIORITIES, KOMEN ALSO ADVOCATED FOR POLICIES THAT DIRECTLY SERVE INDIVIDUALS WITH BREAST CANCER, SURVIVORS AND THOSE WHO MAY DEVELOP BREAST CANCER IN THE FUTURE. KOMEN CONTINUED TO RECRUIT, EDUCATE AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS ADVOCACY NETWORK.

C - SCREENING

GETTING REGULAR SCREENING TESTS, ALONG WITH EFFECTIVE TREATMENT IF DIAGNOSED, LOWERS THE RISK OF DYING FROM BREAST CANCER. SCREENING TESTS CAN FIND BREAST CANCER EARLY, WHEN CHANCES FOR SURVIVAL ARE HIGHEST. KOMEN SUPPORTS FREE AND LOW-COST SCREENING AND MAMMOGRAM PROGRAMS IN COMMUNITIES FOR WOMEN WITHOUT HEALTH INSURANCE OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE GETTING A SCREENING MAMMOGRAM TOO COSTLY.

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IN 2015, KOMEN AWARDED APPROXIMATELY \$400,000 FOR TWO NEW COMMUNITY GRANTS TO REACH LOW-INCOME, MINORITY AND UNINSURED WOMEN WHO FALL THROUGH THE HEALTHCARE GAPS IN THE WASHINGTON, D.C. METRO AREA, WHERE DEATH RATES FROM BREAST CANCER CONTINUE TO RANK ABOVE NATIONAL AVERAGES.

## D - TREATMENT

BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATION GROUPS. THE MOST COMMON BARRIERS TO QUALITY CARE INCLUDE THOSE PERTAINING TO THE ABILITY TO PAY FOR CARE, LANGUAGE/CULTURE, COMMUNICATION, LACK OF TRANSPORTATION, BIAS AND FEAR.

PATIENT NAVIGATION IS A PROCESS BY WHICH AN INDIVIDUAL - A PATIENT NAVIGATOR - GUIDES PATIENTS THROUGH AND AROUND BARRIERS IN THE COMPLEX CANCER CARE SYSTEM TO ENSURE TIMELY DIAGNOSIS AND TREATMENT. EVIDENCE SHOWS THAT NAVIGATION IMPROVES ADHERENCE TO SCREENING RECOMMENDATIONS AND ADHERENCE TO TREATMENT, AND THUS IMPROVES OVERALL OUTCOMES. BECAUSE OF THIS STRONG CONNECTION TO IMPROVED OUTCOMES, KOMEN HAS RELEASED A NATIONAL OPPORTUNITY TO FUND PROGRAMS THAT SUPPORT, EXPAND OR CREATE BREAST CANCER SPECIFIC PATIENT NAVIGATION PROGRAMS FOR PATIENTS WHO ARE NOTIFIED OF AN ABNORMALITY AFTER AN INITIAL BREAST IMAGING TEST, SUCH AS A SCREENING MAMMOGRAM, DIAGNOSTIC MAMMOGRAM OR BREAST ULTRASOUND. NATIONWIDE, 16 PROGRAMS HAVE BEEN FUNDED A TOTAL OF \$3,077,841 TO PROVIDE THIS CRITICAL SERVICE TO PATIENTS IN NEED.

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FOR MANY PEOPLE, THE COST OF CANCER TREATMENT CREATES A SIGNIFICANT BARRIER TO APPROPRIATE TREATMENT AND FOLLOW-UP CARE. KOMEN SUPPORTS TWO TREATMENT ASSISTANCE PROGRAMS MANAGED BY CANCERCARE AND THE PATIENT ADVOCATE FOUNDATION THAT CONNECT PEOPLE WITH LOCAL RESOURCES, PSYCHOSOCIAL SUPPORT AND PROVIDE CRITICAL FINANCIAL ASSISTANCE SUCH AS EMERGENCY PAYMENTS FOR HOUSING OR LIVING EXPENSES. BOTH PROGRAMS, COLLECTIVELY, PROVIDE SUPPLEMENTARY DIRECT FINANCIAL HELP TO THOUSANDS OF BREAST CANCER PATIENTS FOR MEDICAL CO-PAYMENTS, ORAL CHEMOTHERAPY AND OTHER VITAL CARE THAT IS RELATED TO TREATMENT. KOMEN HAS FUNDED OVER \$13 MILLION TO THESE PROGRAMS OVER THE PAST 7YEARS.

