

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2013, or tax year beginning 04/01, 2013, and ending 03/31, 20 14

## 2013

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b>	Form 990 check here ▶	<input checked="" type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	<b>1b</b>	<u>123039886.</u>
<b>2a</b>	Form 990-EZ check here ▶	<input type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	
<b>3a</b>	Form 1120-POL check here ▶	<input type="checkbox"/>	<b>b</b>	Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b>	
<b>4a</b>	Form 990-PF check here ▶	<input type="checkbox"/>	<b>b</b>	Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b>	Form 8868 check here ▶	<input type="checkbox"/>	<b>b</b>	Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . .	<b>5b</b>	

### Part II Declaration of Officer

**6**  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here** ▶ *Jan Sw* | 12/23/14 ▶ CEO  
Signature of officer | Date | Title

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ <u><i>Kathy Pitts</i></u>	Date <u>12/17/14</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00292940</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>ERNST &amp; YOUNG U.S. LLP</u>				EIN <u>34-6565596</u>
	<u>1901 SIXTH AVENUE NORTH, SUITE 1200</u>				Phone no. <u>205-254-1608</u>
	<u>BIRMINGHAM AL 35203</u>				

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the **2013** calendar year, or tax year beginning 04/01, 2013, and ending 03/31, 2014

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC Doing Business As SUSAN G. KOMEN Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5005 LBJ FREEWAY 250 City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75244-6125			<b>D</b> Employer identification number 75-1835298
	<b>F</b> Name and address of principal officer: DR. JUDITH SALERNO 5005 LBJ FREEWAY DALLAS, TX 75244-6125			<b>E</b> Telephone number (972) 855-1600
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>G</b> Gross receipts \$ 186,185,866. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>J</b> Website: ▶ WWW.KOMEN.ORG			<b>H(c)</b> Group exemption number ▶ 7164
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1982 <b>M</b> State of legal domicile: TX

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>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</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	10.	
	<b>4</b>	9.	
	<b>5</b>	280.	
	<b>6</b>	7,792.	
	<b>7a</b>	0	
<b>7b</b>	0		
<b>Revenue</b>	<b>8</b>	<b>Prior Year</b>	<b>Current Year</b>
	Contributions and grants (Part VIII, line 1h)	118,656,952.	91,606,572.
	Program service revenue (Part VIII, line 2g)	26,281,480.	23,368,295.
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,368,340.	12,781,994.
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,984,835.	-4,716,975.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	146,321,937.	123,039,886.
<b>Expenses</b>	<b>13</b>	<b>Prior Year</b>	<b>Current Year</b>
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,882,918.	38,325,752.
	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,941,318.	24,001,926.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,598,294.	1,906,359.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,956,943.		
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	82,440,666.	61,523,637.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	159,863,196.	125,757,674.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-13,541,259.	-2,717,788.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	Total assets (Part X, line 16)	294,589,250.	282,716,020.
	Total liabilities (Part X, line 26)	175,912,920.	155,720,348.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	118,676,330.	126,995,672.	

**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.

<b>Sign Here</b>	Signature of officer _____ Date _____			
	Type or print name and title _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATHY PITTS	Preparer's signature 	Date 12/23/14	Check <input type="checkbox"/> if self-employed PTIN P00292940
	Firm's name ▶ ERNST & YOUNG U.S. LLP		Firm's EIN ▶ 34-656596	
	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** (2013)

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 \$ 45,608,289. including grants of \$ 35,112,217. ) (Revenue \$ 23,368,295. ) 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 \$ 50,963,999. including grants of \$ 2,329,301. ) (Revenue \$ 128,569. ) 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 \$ 3,285,777. including grants of \$ 884,234. ) (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 99,858,065.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DR. JUDITH SALERNO 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-6125 972-855-1600

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA CUSTARD CHAIR OF THE BOARD (BEG. 4/13)	30.00 0	X		X				0	0	0
(2) JANE ABRAHAM BOD MEMBER	1.00 0	X						0	0	0
(3) CONNIE O'NEILL BOD MEMBER & TREASURER	1.00 0	X		X				0	0	0
(4) JOHN D. RAFFAELLI BOD MEMBER	1.00 0	X						0	0	0
(5) TRICIA ORY BOD MEMBER	1.00 0	X						0	0	0
(6) ALAN D. FELD BOD MEMBER	1.00 0	X						0	0	0
(7) DR. OLOFUNMLAYO OLOPADE BOD MEMBER	1.00 0	X						0	0	0
(8) NANCY G. BRINKER FOUNDER & CHAIR GLOBAL STRTGY	55.00 0	X		X				480,784.	0	25,702.
(9) LINDA WILKINS BOD MEMBER (BEGIN 4/13)	1.00 0	X						0	0	0
(10) SUSIE KNOPF BOD MEMBER (BEGIN 4/13)	1.00 0	X						0	0	0
(11) MARK NADOLNY CHIEF FINANCIAL OFFICER	55.00 0			X				319,324.	0	33,820.
(12) DR. JUDITH SALERNO CEO (BEGIN 9/13)	55.00 0			X				209,120.	0	3,399.
(13) ELLEN WILLMOTT GEN COUNSEL & SECY	55.00 0			X				257,129.	0	16,634.
(14) LESLEY LURIE ASSISTANT SECRETARY	55.00 0			X				193,989.	0	27,029.



**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) LYNN ERDMAN VP COMMUNITY HEALTH (END 5/13)	55.00 0				X			154,306.	0	17,159.
16) KAY MERRELL VP, HUMAN RESOURCES	55.00 0				X			211,345.	0	29,318.
17) DAVID DAWSON VP, INFORMATION TECHNOLOGY	55.00 0				X			215,589.	0	33,841.
18) CHANDINI PORTTEUS CHIEF MISSION OFFCR (BEG 6/13)	55.00 0				X			245,129.	0	25,953.
19) DOROTHY JONES VP, MARKETING (END 12/13)	55.00 0				X			291,286.	0	25,213.
20) CAROL CORCORAN SVP GLOBAL NETWORKS (END 8/13)	55.00 0				X			161,298.	0	16,651.
21) MIGUEL PEREZ VP AFFILIATE NTWRK (BEG. 9/14)	55.00 0					X		146,771.	0	8,392.
22) WENDY CARTER DIRECTOR, GLOBAL OUTREACH	55.00 0					X		169,046.	0	7,569.
23) ANDREA RADER MANAGING DIRECTOR, COMM.	55.00 0					X		158,075.	0	21,587.
24) VICTORIA WOLODZKO MNG DIRECTOR, GRANTS & PROG AD	55.00 0					X		154,807.	0	16,874.
25) ADINE ZORNOW DIRECTOR, DEVELOPMENT	55.00 0					X		144,175.	0	12,785.
<b>1b Sub-total</b>								1,460,346.	0	106,584.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,051,827.	0	215,342.
<b>d Total (add lines 1b and 1c)</b>								3,512,173.	0	321,926.

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 **44**

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

**Section B. Independent Contractors**

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

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

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

**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>	1,192,505.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	41,977,575.					
	<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>	48,436,492.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		28,566.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			91,606,572.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b> AFFILIATE PAYMENTS		900099	23,368,295.	23,368,295.			
	<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 . . . . .			23,368,295.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,881,425.			3,881,425.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0				
	<b>5</b> Royalties . . . . .			183,321.			183,321.	
	<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 . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . .			8,900,569.			8,900,569.
	<b>8a</b> Gross income from fundraising events (not including \$ 41,977,575. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		2,695,217.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	8,160,822.				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-5,465,605.			-5,465,605.
	<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>		502,751.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	539,182.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			-36,431.	-36,431.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> SUPPORT SERVICES		900099	165,000.	165,000.				
<b>b</b> OTHER INCOME		900099	436,740.			436,740.		
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			601,740.					
<b>12 Total revenue.</b> See instructions . . . . .			123,039,886.	23,496,864.		7,936,450.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	34,882,044.	34,882,044.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	3,443,708.	3,443,708.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,739,298.	2,175,144.	260,139.	304,015.
<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 . . . . .	17,493,473.	11,721,557.	4,601,424.	1,170,492.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	696,331.	474,176.	173,086.	49,069.
<b>9</b> Other employee benefits . . . . .	1,881,105.	1,237,572.	506,866.	136,667.
<b>10</b> Payroll taxes . . . . .	1,191,719.	799,125.	310,276.	82,318.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	257,305.	146,119.	93,916.	17,270.
<b>c</b> Accounting . . . . .	599,029.	388,820.	150,556.	59,653.
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	1,906,359.			1,906,359.
<b>f</b> Investment management fees . . . . .	157,062.		157,062.	
<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 . . . . .	13,074,095.	8,880,374.	1,703,522.	2,490,199.
<b>13</b> Office expenses . . . . .	9,566,002.	5,572,207.	173,799.	3,819,996.
<b>14</b> Information technology . . . . .	2,567,558.	2,038,773.	243,830.	284,955.
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,437,475.	974,525.	373,694.	89,256.
<b>17</b> Travel . . . . .	1,803,432.	1,271,667.	341,435.	190,330.
<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 . . . . .	1,604,198.	1,118,842.	358,721.	126,635.
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,212,043.	827,576.	269,674.	114,793.
<b>23</b> Insurance . . . . .	258,743.	202,405.	39,241.	17,097.
<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. . . . .	15,061,253.	12,848,166.	932,987.	1,280,100.
<b>b</b> EVENT PRODUCTION . . . . .	3,914,197.	3,100,657.	377,431.	436,109.
<b>c</b> BANK FEES . . . . .	2,056,177.	1,400,600.	97,575.	558,002.
<b>d</b> EQUIP. RENTAL & MAINT. . . . .	1,031,952.	248,368.	381,465.	402,119.
<b>e</b> All other expenses . . . . .	6,923,116.	6,105,640.	395,967.	421,509.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	125,757,674.	99,858,065.	11,942,666.	13,956,943.
<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) . . . . .	42,314,252.	25,979,076.	1,375,717.	14,959,459.

