

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 04/01/2023 and ending 03/31/2024

Form sections B through M including organization name, address, principal officer, and tax-exempt status.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances, including rows 1 through 22.

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.

Signature block form with fields for officer signature, date, preparer name, and firm information.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE)

PATIENT CARE: PROVISION OF BREAST CANCER SCREENING, DIAGNOSIS, AND
TREATMENT PROGRAMS THROUGH GRANTS TO OTHER NON-PROFIT
ORGANIZATIONS, THIRD-PARTY CONTRACTS AND DIRECTLY BY KOMEN, WITH A
SPECIAL EMPHASIS ON PATIENT NAVIGATION, ESPECIALLY IN COMMUNITIES
WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS
LIMITED. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code:) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE)

RESEARCH PAYMENTS TO THE SUSAN G. KOMEN BREAST CANCER FOUNDATION,
PARENT (PARENT) TO FUND GRANTS TO RESEARCH INSTITUTIONS AND OTHER
NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH FOCUSED
ON THE BIOLOGY OF BREAST CANCER; NEW STRATEGIES TO TREAT, DETECT,
AND PREDICT RISK OF BREAST CANCER, AND UNDERSTANDING AND
ADDRESSING DISPARITIES IN OUTCOMES. FUNDING FROM ORGANIZATIONS
LIKE KOMEN AND ITS SUPPORTERS HAS PROVEN CRITICAL FOR ALL THESE
ACTIVITIES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code:) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE)

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

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

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

4e Total program service expenses NONE

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

| | | Yes | No |
|---|-----------|-----|------|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | | NONE |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. | 1b | | NONE |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | Yes | No |
|--|---|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a NONE | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | |

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

Section A. Governing Body and Management

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

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

RIA WILLIAMS, CFO 13770 NOEL ROAD, SUITE 801889 DALLAS, TX 75380 972-855-1600

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SEE ATTACHMENT 2A FOR PART VII | NONE | X | | X | | | | NONE | NONE | NONE |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include various expense categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash - non-interest-bearing | NONE | 1 | NONE |
| | 2 Savings and temporary cash investments | 81,584. | 2 | 27,153. |
| | 3 Pledges and grants receivable, net | NONE | 3 | NONE |
| | 4 Accounts receivable, net | NONE | 4 | NONE |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 5 | NONE |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | NONE | 6 | NONE |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | NONE | 8 | NONE |
| | 9 Prepaid expenses and deferred charges | NONE | 9 | NONE |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | NONE | 10c |
| | 11 Investments - publicly traded securities | NONE | 11 | NONE |
| | 12 Investments - other securities. See Part IV, line 11 | NONE | 12 | NONE |
| | 13 Investments - program-related. See Part IV, line 11 | NONE | 13 | NONE |
| | 14 Intangible assets | NONE | 14 | NONE |
| | 15 Other assets. See Part IV, line 11 | NONE | 15 | NONE |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 81,584. | 16 | 27,153. | |
| Liabilities | 17 Accounts payable and accrued expenses | NONE | 17 | NONE |
| | 18 Grants payable | NONE | 18 | NONE |
| | 19 Deferred revenue | NONE | 19 | NONE |
| | 20 Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 22 | NONE |
| | 23 Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 Unsecured notes and loans payable to unrelated third parties | NONE | 24 | NONE |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | NONE | 25 | NONE |
| | 26 Total liabilities. Add lines 17 through 25 | NONE | 26 | NONE |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | |
| | 27 Net assets without donor restrictions | 81,584. | 27 | 27,153. |
| | 28 Net assets with donor restrictions | NONE | 28 | NONE |
| | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 81,584. | 32 | 27,153. |
| 33 Total liabilities and net assets/fund balances | 81,584. | 33 | 27,153. | |

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 10 total: 27,153.

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: [X] Accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant? [X]
2b Were the organization's financial statements audited by an independent accountant? [X]
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? [X]
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? [X]
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Table with 3 columns: Question, Yes, No. Contains 'X' marks for questions 2a, 2b, 2c, and 3a.

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

Employer identification number

75-2462834

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-------------|-------------|------------|----------|----------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 61,471,065. | 23,774,705. | 1,382,477. | 8,477. | 342. | 86,637,066. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 Total. Add lines 1 through 3. | 61,471,065. | 23,774,705. | 1,382,477. | 8,477. | 342. | 86,637,066. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | NONE |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 86,637,066. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|-------------|-------------|------------|----------|-----------|-------------|
| 7 Amounts from line 4 | 61,471,065. | 23,774,705. | 1,382,477. | 8,477. | 342. | 86,637,066. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 739,737. | 471,753. | 153,691. | 515. | 802. | 1,366,498. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | NONE |
| 11 Total support. Add lines 7 through 10 | | | | | | 88,003,564. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 16,540,042. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 98.45 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 98.65 % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 Amounts paid to acquire exempt-use assets | 4 |
| 5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 Total annual distributions. Add lines 1 through 6. | 7 |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

Table with 2 columns: Name of organization (THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP) and Employer identification number (75-2462834)

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

Schedule C (Form 990) 2023

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|--|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | NONE | 20,317. | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | NONE | 300,673. | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | NONE | 320,990. | | | | | | | | | | | | |
| d Other exempt purpose expenditures | NONE | 99,112,711. | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | NONE | 99,433,701. | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | NONE | 1,000,000. | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; 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. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | NONE | 250,000. | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | NONE | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | NONE | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 175,742. | 205,353. | 293,520. | 320,990. | 995,605. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | 38,616. | 26,906. | 15,803. | 20,317. | 101,642. |

Part IV Supplemental Information (continued)

PART II-A - LOBBYING EXPENSES

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
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?

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table.
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations?, 3a(ii) Related organizations?, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- (i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments - Other Securities

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9). Total.

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

Part XIII Supplemental Information (continued)

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 FINANCIAL STATEMENTS AT MARCH 31, 2024.

**SCHEDULE N
(Form 990)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
Attach certified copies of any articles of dissolution, resolutions, or plans.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|--|---|
| | SAN DIEGO AFFILIATE | 12/07/2023 | 52,032. | ACTUAL COST | 75-1835298 | SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380 | 501(C)(3) |
| | SAN FRANCISCO BAY AREA AFFIILIATE | 02/28/2024 | NONE | ACTUAL COST | 75-1835298 | SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380 | 501(C)(3) |
| | LOS ANGELES COUNTY AFFILIATE | 12/07/2023 | 3,146. | ACTUAL COST | 75-1835298 | SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380 | 501(C)(3) |
| | NORTHWEST OHIO AFFILIATE | 12/06/2023 | NONE | ACTUAL COST | 75-1835298 | SUSAN G. KOMEN BREAST CANCER FDN INC. 13770 NOEL RD STE 801889 DALLAS, TX 75380 | 501(C)(3) |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | | X |
| 2c | | X |
| 2d | | X |

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

Schedule N (Form 990) 2023

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)?
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
4b If "Yes," did the organization provide such notice?
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
6a Did the organization have any tax-exempt bonds outstanding during the year?
6b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Table with 3 columns: Question ID, Yes, No. Rows include 3, 4a, 4b, 5, 6a, 6b.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Description of asset(s) distributed or transaction expenses paid, (b) Date of distribution, (c) Fair market value of asset(s) distributed or amount of transaction expenses, (d) Method of determining FMV for asset(s) distributed or transaction expenses, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section of recipient(s) (if tax exempt) or type of entity.

- 2 Did or will any officer, director, trustee, or key employee of the organization:
a Become a director or trustee of a successor or transferee organization?
b Become an employee of, or independent contractor for, a successor or transferee organization?
c Become a direct or indirect owner of a successor or transferee organization?
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Table with 3 columns: Question ID, Yes, No. Rows include 2a, 2b, 2c, 2d.