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

EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 1A

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

THE BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS THE POWER TO (A)

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SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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75-1835298

APPOINT MEMBERS TO NON-STANDING COMMITTEES OF THE ORGANIZATION, AND NAME CHAIRS OF SUCH COMMITTEES; (B) AUTHORIZE UNBUDGETED DISBURSEMENTS BY THE ORGANIZATION IN ACCORDANCE WITH THE SPECIFIC EXPENDITURE AUTHORITY PRESCRIBED BY THE BOARD OF DIRECTORS; (C) EMPLOY AGENTS; AND (D) CARRY INTO EXECUTION SUCH OTHER MEASURES AS IT DETERMINES WILL PROMOTE THE PURPOSE OF THE ORGANIZATION. THE COMMITTEE ALSO MAY EXERCISE, WHEN THE BOARD IS NOT IN SESSION, ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN EXCEPTIONS SUCH AS REPEALING ANY BOARD RESOLUTIONS, AMENDING THE ORGANIZATION'S ARTICLES OR BYLAWS, OR MERGING OR DISSOLVING THE ORGANIZATION. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES.

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, QUESTION 4

SIGNIFICANT CHANGES DURING FISCAL YEAR 2015:

- ESTABLISHED THE MINIMUM/MAXIMUM NUMBER OF DIRECTORSHIPS AT 7/13
- ESTABLISHED A MINIMUM/MAXIMUM TOTAL FOR CLASS III DIRECTORS (MINIMUM OF TWO AND A MAXIMUM OF THREE) AND CLASS IV DIRECTORS (MINIMUM OF 3 AND MAXIMUM OF 9), BUT NEVER MORE THAN 13 TOTAL
- INCREASED TERM LIMITS FOR (A) CLASS III DIRECTORS TO A SINGLE 3-YEAR TERM AND (B) CLASS IV DIRECTORS TO TWO CONSECUTIVE 3-YEAR TERMS
- ALLOWED FOR CLASS III AND IV DIRECTORS TO TAKE A LEAVE OF ABSENCE FOR NO MORE THAN 6 MONTHS AND ALLOWED FOR THE BOARD TO APPOINT AN INTERIM



# PUBLIC INSPECTION COPY

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298
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CLASS IV DIRECTOR DURING THE PERIOD OF THE LEAVE OF ANY DIRECTOR

- RECOGNIZED THAT THE CHAIR WILL ACT AS THE TIEBREAKING VOTE IN THE EVENT OF A DEADLOCK IN A BOARD VOTE
- CLARIFIED THAT FILLING A VACANCY ON THE BOARD IS NOT COUNTED AS A TERM
- CLARIFIED THAT, FOR CLASS IV DIRECTORS, A SECOND TERM IS POSSIBLE BUT NOT ASSURED
- CLARIFIED THE PARAMETERS AND TERM LIMITS ASSOCIATED WITH BOARD ELECTION OF DIRECTORS TO FILL VACANT DIRECTORSHIPS BETWEEN ANNUAL MEETINGS
- REVISED THE COMMITTEE TERMS FOR APPOINTMENT OF DIRECTOR MEMBERS (ANNUALLY APPOINTED) AND NON-DIRECTOR MEMBERS (BIENNIALLY APPOINTED) AND CLARIFIED THAT COMMITTEE APPOINTMENTS TAKE PLACE AT THE ANNUAL MEETING
- CLARIFIED THAT THERE ARE BOTH VOTING AND NON-VOTING EX OFFICIO APPOINTMENTS TO COMMITTEES
- ADDED A CLASS III DIRECTOR TO THOSE BOARD MEMBERS REQUIRED TO SERVE ON THE EXECUTIVE COMMITTEE (ALSO ALLOWED FOR THE DISCRETIONAL APPOINTMENT OF CLASS IV DIRECTOR(S) TO THE EXECUTIVE COMMITTEE)
- PERMITTED THE PRESIDENT & CEO TO APPOINT NON-DIRECTOR OFFICERS WITHOUT AN AMENDMENT TO THE BYLAWS

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

# PUBLIC INSPECTION COPY

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

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.