**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	28,421,714.	<b>2</b>	12,278,347.
	<b>3</b> Pledges and grants receivable, net	41,066,118.	<b>3</b>	30,072,080.
	<b>4</b> Accounts receivable, net	729,495.	<b>4</b>	446,048.
	<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	4,170,597.	<b>7</b>	0
	<b>8</b> Inventories for sale or use	399,594.	<b>8</b>	259,648.
	<b>9</b> Prepaid expenses and deferred charges	1,812,789.	<b>9</b>	1,185,467.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 10,956,310.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,012,955.	1,516,020.	<b>10c</b> 943,355.
	<b>11</b> Investments - publicly traded securities	205,933,377.	<b>11</b>	217,483,471.
	<b>12</b> Investments - other securities. See Part IV, line 11	10,539,546.	<b>12</b>	20,021,804.
	<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	0	<b>15</b>	25,800.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	294,589,250.	<b>16</b>	282,716,020.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	17,873,404.	<b>17</b>	12,764,711.
	<b>18</b> Grants payable	156,557,964.	<b>18</b>	142,210,195.
	<b>19</b> Deferred revenue	1,481,552.	<b>19</b>	745,442.
	<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	175,912,920.	<b>26</b>	155,720,348.
<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	81,533,610.	<b>27</b>	94,533,979.
	<b>28</b> Temporarily restricted net assets	36,817,720.	<b>28</b>	32,136,693.
	<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	118,676,330.	<b>33</b>	126,995,672.
	<b>34</b> Total liabilities and net assets/fund balances	294,589,250.	<b>34</b>	282,716,020.

**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>	123,039,886.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	125,757,674.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,717,788.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	118,676,330.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,203,586.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-283,448.
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,116,992.
<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>	126,995,672.

**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>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

**Employer identification number**  
75-1835298

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

The organization is not a private foundation because it is: (For lines 1 through 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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (95.93%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (96.29%); 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) . . . . .						
<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 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



**Part IV 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	2009	2010	2011	2012	2013	TOTAL
OTHER INCOME	2,589,864.	84,038.	378,313.	351,342.	436,740.	3,840,297.
TOTALS	<u>2,589,864.</u>	<u>84,038.</u>	<u>378,313.</u>	<u>351,342.</u>	<u>436,740.</u>	<u>3,840,297.</u>

**Schedule of Contributors**

**2013**

▶ **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](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
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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).

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

**Employer identification number**  
75-1835298

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 7,070,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,669,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SUSAN G. KOMEN BREAST CANCER 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
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

Employer identification number  
75-1835298

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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

**2013**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

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

**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. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**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) . . . . .		68,694.												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		29,561.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .		98,255.												
<b>d</b>	Other exempt purpose expenditures . . . . .	113,815,008.	240,872,562.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	113,815,008.	240,970,817.												
<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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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	552,301.	656,218.	144,834.	98,255.	1,451,608.
<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	439,745.	519,831.	83,839.	68,694.	1,112,109.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, media advertisements, mailings, etc.

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

Table with 3 rows and 3 columns (1, 2, 3) and Yes/No columns. Questions about dues, lobbying expenditures, and carryover.

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

Table with 5 rows and 2 columns (1, 2a-2c, 3, 4, 5). Questions about dues, non-deductible lobbying expenditures, and carryover.

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4



**Part IV** Supplemental Information (continued)

## LOBBYING EXPENSES

## SCHEDULE C, PART II-A

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

**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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  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
1a Beginning of year balance	1,325,000.	1,325,000.	1,225,000.	1,225,000.	1,225,000.
b Contributions			100,000.		4,284.
c Net investment earnings, gains, and losses	23,736.	21.	33.	608.	-4,284.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,469.	21.	33.	608.	
f Administrative expenses					
g End of year balance	1,346,267.	1,325,000.	1,325,000.	1,225,000.	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
(i) unrelated organizations		X
(ii) related organizations		X

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		795,974.	795,974.	
d Equipment		2,486,433.	2,237,077.	249,356.
e Other		7,673,903.	6,979,904.	693,999.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				943,355.

**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	20,021,804.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	20,021,804.	

**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

**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 descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

**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 descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

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

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, 2014 OR MARCH 31, 2013.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ 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) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	EDUCATION GRANTS	256,511.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH GRANTS	184,502.
(3) EUROPE			GRANTMAKING	RESEARCH GRANTS	1,342,910.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	EDUCATION GRANTS	37,500.
(5) NORTH AMERICA			GRANTMAKING	RESEARCH GRANTS	936,814.
(6) SOUTH AMERICA			GRANTMAKING	EDUCATION GRANTS	278,472.
(7) SUB-SAHARAN AFRICA			GRANTMAKING	EDUCATION GRANTS	25,000.
(8) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	RESEARCH GRANTS	14,500.
(9) EUROPE			GRANTMAKING	EDUCATION GRANTS	110,000.
(10) NORTH AMERICA			GRANTMAKING	EDUCATION GRANTS	257,500.
(11) CENTRAL AMERICA/CARIBBEAN		4.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	35,597.
(12) EUROPE		6.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	56,247.
(13) MIDDLE EAST AND NORTH AFRICA		4.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	35,757.
(14) NORTH AMERICA		12.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	104,733.
(15) SOUTH AMERICA		5.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	60,835.
(16)					
(17)					
<b>3a</b> Sub-total . . . . .		31.			3,736,878.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)		31.			3,736,878.

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

Schedule F (Form 990) 2013

**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)			SUB-SAHARAN AFRICA	EDUCATION	25,000.	WIRE TRANSFR			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	180,000.	WIRE TRANSFR			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	152,372.	WIRE TRANSFR			
(4)			CENT. AMERICA/CARIBBEAN	EDUCATION	25,000.	WIRE TRANSFR			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	10,000.	WIRE TRANSFR			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	33,500.	WIRE TRANSFR			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	40,000.	WIRE TRANSFR			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	218,000.	WIRE TRANSFR			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	150,000.	WIRE TRANSFR			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	150,000.	WIRE TRANSFR			
(11)			CENT. AMERICA/CARIBBEAN	RESEARCH	14,500.	WIRE TRANSFR			
(12)			CENT. AMERICA/CARIBBEAN	EDUCATION	125,000.	WIRE TRANSFR			
(13)			NORTH AMERICA	EDUCATION	62,500.	WIRE TRANSFR			
(14)			SOUTH AMERICA	EDUCATION	23,345.	WIRE TRANSFR			
(15)			SOUTH AMERICA	EDUCATION	7,500.	WIRE TRANSFR			
(16)			SOUTH AMERICA	EDUCATION	48,768.	WIRE TRANSFR			

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

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



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	EDUCATION	100,000.	WIRE TRANSFR			
(2)			NORTH AMERICA	RESEARCH	117,140.	WIRE TRANSFR			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	35,000.	WIRE TRANSFR			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	199,038.	WIRE TRANSFR			
(5)			EUROPE/ICELAND/GREENLAND	EDUCATION	10,000.	WIRE TRANSFR			
(6)			MIDDLE EAST/NORTH AFRICA	EDUCATION	32,500.	WIRE TRANSFR			
(7)			NORTH AMERICA	RESEARCH	304,994.	WIRE TRANSFR			
(8)			NORTH AMERICA	EDUCATION	30,000.	WIRE TRANSFR			
(9)			CENT. AMERICA/CARIBBEAN	EDUCATION	37,400.	WIRE TRANSFR			
(10)			NORTH AMERICA	EDUCATION	125,000.	WIRE TRANSFR			
(11)			NORTH AMERICA	RESEARCH	224,500.	WIRE TRANSFR			
(12)			CENT. AMERICA/CARIBBEAN	EDUCATION	19,111.	WIRE TRANSFR			
(13)			NORTH AMERICA	RESEARCH	40,000.	WIRE TRANSFR			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	175,000.	WIRE TRANSFR			
(15)			CENT. AMERICA/CARIBBEAN	EDUCATION	50,000.	WIRE TRANSFR			
(16)			SOUTH AMERICA	EDUCATION	198,860.	WIRE TRANSFR			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	184,502.	WIRE TRANSFR			
(2)			NORTH AMERICA	EDUCATION	40,000.	WIRE TRANSFR			
(3)			NORTH AMERICA	RESEARCH	250,180.	WIRE TRANSFR			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . **35.**

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of 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)							

**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)* . . . . .  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)* . . . . .  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).

