

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning 04/01, 2023, and ending 03/31, 20 24

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.
 Doing business as SUSAN G. KOMEN
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
13770 NOEL ROAD SUITE 801889
 City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75380

D Employer identification number
75-1835298

E Telephone number
(972) 855-1600

F Name and address of principal officer: PAULA SUE SCHNEIDER
13770 NOEL ROAD, SUITE 801889, DALLAS, TX 75380

G Gross receipts \$ 141,860,986

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

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

J Website: WWW.KOMEN.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1982

M State of legal domicile: TX

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	492
	6	Total number of volunteers (estimate if necessary)	6	7,928
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,441
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>111,805,407</u>	Current Year <u>98,107,413</u>
	9	Program service revenue (Part VIII, line 2g)		<u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,453,577</u>	<u>11,825,383</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(6,661,279)</u>	<u>(6,998,610)</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>107,597,705</u>	<u>102,934,186</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>29,280,228</u>	<u>22,270,944</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>45,865,289</u>	<u>47,674,560</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,363,728</u>	<u>1,364,005</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>26,299,631</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>40,554,624</u>	<u>40,180,095</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>117,063,869</u>	<u>111,489,604</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(9,466,164)</u>	<u>(8,555,418)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>192,631,082</u>	End of Year <u>188,139,545</u>
	21	Total liabilities (Part X, line 26)	<u>62,957,218</u>	<u>58,636,745</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>129,673,864</u>	<u>129,502,800</u>

Part II Signature Block

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

Sign Here

Paula Schneider 12/19/2024
 Signature of officer Date
PAULA SCHNEIDER, PRESIDENT AND CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name EVA NITTA Preparer's signature Eva Nicole Nitta Date 12/18/2024 Check if self-employed PTIN P01286320
 Firm's name ERNST & YOUNG US LLP Firm's EIN 34-6565596
 Firm's address 560 MISSION STREET, SAN FRANCISCO, CA 94105-2907 Phone no. (415) 894-8000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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 [X]

1 Briefly describe the organization's mission: SUSAN G. KOMEN HAS AN UNMATCHED, COMPREHENSIVE 360-DEGREE APPROACH TO FIGHTING BREAST CANCER ACROSS ALL FRONTS AND SUPPORTING MILLIONS OF PEOPLE IN THE U.S. AND IN COUNTRIES WORLDWIDE. WE ADVOCATE FOR PATIENTS, DRIVE RESEARCH BREAKTHROUGHS, IMPROVE ACCESS TO HIGH-QUALITY CARE, OFFER (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 50,763,523 including grants of \$ 12,401,652) (Revenue \$ 0) PATIENT CARE: PROVISION OF BREAST CANCER PATIENT NAVIGATION, SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS DIRECTLY BY KOMEN AND THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND THIRD-PARTY CONTRACTS, WITH A FOCUS ON SERVING COMMUNITIES WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS LIMITED. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code:) (Expenses \$ 17,715,813 including grants of \$ 9,869,292) (Revenue \$ 0) RESEARCH: KOMEN-LED RESEARCH & SCIENTIFIC PROGRAMS AND GRANTS TO RESEARCH INSTITUTIONS AND OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH PROJECTS INCLUDING THOSE FOCUSED ON RESEARCH PRIORITIES THAT SERVE TO MAKE THE BIGGEST DIFFERENCE FOR PATIENTS: CONQUERING METASTATIC AND AGGRESSIVE BREAST CANCERS, ADVANCING PERSONALIZED BREAST CARE AND ELIMINATING BREAST CANCER DISPARITIES AND INEQUITIES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code:) (Expenses \$ 4,654,734 including grants of \$ 0) (Revenue \$ 0) 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 73,134,070

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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	✓	
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	✓	
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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		✓
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		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓	
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		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
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		✓
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		✓
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		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		✓
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		✓
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	✓	

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	233	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
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 (continued)		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	492		
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		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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			✓
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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
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		✓	
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		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
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			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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			✓
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			✓
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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, (CONTINUED ON SCHEDULE O); 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O); 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, 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) PAULA SCHNEIDER PRESIDENT AND CEO	55.0 0.0			✓				936,700	0	40,568
(2) RIA WILLIAMS CHIEF FIN & OPS OFFICER	55.0 0.0			✓				339,735	0	48,233
(3) VICTORIA SMART SVP, MISSION	55.0 0.0				✓			336,530	0	21,751
(4) CATHERINE OLIVIERI SVP, HUMAN RESOURCES	55.0 0.0				✓			284,819	0	31,221
(5) EUNICE NAKAMURA GENERAL COUNSEL AND CORPORATE SECRETARY	55.0 0.0			✓				288,277	0	24,192
(6) SARAH ROSALES VP, CORPORATE PARTNERSHIPS	55.0 0.0				✓			265,317	0	32,342
(7) KARI BODELL VP, DEVELOPMENT PROGRAMS STRATEGY	55.0 0.0					✓		241,745	0	15,926
(8) KATHRYN WATT VP, MARKETING STRATEGY	55.0 0.0				✓			234,686	0	8,628
(9) KIM SABELKO VP, SCIENTIFIC STRATEGY & PROGRAMS	55.0 0.0					✓		213,062	0	23,943
(10) CATHERINE STONE VP, COMMUNITY HEALTH	55.0 0.0					✓		217,001	0	14,809
(11) LORI MARIS SVP, OPS SERVICES & SUPPORT	55.0 0.0					✓		205,316	0	15,867
(12) RACHEL DAVIES VP, MARKETING & COMMUNICATIONS	55.0 0.0					✓		193,992	0	15,483
(13) ED DANDRIDGE CHAIR OF THE BOARD	1.0 0.0	✓		✓				0	0	0
(14) JERRI JOHNSON BOD MEMBER (VICE CHAIR)	1.0 0.0	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) BJ SCHAKNOWSKI BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) BORIS DOLGONOS BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHARLES ROCKEFELLER BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHRISTINA MINNIS BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) ELIZABETH SAINT-AIGNAN BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) GAIL HEIMANN BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JULIE GRUBER BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) KATHY SUTHERLAND BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) KIM BLACKWELL BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) KRISTEN MAPLE BOD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								3,757,180	0	292,963
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,757,180	0	292,963

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 134

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EVENT 360, 205 N. MICHIGAN AVE, CHICAGO, IL 60601	EVENT MANAGEMENT	3,542,412
RKD GROUP LLC, 3400 WATERVIEW PARKWAY, RICHARDSON, TX 75080	CONSULTING	807,901
SPLICK 13 ASSOC. DBA REINVENT THE WORLD, 33 ALDRIDGE RD, CHAPPAQUE, NY 10514	FUNDRAISING CONSULTING	383,739
ERNST & YOUNG, 2323 VICTORY AVENUE, SUITE 2000, DALLAS, TX 75219	ACCTG & TAX SERVICES	346,207
DANA-FARBER CANCER INSTITUTE, INC., 450 BROOKLINE AVENUE, MAILSTOP BP437, BOSTON, MA 02215-5450	PROGRAM SERVICES	309,665

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 14

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 316,005						
	b	Membership dues	1b 0						
	c	Fundraising events	1c 33,702,650						
	d	Related organizations	1d 0						
	e	Government grants (contributions)	1e 0						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 64,088,758						
	g	Noncash contributions included in lines 1a-1f	1g \$ 411,191						
	h	Total. Add lines 1a-1f		98,107,413					
	Program Service Revenue				Business Code				
2a		-----		0	0	0	0		
b		-----		0	0	0	0		
c		-----		0	0	0	0		
d		-----		0	0	0	0		
e		-----		0	0	0	0		
f		All other program service revenue . .		0	0	0	0		
g		Total. Add lines 2a-2f		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,825,488	0	0	12,825,488		
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0		
	5	Royalties		0	0	0	0		
	6a	Gross rents	(i) Real						
			(ii) Personal						
			6a	0					0
			6b	0					0
	6c	Rental income or (loss)	6c	0	0				
	d	Net rental income or (loss)		0	0	0	0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities						
			(ii) Other						
			7a	29,058,227					0
			7b	30,058,332					0
	7c	Gain or (loss)	7c	(1,000,105)	0				
	d	Net gain or (loss)		(1,000,105)	0	0	(1,000,105)		
	8a	Gross income from fundraising events (not including \$ 33,702,650 of contributions reported on line 1c). See Part IV, line 18							
			8a	1,643,905					
8b			8,811,724						
c	Net income or (loss) from fundraising events		(7,167,819)		0	(7,167,819)			
9a	Gross income from gaming activities. See Part IV, line 19								
		9a	3,900						
		9b	0						
c	Net income or (loss) from gaming activities		3,900	0	0	3,900			
10a	Gross sales of inventory, less returns and allowances								
		10a	154,891						
		10b	56,744						
c	Net income or (loss) from sales of inventory		98,147	0	0	98,147			
Miscellaneous Revenue				Business Code					
	11a	OTHER INCOME		900099	67,162	0	16,441	50,721	
	b	-----			0	0	0	0	
	c	-----			0	0	0	0	
	d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			67,162					
12	Total revenue. See instructions			102,934,186	0	16,441	4,810,332		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,332,694	11,332,694		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,904,250	10,904,250		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	34,000	34,000		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,893,000	1,562,220	578,600	752,180
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	37,092,121	20,068,753	7,318,669	9,704,699
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,535,444	852,374	281,808	401,262
9	Other employee benefits	3,491,842	1,909,240	745,398	837,204
10	Payroll taxes	2,662,153	1,451,743	489,604	720,806
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	220,906	89,026	65,326	66,554
c	Accounting	365,958	0	365,958	0
d	Lobbying	320,990	320,990	0	0
e	Professional fundraising services. See Part IV, line 17	1,364,005			1,364,005
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	6,662,513	4,023,378	208,904	2,430,231
13	Office expenses	13,567,602	6,901,812	83,882	6,581,908
14	Information technology	2,045,064	838,475	633,971	572,618
15	Royalties	0	0	0	0
16	Occupancy	173,106	127,172	1,363	44,571
17	Travel	1,182,529	795,801	112,869	273,859
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	205,887	142,991	18,048	44,848
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,516,039	1,332,138	96,626	87,275
23	Insurance	521,874	521,874	0	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	CONSULT & PROF. FEES	6,531,076	5,680,362	385,934	464,780
b	EQUIP RENTAL & MAINT	3,626,315	2,443,185	315,841	867,289
c	MERCHANT SERVICES & BANK FEES	1,785,321	971,641	83,610	730,070
d	EVENT PRODUCTION	439,688	324,270	32,393	83,025
e	All other expenses	1,015,227	505,681	237,099	272,447
25	Total functional expenses. Add lines 1 through 24e	111,489,604	73,134,070	12,055,903	26,299,631
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	48,354,604	24,397,947	1,947,866	22,008,791