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.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTIONS 15A AND 15B

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN OVERSEEING COMPENSATION POLICIES AND 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.

# PUBLIC INSPECTION COPY

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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75-1835298

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

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

FORM 990, PART VI, QUESTION 19

KOMEN'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY 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 IS NOT ONLINE BUT IS AVAILABLE TO THE PUBLIC UPON REQUEST.

ADDITIONAL DETAIL ON EVENT PRODUCTION EXPENSES INCLUDED ON OTHER EXP

# PUBLIC INSPECTION COPY

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

KOMEN PAYS 80% OF THE COST OF ALL T-SHIRTS FOR THE 138 SUSAN G. KOMEN RACE FOR THE CURE EVENTS CONDUCTED BY THE KOMEN AFFILIATES DURING THE YEAR.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

RESCINDED GRANTS - \$7,202,135

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EVENT 360, INC. 205 N. MICHIGAN AVENUE CHICAGO, IL 60601-5927	EVENT MANAGEMENT	3,531,803.
MERKLE RESPONSE SERVICES, INC. P.O. BOX 64897 BALTIMORE, MD 21264	DONATION PROCESSING	2,896,302.
BLACKBAUD, INC. P.O. BOX 930256 ATLANTA, GA 31193-0256	DONATION PROCESSING	1,349,278.
SLINGSHOT, LLC	MARKETING SERVICES	1,236,625.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2014

Page **2**

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
208 N. MARKET STREET DALLAS, TX 75202		
ADECCO EMPLOYMENT SERVICES 175 BROADHOLLOW ROAD MELVILLE, NY 11747	TEMP STAFFING SVCS	1,174,196.

# PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2015

EIN: 75-1835298  
2014 Form 990

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 5005 LBJ Freeway, Suite 250, Dallas, Texas 75244					
1 Acadiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #72-1436764	-	-	-	527,608	527,608
2 The Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 71-0724439	-	-	-	1,732,639	1,732,639
3 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	-	-	-	1,741,774	1,741,774
4 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	840	-	840	607,977	608,817
5 Bayou Region Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854976	-	-	-	242,029	242,029
6 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	-	-	637,748	637,748
7 Central Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854957	-	(173)	(173)	537,448	537,275
8 Central Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 75-2881536	-	-	-	271,007	271,007
9 Central Mississippi Steel Magnolias Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875174	-	-	-	359,901	359,901
10 Central New Mexico Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 85-0462625	-	-	-	90,003	90,003
11 Central New York Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 16-1389666	-	-	-	575,323	575,323
12 Central Oklahoma Chapter of the Komen Foundation, Inc. EIN# 73-1372249	-	-	-	718,283	718,283
13 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 43-2052349	-	-	-	1,837,039	1,837,039
14 Central Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2906528	-	-	-	219,854	219,854
15 Central Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854970	454	-	454	370,818	371,272
16 Central Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 56-2613151	-	-	-	187,720	187,720

# PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2015

EIN: 75-1835298  
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Form 990, Schedule C, Part II-A - Lobbying Expenditures by Electing Public Charities