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

SCHEDULE N, PART I

THE SAN DIEGO COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. DISSOLVED EFFECTIVE DECEMBER 7, 2023, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

THE SAN FRANCISCO BAY AREA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. DISSOLVED EFFECTIVE FEBRUARY 28, 2024, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

THE LOS ANGELES COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. DISSOLVED EFFECTIVE DECEMBER 7, 2023, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

THE NORTHWEST OHIO AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. MERGED INTO THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. EFFECTIVE DECEMBER 06, 2023, PURSUANT TO ITS GOVERNING DOCUMENTS AND STATE LAW.

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

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Employer identification number

75-2462834

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SUSAN G. KOMEN'S MISSION IS TO SAVE LIVES FROM BREAST CANCER, BY FINDING
BREAKTHROUGHS TO PREVENT, DETECT, TREAT, AND CURE BREAST CANCER, AND BY
MEETING MOST CRITICAL NEEDS IN COMMUNITIES TO ENSURE EVERYONE GETS THE
BREAST CANCER CARE THEY NEED WHEN THEY NEED IT.

KOMEN TAKES A 360 DEGREE APPROACH TO FIGHT BREAST CANCER THROUGH

. RESEARCH, TO DRIVE BREAKTHROUGHS THAT WILL BRING US NEW KNOWLEDGE
AND ADVANCES IN CARE FOR ALL,

. COMMUNITY HEALTH, TO EMPOWER PEOPLE WITH TRUSTWORTHY INFORMATION
AND SUPPORT PEOPLE IN THEIR BREAST HEALTH JOURNEY THROUGH DIRECT
SERVICES, COMMUNITY PROGRAMS AND HEALTH SYSTEMS CHANGE.

. AND PUBLIC POLICY, WHERE WE ADVOCATE FOR POLICIES TO CREATE
SYSTEMIC AND LASTING CHANGES THAT WILL FUND AND FACILITATE RESEARCH AND
ALLEVIATE THE BURDEN ON PATIENTS AND PROTECT ACCESS TO AFFORDABLE,
HIGH-QUALITY HEALTH CARE FOR ALL.

KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, HAVING FUNDED MORE
BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE OF THE U.S.

GOVERNMENT WHILE PROVIDING REAL TIME HELP TO THOSE FACING THE DISEASE.

SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED OVER \$1.1 BILLION IN BREAST
CANCER RESEARCH IN MORE THAN 2700 GRANTS AND 500 CLINICAL TRIALS

CONDUCTED BY THOUSANDS OF THE WORLD'S BEST AND BRIGHTEST RESEARCHERS

ACROSS THE US AND AROUND THE WORLD. KOMEN HAS ALSO PROVIDED OVER \$2.3

BILLION IN FUNDING FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS,

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

TREATMENT, EDUCATION, ADVOCACY, AND PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 60 COUNTRIES WORLDWIDE. KOMEN WAS FOUNDED BY NANCY G. BRINKER, WHO PROMISED HER SISTER, SUSAN G. KOMEN, THAT SHE WOULD END THE DISEASE THAT CLAIMED SUZY'S LIFE.

WITH THIS INVESTMENT, KOMEN IS SUPPORTING LABORATORY RESEARCH, TRANSLATIONAL STUDIES, AND CLINICAL TRIALS THAT ARE PAVING THE ROAD WITH SCIENTIFIC DISCOVERIES THAT ARE:

- UNRAVELLING THE BIOLOGY OF BREAST CANCER,
- LEADING TO THE DEVELOPMENT OF NEW BREAST CANCER DRUGS,
- DEVELOPMENT OF NEW TECHNOLOGIES AND TESTS, AND
- NEW INTERVENTIONS THAT ARE CHANGING THE STANDARD OF BREAST CANCER CARE AND IMPROVING THE DELIVERY OF THAT CARE.

OUR GOAL IS TO ADVANCE PERSONALIZED MEDICINE AND IMPROVE HEALTH OUTCOMES FOR EVERYONE. KOMEN HAS HAD MORE THAN 680 RESEARCH DISCOVERIES SINCE WE STARTED TRACKING THEM IN 2016 THAT ARE MOVING US CLOSER TO THAT GOAL. NEARLY TWO-THIRDS OF THESE DISCOVERIES FOCUS ON OUR RESEARCH PRIORITIES OF CONQUERING METASTATIC AND AGGRESSIVE BREAST CANCERS AND ELIMINATING BREAST CANCER DISPARITIES. THEY INCLUDE SUCH THINGS AS NEW BIOMARKERS, NEW DRUG TARGETS, NEW TREATMENTS, AND NEW HEALTHCARE DELIVERY TOOLS IN PAVING THIS ROAD WITH SCIENTIFIC DISCOVERIES, WE'RE ALSO PAVING IT WITH HOPE. THE HOPE THAT NEW WAYS TO DETECT, DIAGNOSE, TREAT, PREVENT - AND ULTIMATELY CURE - BREAST CANCER ARE AROUND THE CORNER. THERE WHEN PEOPLE WITH BREAST CANCER NEED THEM TO ALLOW THEM TO LIVE LONGER, WITH IMPROVED

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

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
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Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

QUALITY OF LIFE.

RESEARCH

SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MANY MAJOR ADVANCES IN BREAST CANCER. THE PROGRESS HAS BEEN SIGNIFICANT - TODAY, WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE DISEASE. WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER AND THE CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT, AND PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION MEDICINE.

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

KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 46 OF THE WORLD'S LEADERS IN BREAST CANCER RESEARCH, ONCOLOGY AND ADVOCACY. THE SCIENTIFIC ADVISORY BOARD ASSISTS KOMEN IN SETTING ITS RESEARCH STRATEGY AND PRIORITIZING ITS RESEARCH INVESTMENT. THE KOMEN SCHOLARS LEAD AND PARTICIPATE IN KOMEN'S WORLD-CLASS SCIENTIFIC PEER REVIEW PROCESS. OUR ADVOCATES IN SCIENCE BRING THE COLLECTIVE PATIENT VOICE TO KOMEN'S RESEARCH PROGRAMS AND

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT.

KOMEN AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND ORGANIZATIONS AROUND THE WORLD THROUGH A FAIR, TRANSPARENT, RIGOROUS, AND COMPETITIVE REVIEW PROCESS THAT ENSURES MAXIMUM IMPACT FOR OUR RESEARCH INVESTMENT. IN FY22, KOMEN AWARDED 48 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, IN THE UNITED STATES, CANADA, AND ZIMBABWE. CAREER CATALYST RESEARCH GRANTS SUPPORT EARLY CAREER INVESTIGATORS CONDUCTING OUTSTANDING RESEARCH THAT WILL USE LIQUID BIOPSY TECHNOLOGY TO IMPROVE THE TREATMENT AND EARLY DETECTION OF METASTATIC BREAST CANCER. LEADERSHIP GRANTS SUPPORT KOMEN SCHOLARS PURSUING INNOVATIVE RESEARCH PROJECTS WHICH WILL IMPROVE THE UNDERSTANDING, DETECTION, TREATMENT OR PREVENTION OF BREAST CANCER, WITH A FOCUS ON CONQUERING METASTATIC BREAST CANCER AND ELIMINATING BREAST CANCER DISPARITIES.

WHILE AFFILIATES DO NOT FUND RESEARCH GRANTS DIRECTLY, A PORTION OF THE NET FUNDS RAISED BY EVERY AFFILIATE (APPROXIMATELY 25%) GOES TO SUPPORT THE RESEARCH PROGRAM AT KOMEN HEADQUARTERS. IN FY21, KOMEN AWARDED 4 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH IN THE UNITED STATES.

EDUCATION

KOMEN IS A TRUSTED SOURCE OF BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CONNECTING PEOPLE WITH THE

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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

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Inspection**

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

75-2462834

RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER.

OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE. CONTENT IS OFFERED IN A VARIETY OF FORMATS INCLUDING INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER IN ENGLISH AND SPANISH, ILLUSTRATIONS, CHARTS, GRAPHS, AND SHORT VIDEOS TO MEET THE LEARNING PREFERENCES AND NEEDS OF OUR WEB VISITORS. THE "ABOUT BREAST CANCER" AND PORTIONS OF THE "PATIENT & CAREGIVER" SECTIONS OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER CANCER INSTITUTE STAFF, RECEIVED MORE THAN 4 MILLION PAGE VIEWS DURING FY23.

KOMEN AND ITS AFFILIATES DISTRIBUTE KOMEN'S EVIDENCED-BASED, EASY-TO-READ EDUCATIONAL MATERIALS IN DOWNLOADABLE FORMATS ON KOMEN.ORG. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE:

- (A) BREAST SELF-AWARENESS MESSAGE CARDS IN MORE THAN 40 LANGUAGES;
- (B) BREAST CANCER SPECIFIC BROCHURES AND FACTSHEETS.
- (C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS; AND
- (D) TOOLKITS FOR BREAST CANCER OUTREACH AND EDUCATION FOR HISPANIC/LATINO IN ENGLISH AND SPANISH, BLACK AND AFRICAN AMERICAN COMMUNITIES AND LESBIANS, BISEXUAL WOMEN AND TRANSGENDER AND QUESTIONING/QUEER PEOPLE.

IN ADDITION, IN FY23 KOMEN CONTINUED TO SUPPORT THE METASTATIC BREAST CANCER (MBC) COMMUNITY BY HOSTING EVENTS THROUGH THE MBC IMPACT SERIES WHICH INCLUDES EVENTS HELD BY AFFILIATES. THESE EVENTS PROVIDED PEOPLE

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THE SUSAN G. KOMEN BREAST CANCER FDN, GROUP

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LIVING WITH METASTATIC BREAST CANCER AND THEIR LOVED ONES A SAFE,
COLLABORATIVE SPACE TO GATHER INFORMATION AND DISCOVER PRACTICAL
RESOURCES TO HELP MAKE DECISIONS FOR IMPROVED PHYSICAL AND EMOTIONAL
HEALTH. IN COMMUNITIES AROUND THE UNITED STATES, KOMEN AFFILIATES SUPPORT
PROGRAMS THAT SEEK TO EDUCATE THE PUBLIC ABOUT BREAST CANCER, ITS RISK
FACTORS, AND WHERE TO GO FOR HELP. EXAMPLES ARE LISTED BELOW:

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS CONT'D

PATIENT SUPPORT

FY23 MARKED THE CREATION OF THE SUSAN G. KOMEN PATIENT CARE CENTER. THE
OVERARCHING GOAL OF OUR PATIENT CARE CENTER OFFERINGS IS TO SAVE LIVES BY
ENSURING PATIENTS STAY IN THE BREAST CANCER CONTINUUM OF CARE, OVERCOME
BARRIERS AND CHALLENGES TO HIGH-QUALITY BREAST CARE SERVICES, COMPLETE
TREATMENT, AND HAVE A HIGH QUALITY OF LIFE AND IMPROVED LONG-TERM
OUTCOMES. WE SERVE TENS OF THOUSANDS OF INDIVIDUALS NATIONWIDE AND
PROVIDE A SUITE OF ESSENTIAL PATIENT SERVICES, INCLUDING ONE-ON-ONE
PERSONAL CONNECTION TO OFFER PSYCHOSOCIAL SUPPORT; RESOURCE NAVIGATION TO
LOCAL SERVICES; BREAST HEALTH EDUCATION; CONNECTION TO CLINICAL TRIALS;
AND FINANCIAL ASSISTANCE TO PATIENTS IN TREATMENT. THE PATIENT CARE
CENTER INCLUDES THE SUSAN G. KOMEN BREAST CARE HELPLINE, THE TREATMENT
ASSISTANCE PROGRAM, AND PATIENT NAVIGATION. THE CENTER SERVED OVER 17,000
PEOPLE IN FY23.

SUSAN G. KOMEN IS THE NONPARTISAN VOICE OF MORE THAN 3.8 MILLION BREAST
CANCER SURVIVORS, THOSE LIVING WITH THE DISEASE AND THE PEOPLE WHO LOVE

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THEM. KOMEN WORKS TO EDUCATE PEOPLE ABOUT PUBLIC POLICY ISSUES, SO THEY ARE EMPOWERED TO BECOME FORCEFUL ADVOCATES FOR THEMSELVES AND THEIR NEIGHBORS, AND THEN UNITES THEIR COLLECTIVE VOICES FOR MAXIMUM IMPACT. THROUGH OUR CENTER FOR PUBLIC POLICY, KOMEN ENSURES THAT OUR POLICYMAKERS ARE EDUCATED ABOUT THE NEEDS OF BREAST CANCER PATIENTS AND PRIORITIZE THE ISSUES IMPACTING THEM. ONLY THROUGH INFORMED GOVERNMENT ACTION CAN WE MAKE THE BROAD, SYSTEMIC AND LASTING CHANGE REQUIRED.

KOMEN'S 2022-2023 PUBLIC POLICY AND ADVOCACY PRIORITIES INCLUDED: EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL PATIENT POPULATIONS; SUPPORTING INCREASED STATE AND FEDERAL FUNDING FOR BREAST CANCER RESEARCH AND INCREASED EDUCATION, UTILIZATION OF AND ACCESS TO CLINICAL TRIALS; SUPPORTING STATE AND FEDERAL FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE AND FEDERAL POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; AND ADVOCATING FOR STATE AND FEDERAL POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING. KOMEN ENGAGED ON THESE PRIORITIES ACROSS THE COUNTRY, SOME EXAMPLES ARE INCLUDED BELOW:

IN ARKANSAS, FLORIDA, GEORGIA, IOWA, KANSAS, MASSACHUSETTS, MINNESOTA, AND TEXAS KOMEN WORKED TO INTRODUCE LEGISLATION THAT ELIMINATED PATIENT'S OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC IMAGING FOR STATE

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REGULATED HEALTH PLANS. COVERED IMAGING INCLUDES DIAGNOSTIC MAMMOGRAPHY,
BREAST ULTRASOUND AND/OR BREAST MRI.

KOMEN WORKED WITHIN NUMEROUS COALITIONS TO ADDRESS INSURANCE BARRIERS TO
CARE THROUGH LEGISLATION IN STATES ACROSS THE COUNTRY. THIS INCLUDES AN
EFFORT IN NEW JERSEY TO LIMIT OUT-OF-POCKET COSTS PATIENTS EXPERIENCE FOR
NEEDED TREATMENTS AND IN OHIO WHERE LEGISLATION WAS PASSED TO PROHIBIT
THE USE OF STEP THERAPY PROTOCOLS FOR THERAPIES USED BY STAGE FOUR CANCER
PATIENTS.

FUNDING AND ELIGIBILITY OF STATE BREAST AND CERVICAL CANCER SCREENING
PROGRAMS CONTINUED TO BE A FOCUS FOR KOMEN. IN COLORADO, OUR ADVOCATES
WERE ABLE TO PREVENT A 33 PERCENT CUT FOR THE WOMEN'S WELLNESS
CONNECTION, THE STATE SCREENING PROGRAM.

IN MISSOURI AND OKLAHOMA, WE SUPPORTED COALITION EFFORTS TO PASS BALLOT
INITIATIVES TO EXPAND MEDICAID ELIGIBILITY IN THE STATE.