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	11,205,049	2	16,541,435
	3 Pledges and grants receivable, net	15,405,966	3	15,796,832
	4 Accounts receivable, net	0	4	0
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	47,380	8	15,990
	9 Prepaid expenses and deferred charges	1,613,365	9	2,007,298
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,740,860		
	b Less: accumulated depreciation	10b 11,095,444	4,353,535	10c 3,645,416
	11 Investments—publicly traded securities	114,281,787	11	114,278,903
	12 Investments—other securities. See Part IV, line 11	43,470,000	12	33,480,000
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,254,000	15	2,373,671
16 Total assets. Add lines 1 through 15 (must equal line 33)	192,631,082	16	188,139,545	
Liabilities	17 Accounts payable and accrued expenses	9,306,708	17	6,826,023
	18 Grants payable	53,366,811	18	51,574,727
	19 Deferred revenue	283,699	19	235,995
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	62,957,218	26	58,636,745
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	84,243,927	27	88,459,438
	28 Net assets with donor restrictions	45,429,937	28	41,043,362
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	129,673,864	32	129,502,800
33 Total liabilities and net assets/fund balances	192,631,082	33	188,139,545	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,934,186
2	Total expenses (must equal Part IX, column (A), line 25)	2	111,489,604
3	Revenue less expenses. Subtract line 2 from line 1	3	(8,555,418)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	129,673,864
5	Net unrealized gains (losses) on investments	5	7,977,937
6	Donated services and use of facilities	6	145,786
7	Investment expenses	7	(375,019)
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	635,650
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	129,502,800

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) LUKE SAUTER ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) LYDIA THE ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) MICHELLE BOTTOMLEY ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) PETER BRUNDAGE ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) ROBYN SHEPHERD ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) VALERIE RAINEY ----- BOD MEMBER	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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

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

The organization is not a private foundation because it is: (For lines 1 through 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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vii).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test—2023; b 33 1/3% support test—2022; 17a 10%-facts-and-circumstances test—2023; b 10%-facts-and-circumstances test—2022; 18 Private foundation.

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 (<i>explain in detail in Part VI</i>):		
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—provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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—explain in Part VI). 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. 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		

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME	86,442	15,070	3,574	26,758	50,721	182,565
	Total	86,442	15,070	3,574	26,758	50,721	182,565

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number 75-1835298
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.	Employer identification number 75-1835298
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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 FOUNDATION INC.) and Employer identification number (75-1835298)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 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 are empty.

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

Cat. No. 50084S

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)	20,317	20,317												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	300,673	300,673												
c	Total lobbying expenditures (add lines 1a and 1b)	320,990	320,990												
d	Other exempt purpose expenditures	99,112,711	99,112,711												
e	Total exempt purpose expenditures (add lines 1c and 1d)	99,433,701	99,433,701												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	250,000	250,000												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
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	172,474	204,997	293,520	320,990	991,981
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	386,160	26,906	15,803	20,317	449,186

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Series of horizontal dashed lines for supplemental information input.

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, 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

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2b for questions regarding art and historical treasures collections.

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? Yes No

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
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? Yes No

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,612,548	1,346,868	1,342,173	1,337,562	1,333,603
b Contributions	133,367	2,279,000	0	0	0
c Net investment earnings, gains, and losses	26,029	(7,607)	10,613	10,279	9,803
d Grants or scholarships	0		0	0	0
e Other expenditures for facilities and programs	145,372	5,713	5,918	5,668	5,844
f Administrative expenses	0		0	0	0
g End of year balance	3,626,572	3,612,548	1,346,868	1,342,173	1,337,562

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

- a** Board designated or quasi-endowment 27.60 %
- b** Permanent endowment 71.80 %
- c** Term endowment 0.60 %

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:

	Yes	No
(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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		0		0
b Buildings		0	0	0
c Leasehold improvements		83,890	83,890	0
d Equipment		2,461,620	2,204,979	256,641
e Other		12,195,350	8,806,575	3,388,775
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,645,416

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUND	33,480,000	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	33,480,000	

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	PROGRAM COGS	35,677
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	PROGRAM COGS	35,677
	ROUNDING	2
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	RESCINDED GRANTS	635,650

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>KOMEN HAS FIVE PERMANENT ENDOWMENTS: GOODMAN-BRINKER, FIRNBERG, TWO GENERAL ENDOWMENTS, AND A PERPETUAL TRUST.</p> <p>THE GOODMAN-BRINKER ENDOWMENT IS FOR BREAST CANCER RESEARCH FELLOWSHIPS, THE FIRNBERG ENDOWMENT IS FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH AWARDS, THE GENERAL ENDOWMENT AND PERPETUAL TRUST'S EARNINGS ARE RESTRICTED FOR ORGANIZATIONAL MISSION ACTIVITIES.</p> <p>ADDITIONALLY, THERE IS ONE GENERAL ENDOWMENT FUND ESTABLISHED BY THE BOARD OF DIRECTORS.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO UNCERTAIN TAX POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT MARCH 31, 2024</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	FUNDRAISING	FUNDRAISING SUPPORT	12,806
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	2	GRANTMAKING	RESEARCH	34,000
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	LEARNING MGMT SYSTEM	17,175
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	MISSION TOOL DEVELOPMENT	30,375
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	LEGAL SERVICES	21,897
(6) NORTH AMERICA (CANADA & MEXICO ONLY)	0	2	PROGRAM SERVICES	MISSION SUPPORT	70,562
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	PROFESSIONAL MEMBERSHIP	2,000
(8) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	RESEARCH	1,276
(9) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	SOFTWARE LICENSES	17,270
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	11			207,361
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	11			207,361

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	9,000	ELECTRONIC FUND TRANSFER			
(2)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	6,000	ELECTRONIC FUND TRANSFER			
(3)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	19,000	ELECTRONIC FUND TRANSFER			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities 0

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR GRANTS, ALL GRANTEEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS AND FINANCIAL REPORTS IN THE FORMAT REQUIRED BY KOMEN AND IN ACCORDANCE WITH THE SCHEDULE SET FORTH IN THE POLICIES AND ANY CHANGE REQUESTS THEY MAY HAVE FOR THEIR PROJECTS. ALL PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY QUALIFIED STAFF. SEE SCHEDULE I, PART IV AND SCHEDULE O, PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [x] Mail solicitations
b [x] Internet and email solicitations
c [x] Phone solicitations
d [x] In-person solicitations
e [x] Solicitation of non-government grants
f [] Solicitation of government grants
g [x] Special fundraising events
2a Did the organization have a written or oral agreement with any individual... [x] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entries for EVENT 360, REVUNAMI, INC., and RKD GROUP LLC.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>3 DAY SERIES</u> (event type)	<u>RACE-WALK EVENTS</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	13,596,382	19,656,596	2,093,577	35,346,555
	2 Less: Contributions	13,356,356	18,623,129	1,723,165	33,702,650
	3 Gross income (line 1 minus line 2)	240,026	1,033,467	370,412	1,643,905
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	12,326	417,598	47,857	477,781
	6 Rent/facility costs	2,507,548	299,252	143,907	2,950,707
	7 Food and beverages	498,621	330,283	2,992	831,896
	8 Entertainment	0	16,767	25,104	41,871
	9 Other direct expenses	1,473,590	2,367,772	668,107	4,509,469
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					(7,167,819)

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART II - NET INCOME SUMMARY	GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF FUNDRAISING CONTRIBUTIONS, PER IRS INSTRUCTIONS. THE CONTRIBUTIONS FOR FISCAL YEAR 2024 WERE \$33.7 MILLION.

**SCHEDULE I
(Form 990)**

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

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 21 or 22.

Attach to Form 990.

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

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	13-1624225	501(C)(3)	203,525				RESEARCH
(2) (SEE STATEMENT)	58-1544781	501(C)(3)	93,730				PATIENT CARE
(3) (SEE STATEMENT)	74-1613878	501(C)(3)	100,000				RESEARCH
(4) BAYLOR UNIVERSITY ONE BEAR PLACE #97043, WACO, TX 76798-7043	74-1159753	501(C)(3)	59,924				RESEARCH
(5) BOSTON UNIVERSITY 580 HARRISON AVENUE, 3-W, BOSTON, MA 02118	04-2103547	501(C)(3)	179,998				RESEARCH
(6) (SEE STATEMENT)	04-2312909	501(C)(3)	80,000				RESEARCH
(7) (SEE STATEMENT)	34-1018992	501(C)(3)	75,000				RESEARCH
(8) (SEE STATEMENT)	13-5598093	501(C)(3)	174,998				RESEARCH
(9) (SEE STATEMENT)	04-2263040	501(C)(3)	105,000				RESEARCH
(10) (SEE STATEMENT)	04-2263040	501(C)(3)	772,553				RESEARCH
(11) (SEE STATEMENT)	04-2263040	501(C)(3)	774,685				RESEARCH
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) DUKE UNIVERSITY MEDICAL CENTER. P.O. BOX 602651, CHARLOTTE, NC 02115	56-0532129	501(C)(3)	460,284				RESEARCH
(13) ECOG RESEARCH AND EDUCATION FOUNDATION 1818 MARKET STREET, PHILADELPHIA, PA 28260-2651	39-1723095	501(C)(3)	75,530				RESEARCH
(14) EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR, ATLANTA, GA 19109	58-0566256	501(C)(3)	201,014				RESEARCH
(15) ESKENAZI HEALTH 720 ESKENAZI AVENUE, 5TH FLOOR, INDIANAPOLIS, IN 30322-4250	35-6005697	501(C)(3)	100,000				PATIENT CARE
(16) HOUSTON METHODIST HOSPITAL 6445 MAIN STREET OPC21-341, HOUSTON, TX 46202	87-0721923	501(C)(3)	45,000				PATIENT CARE
(17) HOWARD UNIVERSITY 2041 GEORGIA AVENUE N.W., WASHINGTON, DC 77030	53-0204707	501(C)(3)	48,750				PATIENT CARE
(18) INDIANA U (INDIANAPOLIS) P.O. BOX 66057, INDIANAPOLIS, IN 20060	35-6001673	501(C)(3)	586,012				RESEARCH
(19) INDIANA UNIVERSITY (INDIANAPOLIS) P.O. BOX 66057, INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)(3)	436,311				RESEARCH
(20) JOHNS HOPKINS UNIVERSITY 1650 ORLEANS STREET, BALTIMORE, MD 46266-6057	52-0595110	501(C)(3)	625,000				RESEARCH
(21) JOHNS HOPKINS U, 1101 EAST 33RD STREET, EASTERN C220, BALTIMORE, MD 21218	52-0595110	501(C)(3)	452,282				RESEARCH
(22) LELAND STANFORD JR UNIVERSITY 485 BROADWAY, MAIL CODE 8838, REDWOOD CITY, CA 21231	94-1156365	501(C)(3)	108,914				RESEARCH
(23) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 160 MEMORIAL DRIVE, CAMBRIDGE, MA 21218	04-2103594	501(C)(3)	100,000				RESEARCH
(24) MAYO CLINIC JACKSONVILLE GRIFFIN BUILDING, ROOM 170, 4500 SA, JACKSONVILLE, FL 94063	59-3337028	501(C)(3)	34,288				RESEARCH
(25) MEMORIAL SLOAN-KETTERING CANCER CTR 633 THIRD AVENUE, 28TH FLOOR, NEW YORK, NY 02139	13-1924236	501(C)(3)	240,063				RESEARCH
(26) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT, PORTLAND, OR 32224	93-1176109	501(C)(3)	392,204				RESEARCH
(27) PARKLAND FOUNDATION 2777 NORTH STEMMONS FREEWAY, DALLAS, TX 10017	75-2089180	501(C)(3)	200,000				RESEARCH