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

SCHEDULE F, PART I, LINE 2

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.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" 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).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 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			
1 MERKLE, INC.	DIRECT MARKETING		X	15,100,931.	1,906,359.	13,194,572.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				15,100,931.	1,906,359.	13,194,572.

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

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

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

		(a) Event #1		(b) Event #2		(c) Other events	(d) Total events (add col. (a) through col. (c))
		GBL RACE FR CUR		BRST CANCR 3DY		2.	
		(event type)		(event type)		(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	2,469,681.		38,510,913.		3,692,198.	44,672,792.
	<b>2</b> Less: Contributions . . . . .	1,722,372.		37,000,135.		3,255,068.	41,977,575.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	747,309.		1,510,778.		437,130.	2,695,217.
Direct Expenses	<b>4</b> Cash prizes . . . . .						
	<b>5</b> Noncash prizes . . . . .	34,605.		14,058.		779.	49,442.
	<b>6</b> Rent/facility costs . . . . .	23,066.		1,833,727.			1,856,793.
	<b>7</b> Food and beverages . . . . .	35,581.		1,604,083.		241,787.	1,881,451.
	<b>8</b> Entertainment . . . . .						
	<b>9</b> Other direct expenses . . . . .	116,834.		4,187,284.		69,018.	4,373,136.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .						8,160,822.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .						-5,465,605.

**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.

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))
		Yes	No	Yes	No	Yes	No	
Revenue	<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	<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 operates gaming activities: \_\_\_\_\_

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

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

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

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

- 11 Does the organization operate 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 operated 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 complete this part to 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 2014 WERE \$42 MILLION.



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**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**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** 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
(1) ADVENTIST HEALTHCARE, INC 1801 RESEARCH BLVD., ROCKVILLE, MD 20850	52-1532556	501(C)(3)	114,625.				SCREENING
(2) ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE, AL 99508	92-0162721	501(C)(3)	62,500.				SCREENING
(3) ALBERT EINSTEIN COLLEGE OF MED YESHIVA U 1300 MORRIS PARK AVE, BRONX, NY 10461-1975	13-1624225	501(C)(3)	150,000.				RESEARCH
(4) ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES 2445 ARMY NAVY DR. ARLINGTON, VA 22206	54-1849891	501(C)(3)	241,437.				EDUCATION, SCREENING TREATMENT
(5) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT STREET PHILADELPHIA, PA 19106	23-6251649	501(C)(3)	684,000.				RESEARCH
(6) AMERICAN ASSOCIATION ON HEALTH & DISABIL 110 N. WASHINGTON ST., ROCKVILLE, MD 20850	52-1884887	501(C)(3)	124,999.				EDUCATION
(7) AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303	58-0659875	501(C)(3)	9,500.				EDUCATION
(8) AMERICAN JEWISH JOINT 711 THIRD AVENUE NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	224,719.				EDUCATION
(9) AMERICAN SOCIETY OF CLINICAL ONCOLOGY 2318 MILL RD, STE 800 ALEXANDRIA, VA 22314	13-6180880	501(C)(3)	400,000.				RESEARCH
(10) ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501(C)(3)	354,300.				EDUCATION, SCREENING TREATMENT
(11) BAYLOR COLLEGE MEDICINE ONE BAYLOR PLAZA, BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	989,608.				RESEARCH
(12) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	466,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
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Department of the Treasury  
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Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** 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
(1) BOAT PEOPLE, SOS 6066 LEESBURG PKE 100 FALLS CHURCH, VA 22041	54-1563619	501(C)(3)	150,000.				EDUCATION, SCREENING TREATMENT
(2) BOSTON UNIVERSITY 580 HARRISON AVENUE, 3-W BOSTON, MA 02118	04-2103547	501(C)(3)	47,242.				RESEARCH
(3) BRIGHAM AND WOMENS HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	581,780.				RESEARCH
(4) BURNHAM INSTITUTE FOR MEDICAL RESEARCH 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	120,000.				RESEARCH
(5) CANCER CARE 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	250,000.				TREATMENT
(6) CAPITOL CITY AREA HEALTH EDUCATION CENTE 1700 E CAPITOL ST, WASHINGTON, DC 20003	26-3301051	501(C)(3)	300,000.				EDUCATION, SCREENING TREATMENT
(7) CASA OF MARYLAND, INC 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	70,764.				EDUCATION
(8) CHILDRENS HOSPITAL, BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	23,981.				RESEARCH
(9) CINCINNATI CHILDRENS HOSPITAL MEDICAL 3333 BURNET AVE, CINCINNATI, OH 45229	31-0833936	501(C)(3)	150,000.				RESEARCH
(10) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE P84 CLEVELAND, OH 44195	34-0714585	501(C)(3)	37,229.				RESEARCH
(11) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD, COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	276,825.				RESEARCH
(12) COLUMBIA UNIVERSITY MEDICAL CENTER 615 W. 131ST STREET, NEW YORK, NY 10027	13-5598093	501(C)(3)	381,590.				RESEARCH

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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(1) CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	48,000.				RESEARCH
(2) DANA FARBER CANCER INSTITUTE 44 BINNEY STREET, BOSTON, MA 02115	04-2263040	501(C)(3)	1,494,366.				RESEARCH
(3) DARTMOUTH COLLEGE 63 SOUTH MAIN STREET HANOVER, NH 03755	02-0222111	501(C)(3)	63,738.				RESEARCH
(4) DUKE UNIVERSITY MEDICAL CENTER 2200 W. MAIN ST, STE 300 DURHAM, NC 27705	56-0532129	501(C)(3)	2,682,761.				RESEARCH
(5) ECOG RESEARCH AND EDUCATION FOUNDATION 1818 MARKET STREET PHILADELPHIA, PA 19109	39-1723095	501(C)(3)	100,000.				RESEARCH
(6) EMORY UNIVERSITY WINSHIP CANCER INST P.O. BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	238,845.				RESEARCH
(7) ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL 901 S. HIGHLAND STREET ARLINGTON, VA 22204	52-1308986	501(C)(3)	151,471.				EDUCATION, TREATMENT
(8) FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD. W. TAMPA, FL 33647	65-0927702	501(C)(3)	40,000.				EDUCATION
(9) FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	150,000.				RESEARCH
(10) FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, MAIL J6-330 SEATTLE, WA 98109	56-3744111	501(C)(3)	248,120.				RESEARCH
(11) FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE N, SEATTLE, WA 98109	23-7156071	501(C)(3)	199,907.				RESEARCH
(12) FRIENDS OF CANCER RESEARCH 1800 M ST NW WASHINGTON, DC 20036	52-1983273	501(C)(3)	32,000.				RESEARCH

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(1) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501(C)(3)	273,333.				EDUCATION, RESEARCH, SCREENING, TREATMENT
(2) GEORGETOWN UNIVERSITY LCC LL LEVEL ROOM S155 WASHINGTON, DC 20007	53-0196603	501(C)(3)	856,579.				RESEARCH
(3) GREATER BADEN MEDICAL SERVICES, INC 7450 ALBERT RD. 3-321 BRANDYWINE, MD 20316	52-0961414	501(C)(3)	199,900.				SCREENING TREATMENT
(4) HARVARD MEDICAL SCHOOL 1350 MASSACHUSETTS AVE. CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	342,500.				EDUCATION, RESEARCH
(5) HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5E DETROIT, MI 48202	38-1357020	501(C)(3)	161,758.				RESEARCH
(6) HUDSON-ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35801	43-2059317	501(C)(3)	435,444.				RESEARCH
(7) INDIANA UNIVERSITY, SCHOOL OF MEDICINE P.O. BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	501(C)(3)	2,050,387.				RESEARCH
(8) INTERNATIONAL BREAST CANCER 660 JOHN NOLAN DRIVE MADISON, WI 53711	39-1766858	501(C)(3)	29,279.				RESEARCH
(9) INTERNATIONAL SCHOLARSHIP & TUITION SERV 1321 MURFREESBORO ROAD NASHVILLE, TN 37217	62-1247492	501(C)(3)	15,000.				EDUCATION
(10) JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	708,709.				RESEARCH
(11) KOREAN COMMUNITY SVC CTR OF GREATER WA 7700 LITTLE RIVER TPK ANNANDALE, VA 22003	52-1128174	501(C)(3)	54,600.				SCREENING
(12) LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	23-2175659	501(C)(3)	8,686.				RESEARCH