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
17 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	-	-	2,053,287	2,053,287
18 Chattanooga Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875175	-	-	-	429,666	429,666
19 The Chicagoland Area Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 36-4111723	-	-	-	2,310,450	2,310,450
20 Colorado Springs Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844654	-	-	-	537,383	537,383
21 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844651	2,795	1,440	4,235	3,151,607	3,155,842
22 Connecticut Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844629	-	-	-	1,737,304	1,737,304
23 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2444724	-	-	-	2,532,269	2,532,269
24 The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 84-1199858	3,349	918	4,267	3,808,716	3,812,983
25 The Des Moines Chapter of the Susan G. Komen Breast Cancer Foundation EIN # 42-1438018	-	-	-	783,274	783,274
26 Eastern Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0578449	-	-	-	588,824	588,824
27 Elmira Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844630	-	-	-	246,744	246,744
28 El Paso Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2723408	-	-	-	278,809	278,809
29 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2870702	3,803	-	3,803	439,714	443,517
30 The Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 58-1959763	-	-	-	2,698,884	2,698,884
31 Grand Rapids Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844631	-	-	-	1,499,945	1,499,945
32 Greater Amarillo Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	-	-	292,923	292,923
33 Greater Cincinnati Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	1,015,494	1,015,494

# PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2015

EIN: 75-1835298  
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Form 990, Schedule C, Part II-A - Lobbying Expenditures by Electing Public Charities

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
34 Greater Evansville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	-	-	713,460	713,460
35 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	-	-	-	1,328,814	1,328,814
36 The Greater Nashville Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 62-1671774	-	-	-	996,383	996,383
37 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	9,113	-	9,113	4,117,538	4,126,651
38 Greater Richmond, Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844659	-	-	-	725,031	725,031
39 Greater Roanoke Valley Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2619425	-	-	-	640,400	640,400
40 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	517,029	517,029
41 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 76-0360372	-	-	-	3,297,366	3,297,366
42 Indianapolis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2941627	-	-	-	1,706,766	1,706,766
43 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 33-0802964	-	1,089	1,089	810,589	811,678
44 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	-	-	824,211	824,211
45 The Las Vegas Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 88-0372386	6,965	-	6,965	877,202	884,167
46 Lexington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854969	-	-	-	522,169	522,169
47 The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 95-4582064	-	1,815	1,815	1,241,857	1,243,672
48 Louisville, Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	847,604	847,604
49 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844655	-	-	-	908,936	908,936
50 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2509762	-	-	-	439,967	439,967



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The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2015

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
51 Madison Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855043	-	-	-	838,629	838,629
52 Maine Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #75-2844637	-	-	-	230,114	230,114
53 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 52-2053491	-	-	-	2,677,439	2,677,439
54 Massachusetts Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854961	-	-	-	543,482	543,482
55 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	1,086,090	1,086,090
56 Miami Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	415	415	1,623,697	1,624,112
57 Mid-Kansas Chapter of the Susan G. Komen Foundation EIN# 48-1120492	-	-	-	619,700	619,700
58 Mid-Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2583638	-	-	-	168,280	168,280
59 Milwaukee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844639	-	-	-	2,165,671	2,165,671
<b>60 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 41-1924790</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,976,708</b>	<b>1,976,708</b>
61 Montana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845067	-	-	-	231,152	231,152
62 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-0056671	-	-	-	1,213,971	1,213,971
63 The Susan G. Komen Breast Cancer Foundation, New Orleans Chapter EIN# 72-1222127	-	-	-	990,910	990,910
64 North Carolina Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875177	-	-	-	52,596	52,596
65 North Carolina Triad Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	-	-	-	830,787	830,787
66 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845066	-	-	-	1,610,183	1,610,183
67 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844656	6,833	5,048	11,881	1,190,809	1,202,690

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The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2015