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) PROVIDENCE PORTLAND MEDICAL CENTER P.O. BOX 13993, PORTLAND, OR 97239	93-0386906	501(C)(3)	60,000				RESEARCH
(29) REGENTS OF UNIVERSITY OF MICHIGAN ROOM 7110 CCGC, INTERNAL MED., ANN ARBOR, MI 75207	38-6006309	501(C)(3)	75,000				RESEARCH
(30) ROSWELL PARK ALLIANCE FOUNDATION. ELM & CARLTON STREETS, BUFFALO, NY 97213	16-1391608	501(C)(3)	150,000				RESEARCH
(31) STANFORD UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 48109-1274	94-1156365	501(C)(3)	99,977				RESEARCH
(32) TEMPLE UNIVERSITY 10TH FLOOR, WACHMAN HALL 038-17, PHILADELPHIA, PA 14263	23-1365971	501(C)(3)	75,000				RESEARCH
(33) THE SALK INSTITUTE 10010 NORTH TORREY PINES ROAD, LA JOLLA, CA 94144-4253	95-2160097	501(C)(3)	75,000				RESEARCH
(34) THE UNIVERSITY OF CHICAGO 970 EAST 58TH STREET, 3RD FL., CHICAGO, IL 19122	36-2177139	501(C)(3)	356,283				RESEARCH
(35) THE UNIVERSITY OF TEXAS AT AUSTIN 300 W DEAN KEETON (A0900) BMC 2.302, AUSTIN, TX 92037-1002	74-6000203	501(C)(3)	60,000				RESEARCH
(36) THE WISTAR INSTITUTE 3601 SPRUCE STREET, PHILADELPHIA, PA 60637	23-6434390	501(C)(3)	60,000				RESEARCH
(37) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CB #, CHAPEL HILL, NC 78712	56-6001393	501(C)(3)	675,450				RESEARCH
(38) UNIV OF TEXAS MD ANDERSON CANCER CENTER/ P.O. BOX 4390, HOUSTON, TX 19104-4265	74-6001118	501(C)(3)	170,000				RESEARCH
(39) UNIVERSIDAD CENTRAL DEL CARIBE PO BOX 60327, BAYAMON, PR 27599-1350	66-0349669	501(C)(3)	58,300				RESEARCH
(40) UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIFORNIA ST. SUITE 315, SAN FRANCISCO, CA 77210-4390	94-6036493	501(C)(3)	259,998				RESEARCH
(41) UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE., CHICAGO, IL 00960-6032	36-2177139	501(C)(3)	220,000				RESEARCH
(42) UNIVERSITY OF HOUSTON P.O. BOX 988, HOUSTON, TX 94118	74-6001399	501(C)(3)	35,984				RESEARCH
(43) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BOULEVARD, MSN 1039, KANSAS CITY, KS 60637	48-1108830	501(C)(3)	37,027				RESEARCH

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200, CB# , CHAPEL HILL, NC 77001-0988	56-6001393	501(C)(3)	100,000				RESEARCH
(45) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, P-211 FRANKLIN , PHILADELPHIA, PA 66160	23-1352685	501(C)(3)	510,750				RESEARCH
(46) UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING, PITTSBURGH, PA 27599-9525	25-0965591	501(C)(3)	263,363				RESEARCH
(47) UNIVERSITY OF UTAH. 201 SOUTH PRESIDENT'S CIRCLE, ROOM , SALT LAKE CITY, UT 19104-6205	87-6000525	501(C)(3)	102,196				RESEARCH
(48) UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE, SEATTLE, WA 15260	91-6001537	501(C)(3)	50,000				RESEARCH
(49) UNIVERSITY OF WISCONSIN - MADISON 1440 MONROE STREET, MADISON, WI 84112-9020	39-6006492	501(C)(3)	75,000				RESEARCH
(50) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD, DALLAS, TX 98105	74-6000203	501(C)(3)	150,000				RESEARCH
(51) VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT 40303, ATLANTA, GA 53711	62-0476822	501(C)(3)	604,539				RESEARCH
(52) VIRGINIA COMMONWEALTH UNIVERSITY 800 E. LEIGH ST., SUITE 3100, RICHMOND, VA 75390-9020	54-6001758	501(C)(3)	59,857				RESEARCH
(53) WASHINGTON UNIVERSITY AT ST. LOUIS, SCHO 660 S. EUCLID AVE., CAMPUS BOX 8056, ST. LOUIS, MO 31192-0303	43-0653611	501(C)(3)	249,286				RESEARCH
(54) WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVENUE, NEW YORK, NY 23284- 3039	13-1623978	501(C)(3)	100,000				RESEARCH
(55) YALE UNIVERSITY 2 WHITNEY AVENUE, NEW HAVEN, CT 63110	06-0646973	501(C)(3)	250,000				RESEARCH

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>SUSAN G. KOMEN'S (KOMEN) POLICIES FOR MANAGING GRANTS FROM THE TIME OF PRE-AWARD THROUGH CLOSEOUT ARE DESIGNED TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING A HIGH STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE REVIEW AND AWARD PROCESS.</p> <p>KOMEN REQUIRES ALL GRANTEES TO SIGN A GRANT AGREEMENT SETTING FORTH THE TERMS OF THE GRANT, INCLUDING: PURPOSE, AMOUNT, BUDGETARY RESTRICTIONS, DURATION, PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AUDIT, AND EARLY TERMINATION RIGHTS.</p> <p>FOR RESEARCH GRANTS, SCIENTIFIC PROGRESS AND FINANCIAL OVERSIGHT ARE MONITORED THROUGHOUT THE GRANT TERM BY A PH.D.-LEVEL RESEARCH GRANT MANAGER. FOR PATIENT CARE GRANTS, PROGRESS AND FINANCIAL OVERSIGHT ARE MONITORED THROUGHOUT THE GRANT TERM BY QUALIFIED PROFESSIONALS SERVING AS GRANT MANAGERS.</p> <p>AS OUTLINED IN KOMEN'S POLICIES AND PROCEDURES FOR GRANTS, GRANTEES ARE REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS DETAILING PROGRESS TOWARD AIMS AND OBJECTIVES, MAJOR ACCOMPLISHMENTS, KEY DELIVERABLES AND CHALLENGES ENCOUNTERED, WITH A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES) AND WRITTEN JUSTIFICATION OF EXPENSES.</p> <p>AS APPROPRIATE, THE GRANTS MANAGER MAY CONDUCT SITE VISITS WITH GRANTEES TO GAIN A BETTER UNDERSTANDING OF THEIR WORK AND ADDRESS ANY CHALLENGES IMPACTING THE FUNDED PROGRAM. ALL GRANT FUNDS MUST BE EXPENDED IN ACCORDANCE WITH THE PROJECT'S APPROVED BUDGET AND ARE DISBURSED IN ACCORDANCE WITH THE SCHEDULE DOCUMENTED WITHIN THE GRANT AGREEMENT.</p> <p>REQUESTS FOR CHANGES TO THE DESIGN OF THE FUNDED PROJECT OR BUDGET ARE SUBJECT TO PRIOR APPROVAL BY KOMEN IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT.</p> <p>AS PART OF ITS OVERSIGHT PRACTICES, THE TERMS OF THE GRANT AGREEMENT MAY PROVIDE KOMEN WITH, AMONG OTHER THINGS, THE RIGHT TO REQUEST WITH REASONABLE PRIOR NOTICE TO THE GRANTEE: (1) ADDITIONAL PROGRESS AND/OR FINANCIAL REPORTING FROM THE GRANTEE, (2) GRANTEE PARTICIPATION IN SITE VISITS, TELEPHONE CONFERENCES, PRESENTATIONS, OR OTHER SPEAKING ENGAGEMENTS, AND (3) WITH PRIOR WRITTEN NOTICE, ADJUSTMENT TO THE PROJECT REPORTING PERIOD AND ASSOCIATED DISBURSEMENT OF GRANT FUNDS AT ANY TIME DURING THE GRANT TERM.</p> <p>SEE SCHEDULE O, PART IX, LINE 1 NARRATIVE FOR ADDITIONAL DETAILS.</p>
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ALBERT EINSTEIN COLLEGE OF MED YESHIVA U</p> <p>1300 MORRIS PARK AVENUE,BELFER 1108, BRONX, NY 10461-1975</p>
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BAPTIST MEMORIAL HEALTH CARE FOUNDATION</p> <p>350 N HUMPHREYS BLVD, MEMPHIS, TN 38120</p>
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BAYLOR COLLEGE MEDICINE.</p> <p>ONE BAYLOR PLAZA, BCM 206, HOUSTON, TX 77030-3411</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BRIGHAM AND WOMENS HOSPITAL</p> <p>181 LONGWOOD AVENUE, 5TH FLOOR, BOSTON, MA 02115</p>
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CASE WESTERN RESERVE UNIVERSITY</p> <p>10900 EUCLID AVENUE, CLEVELAND, OH 44106-7006</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COLUMBIA UNIVERSITY MEDICAL CENTER</p> <p>722 WEST 168TH STREET, 4TH FLOOR, NEW YORK, NY 10027-0000</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>DANA FARBER CANCER INSTITUTE.</p> <p>44 BINNEY STREET, MAIL STOP 439C, BOSTON, MA 10032</p>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>DANA-FARBER CANCER INSTITUTE, INC.</p> <p>450 BROOKLINE AVENUE: BP 412, BOSTON, MA 02115</p>

PUBLIC INSPECTION COPY

Return Reference - Identifier	Explanation
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	DANA-FARBER CANCER INSTITUTE. 44 BINNEY STREET, MAIL STOP 439C, BOSTON, MA 02215-5450

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

75-1835298

Part I Questions Regarding Compensation

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

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as maid, chauffeur, chef)

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

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

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

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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

- 4a Receive a severance payment or change-of-control payment?
4b Participate in or receive payment from a supplemental nonqualified retirement plan?
4c Participate in or receive payment from an equity-based compensation arrangement?