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(1) LAWRENCE BERKELEY NATIONAL LABORATORY P.O. BOX 528 BERKELEY, CA 94701	94-2951741	501(C)(3)	60,279.				RESEARCH
(2) LELAND STANFORD JR UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	60,000.				RESEARCH
(3) LIVING BEYOND BREAST CANCER 354 WEST LANCASTER AVE HAVERFORD, PA 19041	23-2734689	501(C)(3)	120,000.				EDUCATION
(4) LUTHERAN HOSPITAL ASSOCIATION OF 106 BLANCA AVENUE ALAMOSA, CO 81101	84-0255530	501(C)(3)	61,692.				SCREENING
(5) MAASAI WILDERNESS CONSERVATION FUND P.O. BOX 1413 SANTA BARBARA, CA 93102	66-0627488	501(C)(3)	50,000.				EDUCATION
(6) MARYLAND DEPT OF HEALTH & MENTAL HYGIEN 201 W PRESTON ST RM 542 BALTIMORE, MD 21201	52-6002033	501(C)(3)	62,425.				SCREENING
(7) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE STE 3 BOSTON, MA 02199	04-2697983	501(C)(3)	298,220.				RESEARCH
(8) MAYO CLINIC AND FOUNDATION 4500 SAN PABLO RD., JACKSONVILLE, FL 32224	41-6011702	501(C)(3)	407,542.				RESEARCH
(9) MAYO CLINIC ROCHESTER 200 1ST ST SW BOX 4008 ROCHESTER, MN 55903	41-6011702	501(C)(3)	413,465.				RESEARCH
(10) MEMORIAL SLOAN-KETTERING CANCER CTR 633 3RD AVE, 28TH FL NEW YORK, NY 10017	13-1924236	501(C)(3)	277,088.				RESEARCH
(11) MERCY MEDICAL CTR 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-1495113	501(C)(3)	279,850.				RESEARCH
(12) METASTATIC BREAST CANCER NETWORK 211 E. 18TH STREET NEW YORK CITY, NY 10003	20-5545238	501(C)(3)	16,500.				EDUCATION

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(1) METHODIST HOSPITAL RESEARCH INSTITUTE P.O. BOX 4805 HOUSTON, TX 77210-4805	87-0721923	501(C)(3)	47,958.				RESEARCH
(2) METROPOLITAN CHICAGO BREAST CANCER 1645 W JACKSON BLVD #450 CHICAGO, IL 60612	26-2264895	501(C)(3)	125,001.				SCREENING
(3) MICHIGAN STATE UNIVERSITY 301 ADMIN. BLDG EAST LANSING, MI 48824	38-6005984	501(C)(3)	150,000.				RESEARCH
(4) MOUNT SINAI SCHOOL OF MEDICINE 633 THIRD AVENUE NEW YORK, NY 10017	13-6171197	501(C)(3)	210,000.				RESEARCH
(5) MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEWHAMPSHIRE SILVER SPRING, MD 20905	52-1072792	501(C)(3)	281,912.				EDUCATION, SCREENING TREATMENT
(6) NATIONAL ACADEMY OF SCIENCES 730 15TH STREET NW WASHINGTON, DC 20005	53-0196932	501(C)(3)	70,000.				RESEARCH
(7) NATL INST OF ENVIRONMENTAL HEALTH SCIENC PO BOX 12233 RESEARCH TRIANGLE PK, NC 27709	52-0852115	501(C)(3)	53,222.				RESEARCH
(8) NEW YORK UNIVERSITY SCHOOL OF MED ONE PARK AVE, 11TH FL NEW YORK, NY 10016	13-5562308	501(C)(3)	110,000.				RESEARCH
(9) NORTHWESTERN UNIVERSITY 633 CLARK EVANSTON, IL 60208	36-2167817	501(C)(3)	109,104.				RESEARCH SCREENING
(10) NUEVA VIDA, INC 2000 P ST NW, STE 300 WASHINGTON, DC 20036	54-1943145	501(C)(3)	415,569.				EDUCATION, SCREENING TREATMENT
(11) ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR PITTSBURGH, PA 15275	25-1410081	501(C)(3)	49,845.				EDUCATION
(12) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET PORTLAND, OR 97239	23-7083114	501(C)(3)	1,908,872.				RESEARCH

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(1) PARTNERS FOR CANCER CARE AND PREVENTION 10 E LEE ST, UNIT #1901 BALTIMORE, MD 21202	45-1605551	501(C)(3)	26,310.				EDUCATION
(2) PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM ROAD HAMPTON, VA 23666	54-1806317	501(C)(3)	1,375,000.				TREATMENT
(3) PENNSYLVANIA STATE UNIV COLLEGE OF MEDI MCG230, P.O. BOX 850 HERSHEY, PA 17033	24-6000376	501(C)(3)	856,502.				RESEARCH
(4) POLYTECHNIC INSTITUTE 6 METROTECH CENTER NEW YORK, NY 11201	11-1630820	501(C)(3)	29,006.				RESEARCH
(5) PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22209	52-1429544	501(C)(3)	271,176.				EDUCATION SCREENING
(6) PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501(C)(3)	20,000.				RESEARCH
(7) PROGRAM FOR APPROPRIATE P.O. BOX 900922 SEATTLE, WA 98109	91-1157127	501(C)(3)	558,550.				EDUCATION
(8) PROJECT CONCERN INTERNATIONAL 121 E. 31ST STREET NATIONAL CITY, CA 91950	95-2248462	501(C)(3)	25,000.				EDUCATION
(9) PROTEOGENOMICS RESEARCH INSTITUTE 11107 ROSELLE STREET SAN DIEGO, CA 92121	80-0418281	501(C)(3)	40,000.				RESEARCH
(10) PROVIDENCE HEALTH FOUNDATION 1150 VARNUM STREET, NE WASHINGTON, DC 20017	52-1275583	501(C)(3)	125,000.				SCREENING
(11) PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST., 5F40 PORTLAND, OR 97213	93-0386906	501(C)(3)	269,970.				RESEARCH
(12) RESEARCH ADVOCACY NETWORK 6505 WEST PARK BOULEVARD PLANO, TX 75093	35-2209499	501(C)(3)	58,800.				RESEARCH

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(1) ROSWELL PARK ALLIANCE FOUNDATION ELM & CARLTON ST, RSC 234 BUFFALO, NY 14263	16-1391608	501(C)(3)	150,000.				RESEARCH
(2) RUSH UNIVERSITY 1700 WEST VAN BUREN CHICAGO, IL 60612	36-2174823	501(C)(3)	120,000.				RESEARCH
(3) SANFORD RESEARCH 2301 EAST 60TH ST N SIOUX FALLS, SD 57104	46-0450378	501(C)(3)	30,000.				RESEARCH
(4) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	12,000.				RESEARCH
(5) SOCIETY FOR SURGICAL ONCOLOGY 85 W ALGONQUIN, ARLINGTON HEIGHTS, IL 60005	13-6161070	501(C)(3)	238,500.				RESEARCH
(6) SOCIETY FOR WOMENS HEALTH RESEARCH 1025 CONNECTICUT AVE WASHINGTON, DC 20036	52-1694732	501(C)(3)	247,699.				RESEARCH
(7) SOUTH EAST ALASKA 3245 HOSPITAL DRIVE JUNEAU, AK 99801	92-0056274	501(C)(3)	21,250.				SCREENING
(8) STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	172,192.				RESEARCH
(9) SUNY AT BUFFALO 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	28,722.				RESEARCH
(10) SUNY AT STONY BROOK W5510 MELVILLE LIBRARY STONY BROOK NY 11794	14-1368361	501(C)(3)	29,846.				RESEARCH
(11) TEXAS TECH UNIV HEALTH SCIENCES CTR 3601 4TH STREET LUBBOCK, TX 79430-6274	75-2668014	501(C)(3)	18,086.				RESEARCH
(12) THE ALLIANCE OF PENNSYLVANIA COUNCILS 3461 MARKET STREET CAMP HILL, PA 17011	25-1888581	501(C)(3)	53,408.				SCREENING

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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**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** 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
(1) THE ASCO CANCER FOUNDATION 2318 MILL ROAD ALEXANDRIA, VA 22314	13-6180380	501(C)(3)	450,000.				RESEARCH
(2) THE CARING FOUNDATION PO BOX 2266 CHEYENNE, WY 82003	83-0292601	501(C)(3)	308,383.				SCREENING
(3) THE GENERAL HOSPITAL CORP 50 STANIFORD ST STE 1001 BOSTON, MA 02114	04-1564655	501(C)(3)	167,865.				RESEARCH
(4) THE JAMES EWING FOUNDATION 520 GREEN BAY ROAD WINNETKA, IL 60093	11-2498503	501(C)(3)	57,500.				RESEARCH
(5) THE SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-6136024	501(C)(3)	225,000.				RESEARCH
(6) THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	60,000.				RESEARCH
(7) THE WISTAR INSTITUTE 3601 SPRUCE ST PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	137,566.				RESEARCH
(8) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST, PHILADELPHIA, PA 19107	23-2829095	501(C)(3)	1,396,196.				RESEARCH
(9) TRUSTEES OF COLUMBIA UNIV 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	191,616.				RESEARCH
(10) TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-3532914	501(C)(3)	51,523.				RESEARCH
(11) UNIV OF COLORADO DENVER HEALTH SCIENCES CTR PO BOX 910238 DENVER, CO 80291-0238	84-6000555	501(C)(3)	268,084.				RESEARCH
(12) UNIV OF KENTUCKY RESEARCH FOUNDATION 102 KINKEAD HALL LEXINGTON, KY 40506	74-6000949	501(C)(3)	199,909.				RESEARCH

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**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.