KOMEN SUBMITTED COMMENT LETTERS ON PROPOSED STATE WAIVERS THAT WOULD
PLACE BURDENSOME RESTRICTIONS ON MEDICAID ELIGIBILITY. THE PROPOSED
WAIVERS CALLED FOR MINIMUM WORK OR COMMUNITY ENGAGEMENT REQUIREMENTS FOR
MEDICAID RECIPIENTS. IN ADDITION, MANY OF THE STATES INCLUDED COVERAGE
LOCK-OUTS FOR FAILURE TO COMPLY. THE PROPOSED PROVISIONS WOULD HAVE
PLACED UNNECESSARY BURDENS ON WOMEN UNDERGOING TREATMENT, ULTIMATELY
LEADING TO THE STATE'S MOST FRAGILE CITIZENS BECOMING INELIGIBLE FOR

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COVERAGE AND FACING THE REALITY OF FOREGOING CANCER TREATMENT OR
EXPERIENCING UNTOLD MEDICAL DEBT.

SCREENING AND PATIENT NAVIGATION

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

KOMEN AFFILIATES SUPPORT FREE AND LOW-COST SCREENING PROGRAMS IN
UNDERSERVED COMMUNITIES THAT HELP NAVIGATE WOMEN TO QUALITY CARE, AND/OR
PROVIDE COVERAGE FOR SCREENING SERVICES TO WOMEN WITHOUT HEALTH
INSURANCE, OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE SCREENING
TOO COSTLY. KOMEN AFFILIATES ENGAGED IN SCREENING AND PATIENT NAVIGATION
ACTIVITIES ACROSS THE COUNTRY.

TREATMENT AND PATIENT NAVIGATION

BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER
OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATION
GROUPS. THE MOST COMMON BARRIERS TO QUALITY CARE INCLUDE: (1)

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AVAILABILITY OF LOCAL SERVICES; (2) BREAST CANCER EDUCATION; (3)
CULTURAL/LANGUAGE; (4) FEAR; (5) FINANCIAL; (6) INSURANCE; (7)
TRANSPORTATION.

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

IN FY23, KOMEN AFFILIATES FUNDED PROGRAMS TO REDUCE STRUCTURAL, PERSONAL,
SOCIOCULTURAL, AND FINANCIAL BARRIERS TO CARE, AND PROVIDE PATIENT
NAVIGATION SERVICES FOR UNDERSERVED COMMUNITIES. KOMEN AFFILIATES ENGAGED
IN TREATMENT AND PATIENT NAVIGATION ACTIVITIES ACROSS THE COUNTRY.

FORM 990, PART VI, LINE 1A

NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY

THIS REPRESENTS THE TOTAL NUMBER OF BOARD MEMBERS THAT SERVE ON THE
BOARDS OF THE AFFILIATES THAT COMPRISE THE KOMEN GROUP RETURN.

FORM 990, PART VI, LINE 1A

EXECUTIVE COMMITTEE

THE MAJORITY OF KOMEN AFFILIATE BYLAWS (THE BYLAWS) PROVIDE FOR EXECUTIVE
COMMITTEES TO BE COMPRISED OF A MINIMUM OF THREE MEMBERS INCLUDING THE
BOARD PRESIDENT, TREASURER AND SECRETARY. MOST ALSO INCLUDE THE EXECUTIVE

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DIRECTOR OR CEO AS AN EX OFFICIO, NON-VOTING MEMBER OF THE COMMITTEE. ALL OTHER MEMBERS APPOINTED TO THIS COMMITTEE MUST BE BOARD DIRECTORS.

THE BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS THE POWER TO ACT IN PLACE OF THE BOARD OF DIRECTORS BETWEEN BOARD MEETINGS ON ALL MATTERS EXCEPT THOSE SPECIFICALLY RESERVED TO THE BOARD BY THE BYLAWS OR BY STATE LAW. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD AT THE NEXT BOARD MEETING. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW.

FORM 990, PART VI, LINE 7B

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY OTHER PERSONS

IN ADDITION TO RECEIVING APPROVAL FROM ITS BOARD OF DIRECTORS, A KOMEN AFFILIATE MUST RECEIVE THE APPROVAL OF KOMEN PARENT PRIOR TO AMENDING ITS ARTICLES OF INCORPORATION/ CERTIFICATE OF FORMATION AND BYLAWS. A KOMEN AFFILIATE IS ALSO SUBJECT TO ITS AFFILIATION AGREEMENT WITH KOMEN PARENT AND OTHER POLICIES PROMULGATED BY KOMEN PARENT.

FORM 990, PART VI, LINE 11B

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

AS PART OF THE YEAR END FINANCIAL STATEMENT AND FORM 990 PREPARATION PROCESS, THE MANAGEMENT OF EACH AFFILIATE PREPARES A WORKBOOK DETAILING KEY INFORMATION NECESSARY TO ACCURATELY COMPLETE THE GROUP FORM 990. THIS INFORMATION IS REVIEWED BY THE PARENT ORGANIZATION'S MANAGEMENT AND USED

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TO PREPARE THE MATERIALS FOR THE FORM 990 WITH THE ASSISTANCE OF AND
REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVELS OF THE PARENT
ORGANIZATION'S MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE
FORM 990, WHICH IS THEN PRESENTED TO THE KOMEN PARENT AUDIT COMMITTEE OF
THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM
990 PRIOR TO FILING. THE PUBLIC DISCLOSURE COPY OF THE GROUP FORM 990 IS
ALSO MADE AVAILABLE TO EACH AFFILIATE BOARD PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST

THE ORGANIZATION REQUIRES EVERY AFFILIATE BOARD MEMBER, COMMITTEE MEMBER,
KEY VOLUNTEER, AND EMPLOYEE TO AVOID CONFLICTS OF INTEREST. IT ALSO
REQUIRES THESE PERSONS TO REPORT ANY ACTUAL AND/OR POTENTIAL CONFLICTS OF
INTEREST AS SOON AS POSSIBLE. ADDITIONALLY, EACH OF THESE PERSONS IS
REQUIRED TO COMPLETE AN ANNUAL STATEMENT ACKNOWLEDGING THE POLICY AND
REPORTING ANY ADDITIONAL ACTUAL/POTENTIAL CONFLICTS OF INTEREST. ANY
REPORTED CONFLICTS ARE REVIEWED BY KOMEN AFFILIATE STAFF AND REPORTED TO
THE AFFILIATE'S BOARD OF DIRECTORS. EACH AFFILIATE BOARD IS RESPONSIBLE
FOR REVIEWING REPORTED ACTUAL/POTENTIAL CONFLICTS OF INTEREST AND TAKING
ANY NECESSARY AND APPROPRIATE ACTION, SUCH AS RECUSAL FROM DECISIONS
IMPACTED BY THE CONFLICT OF INTEREST.

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

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

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EACH KOMEN AFFILIATE IS INDEPENDENTLY RESPONSIBLE FOR DETERMINING THE
COMPENSATION FOR ITS CHIEF EXECUTIVE OFFICER, EXECUTIVE DIRECTOR, TOP
MANAGEMENT OFFICIALS, OTHER OFFICERS, OR KEY EMPLOYEES OF THE AFFILIATE.

THE GENERAL PROCESS IS AS FOLLOWS:

THE INDEPENDENT MEMBERS OF THE BOARD, A COMMITTEE OR DESIGNEE OF THE
BOARD RESEARCHES SALARY RANGES FOR COMPARABLE DESCRIPTIONS AND
ACCORDINGLY SETS THE SALARY TO A REASONABLE AND COMPARABLE LEVEL, TAKING
INTO CONSIDERATION FACTORS SUCH AS GEOGRAPHIC LOCATION, SKILL SET,
EXPERIENCE, AND JOB REQUIREMENTS. THE INDEPENDENT MEMBERS OF THE BOARD
BASE THEIR FINAL DECISION ON THIS INFORMATION, SUCH DECISION BEING MADE
PRIOR TO THE PAYMENT OF ANY COMPENSATION.