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

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

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

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

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

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAULA SCHNEIDER PRESIDENT AND CEO	(i)	644,982	283,820	7,898	16,851	23,717	977,268	0
	(ii)	0	0	0	0	0	0	0
2 RIA WILLIAMS CHIEF FIN & OPS OFFICER	(i)	304,817	32,825	2,093	19,359	28,874	387,968	0
	(ii)	0	0	0	0	0	0	0
3 VICTORIA SMART SVP, MISSION	(i)	301,131	32,819	2,580	15,385	6,366	358,281	0
	(ii)	0	0	0	0	0	0	0
4 CATHERINE OLIVIERI SVP, HUMAN RESOURCES	(i)	251,890	28,325	4,604	17,244	13,977	316,040	0
	(ii)	0	0	0	0	0	0	0
5 EUNICE NAKAMURA GENERAL COUNSEL AND CORPORATE SECRETARY	(i)	258,384	28,284	1,609	17,509	6,683	312,469	0
	(ii)	0	0	0	0	0	0	0
6 SARAH ROSALES VP, CORPORATE PARTNERSHIPS	(i)	244,223	19,741	1,353	15,006	17,336	297,659	0
	(ii)	0	0	0	0	0	0	0
7 KARI BODELL VP, DEVELOPMENT PROGRAMS STRATEGY	(i)	222,752	17,551	1,442	13,520	2,406	257,671	0
	(ii)	0	0	0	0	0	0	0
8 KATHRYN WATT VP, MARKETING STRATEGY	(i)	218,547	14,831	1,308	0	8,628	243,314	0
	(ii)	0	0	0	0	0	0	0
9 KIM SABELKO VP, SCIENTIFIC STRATEGY & PROGRAMS	(i)	195,388	16,068	1,606	12,181	11,762	237,005	0
	(ii)	0	0	0	0	0	0	0
10 CATHERINE STONE VP, COMMUNITY HEALTH	(i)	199,601	16,000	1,400	12,420	2,389	231,810	0
	(ii)	0	0	0	0	0	0	0
11 LORI MARIS SVP, OPS SERVICES & SUPPORT	(i)	186,049	17,630	1,637	9,233	6,634	221,183	0
	(ii)	0	0	0	0	0	0	0
12 RACHEL DAVIES VP, MARKETING & COMMUNICATIONS	(i)	179,172	13,562	1,258	10,801	4,682	209,475	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.

Employer identification number

75-1835298

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	42	205,911	MARKET VALUE
20				
21				
22				
23				
24				
25	✓	56	192,628	MARKET VALUE
26	✓	9	12,652	MARKET VALUE
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	1
----	---	----	---

	Yes	No
30a		✓
31		✓
32a		✓
33		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	FOOD INVENTORY - FOOD & BEVERAGE NUMBER OF CONTRIBUTIONS OTHER - GIFT BAGS/GIFT CARDS NUMBER OF CONTRIBUTIONS OTHER - EVENT SUPPLIES NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2023 Open to Public Inspection
Name of the Organization THE SUSAN G. KOMEN BREAST CANCER FOUNDATION INC.		Employer Identification Number 75-1835298

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	VOLUNTEERS SERVE IN A VARIETY OF WAYS, BUT THE GREATEST NUMBERS OF VOLUNTEERS ASSIST WITH THE MORE THAN PINK WALKS, RACE FOR THE CURE RUNS, THE SUSAN G. KOMEN 3 DAY® SERIES, AND ADVOCACY PROGRAMS.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	DIRECT PATIENT SUPPORT AND EMPOWER PEOPLE WITH TRUSTWORTHY INFORMATION. KOMEN REMAINS COMMITTED TO SUPPORTING THOSE AFFECTED BY BREAST CANCER TODAY, WHILE TIRELESSLY SEARCHING FOR TOMORROW'S CURES.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>SUSAN G. KOMEN'S MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.</p> <p>KOMEN TAKES A 360 DEGREE APPROACH TO FIGHT BREAST CANCER THROUGH:</p> <ul style="list-style-type: none"> - 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. <p>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 INVESTED OVER \$1.1 BILLION IN BREAST CANCER RESEARCH IN MORE THAN 2800 GRANTS AND MORE THAN 500 CLINICAL TRIALS CONDUCTED BY THOUSANDS OF THE BEST AND BRIGHTEST RESEARCHERS ACROSS THE US AND AROUND THE WORLD. KOMEN HAS ALSO PROVIDED OVER \$3.3 BILLION IN COMMUNITY INVESTMENT FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT, EDUCATION, AND EMOTIONAL PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 60 COUNTRIES WORLDWIDE AS WELL AS PUBLIC POLICY AND ADVOCACY EFFORTS AT THE FEDERAL, STATE, AND LOCAL LEVELS, EMPOWERING POLICYMAKERS WITH KNOWLEDGE TO ACT FOR LASTING, SYSTEMIC CHANGE. 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. KOMEN REMAINS COMMITTED TO SUPPORTING THOSE AFFECTED BY BREAST CANCER TODAY, WHILE TIRELESSLY SEARCHING FOR TOMORROW'S CURES.</p> <p>RESEARCH</p> <p>SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MANY MAJOR ADVANCES IN BREAST CANCER SCIENCE. THE PROGRESS HAS BEEN SIGNIFICANT - TODAY, WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE DISEASE. WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER AND THE CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT, AND PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION MEDICINE. AND WE HAVE A BETTER UNDERSTANDING OF THE MANY FACTORS CONTRIBUTING TO DISPARITIES IN BREAST CANCER CARE AND OUTCOMES AND HOW TO ADDRESS/ELIMINATE THEM, WHICH ARE ESSENTIAL STEPS ON THE PATH TO HEALTH EQUITY.</p> <p>KOMEN'S RESEARCH PROGRAMS ARE ADDRESSING CRITICAL ISSUES AND CUTTING-EDGE TOPICS THAT WILL DRIVE PROGRESS TOWARDS BREAST CANCER AND PROVIDE THE GREATEST BENEFIT TO PATIENTS. THE PATIENT VOICE IS CENTRAL TO OUR WORK AS WE ASK BIG QUESTIONS AND SEEK OUT THE ANSWERS THAT WILL SAVE LIVES AND END BREAST CANCER FOREVER. WE LEAN ON OUR SCIENTIFIC EXPERTISE AND PATIENT INSIGHTS TO INFLUENCE THE STRATEGY, DESIGN AND CONDUCT OF RESEARCH; TO INVEST IN SCIENCE AND TECHNOLOGY AND SUPPORT THE NEXT GENERATION OF DIVERSE RESEARCH LEADERS, AND TO CONDUCT OUR OWN RESEARCH THAT'S ENGAGING DIVERSE, REAL-WORLD PEOPLE AS OUR PARTNERS IN RESEARCH AND CONTRIBUTING TO THE BODY OF EVIDENCE ABOUT BREAST CANCER.</p> <p>WITH OUR OVER \$1.1 BILLION RESEARCH INVESTMENT, KOMEN IS SUPPORTING LABORATORY RESEARCH, TRANSLATIONAL STUDIES, POPULATION SCIENCE AND CLINICAL TRIALS THAT ARE PAVING THE ROAD WITH SCIENTIFIC DISCOVERIES THAT ARE:</p> <ul style="list-style-type: none"> - UNRAVELLING THE BIOLOGY OF BREAST CANCER, INCLUDING AGGRESSIVE & METASTATIC BREAST CANCERS - LEADING TO THE DEVELOPMENT OF NEW BREAST CANCER DRUGS AND NEW TECHNOLOGIES AND TESTS, - CHANGING THE STANDARD OF BREAST CANCER CARE AND -ADVANCING PERSONALIZED, PRECISION CARE FOCUSED ON THE PERSON AND THEIR BREAST CANCER <p>PROVIDING NEW, EVIDENCE-BASED INTERVENTIONS TO IMPROVE THE DELIVERY OF THAT CARE.</p> <p>OUR GOAL IS TO IMPROVE HEALTH OUTCOMES FOR EVERYONE AND SAVE LIVES. KOMEN HAS HAD MORE THAN 4,100 RESEARCH DISCOVERIES THAT ARE MOVING US CLOSER TO THAT GOAL. THIS INCLUDES OVER 900 NEW DISCOVERIES FOCUSED ON METASTATIC BREAST CANCER, MORE THAN 1,800 POTENTIAL TREATMENTS AND NEARLY 600 NEW STRATEGIES TO ELIMINATE BREAST CANCER DISPARITIES. THEY INCLUDE ADVANCES SUCH AS NEW BIOMARKERS, NEW DRUG TARGETS, NEW TREATMENTS, AND NEW HEALTH CARE 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 AND THERE WHEN PEOPLE WITH BREAST CANCER NEED THEM TO ALLOW THEM TO LIVE LONGER, WITH IMPROVED QUALITY OF LIFE.</p> <p>KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY MORE THAN 50 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 SCIENTIFIC ACTIVITIES, EMPHASIZING URGENCY AND PATIENT IMPACT. TOGETHER, THIS EXCLUSIVE GROUP OF BREAST CANCER RESEARCHERS, CLINICIANS AND ADVOCATES HELP GUIDE THE ORGANIZATION'S WORK TO SAVE LIVES AND END BREAST CANCER.</p> <p>KOMEN'S TEAM OF HIGHLY QUALIFIED PROFESSIONALS INCLUDING THOSE WITH PHD-LEVEL EXPERTISE DEVELOP AND IMPLEMENT KOMEN-LED, PATIENT CENTRIC RESEARCH & SCIENTIFIC PROGRAMS CREATED TO FILL CRITICAL GAPS IN THE SYSTEM AND DRIVE PROGRESS IN</p>