EIN: 75-1835298  
2014 Form 990

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
68 Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854968	1,160	-	1,160	235,426	236,586
69 The Northeastern Pennsylvania Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 23-2657570	-	-	-	407,517	407,517
70 The Northeast Louisiana Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 93-1225877	-	-	-	274,974	274,974
71 The Northeast Ohio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 34-1793460	-	347	347	1,111,292	1,111,639
72 Northern Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583632	-	-	-	125,967	125,967
73 Northern Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855035	343	-	343	416,243	416,586
74 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844636	-	-	-	307,069	307,069
75 The North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 22-3528454	-	-	-	1,373,712	1,373,712
76 North Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844621	-	-	-	277,987	277,987
77 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2356437	-	-	-	1,029,510	1,029,510
78 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845063	827	-	827	1,305,525	1,306,352
79 The Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0487943	245	3,358	3,603	3,214,653	3,218,256
80 The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 93-1068897	1,136	186	1,322	2,509,944	2,511,266
81 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845062	-	-	-	1,334,512	1,334,512
82 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc EIN# 75-2949264	-	-	-	3,817,324	3,817,324
83 Phoenix Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845061	19	58	77	1,853,295	1,853,372
84 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0665396	-	-	-	2,076,132	2,076,132

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The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2015

EIN: 75-1835298  
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Form 990, Schedule C, Part II-A - Lobbying Expenditures by Electing Public Charities

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
85 The Peoria Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 37-1286285	-	-	-	1,670,677	1,670,677
86 The Puget Sound Chapter of the Susan G. Komen Foundation EIN# 91-1624040	-	15	15	2,533,100	2,533,115
87 Quad Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844660	-	-	-	471,243	471,243
88 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3169358	5,256	1,659	6,915	975,991	982,906
89 Siouxland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 86-1102587	-	-	-	126,138	126,138
90 St. Louis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844650	-	-	-	2,338,109	2,338,109
91 The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 94-3047626	4,918	5,042	9,960	649,957	659,917
92 Salt Lake City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	-	-	-	830,439	830,439
93 The San Antonio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2856696	-	-	-	1,197,061	1,197,061
94 The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 33-0638911	661	5,993	6,654	2,018,454	2,025,108
95 Shreveport Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844653	791	-	791	376,649	377,440
96 Southeast Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	687,161	687,161
97 Southern Arizona Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844652	-	-	-	634,629	634,629
98 South Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-1114233	-	186	186	362,113	362,299
99 The South Florida Chapter of the Komen Foundation, Inc. EIN# 65-0254225	-	1,607	1,607	1,357,713	1,359,320
100 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 68-0523074	1	-	1	1,001,556	1,001,557
101 The Susan G. Komen Breast Cancer Foundation, Tarrant County Affiliate EIN# 75-2445070	-	-	-	1,393,390	1,393,390

# PUBLIC INSPECTION COPY

The Susan G. Komen Breast Cancer Foundation, Inc.  
Year Ended March 31, 2015

EIN: 75-1835298  
2014 Form 990

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
102 Texarkana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844649	-	-	-	482,040	482,040
103 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	60	2,436	2,496	742,689	745,185
104 Tri-Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1689067	-	17	17	375,031	375,048
105 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854974	-	-	-	895,128	895,128
106 Tyler Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2764235	-	-	-	326,835	326,835
107 Upper Cumberland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 20-5956855	-	-	-	187,110	187,110
108 Upstate South Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854973	1,409	-	1,409	472,875	474,284
109 Vermont-New Hampshire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844657	-	-	-	498,805	498,805
110 Wabash Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844615	-	-	-	94,929	94,929
111 The Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	-	-	728,843	728,843
112 West Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2885304	-	-	-	378,342	378,342
113 Wichita Falls Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844658	-	-	-	149,206	149,206
114 Wyoming Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 84-1387410	-	-	-	397,861	397,861
Totals - Affiliates	<u>50,978</u>	<u>31,456</u>	<u>82,434</u>	<u>119,653,160</u>	<u>119,735,594</u>
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	1,500	8,000	9,500	108,296,017	108,305,517
Totals for Parent and Affiliates	<u><u>52,478</u></u>	<u><u>39,456</u></u>	<u><u>91,934</u></u>	<u><u>227,949,177</u></u>	<u><u>228,041,111</u></u>

<b>Cumulative e-File History 2014</b>	
<b>Federal</b>	
Locator:	46474L
Taxpayer Name:	SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.
Return Type:	990, 990
Submitted Date:	12/23/2015 07:50:07
Acknowledgement Date:	12/23/2015 08:26:10
Status:	Accepted
Submission ID:	7530612015357500000