FORM 990, PART VI, LINE 19

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

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND THE GROUP FORM 990
ARE PUBLICLY AVAILABLE AT WWW.KOMEN.ORG. THE ARTICLES OF
INCORPORATION/CERTIFICATION OF FORMATION ARE AVAILABLE IN THE STATE IN
WHICH EACH AFFILIATE IS INCORPORATED, AND OTHER GOVERNING DOCUMENTS ARE
MADE AVAILABLE AS REQUIRED BY STATE LAW. FORM 1023 IS NOT ONLINE BUT
AVAILABLE TO THE PUBLIC UPON REQUEST.

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FORM 990, PART IX, LINE 1

ADDITIONAL DETAILS ON GRANTS

FOR NEARLY 40 YEARS, SUSAN G. KOMEN HAS WORKED TO FULFILL ITS VISION OF CREATING A WORLD WITHOUT BREAST CANCER THROUGH ITS MISSION OF SAVING LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO BETTER DETECT, PREVENT, TREAT BREAST CANCERS.

OVER THE LAST THREE YEARS, KOMEN CONTINUED TO IMPLEMENT A SERIES OF CHANGES BEGUN IN 2020 TO STRENGTHEN ITS FINANCIAL AND OPERATIONAL POSITION IN RESPONSE TO THE CHANGING NEEDS OF THE BREAST CANCER COMMUNITY AND ECONOMIC CONDITIONS RESULTING FROM THE COVID-19 PANDEMIC. KOMEN HAS NEARLY COMPLETED THE CONSOLIDATION OF ALL OPERATIONS OF ITS INDEPENDENT AFFILIATES INTO ITS HEADQUARTERS ORGANIZATION, RESULTING IN A SINGLE ORGANIZATION. THIS CONSOLIDATION IS ENABLING KOMEN TO LEVERAGE THE COMBINED EXPERTISE OF ITS MISSION LEADERS TO DELIVER A UNITED MISSION PROGRAM, UTILIZING TECHNOLOGY AS A KEY DRIVER TO CONNECT TO PEOPLE WHO NEED TO ACCESS CARE WHERE THEY ARE AND TO HELP IMPROVE THE PATIENT EXPERIENCE, AS WELL AS RESULTED IN ADMINISTRATIVE AND OPERATIONAL EFFICIENCIES.

CENTRAL TO KOMEN'S VISION IS A STEADFAST COMMITMENT TO INVESTING IN BREAKTHROUGH RESEARCH. KOMEN REMAINED COMMITTED TO INVESTING IN RESEARCH FOCUSED ON ITS PRIMARY FOCUS ON METASTATIC BREAST CANCER AND UNDERSTANDING AND ELIMINATING DISPARITIES IN BREAST CANCER OUTCOMES

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BETWEEN BLACK AND WHITE PATIENTS. DESPITE THE ECONOMIC UNCERTAINTY AND
CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN AWARDED \$40 MILLION IN NEW
RESEARCH AWARDS.

WHILE WE CONTINUE TO INVEST IN RESEARCH INTO NEW TREATMENTS, KOMEN
SUPPORTS PEOPLE WHO ARE FACING BREAST CANCER TODAY THROUGH A GROWING
SUITE OF PATIENT CARE SERVICES, INCLUDING DIRECT FINANCIAL ASSISTANCE
THROUGH ITS TREATMENT ASSISTANCE PROGRAM, ELIGIBLE TO HELP PAY FOR
EXPENSES THAT MAY SERVE AS A BARRIER TO ATTAINING THE CARE NEEDED TO
SURVIVE, SUCH AS CO-PAYS, TRANSPORTATION, CHILDCARE OR RENT.

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Susan G. Komen Breast Cancer - Group
 Year ended March 31, 2024
 Form 990, Item H - List of Subordinate Organizations

| Business Unit ID | Komen Operations Name | Incorporation Name | EIN | Physical Street | Physical City | Physical State | Physical Zip/Postal Code |
|------------------|----------------------------------|---|------------|------------------------------------|---------------|----------------|--------------------------|
| CA103 | Inland Empire Affiliate | Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation | 33-0802964 | 7177 Brockton Avenue Suite 108 | Riverside | CA | 92506 |
| CA104 | Los Angeles County Affiliate | The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation | 95-4582064 | 5901 W. Century Blvd Suite 800 | Los Angeles | CA | 90045 |
| CA105 | San Diego Affiliate | The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation | 33-0638911 | 4699 Murphy Canyon Road, Suite 102 | San Diego | CA | 98123 |
| CA106 | San Francisco Bay Area Affiliate | The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation | 94-3047626 | 1469 Pacific Avenue | San Francisco | CA | 94109 |
| OH103 | Northwest Ohio Affiliate | Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation Inc. | 75-2845063 | 3100 W. Central Aven. Suite 235 | Toledo | OH | 43606 |

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Susan G. Komen Breast Cancer Foundation - Group
 Year Ended March 31, 2024

EIN: 75-2162834
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Part VII - Compensation of Officers, Directors, Key Employees and Five Highest Employees

| BUID | Affiliate Name | Name | Title/Position | Avg Hours Per Week (Filing Org) | Avg Hours per Week (Related Org) | Individual Trustee or Director | Officer | Key Employee | Highest Compensated Employee | Reportable Compensation from the Organization | Reportable Compensation from Related Organization | Estimated Amount of Other Compensation |
|-------|------------------------|------------------------------|----------------|---------------------------------|----------------------------------|--------------------------------|---------|--------------|------------------------------|---|---|--|
| CA103 | Inland Empire | Paul Cramer | President | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Yundra Thomas | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Eileen Hards | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA103 | Inland Empire | James Persinger | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Stan Morrison | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Sandra Finestone | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Michelle DeArmond | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Kevin Peete | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Neil Slawson | Secretary | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA103 | Inland Empire | Kendra Dockham | Treasurer | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Mark Osmer | President | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Amy Johnson | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Elvia Soukup | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Marveina Peters | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Nicole Wells | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Russell Ching | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Adrienne Lee | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Candice Witek | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Bradley Schmidt | Secretary | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Jeff Thomas | Treasurer | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA104 | Los Angeles County | Josh Neman | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Carl Pinkard | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Barbara Parker | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA105 | San Diego | James Fujiwara | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Karyn Cerulli | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Charles Larry Davis | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Lilian Vanviedt | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Trisha Millican | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA105 | San Diego | Pam Walton | Treasurer | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Merrilee Neal | President | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Christine Trimble | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Holly Chrzanowski Winter | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Linda Amaro | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA105 | San Diego | Steven L. Chen | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA106 | San Francisco Bay Area | Carol Benz | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA106 | San Francisco Bay Area | Carol Batte | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA106 | San Francisco Bay Area | Patrick Barber | President | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| CA106 | San Francisco Bay Area | Gail Haan DeMartini | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| CA106 | San Francisco Bay Area | Carrie Becks | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Susan Gilmore | Secretary | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Amy Thorpe-Wiley | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Bill Conlisk | Board Member | 0.5 | 0 | | X | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Jacqueline Hylant Berenzweig | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Shaili Desai | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Marianne Peters | President | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | John Skeldon | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Malcolm Doyle | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Anne Marie Hinkle | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Derryl Glaze | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Michelle Kranz | Board Member | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Brian King | Treasurer | 0.5 | 0 | X | | | | 0 | 0 | 0 |
| OH103 | Northwest Ohio | Vallie Bowman-English | Vice President | 0.5 | 0 | X | | | | 0 | 0 | 0 |

PUBLIC INSPECTION COPY

The Susan G Komen Breast Cancer Foundation, Inc.
Year Ended March 31, 2024

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

Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is:
13770 Noel Road, Suite 801889, Dallas, TX 75380

| | <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> | |
|---|------------------------------------|---|--|--------------------------------------|--|-------|
| 1 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0802964 | - | - | - | - | - | CA103 |
| 2 Los Angeles County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 95-4582064 | - | - | - | - | - | CA104 |
| 3 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2845063 | - | - | - | - | - | OH103 |
| 4 San Diego Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 33-0638911 | - | - | - | - | - | CA105 |
| 5 San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 94-3047626 | - | - | - | - | - | CA106 |
| Totals - Affiliates | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> | |
| Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298 | 20,317 | 300,673 | 320,990 | 99,112,711 | 99,433,701 | |
| Totals for Parent and Affiliates | <u><u>20,317</u></u> | <u><u>300,673</u></u> | <u><u>320,990</u></u> | <u><u>99,112,711</u></u> | <u><u>99,433,701</u></u> | |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"NORTHWEST OHIO AFFILIATE OF THE SUSAN G. KOMEN BREASTCANCER FOUNDATION, INC.", A DELAWARE CORPORATION,

WITH AND INTO "THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC." UNDER THE NAME OF "THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF TEXAS, AS RECEIVED AND FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2021, AT 2:58 O`CLOCK P.M.