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	<p>UNDERSTUDIED TOPICS AND EMERGING ISSUES IN BREAST CANCER. THE INFLAMMATORY BREAST CANCER (IBC) COLLABORATIVE, BIG DATA FOR BREAST CANCER (BD4BC) AND SHAREFORCURES ARE EXAMPLES OF THE INNOVATIVE AND IMPACTFUL KOMEN-LED PROGRAMS ACTIVE IN FY24.</p> <p>INFLAMMATORY BREAST CANCER (IBC) COLLABORATIVE</p> <p>IN 2016, KOMEN PARTNERED WITH THE INFLAMMATORY BREAST CANCER RESEARCH FOUNDATION AND THE MILBURN FOUNDATION TO LEAD THIS COLLABORATIVE GROUP FOCUSED ON ACCELERATING IBC RESEARCH AND IMPROVING CARE AND OUTCOMES FOR PEOPLE WITH IBC, A DEADLY AND AGGRESSIVE FORM OF CANCER. KOMEN CONVENED PATIENT ADVOCATES, BREAST CANCER RESEARCHERS AND CLINICIANS TO REVIEW THE STATE OF IBC CARE AND RESEARCH GLOBALLY AND PROPOSE SPECIFIC INITIATIVES TO MOVE THE FIELD FORWARD. THE OUTCOME OF THE DISCUSSIONS WAS ABUNDANTLY CLEAR: THE FIELD NEEDS A FORMAL DEFINITION OF IBC. WITHOUT A CLEAR DEFINITION, BOTH PATIENT CARE AND RESEARCH SUFFER. DIAGNOSIS REMAINS SUBJECTIVE AND TREATMENT VARIABLE.</p> <p>THE GOAL IS TO MOVE BEYOND THE SUBJECTIVE 'CLINICAL DIAGNOSIS' TO A SET OF SPECIFIC DIAGNOSTIC CRITERIA AND SCORING SYSTEM THAT WILL ADVANCE IBC RESEARCH AND FACILITATE THE DISCOVERIES THAT WILL IMPROVE THE CARE OF IBC PATIENTS. THE COLLABORATIVE PUBLISHED A PROPOSED DEFINITION OF IBC, BASED ON A REVIEW OF CLINICAL, AND PATHOLOGIC FEATURES IN 2022. THIS EVIDENCE-BASED SCORING SYSTEM IS CURRENTLY BEING VALIDATED (A CRITICAL STEP FOR IT TO BE WIDELY ADOPTED) BY KOMEN-FUNDED RESEARCHERS AT TWO OF THE WORLD'S LEADING IBC CLINICS. IN FY24 KOMEN CREATED AN EASY-TO-USE IBC SCORING SYSTEM ONLINE TOOL TO HELP DOCTORS DIAGNOSE IBC ACCURATELY AND EARLIER.</p> <p>BIG DATA FOR BREAST CANCER</p> <p>KOMEN CONTINUES WORK ON THE BIG DATA FOR BREAST CANCER INITIATIVE, WHICH IS AIMED AT USING BIG DATA TO FUEL SCIENTIFIC DISCOVERIES AND ACCELERATE THE DELIVERY OF EQUITABLE, PATIENT-FOCUSED CARE. KOMEN EMPOWERS BREAST CANCER PATIENTS, ADVOCATES, AND THE PUBLIC WITH INFORMATION AND TOOLS TO MAKE DATA SHARING UNDERSTANDABLE THROUGH THE BIG DATA FOR PATIENTS EDUCATIONAL PROGRAMS. WE ALSO ADDRESS THE CHALLENGES OF INCORPORATING BIG DATA APPLICATIONS INTO BREAST CANCER RESEARCH AND CLINICAL CARE THROUGH WORKING WITH PARTNERS REPRESENTING A VARIETY OF STAKEHOLDERS IN BREAST CANCER RESEARCH AND CLINICAL CARE. ADDITIONALLY, KOMEN SUPPORTS DATA SCIENCE PROJECTS TO IMPROVE BREAST CANCER OUTCOMES AND SAVE LIVES, SUCH AS THE BREAST CANCER HACKATHON CHALLENGE AND KOMEN'S PEOPLE-POWERED BREAST CANCER RESEARCH REGISTRY, SHAREFORCURES®.</p> <p>LAUNCHED IN JULY 2023, SHAREFORCURES BUILDS ON KOMEN'S COMMITMENT TO DELIVER THE PROMISE OF BIG DATA TO BREAST CANCER PATIENTS. THIS INVALUABLE BREAST CANCER REGISTRY LEVERAGES THE LATEST TECHNOLOGY AND KOMEN'S BROAD, NATIONAL REACH TO DIRECTLY ENGAGE WITH INDIVIDUALS IMPACTED BY BREAST CANCER WHILE PROVIDING A SAFE, SECURE PATHWAY FOR PEOPLE FROM DIVERSE BACKGROUNDS TO SHARE THEIR HEALTH DATA AND PARTICIPATE IN BREAST CANCER RESEARCH. WITH THIS ROBUST DATA PROVIDED DIRECTLY BY PATIENTS, KOMEN WILL BREAK DOWN SILOS, FUEL SCIENTIFIC DISCOVERIES AND ACCELERATE THE DELIVERY OF EQUITABLE, PATIENT-FOCUSED CARE.</p>

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<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>KOMEN ALSO AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND INSTITUTIONS THROUGH A FAIR, TRANSPARENT, RIGOROUS, AND COMPETITIVE REVIEW PROCESS THAT ENSURES MAXIMUM IMPACT FOR OUR RESEARCH INVESTMENT. IN FY24, KOMEN AWARDED 32 GRANTS TO SUPPORT CUTTING-EDGE, IMPACTFUL SCIENTIFIC RESEARCH, IN THE UNITED STATES AND ITS TERRITORIES. MOST OF THE GRANTS AWARDED THIS YEAR SUPPORT OUTSTANDING RESEARCH PROJECTS BEING CONDUCTED BY A DIVERSE GROUP OF EARLY CAREER RESEARCHERS, THE NEXT GENERATION OF LEADERS WHO WILL MAKE BREAKTHROUGHS DISCOVERIES AND INNOVATIONS TO END BREAST CANCER. NEW IN FY24, THE SUSAN G. KOMEN CAREER TRANSITION AWARDS (CTA) AIM TO HELP OUTSTANDING SENIOR POSTDOCTORAL FELLOWS AND CLINICAL FELLOWS WORKING UNDER THE GUIDANCE OF A MENTOR TO LAUNCH COMPETITIVE, INDEPENDENT RESEARCH CAREERS IN BREAST CANCER. THE CTAS PROVIDE UP TO FIVE YEARS OF RESEARCH FUNDING IN TWO PHASES: PHASE 1 SUPPORTS THE FINAL YEARS OF MENTORED, POSTDOCTORAL TRAINING AND PHASE 2 SUPPORTS THE INDEPENDENT BREAST CANCER-FOCUSED RESEARCH OF THE EARLY CAREER, TENURE-TRACK INVESTIGATORS. WITH THE ASPIRE GRANTS (A SUPPLEMENT TO PROMOTE INCLUSION FOR RESEARCH EXCELLENCE) KOMEN SEEKS TO ENHANCE THE DIVERSITY OF THE BREAST CANCER RESEARCH WORKFORCE BY PROVIDING ESTABLISHED BREAST CANCER SCIENTISTS WITH SUPPLEMENTAL FUNDING FOR UP TO TWO YEARS TO SUPPORT RESEARCH TRAINEES FROM COMMUNITIES HISTORICALLY MINORITIZED AND MARGINALIZED IN RESEARC AND UNDERREPRESENTED IN THE RESEARCH WORKFORCE. LEADERSHIP GRANTS SUPPORT KOMEN SCIENTIFIC ADVISORS PURSUING INNOVATIVE RESEARCH PROJECTS WHICH WILL IMPROVE THE UNDERSTANDING, DETECTION, TREATMENT OR PREVENTION OF BREAST CANCER, WITH A FOCUS ON CONQUERING METASTATIC BREAST CANCER, ADVANCING PRECISION MEDICINE AND ELIMINATING BREAST CANCER DISPARITIES. THIS YEAR OPPORTUNITY GRANTS WERE AWARDED TO TWO OF THE HACKATHON PARTICIPANTS TO BUILD ON THE WORK THEY STARTED AT THE 2023 EVENT.</p> <p>THE 32 RESEARCH GRANTS AWARDED IN FY24 ARE:</p> <p>CAREER TRANSITION AWARDS:</p> <p>MORIAH BELLISSIMO, PH.D., FROM VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE, WILL INVESTIGATE WHETHER SHORT PERIODS OF INTENSE EXERCISE CAN PREVENT HEART PROBLEMS FOR PATIENTS WHO RECEIVED CHEMOTHERAPY FOR BREAST CANCER. BY PARTICIPATING IN PHYSICAL EXERCISE DURING THEIR TREATMENT, THESE PATIENTS CAN PREVENT HEART PROBLEMS ASSOCIATED WITH CHEMOTHERAPY AND EXPERIENCE A HIGHER QUALITY OF LIFE.</p> <p>KRISTEN BRANTLEY, PH.D., FROM DANA-FARBER CANCER INSTITUTE, IS STUDYING HOW INHERITED GENE MUTATIONS AND TUMOR MUTATIONS IMPACT BREAST CANCER PROGNOSIS IN YOUNG WOMEN. THE GOAL OF THIS STUDY IS TO BETTER UNDERSTAND THE UNDERLYING BIOLOGY OF BREAST CANCERS FOUND IN YOUNG WOMEN TO FURTHER PERSONALIZE THEIR TREATMENT AND MONITORING.</p> <p>DOUGLAS FOX, PH.D., FROM MASSACHUSETTS GENERAL HOSPITAL, WILL STUDY HOW ETS PROTEINS CONTRIBUTE TO HORMONE THERAPY RESISTANCE IN HORMONE RECEPTOR-POSITIVE BREAST CANCER. IF ETS PROTEINS ARE REQUIRED FOR HORMONE THERAPY RESISTANCE, NEW THERAPIES CAN BE DEVELOPED TO TARGET ETS PROTEINS AND RESTORE SENSITIVITY TO HORMONE THERAPY.</p> <p>SITING GAN, PH.D., FROM MEMORIAL SLOAN KETTERING CANCER CENTER, WILL INVESTIGATE HOW METASTATIC BREAST TUMOR CELLS INTERACT WITH SURROUNDING BRAIN TISSUE TO PROMOTE BRAIN METASTASIS. THESE STUDIES WILL GUIDE THE DEVELOPMENT OF NEW TREATMENTS FOR BREAST CANCER BRAIN METASTASIS.</p> <p>EMANUELA MARCHESE, PH.D., FROM MASSACHUSETTS GENERAL HOSPITAL, WILL INVESTIGATE HOW THE IMMUNE SYSTEM CAN HELP PREVENT BREAST CANCER FROM FORMING IN BRCA MUTATION CARRIERS. THE GOAL OF THIS RESEARCH IS TO DEVELOP NEW THERAPEUTIC STRATEGIES FOR BREAST CANCER PREVENTION WHICH CAN ULTIMATELY BENEFIT PATIENTS AT HIGH RISK OF DEVELOPING BREAST CANCER.</p> <p>JUN NISHIDA, PH.D., FROM DANA-FARBER CANCER INSTITUTE, WILL STUDY HOW A PROTEIN IN BREAST CANCER CELLS CALLED KDM2A ALLOWS BREAST CANCER TO SURVIVE IN THE LOW-NUTRIENT ENVIRONMENT OF THE BRAIN. DR. NISHIDA PROPOSES THAT TARGETING KDM2A MAY BE AN EFFECTIVE WAY TO TREAT BREAST CANCER BRAIN METASTASES.</p> <p>LONG NGUYEN, M.D., PH.D., FROM THE UNIVERSITY OF CHICAGO, IS STUDYING HOW A PROTEIN CALLED BACH1 REDUCES THE RESPONSE TO IMMUNOTHERAPY IN TRIPLE NEGATIVE BREAST CANCER. THE GOAL OF THE STUDY IS TO DETERMINE WHETHER TARGETING BACH1 CAN IMPROVE IMMUNOTHERAPY TREATMENT OUTCOMES FOR PEOPLE WITH TRIPLE NEGATIVE BREAST CANCER.</p> <p>PURAB PAL, PH.D., FROM THE UNIVERSITY OF ILLINOIS AT CHICAGO, WILL INVESTIGATE HOW A TYPE OF FAT MOLECULE CALLED CERAMIDES CAN SPECIFICALLY KILL HORMONE THERAPY-RESISTANT BREAST CANCER CELLS. THE GOAL OF THIS PROJECT IS TO FIND A NEW THERAPEUTIC STRATEGY FOR HORMONE THERAPY RESISTANT, HORMONE RECEPTOR-POSITIVE BREAST CANCER.</p> <p>NOLAN PRIEDIGKEIT, M.D., PH.D., FROM DANA-FARBER CANCER INSTITUTE, IS STUDYING THE ROLE OF MOLECULES CALLED FUSION RNAS IN METASTATIC BREAST CANCER. DR. PRIEDIGKEIT WILL TEST A NEW TECHNOLOGY THAT CAN TARGET FUSION RNAS AND USE THESE FUSION RNAS AS A TOOL TO KILL CANCER CELLS FROM WITHIN. THE GOAL OF THIS PROJECT IS TO DEVELOP A BREAKTHROUGH FUSION RNA-BASED THERAPEUTIC FOR PATIENTS WITH ADVANCED BREAST CANCER.</p> <p>YIFAN WANG, PH.D., FROM UT M.D. ANDERSON CANCER CENTER, WILL INVESTIGATE HOW ANTIGEN PRESENTATION, OR HOW CANCER CELLS REVEAL THEMSELVES TO IMMUNE CELLS, CAN BE ACTIVATED IN BREAST CANCER CELLS TO INCREASE THE EFFECTIVENESS OF IMMUNOTHERAPY. THE GOAL OF THE STUDY IS TO IDENTIFY A NEW IMMUNOTHERAPEUTIC STRATEGY FOR BREAST CANCER.</p>