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Name of the organization

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Employer identification number

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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
(1) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR, #2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	910,922.				RESEARCH
(2) UNIV OF NORTH CAROLINA AT CHARLOTTE 9201 UNIV. CITY BLVD CHARLOTTE, NC 28223	56-6001393	501(C)(3)	11,691.				RESEARCH
(3) UNIV OF TX, MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501(C)(3)	939,713.				RESEARCH
(4) UNIVERSITY MIAMI SCHOOL OF MEDICINE 1400 NW 10TH AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	254,467.				RESEARCH
(5) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	823,386.				RESEARCH
(6) UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DR MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)(3)	204,000.				RESEARCH
(7) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	452,610.				RESEARCH
(8) UNIVERSITY OF CALIFORNIA-BERKELEY 2195 HEARST AVE ROOM 130 BERKELEY, CA 94720	94-6090626	501(C)(3)	48,000.				RESEARCH
(9) UNIVERSITY OF CALIFORNIA-DAVIS P.O. BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	40,000.				RESEARCH
(10) UNIVERSITY OF CALIFORNIA-IRVINE BIO. SCIENCE 3, STE 1400 IRVINE, CA 92697	95-2226406	501(C)(3)	172,000.				RESEARCH
(11) UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	195,432.				RESEARCH
(12) UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1855 FOLSOM STREET, SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	939,987.				RESEARCH

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

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(1) UNIVERSITY OF DELAWARE 30 LOVETT AVENUE NEWARK, DE 19716	51-6000279	501(C)(3)	93,384.				RESEARCH
(2) UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 20787 SPRINGFIELD, IL 62708-0787	37-6000511	501(C)(3)	60,000.				RESEARCH
(3) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	398,657.				RESEARCH
(4) UNIVERSITY OF LOUISVILLE 521 STEVENSON HALL LOUISVILLE, KY 40292	61-1029626	501(C)(3)	80,000.				RESEARCH
(5) UNIVERSITY OF MARYLAND-BALTIMORE 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	31-1678679	501(C)(3)	331,999.				RESEARCH
(6) UNIVERSITY OF MICHIGAN HEALTH SYSTEMS 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	941,872.				RESEARCH
(7) UNIVERSITY OF MINNESOTA 200 OAK STREET SE, MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	149,867.				RESEARCH
(8) UNIVERSITY OF NEBRASKA 985100 NEBRASKA MED CTR OMAHA, NE 68198	47-0049123	501(C)(3)	48,000.				RESEARCH
(9) UNIVERSITY OF NOCAROLINA AT CHAPEL HILL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	100,000.				EDUCATION
(10) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES C 1100 N LINDSAY, OKLAHOMA CITY, OK 73104	73-6017987	501(C)(3)	153,707.				RESEARCH
(11) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	950,659.				RESEARCH
(12) UNIVERSITY OF PITTSBURGH 139 UNIVERSITY PLACE PITTSBURGH, PA 15260	25-0966691	501(C)(3)	96,225.				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) (2013)

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**Grants and Other Assistance to Organizations,  
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(1) UNIVERSITY OF SOUTHERN CALIFORNIA 1540 ALCAZAR ST LOS ANGELES, CA 90033	95-1642394	501(C)(3)	548,467.				RESEARCH
(2) UNIVERSITY OF TEXAS AT HEALTH SCIENCE CE 7000 FANNIN STREET HOUSTON, TX 77030	74-1587488	501(C)(3)	8,985.				RESEARCH
(3) UNIVERSITY OF UTAH 201 S PRES CIRCLE SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	132,000.				RESEARCH
(4) UNIVERSITY OF VERMONT 85 S PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)(3)	150,000.				RESEARCH
(5) UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	130,138.				RESEARCH
(6) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	501(C)(3)	519,137.				EDUCATION RESEARCH
(7) UNIVERSITY OF WISCONSIN 21 NORTH PARK ST STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	138,525.				RESEARCH
(8) UNT HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	75-6064033	501(C)(3)	10,861.				RESEARCH
(9) UT HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	295,412.				RESEARCH
(10) UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	501(C)(3)	132,000.				RESEARCH
(11) UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD #1644 HOUSTON, TX 77030	74-6001118	501(C)(3)	6,127,868.				RESEARCH
(12) VACCINE & GENE THERAPY INSTITUTE OF FLA 9801 SW DISCOVERY PORT ST LUCIE, FL 34987	36-4631835	501(C)(3)	11,857.				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) (2013)

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(1) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	150,000.				RESEARCH
(2) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE STE 800 NASHVILLE, TN 37203	62-0476822	501(C)(3)	379,554.				RESEARCH
(3) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284-3038	54-6001758	501(C)(3)	29,954.				RESEARCH
(4) WASHINGTON UNIVERSITY AT ST LOUIS 700 ROSEDALE AVE SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	615,995.				RESEARCH
(5) WAYNE STATE UNIVERSITY 5057 WOODWARD AVE 13TH FL DETROIT, MI 48202	38-3555142	501(C)(3)	12,000.				RESEARCH
(6) WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	149,984.				RESEARCH
(7) WHITEHEAD INSTITUTE 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142-1479	06-1043412	501(C)(3)	200,000.				RESEARCH
(8) WINCHESTER MEDICAL CENTER FOUNDATION 220 CAMPUS BOULEVARD WINCHESTER, VA 22601	54-2013319	501(C)(3)	34,284.				SCREENING
(9) YALE UNIVERSITY 47 COLLEGE ST STE 216 NEW HAVEN, CT 06510	06-0646973	501(C)(3)	85,124.				RESEARCH
(10) YOUNG SURVIVAL COALITION 61 BROADWAY, SUITE 2235 NEW YORK, NY 10006	13-4057685	501(C)(3)	50,000.				RESEARCH
(11) _____							
(12) _____							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 146.

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

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

Schedule I (Form 990) (2013)

**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
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**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

**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
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**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 PERSONNEL AND THEIR LEVEL OF EFFORT FOR KOMEN'S APPROVAL PRIOR TO IMPLEMENTING SAID CHANGES.

**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
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**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.



**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.  
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(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
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**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.

UNEXPENDED FUNDS MUST BE REMITTED WITH THE FINAL FINANCIAL REPORT TO  
KOMEN, UNLESS OTHERWISE SPECIFIED.

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

**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
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**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, OR ITS DESIGNATED REPRESENTATIVES, SHALL HAVE THE RIGHT TO REQUEST AND RECEIVE FROM A GRANTEE, OR ANY OF ITS SUBCONTRACTORS, COPIES OF ANY AND ALL DOCUMENTS AND OTHER INFORMATION RELATED TO THE GRANT AT ANY TIME

**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.  
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DURING OR AFTER THE TERM OF THE GRANT. THIS RIGHT INCLUDES, BUT IS NOT LIMITED TO, THE RIGHT TO REVIEW ALL FINANCIAL BOOKS AND RECORDS RELATED TO THE GRANT AND TO PERFORM AN AUDIT OF ALL EXPENSES RELATED DIRECTLY OR INDIRECTLY TO THE GRANT.

KOMEN'S POLICIES FOR MANAGING EDUCATION, SCREENING, AND TREATMENT GRANTS REQUIRE THAT ALL GRANTEEES 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

**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.

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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.

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 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 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

**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.

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. ANY UNEXPENDED FUNDS MUST BE REMITTED WITH THE FINAL REPORT TO KOMEN UNLESS OTHERWISE DIRECTED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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) and 501(c)(4) 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) 2013

**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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LYNN ERDMAN VP COMMUNITY HEALTH (END 5/13)	(i) 109,504.	0	44,802.	5,808.	11,351.	171,465.	0
	(ii)	0	0	0	0	0	0	0
2	KAY MERRELL VP, HUMAN RESOURCES	(i) 187,755.	20,000.	3,590.	10,661.	18,657.	240,663.	0
	(ii)	0	0	0	0	0	0	0
3	MARK NADOLNY CHIEF FINANCIAL OFFICER	(i) 314,891.	0	4,433.	14,025.	19,795.	353,144.	0
	(ii)	0	0	0	0	0	0	0
4	NANCY G. BRINKER FOUNDER & CHAIR GLOBAL STRTGY	(i) 469,282.	0	11,502.	15,221.	10,481.	506,486.	0
	(ii)	0	0	0	0	0	0	0
5	DR. JUDITH SALERNO CEO (BEGIN 9/13)	(i) 140,857.	66,000.	2,263.	0	3,399.	212,519.	0
	(ii)	0	0	0	0	0	0	0
6	MIGUEL PEREZ VP AFFILIATE NTRWK (BEG. 9/14)	(i) 144,044.	0	2,727.	0	8,392.	155,163.	0
	(ii)	0	0	0	0	0	0	0
7	WENDY CARTER DIRECTOR, GLOBAL OUTREACH	(i) 167,150.	0	1,896.	0	7,569.	176,615.	0
	(ii)	0	0	0	0	0	0	0
8	ANDREA RADER MANAGING DIRECTOR, COMM.	(i) 154,853.	0	3,222.	6,358.	15,229.	179,662.	0
	(ii)	0	0	0	0	0	0	0
9	VICTORIA WOLODZKO MNG DIRECTOR, GRANTS & PROG AD	(i) 152,233.	0	2,574.	9,147.	7,727.	171,681.	0
	(ii)	0	0	0	0	0	0	0
10	ADINE ZORNOW DIRECTOR, DEVELOPMENT	(i) 142,342.	0	1,833.	0	12,785.	156,960.	0
	(ii)	0	0	0	0	0	0	0
11	ELLEN WILLMOTT GEN COUNSEL & SECY	(i) 254,229.	0	2,900.	7,634.	9,000.	273,763.	0
	(ii)	0	0	0	0	0	0	0
12	LESLEY LURIE ASSISTANT SECRETARY	(i) 191,723.	0	2,266.	10,546.	16,483.	221,018.	0
	(ii)	0	0	0	0	0	0	0
13	DAVID DAWSON VP, INFORMATION TECHNOLOGY	(i) 213,470.	0	2,119.	9,575.	24,266.	249,430.	0
	(ii)	0	0	0	0	0	0	0
14	CHANDINI PORTTEUS CHIEF MISSION OFFCR (BEG 6/13)	(i) 243,034.	0	2,095.	14,926.	11,027.	271,082.	0
	(ii)	0	0	0	0	0	0	0
15	DOROTHY JONES VP, MARKETING (END 12/13)	(i) 243,015.	0	48,271.	9,960.	15,253.	316,499.	0
	(ii)	0	0	0	0	0	0	0
16	CAROL CORCORAN SVP GLOBAL NETWORKS (END 8/13)	(i) 157,749.	0	3,549.	9,572.	7,079.	177,949.	0
	(ii)	0	0	0	0	0	0	0