A handwritten signature in black ink, appearing to read "JBULLOCK". Below the signature is a horizontal line, and underneath the line is the printed name "Jeffrey W. Bullock, Secretary of State".

6315054 8100M
SR# 20213540551

Authentication: 204461775
Date: 10-20-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:58 PM 10/18/2021
FILED 02:58 PM 10/18/2021
SR 20213540551 - File Number 3106469

**STATE OF DELAWARE
CERTIFICATE OF MERGER OF
DOMESTIC CORPORATION INTO
FOREIGN CORPORATION**

Pursuant to Title 8, Section 256 of the Delaware General Corporation Law, the undersigned surviving corporation executed the following Certificate of Merger:

FIRST: The name of each constituent corporation is The Susan G. Komen Breast Cancer Foundation, Inc., a Texas non-stock, non-profit corporation, and Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc., a Delaware corporation.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations pursuant to Title 8, Section 256.

THIRD: The name of the surviving corporation is The Susan G. Komen Breast Cancer Foundation, Inc., a Texas non-stock, non-profit corporation.


FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on filing.

SIXTH: The Agreement of Merger is on file at 13770 Noel Road, Suite 801889, Dallas, Texas 75380, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any member of the constituent corporations.

EIGHT: The surviving corporation agrees that it may be served with process in the State of Delaware in any proceeding for enforcement of any obligation of the surviving corporation arising from this merger, including any suit or other proceeding to enforce the rights of any stockholders as determined in appraisal proceedings pursuant to the provisions of Section 256 of the Delaware General Corporation laws, and irrevocably appoints the Secretary of State of Delaware as its agent to accept services of process in any such suit or proceeding. The Secretary of State shall mail any such process to the surviving corporation at 13770 Noel Road, Suite 801889, Dallas, Texas 75380.

By: 
Authorized Officer

Name: Eunice Nakamura
Print or Type

Title: General Counsel and Corporate Secretary

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State



Office of the Secretary of State

CERTIFICATE OF MERGER

The undersigned, as Secretary of State of Texas, hereby certifies that a filing instrument merging

The Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.
Foreign Nonprofit Corporation
Delaware, USA
[Entity not of Record, Filing Number Not Available]

Into

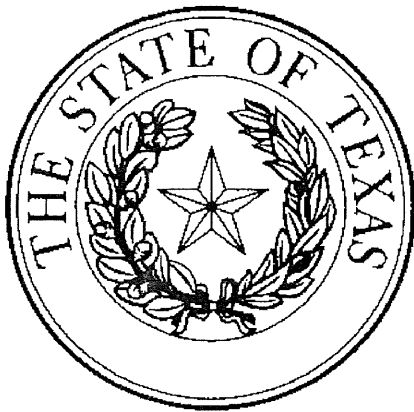
THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.
Domestic Nonprofit Corporation
[File Number: 61578401]

has been received in this office and has been found to conform to law.

Accordingly, the undersigned, as Secretary of State, and by the virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the acceptance and filing of the merger on the date shown below.

Dated: 10/18/2021

Effective: 10/18/2021



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State

Come visit us on the internet at <https://www.sos.texas.gov/>



Secretary of State
Nonprofit Certificate of Dissolution
(California Nonprofit Corporation ONLY)

DISS NP

IMPORTANT — Read Instructions before completing this form.

There is **No Fee** for filing a Nonprofit Certificate of Dissolution

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

Attorney General Letter: All nonprofit **public benefit** and **religious** nonprofit corporations are required to get a letter from the California Attorney General's office waiving objections to the nonprofit corporation's distribution of assets, or confirming the nonprofit corporation has no assets. If your corporation is a public benefit or religious corporation, you **must** attach that letter to this Nonprofit Certificate of Dissolution (see instructions).

This Space For Office Use Only

1. Corporate Name (Enter the exact name of the nonprofit corporation as it is recorded with the California Secretary of State.)

THE SAN FRANCISCO BAY AREA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION

2. 7-Digit Secretary of State Entity Number

1198641

3. Election

The dissolution was made by a vote of **ALL** of the members, or if there are no members, by a vote of **ALL** of the directors of the California nonprofit corporation.

Note: If the above box is **not** checked, a **Nonprofit Certificate of Election to Wind Up and Dissolve** (Form ELEC NP) must be filed prior to or together with this Nonprofit Certificate of Dissolution. (California Corporations Code sections 6611, 8611, 9680 and 12631.)

4. Debts and Liabilities (Check the applicable statement. Only **one** box may be checked. If second box is checked, you must include the required information in an attachment.)

- The known debts and liabilities have been actually paid or paid as far as its assets permitted.
- The known debts and liabilities have been adequately provided for in full or as far as its assets permitted by their assumption. Included in the **attachment** to this certificate, incorporated herein by this reference, is a description of the provisions made and the name and address of the person, corporation or government agency that has assumed or guaranteed the payment, or the depository institution with which deposit has been made.
- The nonprofit corporation never incurred any known debts or liabilities.

5. Required Statements (Do not alter the Required Statements – **ALL** must be true to file Form DISS NP.)

- a. The nonprofit corporation has been completely wound up and is dissolved.
- b. All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.
- c. **For Mutual Benefit or General Cooperative Corporations ONLY:** The known assets have been distributed to the persons entitled thereto or the nonprofit corporation acquired no known assets.

6. Read, Verify, Date and Sign Below (See instructions for signature requirements. Do not use a computer generated signature.)

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Date

Signature

See Attached

Type or Print Name

Date

Signature

Type or Print Name


Date

Signature

Type or Print Name

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

| | |
|--|-------------------|
|  Patrick Barber | 4.12.2023 Date |
| _____ | Date |
| Beverly Kruse | Date |
| _____ | Date |
| Pennie Jones | Date |
| _____ | Date |
| Megan Klink | Date |
| _____ | Date |
| Lucinda Hartman | Date |

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Patrick Barber Date

Beverly Kruse 5/3/2021
Beverly Kruse Date

Pennie Jones Date

Megan Klink Date

Lucinda Hartman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Patrick Barber _____ Date

Beverly Kruse _____ Date

Pennie Jones _____ *5/3/21*
Pennie Jones _____ Date

Megan Klink _____ Date

Lucinda Hartman _____ Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Patrick Barber Date

Beverly Kruse Date

Pennie Jones Date

[Handwritten Signature] 05/06/21

Megan Klink Date

Lucinda Hartman Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Patrick Barber Date

Beverly Kruse Date

Pennie Jones Date

Megan Klink Date

Lucinda Hartman 4/30/2021

Lucinda Hartman Date

ROB BONTA
Attorney General

SCANNED
2/7/23
JE

State of California
DEPARTMENT OF JUSTICE



1300 I Street
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400 Ext 8
Fax: (916) 444-3651
Dissolution@doj.ca.gov

January 10, 2023

THE SAN FRANCISCO BAY AREA AFFILIATE OF
THE SUSAN G. KOMEN BREAST CANCER
FOUNDATION
845 TEXAS AVENUE, SUITE 3800
HOUSTON, TEXAS 77002-2946

CT FILE NUMBER: 064805

RE: Dissolution of THE SAN FRANCISCO BAY AREA AFFILIATE OF THE SUSAN G. KOMEN
BREAST CANCER FOUNDATION

Dear Directors:

Based on the representations made in your letter and the supporting documents included with it, the Attorney General's office waives objection to the disposition of the assets of the captioned corporation upon dissolution. (See Corporations Code section 6716.) [section 8716 for mutual benefit corporations].