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	<p>ASPIRE GRANTS:</p> <p>ERAN ANDRECHEK, PH.D., FROM MICHIGAN STATE UNIVERSITY, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT JESUS GARCIA-LERENA, WHO IS STUDYING THE ROLE OF A PROTEIN CALLED E2F5 IN BREAST CANCER METASTASIS TO THE LIVER AND LYMPH NODES. THE GOAL OF THIS STUDY IS TO BETTER UNDERSTAND THIS MECHANISM, WHICH COULD HELP UNCOVER POTENTIAL NEW THERAPEUTIC OPTIONS TO PREVENT BREAST CANCER METASTASIS.</p> <p>PAULA BOS, PH.D., FROM THE VIRGINIA COMMONWEALTH UNIVERSITY, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT AILEN GARCIA-SANTILLAN, WHO IS STUDYING HOW IMMUNE CELLS AND NEURONS IN THE BRAIN IMPACT BREAST CANCER BRAIN METASTASIS. LEARNING MORE ABOUT THIS RELATIONSHIP COULD HELP US FIND NEW WAYS TO TREAT BRAIN METASTASIS.</p> <p>EIDA CASTRO, PSY.D., M.SC., FROM PONCE MEDICAL SCHOOL FOUNDATION IN PUERTO RICO, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT LIANEL ROSARIO, WHO IS ADDRESSING THE LIMITED SOCIAL-SUPPORT SERVICES AND PSYCHO-ONCOLOGY MENTAL HEALTH CARE AVAILABLE FOR HISPANIC BREAST CANCER SURVIVORS IN PUERTO RICO. TOGETHER, THEY WILL CONDUCT A CLINICAL TRIAL TO DETERMINE WHETHER IMPROVING PATIENTS' ACCESS TO MENTAL HEALTH CARE AFFECTS CERTAIN BIOLOGICAL MARKERS OF STRESS, WHICH MIGHT HAVE AN IMPACT ON BREAST CANCER OUTCOMES.</p> <p>ISAAC CHAN, M.D., PH.D., FROM THE UNIVERSITY OF TEXAS SOUTHWESTERN, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT ISABELLA TERRAZAS, WHO IS INVESTIGATING THE ROLE OF A TYPE OF IMMUNE CELLS CALLED NATURAL KILLER CELLS DURING IMMUNOTHERAPY TREATMENT. FURTHERING OUR UNDERSTANDING OF NATURAL KILLER CELLS MAY PAVE THE WAY FOR DEVELOPING NEW BREAST CANCER IMMUNOTHERAPIES THAT TARGET NATURAL KILLER CELLS.</p> <p>SURANGANIE DHARMAWARDHANE, PH.D., FROM THE UNIVERSITY OF PUERTO RICO, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL RESEARCHER AILED CRUZ-COLLAZO, PH.D., WHO IS INVESTIGATING THE NEW DRUG MBQ-167 AS A POTENTIAL THERAPY FOR TRIPLE NEGATIVE BREAST CANCER AND METASTASIS. THE GOAL OF THIS STUDY IS TO PROVIDE PRECLINICAL DATA FOR THIS DRUG THAT LEADS TO THE INITIATION OF A PHASE 1 CLINICAL TRIAL INVESTIGATING ITS USE IN ADVANCED BREAST CANCERS.</p> <p>STEPHANIE FRALEY, PH.D., FROM THE UNIVERSITY OF CALIFORNIA SAN DIEGO, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT MAYA ROWELL, WHO IS STUDYING HOW A PROTEIN FOUND OUTSIDE OF BREAST CANCER CELLS CALLED COL1 PROMOTES BREAST CANCER METASTASIS. THE GOAL OF THE STUDY IS TO IDENTIFY POTENTIAL THERAPEUTIC STRATEGIES TO PREVENT METASTASIS CAUSED BY COL1.</p> <p>AIMILIA GASTOUNIOTI, PH.D., AT WASHINGTON UNIVERSITY IN ST. LOUIS, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR FOR POSTDOCTORAL TRAINEE JUANITA HERNANDEZ, PH.D., WHO IS USING ARTIFICIAL INTELLIGENCE TO IDENTIFY BLACK WOMEN THAT ARE AT A HIGH AND LOW RISK FOR DEVELOPING BREAST CANCER. THE GOAL OF THE STUDY IS TO DEVELOP A BREAST CANCER RISK ASSESSMENT TOOL THAT CAN BE USED TO PERSONALIZE TREATMENTS, AND ULTIMATELY, REDUCE BREAST CANCER MORTALITY AMONG BLACK WOMEN.</p> <p>CHRISTY HAGAN, PH.D., FROM UNIVERSITY OF KANSAS, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR FOR GRADUATE STUDENT JULIO TINOCO, WHO IS INVESTIGATING WHETHER TARGETING THE PROGESTERONE RECEPTOR CAN PREVENT SUPPRESSION OF THE IMMUNE SYSTEM IN PROGESTERONE RECEPTOR-POSITIVE BREAST TUMORS. THE GOAL OF THIS STUDY IS TO UNCOVER A NEW WAY TO PREVENT AND TREAT PROGESTERONE RECEPTOR-POSITIVE BREAST CANCER.</p>

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<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>KEVIN JANES, PH.D., FROM THE UNIVERSITY OF VIRGINIA, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT CATALINA ALVAREZ YELA, WHO IS STUDYING HOW ERRORS IN THE CELL CYCLE OCCUR IN TRIPLE NEGATIVE BREAST CANCER CELLS THAT LEAD TO CHROMOSOMAL IMBALANCE. THE GOAL OF THIS PROJECT IS TO GAIN A BETTER UNDERSTANDING OF THIS PROCESS AND IDENTIFY NEW THERAPIES THAT CAN REVERSE IT.</p> <p>ANNE MARIE MCCARTHY, PH.D., SC.M., FROM THE UNIVERSITY OF PENNSYLVANIA, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT MATTIA MAHMOUD WHO IS EVALUATING A NEW BIOMARKER ASSOCIATED WITH BREAST CANCER RISK CALLED BACKGROUND PARENCHYMAL ENHANCEMENT (BPE). BPE IS A PHENOMENON THAT OCCURS WHEN SOME WOMEN UNDERGO AN MRI SCAN, AND THIS STUDY WILL BE THE FIRST TO ASSESS BPE AS A BIOMARKER OF BREAST CANCER RISK IN BLACK WOMEN.</p> <p>HEATHER NEUMAN, M.D., FROM THE UNIVERSITY OF WISCONSIN-MADISON, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR FOR POSTDOCTORAL TRAINEE FAITH DICKERSON, PH.D., WHO IS DEVELOPING A CONVERSATION GUIDE FOR BREAST SURGEONS TO DISCUSS TREATMENT OPTIONS WITH PATIENTS OF DIVERSE BACKGROUNDS. THE GOAL OF THIS GUIDE IS TO HELP SURGEONS BETTER SUPPORT PATIENTS' NEEDS AS THEY DISCUSS SURGICAL OPTIONS LIKE BREAST RECONSTRUCTION WITH THEM.</p> <p>JULIE PALMER, SC.D., FROM BOSTON UNIVERSITY, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL RESEARCHER ETIENNE X. HOLDER, PH.D., WHO IS STUDYING HOW STRESS INDUCED BY THE NEIGHBORHOOD A PERSON LIVES IN CAN IMPACT BREAST CANCER OUTCOMES. THE GOAL OF THIS RESEARCH IS TO UNDERSTAND WHY BLACK WOMEN FACE A DISPROPORTIONATELY HIGH BREAST CANCER MORTALITY RATE AND DETERMINE IF STRESS-REDUCING INTERVENTIONS CAN IMPROVE OUTCOMES.</p> <p>WESTON PORTER, PH.D., FROM TEXAS A&M UNIVERSITY, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT HANNAH CARTER, WHO IS STUDYING HOW A PROTEIN CALLED SIM2 REGULATES MITOCHONDRIA TO MAINTAIN THE METABOLISM OF ESTROGEN RECEPTOR-POSITIVE BREAST CANCER CELLS. THE GOAL OF THIS PROJECT IS TO BETTER UNDERSTAND HOW ESTROGEN RECEPTOR-POSITIVE BREAST CANCERS MAINTAIN THEIR METABOLIC STATE, WHICH COULD LEAD TO THE FUTURE DEVELOPMENT OF NEW THERAPIES THAT WILL DISRUPT THEIR PROGRESSION AND KILL THEM.</p> <p>JEFF ROSEN, PH.D., FROM BAYLOR COLLEGE OF MEDICINE, WILL SERVE AS MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT ALEX SMITH, WHO IS STUDYING THE ROLE OF A TYPE OF IMMUNE CELL CALLED TUMOR-ASSOCIATED MACROPHAGE IN TRIPLE NEGATIVE BREAST CANCER. THE GOAL OF THE STUDY IS TO IDENTIFY WAYS TO TARGET TUMOR-ASSOCIATED MACROPHAGES TO IMPROVE OUTCOMES FOR PATIENTS WITH TRIPLE NEGATIVE BREAST CANCER.</p> <p>SOHAIL TAVAZOIE, M.D., PH.D., FROM THE ROCKEFELLER UNIVERSITY, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL FELLOW KING FAISAL YAMBIRE, PH.D., WHO IS STUDYING THE ROLE OF A NEWLY DISCOVERED TYPE OF RNA CALLED MITOCHONDRIAL TRNA IN BREAST CANCER METASTASIS. THE GOAL OF THIS STUDY IS TO IDENTIFY HOW MITOCHONDRIAL TRNAS IMPACT BREAST CANCER METASTASIS AND DETERMINE IF THEY COULD BE EFFECTIVE TARGETS FOR NEW BREAST CANCER TREATMENTS.</p> <p>HAI WANG, PH.D., FROM ROSWELL PARK CANCER INSTITUTE, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT GRADUATE STUDENT CHEYENNE ERNST, WHO IS STUDYING HOW BREAST CANCER CELLS CHANGE THEIR METABOLISM TO ADAPT TO THEIR NEW ENVIRONMENT DURING METASTASIS, SPECIFICALLY IN THE BONE. THE GOAL OF THIS STUDY IS TO IDENTIFY WAYS TO BLOCK THIS ADAPTATION TO PREVENT BONE METASTASIS.</p> <p>ALANA WELM, PH.D., FROM THE UNIVERSITY OF UTAH, WILL SERVE AS THE MENTOR AND PRINCIPAL INVESTIGATOR TO SUPPORT POSTDOCTORAL FELLOW ZANNEL BLANCHARD, PH.D., WHO IS STUDYING HOW BREAST CANCER EVOLVES IN RESPONSE TO TREATMENT. THE GOAL OF THE STUDY IS TO BETTER UNDERSTAND HOW CERTAIN FACTORS MAKE BREAST CANCER MORE RESISTANT TO TREATMENT.</p> <p>LEADERSHIP GRANTS:</p> <p>KOMEN SCHOLAR LISA COUSSENS, PH.D., OF OREGON HEALTH & SCIENCE UNIVERSITY, WILL INVESTIGATE NEW WAYS OF USING THE IMMUNE SYSTEM TO ATTACK BREAST CANCER CELLS. THE GOAL OF THIS RESEARCH IS TO APPLY IMMUNOTHERAPY TREATMENTS TO MORE PATIENTS, AS NOT ALL PEOPLE WITH BREAST CANCER BENEFIT FROM CURRENTLY AVAILABLE IMMUNOTHERAPIES.</p> <p>KOMEN SCHOLAR CHRISTINA CURTIS, PH.D., OF STANFORD UNIVERSITY, WILL USE ADVANCED COMPUTATIONAL TECHNIQUES TO EXPLAIN HOW A BREAST TUMOR'S SURROUNDINGS IMPACT ITS PROGRESSION IN HIGH-RISK, EARLY-STAGE BREAST CANCER. THE GOAL OF THE PROJECT IS TO IDENTIFY WAYS TO REDUCE THE RISK OF RECURRENCE FOR THE 20-30% OF PATIENTS WHO DIE OF RECURRENT BREAST CANCER.</p> <p>KOMEN SCHOLAR MELISSA TROESTER, PH.D., FROM THE UNIVERSITY OF NORTH CAROLINA CHAPEL HILL, WILL EVALUATE TUMOR AND DNA SAMPLES FROM THE CAROLINA BREAST CANCER STUDY TO DETERMINE HOW THE COMPOSITION OF IMMUNE CELLS DIFFERS BETWEEN AFRICAN AMERICAN AND WHITE WOMEN. THE GOAL OF THIS PROJECT IS TO BETTER UNDERSTAND HOW VARIATIONS WITHIN THE TUMORS OF AFRICAN AMERICAN WOMEN CONTRIBUTES TO RACIAL DISPARITIES IN BREAST CANCER OUTCOMES AND RECURRENCE.</p> <p>OPPORTUNITY GRANTS:</p> <p>XIN LU, PH.D., OF THE UNIVERSITY OF NOTRE DAME, WILL DEVELOP A COMPUTATIONAL MODEL OF BREAST CANCER TUMOR METABOLISM TO IDENTIFY MOLECULES THAT REGULATE A SPECIFIC POPULATION OF IMMUNE CELLS, WHICH ARE ONLY EXPRESSED IN TUMORS AND ARE KNOWN TO</p>