**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. FIRST CLASS TRAVEL WAS APPROVED FOR ONE INDIVIDUAL ON AN OCCASIONAL BASIS DUE TO MEDICAL NECESSITY. WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COST.

SCHEDULE J, PART I, LINE 4A

DURING CALENDAR YEAR 2013 THE FOLLOWING SEVERANCE PAYMENTS WERE MADE:

DOROTHY JONES \$46,096

LYNN ERDMAN \$42,587



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**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		25,800.	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	2.	2,766.	COST OR SALES PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, 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	
32 a 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) (2013)

JSA

3E1298 1.000

46474L 1385

V 13-7.5F

PARENT

**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.

---

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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 \$840 MILLION IN RESEARCH AND PROVIDED \$1.8  
BILLION IN FUNDING TO SCREENING, EDUCATION, TREATMENT 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

KOMEN HAS CONTRIBUTED TO MAJOR ADVANCES IN BREAST CANCER RESEARCH SINCE  
ITS FOUNDING IN 1982. KOMEN'S RESEARCH PROGRAMS ARE DESIGNED TO 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 FOR ITS RESEARCH DOLLARS, KOMEN IS GUIDED BY A SCIENTIFIC ADVISORY

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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BOARD, A GROUP OF INTERNATIONALLY RECOGNIZED DOCTORS, SCIENTISTS AND ADVOCATES, AND CONSULTS WITH THE KOMEN SCHOLARS, A GROUP COMPRISED OF 60 DOCTORS, SCIENTISTS AND ADVOCATES.

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

IN FISCAL YEAR 2014, KOMEN AWARDED 116 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS, AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, BELGIUM, CANADA, ENGLAND, ISRAEL, ITALY, SPAIN, AND SWITZERLAND.

THE FOLLOWING REQUEST-FOR-APPLICATIONS (RFA) GRANT OPPORTUNITIES WERE OFFERED BY KOMEN DURING FISCAL YEAR 2014:

POSTDOCTORAL FELLOWSHIPS (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

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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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 FOR A MINIMUM OF THREE GRADUATE STUDENTS WHO ARE SEEKING CAREERS DEDICATED TO UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES ACROSS POPULATION GROUPS.

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 WILL

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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SUPPORT PROJECTS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING GOALS:

- DEVELOPING TARGETED THERAPIES FOR TRIPLE-NEGATIVE BREAST CANCER
- UNDERSTANDING BREAST CANCER PROGRESSION AND METASTASIS
- VACCINE DEVELOPMENT FOR BREAST CANCER TREATMENT
- PREDICTING RISK USING IMAGING
- IMPROVING TOXICITY PREDICTION FOR OLDER WOMEN
- IMPROVING TREATMENT RESPONSE
- DEVELOPING NEW IMAGING TECHNIQUES TO IMPROVE DIAGNOSIS
- OVERCOMING BREAST CANCER DISPARITIES IN LOW-INCOME WOMEN

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.

EXAMPLES OF OPPORTUNITY GRANTS/SPONSORED PROGRAMS & PARTNERSHIP GRANTS COMMITTED IN FISCAL YEAR 2014 INCLUDE:

- 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

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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OR PREVENTION OF CANCER. THIS GROUNDBREAKING WORKSHOP IS DESIGNED TO BRING TOGETHER LEADERS IN CLINICAL AND TRANSLATIONAL CANCER RESEARCH FROM ACADEMIA, INDUSTRY, 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 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 WHICH RECOGNIZE INVESTIGATORS FOR SIGNIFICANT CONTRIBUTIONS TO THE FIELD.

**B - EDUCATION**

KOMEN IS A TRUSTED SOURCE OF BREAST CANCER INFORMATION FOR PEOPLE ALL

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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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, 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 FIVE MILLION PAGE VIEWS DURING FISCAL YEAR 2014.

KOMEN ALSO PRODUCES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. KOMEN AND ITS AFFILIATES DISTRIBUTED MORE THAN THREE MILLION EDUCATIONAL MATERIALS IN FISCAL YEAR 2014. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE THE FOLLOWING:

- BREAST SELF-AWARENESS MESSAGES CARDS IN 27 LANGUAGES AND FOR 28 SPECIFIC AUDIENCES
- BREAST CANCER AWARENESS AND BREAST CANCER SPECIFIC BROCHURES AND FACT SHEETS
- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS

THE SUSAN G. KOMEN "1-877 GO KOMEN" BREAST CARE HELPLINE OFFERS BREAST CANCER EDUCATION, PSYCHOSOCIAL SUPPORT AND INFORMATION ABOUT RESOURCES AVAILABLE FOR PATIENTS, FAMILIES AND FRIENDS. THE HELPLINE OPERATES FROM



Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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9 A.M. - 10 P.M. ET. DURING FISCAL YEAR 2014, THE KOMEN BREAST CANCER HELPLINE RESPONDED TO MORE THAN 14,000 CALLS AND MORE THAN 700 EMAILS.

WHILE OLDER AFRICAN AMERICAN WOMEN ARE LESS LIKELY TO BE DIAGNOSED WITH BREAST CANCER THAN CAUCASIAN WOMEN, AFRICAN AMERICAN WOMEN ARE MORE LIKELY TO DIE FROM THE DISEASE AT EVERY AGE. KOMEN'S CIRCLE OF PROMISE® PROGRAM ENGAGES AFRICAN AMERICAN WOMEN, AND BLACK WOMEN AROUND THE WORLD, IN THE FIGHT AGAINST BREAST CANCER. ACTIVITIES ARE AIMED TO:

- MOBILIZE THE COMMUNITY TO ENSURE THAT WOMEN EVERYWHERE HAVE ACCESS TO THE CARE THEY NEED;
- EMPOWER WOMEN TO MAKE A PROMISE TO RECLAIM THEIR LIVES, THEIR HEALTH AND TO BE STRONG ADVOCATES IN THEIR COMMUNITIES; AND
- DISPEL MYTHS IN THESE COMMUNITIES THAT PREVENT WOMEN FROM GETTING TREATMENT FOR BREAST CANCER.

IN ADDITION, KOMEN PARTNERS WITH NON-PROFIT ADVOCACY ORGANIZATIONS TO PROVIDE OVER 475 TRAVEL SCHOLARSHIPS TO SEVERAL EDUCATIONAL CONFERENCES DEDICATED TO THE CRITICAL ISSUES FACING BREAST CANCER PATIENTS AND THEIR FAMILIES. IN FY14, THESE CONFERENCES INCLUDED:

- THE CONFERENCE FOR YOUNG WOMEN AFFECTED BY BREAST CANCER HOSTED BY LIVING BEYOND BREAST CANCER (LBBC)
- THE YOUNG SURVIVAL COALITION, LBBC'S ANNUAL CONFERENCE FOR WOMEN LIVING WITH METASTATIC BREAST CANCER
- FACING OUR RISK EMPOWERED (FORCE) 2014 ANNUAL CONFERENCE FOR PEOPLE

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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AND FAMILIES AFFECTED BY HEREDITARY CANCER OR A BRCA MUTATION

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 EDUCATION, SCREENING AND TREATMENT PROGRAMS IN MORE THAN 30 COUNTRIES.

EXAMPLES INCLUDE:

IN PARTNERSHIP WITH THE CATERPILLAR FOUNDATION, KOMEN FUNDED PROGRAMS IN BRAZIL, PANAMA, AND MEXICO THAT HAS REACHED AN ESTIMATED 11.1 MILLION PEOPLE THROUGH MASS MEDIA AWARENESS CAMPAIGNS, TRAINED 4,003 COMMUNITY HEALTH WORKERS AND MEDICAL PROVIDERS AND REACHED 47,890 COMMUNITY MEMBERS THROUGH BREAST SELF-AWARENESS AND BREAST CANCER EDUCATIONAL WORKSHOPS SINCE INCEPTION OF THE PARTNERSHIP IN 2011, THROUGH THE END OF FISCAL YEAR 2014.