The corporation may complete its dissolution with the California Secretary of State's office. AFTER the Secretary of State has endorsed the corporation's Certificate of Dissolution, please submit a copy to the undersigned at the address set forth above.

If the corporation had assets at the time of dissolution, please also provide a final financial report for the last complete accounting period through the date in which the organization's asset balance was reduced to zero.

Sincerely,

Registry of Charitable Trusts

For

ROB BONTA
Attorney General

B1553-0050 03/03/2023 5:00 PM Received by California Secretary of State



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

THE LOS ANGELES COUNTY CHAPTER OF THE SUSAN
G. KOMEN BREAST CANCER FOUNDATION
13770 NOEL ROAD
801889
DALLAS, TX 75380

Business Amendment Filing Approved

December 12, 2023

Entity Name: THE LOS ANGELES COUNTY CHAPTER OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION

Entity Type: Nonprofit Corporation - CA - Public Benefit

Entity No.: 1783580

Document Type: Termination

Document No.: BA20231877251

File Date: 12/07/2023

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at bizfileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](http://bizfileOnline.sos.ca.gov), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

B2201-9448 12/07/2023 5:00 PM Received by California Secretary of State

For Office Use Only

-FILED-

File No.: BA20231877251

Date Filed: 12/7/2023



Secretary of State

DISS NP

Nonprofit Certificate of Dissolution
(California Nonprofit Corporation ONLY)

IMPORTANT — Read instructions before completing this form.

P

There is No Fee for filing a Nonprofit Certificate of Dissolution

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

Attorney General Letter: All nonprofit public benefit and religious nonprofit corporations are required to get a letter from the California Attorney General's office waiving objections to the nonprofit corporation's distribution of assets, or confirming the nonprofit corporation has no assets. If your corporation is a public benefit or religious corporation, you must attach that letter to this Nonprofit Certificate of Dissolution (see instructions).

This Space For Office Use Only

1. Corporate Name (Enter the exact name of the nonprofit corporation as it is recorded with the California Secretary of State.)

THE LOS ANGELES COUNTY CHAPTER OF THE
SUSAN G. KOMEN BREAST CANCER
FOUNDATION

2. 7-Digit Secretary of State Entity Number

1783580

3. Election

The dissolution was made by a vote of ALL of the members, or if there are no members, by a vote of ALL of the directors of the California nonprofit corporation.

Note: If the above box is not checked, a Nonprofit Certificate of Election to Wind Up and Dissolve (Form ELEC NP) must be filed prior to or together with this Nonprofit Certificate of Dissolution. (California Corporations Code sections 6611, 6611, 9680 and 12831.)

4. Debts and Liabilities

(Check the applicable statement. Only one box may be checked. If second box is checked, you must include the required information in an attachment.)

- The known debts and liabilities have been actually paid or paid as far as its assets permitted.
- The known debts and liabilities have been adequately provided for in full or as far as its assets permitted by their assumption. Included in the attachment to this certificate, incorporated herein by this reference, is a description of the provisions made and the name and address of the person, corporation or government agency that has assumed or guaranteed the payment, or the depository institution with which deposit has been made.
- The nonprofit corporation never incurred any known debts or liabilities.

5. Required Statements (Do not alter the Required Statements — ALL must be true to file Form DISS NP.)

- a. The nonprofit corporation has been completely wound up and is dissolved.
- b. All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.
- c. For Mutual Benefit or General Cooperative Corporations ONLY: The known assets have been distributed to the persons entitled thereto or the nonprofit corporation acquired no known assets.

6. Read, Verify, Date and Sign Below (See instructions for signature requirements. Do not use a computer generated signature.)

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Date

Signature

See Attached.

Type or Print Name

Date

Signature

Type or Print Name

Date

Signature

Type or Print Name

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Mark Osmers 6/16/2021
Date

Jeff Thomas 6/16/2021
Date

Bradley Schmidt 6/16/2021
Date

Russell Ching 6/24/2021
Date

Adrienne Leo 6/24/2021
Date

Joan Herman 6/24/2021
Date

Marvina Peters 6/17/2021
Date

Nicole Wolla 6/17/2021
Date

Candice Wittek 6/18/2021
Date

ROB BONTA
Attorney General

State of California
DEPARTMENT OF JUSTICE



1300 I Street
P.O. Box 903447
Sacramento, CA 94203-4470
Dissolution@doj.ca.gov

May 15, 2023

THE LOS ANGELES COUNTY CHAPTER OF THE
SUSAN G. KOMEN BREAST CANCER
FOUNDATION
PO BOX 801899
DALLAS TX 75380

State Charity Registration Number: 102691

Applicant Number: 1000607

DISSOLUTION WAIVER – WITH ASSETS

Dear Directors:

Based on the representations made in your recent letter and the supporting documents included with it, the Attorney General's office waives objection to the disposition of the assets of the captioned corporation upon dissolution. (See Corporations Code section 6716 or section 8716 for mutual benefit corporations.)

The corporation may complete its dissolution with the California Secretary of State's office.

After the Secretary of State has endorsed the corporation's Certificate of Dissolution, please submit a copy to the undersigned at the address set forth above.

If the corporation had assets at the time of dissolution, please also provide a final financial report for the last complete accounting period through the date in which the organization's asset balance was reduced to zero.

Please visit oag.ca.gov/charities at least annually for the latest forms, instructions, guides, answers to frequently asked questions, and Registry contacts.

Sincerely,

Registry of Charitable Trusts

For

ROB BONTA
Attorney General

B2201-9450 12/07/2023 5:00 PM Received by California Secretary of State



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

THE SAN DIEGO CHAPTER OF THE SUSAN G. KOMEN
BREAST CANCER FOUNDATION
13770 NOEL ROAD, SUITE 801889
DALLAS, TX 75380

Business Amendment Filing Approved

December 12, 2023

Entity Name: THE SAN DIEGO CHAPTER OF THE SUSAN G. KOMEN BREAST CANCER
FOUNDATION

Entity Type: Nonprofit Corporation - CA - Public Benefit

Entity No.: 1931621

Document Type: Termination

Document No.: BA20231877211

File Date: 12/07/2023

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at bizfileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](http://bizfileOnline.sos.ca.gov), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

For Office Use Only

-FILED-

File No.: BA2023187211

Date Filed: 12/7/2023



Secretary of State

DISS NP

Nonprofit Certificate of Dissolution

(California Nonprofit Corporation ONLY)

P

IMPORTANT — Read Instructions before completing this form.

There is No Fee for filing a Nonprofit Certificate of Dissolution

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

Attorney General Letter: All nonprofit public benefit and religious nonprofit corporations are required to get a letter from the California Attorney General's office waiving objections to the nonprofit corporation's distribution of assets, or confirming the nonprofit corporation has no assets. If your corporation is a public benefit or religious corporation, you must attach that letter to this Nonprofit Certificate of Dissolution (see instructions).

This Space For Office Use Only

1. Corporate Name (Enter the exact name of the nonprofit corporation as it is recorded with the California Secretary of State.)