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	<p>DRIVE DISEASE PROGRESSION. IDENTIFIED MOLECULES WILL BE TESTED IN CELL LINES AND ANIMAL MODELS AS POTENTIAL NEW IMMUNOTHERAPEUTIC TARGETS.</p> <p>HARIKRISHNA NAKSHATRI, PH.D., FROM INDIANA UNIVERSITY, WILL DETERMINE THE FUNCTIONAL ROLES OF TWO NEWLY IDENTIFIED MOLECULES THAT ACCOMPANY A COMMON MUTATION IN BREAST CANCER AND MAY WORK TOGETHER TO DRIVE ESTROGEN RECEPTOR-POSITIVE BREAST CANCER. COMPUTATIONAL APPROACHES WILL BE USED TO IDENTIFY ADDITIONAL MOLECULES AND THEIR POTENTIAL AS NEW THERAPEUTIC TARGETS.</p> <p>EDUCATION</p> <p>KOMEN IS A TRUSTED SOURCE OF BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CONNECTING PEOPLE WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER.</p> <p>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, INTERACTIVE 3D MODELS, 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/HARVARD CANCER CENTER STAFF, RECEIVED MORE THAN 2.5 MILLION USERS DURING FY24.</p> <p>WHETHER A NEW THERAPY OR TEST BECOMES PART OF THE STANDARD OF CARE FOR BREAST CANCER DEPENDS LARGELY ON CLINICAL TRIAL RESULTS. KOMEN USED THE CLINICAL TRIALS EDUCATION INITIATIVE ON KOMEN.ORG TO EDUCATE PEOPLE ABOUT THE IMPORTANCE OF CLINICAL TRIALS AND THE NEED FOR DIVERSITY OF STUDY PARTICIPANTS, INCLUDING THOSE FROM POPULATIONS UNDER- REPRESENTED IN CLINICAL RESEARCH STUDIES, AND TO EMPOWER PEOPLE WITH INFORMATION ON TRIALS AND RESOURCES, WITH PERSONALIZED SUPPORT AVAILABLE THROUGH THE KOMEN BREAST CARE HELPLINE. THE RESOURCES HELP TO ENSURE PATIENTS ARE EQUIPPED TO MAKE INFORMED DECISIONS REGARDING TRIAL PARTICIPATION IN PARTNERSHIP WITH THEIR HEALTH CARE PROVIDERS. THE INITIATIVE ALSO RAISES AWARENESS OF THE DIFFERENT TYPES OF TRIALS, INCLUDING TRIALS SUPPORTED BY KOMEN FOCUSED ON RISK, SCREENING AND EARLY DETECTION, TREATMENT, FAMILY SUPPORT, QUALITY OF LIFE AND SURVIVORSHIP.</p> <p>KOMEN ALSO PROVIDES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS IN DOWNLOADABLE FORMATS ON KOMEN.ORG. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE: A) BREAST SELF-AWARENESS MESSAGE RESOURCES IN MORE THAN 40 LANGUAGES, B) BREAST CANCER SPECIFIC BROCHURES AND FACT SHEETS, AND C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS.</p> <p>IN ADDITION, IN FY24 KOMEN CONTINUED TO SUPPORT THE METASTATIC BREAST CANCER (MBC) COMMUNITY BY HOSTING 12 VIRTUAL EVENTS THROUGH THE MBC IMPACT SERIES. THESE EVENTS PROVIDED PEOPLE 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. WE OFFER ON-DEMAND VIDEOS OF THESE EVENTS IN BOTH ENGLISH AND SPANISH FOR THOSE NOT ABLE TO ATTEND LIVE. THE MBC IMPACT SERIES ALSO OFFERS REGULAR NEWSLETTERS AND QUARTERLY WELLNESS WEDNESDAY VIDEOS FOCUSED ON QUALITY OF LIFE AND OVERALL WELLNESS TOPICS.</p>