KOMEN ALSO AWARDED GRANTS FOR EDUCATION PROGRAMS IN BOSNIA AND HERZEGOVINA, KENYA, MEXICO, PANAMA, CHINA, SAUDI ARABIA, BRAZIL, PERU, THE BAHAMAS, AND ZAMBIA.

C - SCREENING

GETTING REGULAR SCREENING TESTS, ALONG WITH TREATMENT IF DIAGNOSED,

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LOWERS THE RISK OF DYING FROM BREAST CANCER. SCREENING TESTS CAN FIND BREAST CANCER EARLY, WHEN MORE TREATMENT OPTIONS ARE AVAILABLE. 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.

IN 2014, KOMEN AWARDED \$1.7 MILLION FOR SIX 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.

ALL NEW GRANTS IN THE WASHINGTON, D.C. METRO AREA FOCUS ON ADDRESSING BARRIERS TO CARE CAUSED BY THE REGION'S FRAGMENTED HEATH CARE SYSTEM AND LACK OF CARE COORDINATION AMONG VULNERABLE PATIENTS. ALL NEW GRANTEES WERE REQUIRED TO FORM PARTNERSHIPS AMONG PROVIDERS IN THE REGION THAT ESTABLISH A FRAMEWORK TO ENSURE THAT PATIENTS CAN BE EASILY AND EFFICIENTLY REFERRED AND NAVIGATED FROM SCREENING ALL THE WAY THROUGH TO SURVIVORSHIP, WITH PARTICULAR EMPHASIS ON REMOVING OBSTACLES TO TRANSPORTATION AND WORK OBLIGATIONS, WAIT TIMES, AND FINANCIAL ASSISTANCE. IN ADDITION, SEVERAL OF THE PROGRAMS FOCUS ON PATIENT EDUCATION, INCLUDING TARGETED BREAST HEALTH AWARENESS OUTREACH IN A CULTURALLY SENSITIVE MANNER THAT DEVELOPS A BETTER UNDERSTANDING OF THE IMPORTANCE OF SCREENING, THE EFFECTIVENESS OF MODERN TREATMENTS AND SURVIVORSHIP.

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IN ADDITION, KOMEN SUPPORTS EDUCATION AND SCREENING PROGRAMS TO REDUCE MORTALITY WITH LARGE SCALE INITIATIVES FOR AFRICAN AMERICAN WOMEN AND MEN IN ST. LOUIS, CHICAGO AND THROUGHOUT THE STATE OF CALIFORNIA.

D - TREATMENT

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 WHICH 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 \$11.6 MILLION TO THESE PROGRAMS OVER THE PAST 6 YEARS.

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).

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, QUESTION 4

SIGNIFICANT CHANGES - MAY 3, 2013:

-THE EXECUTIVE COMMITTEE IS NOW REQUIRED TO HAVE A MINIMUM OF THREE

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## (3) MEMBERS;

-REMOVED CHIEF OPERATING OFFICER AS A REQUIRED EX-OFFICIO NONVOTING MEMBER OF THE STANDING COMMITTEES;

-RECOGNIZED THAT THE BOARD MAY APPOINT TO STANDING COMMITTEES EX-OFFICIO VOTING MEMBERS;

-ADDED VICE-CHAIR AS A REQUIRED OFFICER OF KOMEN (DESCRIPTION OF DUTIES AND AUTHORITIES ALSO ADDED);

-THE FOLLOWING POSITIONS, ANY OR ALL OF WHOM MAY BE EMPLOYEES, ARE NOW CONSIDERED OFFICERS OF KOMEN IF SUCH OFFICE EXISTS: ASSISTANT SECRETARY, ASSISTANT TREASURER, CHIEF FINANCIAL OFFICER AND GENERAL COUNSEL (DESCRIPTION OF DUTIES AND AUTHORITIES ALSO ADDED/CLARIFIED FOR EACH);

-CLARIFIED THE TITLES AND AUTHORITIES OF NON-OFFICER POSITIONS THAT MAY BE APPOINTED BY THE CHIEF EXECUTIVE OFFICER;

-CLARIFIED THAT NEITHER THE PRESIDENT NOR CHIEF EXECUTIVE OFFICER MAY SERVE AS SECRETARY WHILE SERVING AS PRESIDENT OR CHIEF EXECUTIVE OFFICER;

-CLARIFIED THAT THE VICE-CHAIR SHALL SERVE WITHOUT COMPENSATION;

-EACH OFFICER APPOINTED BETWEEN ANNUAL MEETINGS OF THE BOARD OF DIRECTORS SHALL NOW HOLD OFFICE AT THE PLEASURE OF THE CHIEF EXECUTIVE OFFICER (RATHER THAN THE BOARD) UNTIL THE NEXT ANNUAL MEETING, AT WHICH SUCH OFFICE SHALL BE SUBJECT TO ELECTION BY THE BOARD OF DIRECTORS;

-UPDATED DUTIES AND AUTHORITIES OF THE CHAIR;

-ADDED DESCRIPTION OF DUTIES AND AUTHORITIES FOR THE TREASURER;

-ADDED THAT WHEN THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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MEETS IN EXECUTIVE SESSION, THE CHAIR MAY DELEGATE TEMPORARILY TO ANOTHER PERSON THE RESPONSIBILITIES OF THE SECRETARY;

-SPECIFICALLY RECOGNIZED THAT THE CHIEF EXECUTIVE OFFICER IS AUTHORIZED TO ENTER INTO ANY CONTRACT OR EXECUTE AND DELIVER ANY LEGAL INSTRUMENT IN THE NAME OF AND ON BEHALF OF KOMEN, UP TO AN AMOUNT AUTHORIZED BY THE BOARD, AND THAT THE CHIEF EXECUTIVE OFFICER MAY DELEGATE THESE DUTIES TO OFFICERS AND NON-OFFICER EMPLOYEES; AND

-SPECIFICALLY RECOGNIZED THAT THE CHIEF EXECUTIVE OFFICER IS AUTHORIZED TO SIGN AND ISSUE CHECKS, DRAFTS, OR ORDERS FOR THE PAYMENT OF MONEY, NOTES, OR OTHER EVIDENCES OF INDEBTEDNESS IN THE NAME OF KOMEN, AND THAT THE CHIEF EXECUTIVE OFFICER MAY, IN CONSULTATION WITH THE CHIEF FINANCIAL OFFICER, DELEGATE THESE DUTIES TO OFFICERS AND NON-OFFICER EMPLOYEES.

SIGNIFICANT CHANGES - SEPTEMBER 20, 2013:

-CHANGED TIE-BREAKER IN DIRECTOR ELECTIONS FROM CLASS I DIRECTOR TO CHAIR;

-CREATED NEW OFFICERS AND ESTABLISHED AUTHORITIES FOR: (1) PRESIDENT AND CEO, (2) CHAIR OF GLOBAL STRATEGY (REPORTING TO PRESIDENT AND CEO) AND (3) CHIEF MISSION OFFICER (REPORTING TO PRESIDENT AND CEO);

-REMOVED ASSISTANT TREASURER AS AN OFFICER OF THE FOUNDATION;

-ESTABLISHED CHAIR AS AN EX-OFFICIO VOTING MEMBER OF ALL BOARD COMMITTEES;

-ESTABLISHED PRESIDENT AND CEO AS VOTING MEMBER OF EXECUTIVE COMMITTEE AND EX-OFFICIO, NON-VOTING MEMBER OF OTHER STANDING COMMITTEES;

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

-ESTABLISHED DEVELOPMENT COMMITTEE AS NEW STANDING COMMITTEE.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990  
FORM 990, PART VI, QUESTION 11B

MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE  
OF AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVELS OF MANAGEMENT REVIEW  
AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR PRESENTATION TO THE  
AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE OF THE  
BOARD OF DIRECTORS REVIEWS AND MAKES AN APPROVAL RECOMMENDATION REGARDING  
THE FORM 990 TO THE BOARD OF DIRECTORS. THEREAFTER, THE BOARD OF  
DIRECTORS APPROVES THE FORM 990 PRIOR TO THE FORM BEING FILED.

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  
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

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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OVERSEEING COMPENSATION POLICIES AND PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER EMPLOYEES, GRANTING THE CEO AUTHORITY TO DETERMINE ACTUAL COMPENSATION LEVELS WITHIN AN APPROVED RANGE, AND INCENTIVE/BONUS COMPENSATION PROGRAMS, IF APPROVED. THE CURRENT POLICY WAS ADOPTED IN 2010.

A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES. PERIODICALLY, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA BY ENGAGING INDEPENDENT EXPERTS OR ACQUIRING UPDATED MARKET DATA TO CONDUCT THE BENCHMARKING PROCESS. COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION. FOR THE 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



Name of the organization

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ONLINE BUT IS AVAILABLE TO THE PUBLIC UPON REQUEST.

ADDITIONAL DETAIL ON EVENT PRODUCTION EXPENSES INCLUDED ON OTHER EXP

LINE

FORM 990, PART IX, LINE 24

KOMEN PURCHASES 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 - \$3,116,992

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EVENT 360, INC. 205 N. MICHIGAN AVENUE CHICAGO, IL 60601-5927	EVENT MANAGEMENT	7,608,194.
MERKLE RESPONSE SERVICES, INC. P.O. BOX 64897 BALTIMORE, MD 21264	DONATION PROCESSING	2,470,128.
CONVIO, INC. P.O. BOX 671445 DALLAS, TX 75267-1445	DONATION PROCESSING	1,683,144.