THE SAN DIEGO CHAPTER OF THE SUSAN G.
KOMEN BREAST CANCER FOUNDATION

2. 7-Digit Secretary of State Entity Number

1931621

3. Election

The dissolution was made by a vote of ALL of the members, or if there are no members, by a vote of ALL of the directors of the California nonprofit corporation.

Note: If the above box is not checked, a Nonprofit Certificate of Election to Wind Up and Dissolve (Form ELEC NP) must be filed prior to or together with this Nonprofit Certificate of Dissolution. (California Corporations Code sections 8611, 8611, 9660 and 12831.)

4. Debts and Liabilities

(Check the applicable statement. Only one box may be checked. If second box is checked, you must include the required information in an attachment.)

The known debts and liabilities have been actually paid or paid as far as its assets permitted.

The known debts and liabilities have been adequately provided for in full or as far as its assets permitted by their assumption. Included in the attachment to this certificate, incorporated herein by this reference, is a description of the provisions made and the name and address of the person, corporation or government agency that has assumed or guaranteed the payment, or the depository institution with which deposit has been made.

The nonprofit corporation never incurred any known debts or liabilities.

5. Required Statements (Do not alter the Required Statements – ALL must be true to file Form DISS NP.)

- a. The nonprofit corporation has been completely wound up and is dissolved.
- b. All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.
- c. For Mutual Benefit or General Cooperative Corporations ONLY: The known assets have been distributed to the persons entitled thereto or the nonprofit corporation acquired no known assets.

6. Read, Verify, Date and Sign Below (See Instructions for signature requirements. Do not use a computer generated signature.)

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Date

Signature

See Attached.

Type or Print Name

Date

Signature

Type or Print Name

Date

Signature

Type or Print Name

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Merrilee Neal 2/17/21
Merrilee Neal Date

Karyn Cerulli Date

Pam Walton Date

Christine Trimble Date

Larry Davis Date

Linda Amaro Date

Steven Chen Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ingle Date

Patricia M. Millican Date

Barbara A. Parker Date

Carl Pinkard Date

Lillian A. Vanvieldt-Gray Date

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

| | |
|----------------------|-----------|
| Merrilee Neal | Date |
| <i>Karyn Cerulli</i> | 2/17/2021 |
| Karyn Cerulli | Date |

| | |
|------------|------|
| Pam Walton | Date |
|------------|------|

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|-------------------|------|
| Christine Trimble | Date |
|-------------------|------|

| | |
|-------------|------|
| Larry Davis | Date |
|-------------|------|

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|-------------|------|
| Linda Amaro | Date |
|-------------|------|

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|-------------|------|
| Steven Chen | Date |
|-------------|------|

| | |
|--------------------|------|
| Holly Chirzanowski | Date |
|--------------------|------|

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|----------------|------|
| James Fujiwara | Date |
|----------------|------|

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|-----------|------|
| Liz Ingle | Date |
|-----------|------|

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|----------------------|------|
| Patricia M. Millican | Date |
|----------------------|------|

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|-------------------|------|
| Barbara A. Parker | Date |
|-------------------|------|

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|--------------|------|
| Carl Pinkard | Date |
|--------------|------|

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|---------------------------|------|
| Lillian A. Vanvliedt-Gray | Date |
|---------------------------|------|

The undersigned is the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

BOARD:

Merrilee Neal Date

Karen Cerulli Date

Pamela Walton 2/17/2021
Pam Walton Date

Christine Trimble Date

Larry Davis Date

Linda Amaro Date

Steven Chen Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ingle Date

Patricia M. Millican Date

Barbara A. Parker Date

Carl Pinkard Date

Lillian A. Vanvieldt-Gray Date

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BOARD:

Merrilee Neal Date

Karyn Cerulli Date

Pam Walton Date

Christine 2/17/2021
Christine Trimble Date

Larry Davis Date

Linda Amaro Date

Steven Chen Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ingle Date

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BOARD:

Merrilee Neal Date

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Signature Page to Form DISS NP

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BOARD:

Merrilee Neal Date

Karyn Cerulli Date

Pam Walton Date

Christine Trittle Date

Larry Davis Date

Linda M. Amaro 2/17/21
Linda Amaro Date

Steven Chan Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ingle Date

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BOARD:

Merrilee Neal Date

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BOARD:

Merrilee Neal Date

Karyn Ceruffi Date

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James Fujiwara Date

Liz Ingle Date

Patricia M. Millican Date

Barbara A. Parker Date

Carl Pinkard Date

Lillian A. Vanvieldt-Gray Date

Holly Chrzastowski 2/17/21

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BOARD:

Merrilee Neal Date

Karyn Cerulli Date

Pam Walton Date

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Larry Davis Date

Linda Amaro Date

Steven Chen Date

Holly Chrzanowski Date

 James Fujiwara 7/17/31 Date

Liz Ingle Date

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Carl Pinkard Date

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Steven Chen Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ifgle 2-17-21
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BOARD:

Merrilee Neal Date

Karyu Cerulli Date

Pam Walton Date

Christine Trimble Date

Larry Davis Date

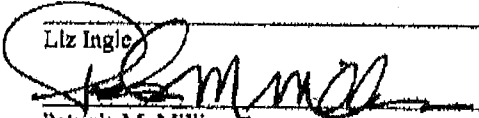
Linda Amaro Date

Steven Chen Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ingle Date

 2/17/21
Patriola M. Millican Date

Barbara A. Parker Date

Carl Pinkard Date

Lillian A. Vanvieldt-Gray Date

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Merrilee Neal Date

Karyn Cerulli Date

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Larry Davis Date

Linda Amaro Date

Steven Chen Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ingle Date

Patricia M. Millican Date

Barbara A. Parker Feb 17, 2021
Barbara A. Parker Date

Carl Pinkard Date

Lillian A. Vanvieldt-Gray Date

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James Fujiwara Date

Liz Ingle Date

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Barbara A. Parker Date

Carl Pinkard 2/17/21

Carl Pinkard Date

Lillian A. Vanvieldt-Gray Date

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BOARD:

Merrilee Neal Date

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Larry Davis Date

Linda Amaro Date

Steven Chen Date

Holly Chrzanowski Date

James Fujiwara Date

Liz Ingle Date

Patricia M. Millican Date

Barbara A. Parker Date

Carl Pinkard Date

William A. Vanvieldt-Gray 2/17/07
William A. Vanvieldt-Gray Date

ROB BONTA
Attorney General

State of California
DEPARTMENT OF JUSTICE



1300 I Street
P.O. Box 903447
Sacramento, CA 94203-4470
Dissolution@doj.ca.gov

September 26, 2023

THE SAN DIEGO CHAPTER OF THE SUSAN G.
KOMEN BREAST CANCER FOUNDATION
4699 MURPHY CANYON RD SUITE 102
SAN DIEGO CA 92123

State Charity Registration Number: 098115

Applicant Number: 1030716

DISSOLUTION WAIVER – WITH ASSETS

Dear Directors:

Based on the representations made in your recent letter and the supporting documents included with it, the Attorney General's office waives objection to the disposition of the assets of the captioned corporation upon dissolution. (See Corporations Code section 6716 or section 8716 for mutual benefit corporations.)

The corporation may complete its dissolution with the California Secretary of State's office.

After the Secretary of State has endorsed the corporation's Certificate of Dissolution, please submit a copy to the undersigned at the address set forth above.

If the corporation had assets at the time of dissolution, please also provide a final financial report for the last complete accounting period through the date in which the organization's asset balance was reduced to zero.

Please visit oag.ca.gov/charities at least annually for the latest forms, instructions, guides, answers to frequently asked questions, and Registry contacts.

Sincerely,

Registry of Charitable Trusts

For

ROB BONTA
Attorney General

B2201-9479 12/07/2023 5:00 PM Received by California Secretary of State