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<p>FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)</p>	<p>PATIENT SUPPORT</p> <p>KOMEN IS COMMITTED TO ELIMINATING BREAST HEALTH DISPARITIES AND ENSURING ALL PEOPLE HAVE ACCESS TO THE HIGH-QUALITY CARE THEY NEED. THROUGHOUT OUR HISTORY, WE HAVE HELPED REMOVE FINANCIAL, GEOGRAPHIC, AND CULTURAL BARRIERS TO CARE, AND WE CONTINUE TO EVOLVE OUR PATIENT CARE MODEL TO MEET THE NEEDS OF BREAST CANCER PATIENTS TODAY. THE KOMEN PATIENT CARE CENTER (PCC) PROVIDES INDIVIDUALIZED, DIRECT PATIENT CARE AND SUPPORT ACROSS THE BREAST HEALTH CONTINUUM THROUGH A NATIONAL TELEHEALTH MODEL. KOMEN'S TEAM OF PATIENT NAVIGATORS ARE THE ENGINE BEHIND OUR PATIENT CARE CENTER. OUR PATIENT NAVIGATORS, WHO ARE INFORMED BY EVIDENCE-BASED INTERVENTIONS, HELP BREAK DOWN BARRIERS TO CARE BY GUIDING PATIENTS THROUGH NUMEROUS DECISIONS, APPOINTMENTS AND TREATMENT OPTIONS. THEY STAY WITH PATIENTS FOR AS LONG AS NEEDED, FROM DAYS TO MONTHS, ENSURING ALL PATIENTS HAVE ACCESS TO THE RESOURCES AND CARE THEY NEED.</p> <p>ACCESSED THROUGH THE KOMEN BREAST CARE HELPLINE, THE PCC PROVIDED NEARLY 53,000 SERVICES TO OVER 38,000 PEOPLE THIS YEAR, INCLUDING:</p> <ul style="list-style-type: none"> PROVIDING INFORMATION AND EDUCATIONAL RESOURCES ABOUT BREAST CANCER SCREENING AND TREATMENT OPTIONS. HELP WITH UNDERSTANDING A BREAST CANCER DIAGNOSIS. CONNECTIONS TO RESOURCES AND FINANCIAL SUPPORT. EMOTIONAL SUPPORT. <p>ANOTHER IMPORTANT TOOL FOR KOMEN'S NAVIGATORS IS THE KOMEN FINANCIAL ASSISTANCE PROGRAM (KFA), WHICH ADDRESSES FINANCIAL BARRIERS TO CARE. WHILE MEDICAL TREATMENT AND MEDICAL CARE ARE THE PRIMARY COSTS ASSOCIATED WITH BREAST CANCER, THERE ARE OTHER COSTS OF DAILY LIVING THAT MAY PREVENT BREAST CANCER PATIENTS FROM COMPLETING TREATMENT. THE KFA HELPS INDIVIDUALS IN BREAST CANCER TREATMENT OR THOSE LIVING WITH METASTATIC BREAST CANCER (MBC), WHO HAVE AN ANNUAL INCOME AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL, PAY FOR COSTS ASSOCIATED WITH BASIC NEEDS LIKE HOUSING, TRANSPORTATION, GROCERIES, MEDICATIONS, CHILDCARE AND MORE. OVER 19,000 PEOPLE WERE SUPPORTED WITH NEARLY \$11 MILLION IN FINANCIAL SUPPORT THROUGH KFA THIS YEAR. BY COVERING NECESSARY OUT-OF-POCKET COSTS, THE KFA INCREASES THE CHANCES THAT PEOPLE WILL CONTINUE WITH THEIR CARE, THEREBY DRIVING BETTER OUTCOMES. THE KOMEN PCC TEAM IS MADE UP OF MORE THAN 50 HIGHLY SKILLED PROFESSIONALS WHO ARE AS DIVERSE AS THOSE WE SERVE. OUR CARING AND COMPASSIONATE TEAM INCLUDES NAVIGATORS WITH SOCIAL WORK EXPERIENCE, BILINGUAL SPECIALISTS, SUBJECT MATTER EXPERTS, AND BREAST CANCER SURVIVORS FROM AROUND THE COUNTRY WHO UNDERSTAND THAT EVERYONE'S HEALTH CARE JOURNEY IS UNIQUE, THUS PROVIDING INDIVIDUALIZED CARE TO ENSURE THE BEST POSSIBLE OUTCOMES FOR EACH PERSON.</p> <p>KOMEN'S PCC MAKES CERTAIN THAT NO ONE FACES BREAST CANCER ALONE. WE ARE COMMITTED TO ADDRESSING BREAST HEALTH DISPARITIES THROUGH OUR TEAM OF EXPERTS BY MEETING PATIENTS WHERE THEY ARE AND HELPING THEM ACCESS HIGH-QUALITY BREAST CARE NO MATTER WHERE THEY LIVE AND FOR AS LONG AS THEY NEED IT.</p> <p>PUBLIC POLICY AND ADVOCACY</p> <p>SUSAN G. KOMEN IS THE NONPARTISAN VOICE FOR OVER 4 MILLION BREAST CANCER SURVIVORS, INDIVIDUALS LIVING WITH THE DISEASE AND THEIR SUPPORTERS ACROSS THE UNITED STATES. 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.</p> <p>THE CENTER FOR PUBLIC POLICY IS THE CORNERSTONE OF KOMEN'S MISSION, TO END BREAST CANCER FOREVER, THROUGH SOUND PUBLIC POLICY AND ADVOCACY COUPLED WITH SCIENTIFIC PROGRESS AND PATIENT SUPPORT SERVICES DESIGNED TO OVERCOME BARRIERS TO CARE. THE CENTER FOR PUBLIC POLICY IS THE DRIVING FORCE THAT ENSURES THE VOICE OF BREAST CANCER PATIENTS, SURVIVORS, CAREGIVERS, AND OTHER MEMBERS OF THE BREAST CANCER COMMUNITY ARE HEARD BY POLICYMAKERS ON LOCAL, STATE AND NATIONAL LEVELS. KOMEN BELIEVES THAT ONLY THROUGH INFORMED GOVERNMENT ACTION CAN BROAD, SYSTEMIC AND LASTING CHANGES BE MADE TO ENSURE THE NEEDS OF THE BREAST CANCER COMMUNITY ARE MET.</p> <p>KOMEN'S 2023-2024 POLICY AND ADVOCACY PRIORITIES INCLUDED: ACCELERATING RESEARCH BY SUPPORTING INCREASED STATE AND FEDERAL FUNDING FOR BREAST CANCER RESEARCH AND INCREASED CLINICAL TRIAL DIVERSITY; EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE FOR ALL PATIENT POPULATIONS; 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 REMOVE ADMINISTRATIVE BURDEN AND FINANCIAL BARRIERS TO SCREENING, DIAGNOSIS, AND TREATMENT INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PREVENT STEP THERAPY PROTOCOLS; AND ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING.</p> <p>IN ADDITION TO THE STATE AND FEDERAL WORK ON OUR POLICY AND ADVOCACY PRIORITIES, KOMEN ALSO ENGAGED ON ISSUES RELATED TO CUSTOM BREAST PROTHESES, GENETIC AND GENOMIC TESTING, LYMPHEDEMA, MEDICARE WAITING PERIODS, PALLIATIVE CARE, SURPRISE MEDICAL BILLING AND SURVIVORSHIP.</p> <p>KOMEN DEVELOPED AND IMPLEMENTED ADVOCACY CAMPAIGNS TO ENCOURAGE LAWMAKERS AND AGENCY OFFICIALS TO SUPPORT AND IMPLEMENT PROGRAMS THAT WOULD ADVANCE OUR PRIORITY ISSUES. KOMEN CONTINUED TO RECRUIT AND ENGAGE ADVOCATES TO FURTHER STRENGTHEN ITS GRASSROOTS ADVOCACY NETWORK.</p>

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FORM 990, PART VI, LINE 1A - EXECUTIVE COMMITTEE	<p>THE ORGANIZATION'S BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE COMPRISED OF A MINIMUM OF FIVE MEMBERS INCLUDING THE BOARD CHAIR, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, AND ADDITIONAL BOARD MEMBERS, AS RECOMMENDED BY THE GOVERNANCE COMMITTEE AND APPOINTED BY THE BOARD OF DIRECTORS. MEMBERS OF THE EXECUTIVE COMMITTEE MUST EITHER BE DIRECTORS OF THE ORGANIZATION OR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER.</p> <p>THE BYLAWS PROVIDE THE EXECUTIVE COMMITTEE WITH THE AUTHORITY TO: (A) APPOINT MEMBERS TO NON-STANDING COMMITTEES OF THE ORGANIZATION, AND NAME CHAIRS OF SUCH COMMITTEES; (B) AUTHORIZE UNBUDGETED DISBURSEMENTS BY THE ORGANIZATION IN ACCORDANCE WITH THE SPECIFIC EXPENDITURE AUTHORITY PRESCRIBED BY THE BOARD OF DIRECTORS; (C) EMPLOY AGENTS; AND (D) CARRY INTO EXECUTION SUCH OTHER MEASURES AS IT DETERMINES WILL PROMOTE THE PURPOSE OF THE ORGANIZATION. THE COMMITTEE ALSO MAY EXERCISE, WHEN THE BOARD IS NOT IN SESSION, ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION WITH CERTAIN EXCEPTIONS SUCH AS REPEALING ANY BOARD RESOLUTIONS, AMENDING THE ORGANIZATION'S ARTICLES OR BYLAWS, OR MERGING OR DISSOLVING THE ORGANIZATION. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW, AND THE COMMITTEE ENDEAVORS TO LIMIT ITS EXERCISE OF AUTHORITY TO TIME SENSITIVE ISSUES.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE OF AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVEL MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR SUBSEQUENT PRESENTATION TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWS, MAKES RECOMMENDATIONS, AND APPROVES THE FORM 990 FOR PRESENTATION TO THE BOARD OF DIRECTORS. THEREAFTER, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>KOMEN'S CONFLICT OF INTEREST POLICY REQUIRES EVERY BOARD MEMBER, OFFICER, DIRECTOR, COMMITTEE MEMBER, ADVISORY BOARD MEMBER, EMPLOYEE, AND VOLUNTEER TO AVOID CONFLICTS OF INTEREST. IT ALSO REQUIRES THESE PERSONS TO REPORT ANY ACTUAL AND/OR POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE. REPORTS ARE REVIEWED BY THE GENERAL COUNSEL'S OFFICE AND/OR INTERNAL AUDIT, AND APPROPRIATE ACTION IS TAKEN PURSUANT TO THE CONFLICT OF INTEREST POLICY. FURTHER, KOMEN REQUIRES ALL BOARD MEMBERS, OFFICERS, DIRECTORS, COMMITTEE MEMBERS, ADVISORY BOARD MEMBERS, AND EMPLOYEES TO REVIEW AND EXECUTE THE CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE ANY ADDITIONAL ACTUAL/POTENTIAL CONFLICTS OF INTEREST. THESE ANNUAL DISCLOSURES ARE REVIEWED IN THE SAME MANNER. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES, AND REVIEWS ALL REPORTED ACTUAL AND POTENTIAL CONFLICTS OF INTEREST AND THE RELATED ACTION TO ADDRESS THEM.</p>
FORM 990, PART VI, LINE 15 - OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	<p>THE HUMAN CAPITAL MANAGEMENT COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN OVERSEEING COMPENSATION POLICIES AND BEST PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER; THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER KEY EMPLOYEES; GRANTING THE CHIEF EXECUTIVE OFFICER WITH THE AUTHORITY TO DETERMINE COMPENSATION LEVELS WITHIN AN APPROVED RANGE; AND ANY INCENTIVE/BONUS COMPENSATION PROGRAMS, IF APPROVED. THE CURRENT POLICY WAS ADOPTED IN 2010 AND IS REVIEWED ANNUALLY.</p> <p>A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES. PERIODICALLY, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA BY ENGAGING INDEPENDENT EXPERTS OR ACQUIRING UPDATED MARKET DATA TO CONDUCT THE BENCHMARKING PROCESS. COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION. BENCHMARKING WAS CONDUCTED FOR THE CHIEF EXECUTIVE OFFICER AND ALL EXECUTIVE TEAM MEMBERS' COMPENSATION TO EXTERNAL MARKET DATA IN 2023, TO ENSURE MARKET ALIGNMENT. KOMEN PROVIDES SALARY INCREASES, PROMOTIONS AND OTHER FORMS OF COMPENSATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.</p>
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	<p>CO, CT, DC, DE, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, VT, WA, WI, WV</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>KOMEN'S FINANCIAL STATEMENTS AND THE FORM 990 ARE PUBLICLY AVAILABLE ON OUR WEBSITE. THE CERTIFICATE OF FORMATION IS AVAILABLE FROM THE TEXAS SECRETARY OF STATE AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUIRED BY STATE LAW. FORM 1023 AND THE CONFLICT OF INTEREST POLICY ARE NOT PUBLISHED ONLINE BUT ARE AVAILABLE TO THE PUBLIC UPON REQUEST.</p>

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FORM 990, PART IX, LINE 1 -	<p>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.</p> <p>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.</p> <p>CENTRAL TO KOMEN'S VISION IS A STEADFAST COMMITMENT TO INVESTING IN BREAKTHROUGH RESEARCH. KOMEN REMAINED COMMITTED TO INVESTING IN RESEARCH CENTERED ON THE PRIMARY FOCUS OF METASTATIC BREAST CANCER AND UNDERSTANDING AND ELIMINATING DISAPARITIES IN BREAST CANCER OUTCOMES BETWEEN BLACK AND WHITE PATIENTS. DESPITE THE ECONOMIC UNCERTAINTY AND CHALLENGING FUNDRAISING ENVIRONMENT, KOMEN AWARDED \$40 MILLION IN NEW RESEARCH AWARDS OVER THE PAST TWO FISCAL YEARS.</p> <p>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.</p>					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="464 787 1304 814">(a) Description</th> <th data-bbox="1310 787 1518 814">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 821 1304 848">RESCINDED GRANTS</td> <td data-bbox="1310 821 1518 848">635,650</td> </tr> </tbody> </table>	(a) Description	(b) Amount	RESCINDED GRANTS	635,650	
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