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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>
RADARWORKS 6100 WILSHIRE BLVD. LOS ANGELES, CA 90048	MARKETING	1,479,909.
PANGEA GLOBAL AIDS FOUNDATION 436 14TH STREET, SUITE 920 OAKLAND, CA 94612	SCREENING PROGRAM	664,000.

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	-	-	-	626,200	626,200
2 The Arkansas Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 71-0724439	-	-	-	1,949,031	1,949,031
3 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	-	-	-	1,736,019	1,736,019
4 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	2,276	-	2,276	550,851	553,127
5 Bayou Region Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854976	-	-	-	205,482	205,482
6 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	-	-	747,719	747,719
7 Central Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854957	-	5,461	5,461	648,119	653,580
8 Central Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 75-2881536	-	-	-	253,457	253,457
9 Central Mississippi Steel Magnolias Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875174	-	-	-	391,912	391,912
10 Central New Mexico Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 85-0462625	-	-	-	301,667	301,667
11 Central New York Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 16-1389666	-	-	-	872,328	872,328
12 Central Oklahoma Chapter of the Komen Foundation, Inc. EIN# 73-1372249	5,938	-	5,938	949,701	955,639
13 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 43-2052349	-	-	-	1,956,320	1,956,320
14 Central Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2906528	490	-	490	193,284	193,774
15 Central Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854970	566	-	566	333,470	334,036
16 Central Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 56-2613151	-	-	-	215,402	215,402

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	-	197	197	1,887,543	1,887,740
18 Chattanooga Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875175	-	-	-	426,979	426,979
19 The Chicagoland Area Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 36-4111723	-	-	-	2,612,770	2,612,770
20 Colorado Springs Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844654	-	-	-	511,992	511,992
21 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844651	3,683	1,147	4,830	2,807,616	2,812,446
22 Connecticut Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844629	546	-	546	1,549,332	1,549,878
23 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2444724	-	-	-	2,363,759	2,363,759
24 The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 84-1199858	160	892	1,052	4,312,536	4,313,588
25 The Des Moines Chapter of the Susan G. Komen Breast Cancer Foundation EIN # 42-1438018	-	-	-	846,361	846,361
26 Eastern Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0578449	-	-	-	551,906	551,906
27 Elmira Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844630	-	-	-	236,870	236,870
28 El Paso Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2723408	683	683	1,366	496,687	498,053
29 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2870702	707	-	707	853,733	854,440
30 The Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 58-1959763	-	-	-	2,558,242	2,558,242
31 Grand Rapids Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844631	175	-	175	552,263	552,438
32 Greater Amarillo Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	-	-	376,531	376,531
33 Greater Cincinnati Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	3,222	405	3,627	1,065,097	1,068,724

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	275	-	275	726,390	726,665
35 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	4,956	469	5,425	1,599,048	1,604,473
36 Greater Lansing Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2915870	5,298	888	6,186	583,474	589,660
37 The Greater Nashville Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 62-1671774	452	-	452	1,062,836	1,063,288
38 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	6,750	-	6,750	4,772,424	4,779,174
39 Greater Richmond, Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844659	-	-	-	784,649	784,649
40 Greater Roanoke Valley Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2619425	-	291	291	524,393	524,684
41 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	563,789	563,789
42 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 76-0360372	-	157	157	3,966,926	3,967,083
43 Indianapolis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2941627	-	-	-	1,870,961	1,870,961
44 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 33-0802964	-	379	379	954,399	954,778
45 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	-	-	921,730	921,730
46 The Las Vegas Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 88-0372386	793	-	793	987,402	988,195
47 Lexington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854969	-	-	-	559,442	559,442
48 The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 95-4582064	-	454	454	1,433,870	1,434,324
49 Louisville, Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	680,686	680,686
50 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844655	-	-	-	822,209	822,209

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 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2509762	-	145	145	457,534	457,679
52 Madison Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855043	-	-	-	907,241	907,241
53 Maine Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #75-2844637	-	-	-	420,357	420,357
54 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 52-2053491	-	-	-	2,580,412	2,580,412
55 Massachusetts Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854961	-	-	-	746,284	746,284
56 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	995,570	995,570
57 Miami Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	1,625,793	1,625,793
58 Mid-Kansas Chapter of the Susan G. Komen Foundation EIN# 48-1120492	1,599	-	1,599	694,625	696,224
59 Mid-Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2583638	-	-	-	211,359	211,359
60 Milwaukee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844639	-	-	-	2,240,170	2,240,170
61 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 41-1924790	-	-	-	2,016,774	2,016,774
62 Montana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845067	-	-	-	234,006	234,006
63 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-0056671	-	-	-	1,119,680	1,119,680
64 The Susan G. Komen Breast Cancer Foundation, New Orleans Chapter EIN# 72-1222127	-	-	-	1,228,709	1,228,709
65 North Carolina Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875177	-	-	-	165,816	165,816
66 North Carolina Triad Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	245	-	245	967,584	967,829
67 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845066	7,323	1,206	8,529	1,762,561	1,771,090

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 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844656	1,102	799	1,902	925,407	927,309
69 Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854968	-	-	-	305,012	305,012
70 The Northeastern Pennsylvania Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 23-2657570	-	-	-	316,816	316,816
71 The Northeast Louisiana Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 93-1225877	270	-	270	424,150	424,420
72 The Northeast Ohio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 34-1793460	336	34	370	1,626,408	1,626,778
73 Northern Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583632	662	-	662	319,515	320,177
74 Northern Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855035	3,298	-	3,298	358,105	361,403
75 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844636	2,463	1,198	3,661	386,938	390,599
76 The North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 22-3528454	-	-	-	1,280,474	1,280,474
77 North Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844621	-	-	-	254,566	254,566
78 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2356437	1,327	-	1,327	1,194,592	1,195,919
79 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845063	4,902	2,393	7,295	1,287,433	1,294,728
80 The Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0487943	659	3,358	4,017	3,206,414	3,210,431
81 The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 93-1068897	-	-	-	2,841,747	2,841,747
82 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845062	-	-	-	1,214,433	1,214,433
83 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc EIN# 75-2949264	-	-	-	3,468,029	3,468,029
84 Phoenix Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845061	-	-	-	2,206,596	2,206,596

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85 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0665396	144	1,335	1,479	2,391,836	2,393,315
86 The Peoria Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 37-1286285	-	-	-	1,569,331	1,569,331
87 The Puget Sound Chapter of the Susan G. Komen Foundation EIN# 91-1624040	-	-	-	2,674,144	2,674,144
88 Quad Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844660	-	-	-	323,865	323,865
89 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3169358	3,531	1,544	5,075	1,293,562	1,298,637
90 Siouland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 86-1102587	-	-	-	194,778	194,778
91 St. Louis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844650	-	-	-	2,614,678	2,614,678
92 The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 94-3047626	1	1,262	1,263	890,900	892,163
93 Salt Lake City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	-	-	-	812,243	812,243
94 The San Antonio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2856696	-	-	-	1,434,411	1,434,411
95 The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 33-0638911	2,909	-	2,909	2,084,918	2,087,827
96 Shreveport Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844653	122	-	122	511,786	511,908
97 Southeast Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	597,785	597,785
98 Southeast Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854980	-	-	-	26,498	26,498
99 Southern Arizona Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844652	96	-	96	668,860	668,956
100 South Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-1114233	-	-	-	286,714	286,714
101 The South Florida Chapter of the Komen Foundation, Inc. EIN# 65-0254225	-	659	659	1,436,314	1,436,973



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	<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 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 68-0523074	-	1,500	1,500	1,113,067	1,114,567
103 The Southwest Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 38-3437505	-	-	-	270,398	270,398
104 The Susan G. Komen Breast Cancer Foundation, Tarrant County Affiliate EIN# 75-2445070	-	-	-	1,362,456	1,362,456
105 Texarkana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844649	-	-	-	470,951	470,951
106 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	81	2,707	2,787	772,997	775,784
107 Tri-Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1689067	-	-	-	431,371	431,371
108 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854974	-	-	-	920,467	920,467
109 Tyler Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2764235	-	-	-	281,661	281,661
110 Upper Cumberland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 20-5956855	-	-	-	205,434	205,434
111 Upstate South Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854973	650	-	650	436,324	436,974
112 Vermont-New Hampshire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844657	-	-	-	529,506	529,506
113 Wabash Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844615	-	-	-	174,045	174,045
114 The Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	-	-	578,952	578,952
115 West Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2885304	-	-	-	430,185	430,185
116 Wichita Falls Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844658	-	-	-	133,157	133,157
117 Wyoming Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 84-1387410	-	-	-	387,045	387,045
Totals - Affiliates	<u>68,694</u>	<u>29,561</u>	<u>98,255</u>	<u>127,057,554</u>	<u>127,155,809</u>

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	<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, Inc. (Parent) EIN# 75-1835298	-	-	-	113,815,008	113,815,008
Totals for Parent and Affiliates	<u>68,694</u>	<u>29,561</u>	<u>98,255</u>	<u>240,872,562</u>	<u>240,970,817</u>