

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2014**

Open to Public Inspection

Form **990**

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

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

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

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** 04/01, 2014, and ending 03/21, 2015

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION  <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 SW FIRST AVENUE 270 City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97201	<b>D Employer identification number</b> 93-1068897
	<b>E Telephone number</b> (503) 552-9160	
	<b>F Name and address of principal officer:</b> TINA FOSTER 1500 SW 1ST AVE., #270 PORTLAND, OR 97201	
	<b>G Gross receipts \$</b> 2,410,339.	
<b>I Tax-exempt status:</b> X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		
<b>J Website:</b> ▶ WWW.KOMEN.ORG		
<b>K Form of organization:</b> X Corporation Trust Association Other ▶		
<b>L Year of formation:</b> 1999		<b>M State of legal domicile:</b> OR

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: AT SUSAN G. KOMEN®, WE ARE COMMITTED TO ENDING BREAST CANCER FOREVER BY EMPOWERING PEOPLE, ENERGIZING SCIENCE TO FIND THE CURES AND ENSURING QUALITY CARE FOR ALL PEOPLE, EVERYWHERE			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	13.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	27.
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	1,400.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	2,130,001.	1,848,307.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	27,977.	50.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,497.	2,613.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	583,919.	299,498.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,744,394.	2,150,468.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	805,735.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	975,974.	1,006,828.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,691.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,101,636.	861,395.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,883,345.	2,563,717.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-138,951.	-413,249.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	4,890,446.	2,068,914.
	<b>21</b>	Total liabilities (Part X, line 26)	1,051,247.	949,582.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,839,199.	1,119,332.

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

<b>Sign Here</b>	Signature of officer	Date 12-23-15
	DR. JUDITH SALERNO Type or print name and title CEO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATHLEEN MOSELEY Preparer's signature	Date 12/15/15
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Check <input type="checkbox"/> if self-employed PTIN P00116760
	Firm's address ▶ 425 HOUSTON STREET, SUITE 600, FORT WORTH, TX 76102	Firm's EIN ▶ 34-6565596 Phone no. 817-335-1900

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code: ) (Expenses \$ 1,296,240. including grants of \$ 337,250. ) (Revenue \$ 11,374. ) PUBLIC HEALTH EDUCATION PROGRAMS TO INCREASE THE PUBLIC'S AWARENESS OF BREAST CANCER INCLUDING, AMONG OTHER THINGS, RISK REDUCTION, EARLY DETECTION AND TREATMENT. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code: ) (Expenses \$ 282,871. including grants of \$ 225,250. ) (Revenue \$ 0 ) BREAST CANCER SCREENING, DIAGNOSIS AND TREATMENT PROGRAMS AND GRANTS. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: ) (Expenses \$ 267,766. including grants of \$ 0 ) (Revenue \$ 0 ) RESEARCH PAYMENTS TO PARENT FUND GRANTS TO OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH, AS WELL AS RESEARCH RESOURCES AND CONFERENCES THAT FURTHER THE BREAST CANCER RESEARCH AGENDA. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 162,697. including grants of \$ 132,994. ) (Revenue \$ 0 )

4e Total program service expenses 2,009,574.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

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

**Section C. Disclosure**

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

DR. JUDITH SALERNO, CEO 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244-6125 972-855-1600

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT DOVE PRESIDENT	1.00 0	X		X				0	0	0
(2) TINA FOSTER VICE PRESIDENT	2.00 0	X		X				0	0	0
(3) ALEC VESELY TREASURER	5.00 0	X		X				0	0	0
(4) CELIA AUSTIN SECRETARY	2.00 0	X		X				0	0	0
(5) ALETHA ANDERSON BOARD MEMBER	1.00 0	X						0	0	0
(6) REV. DR. T. ALLEN BETHEL BOARD MEMBER	1.00 0	X						0	0	0
(7) PATRICIA BROWN BOARD MEMBER	1.00 0	X						0	0	0
(8) GALE CASTILLO BOARD MEMBER (UNTIL 12/15/14)	1.00 0	X						0	0	0
(9) GLORIA CORONADO BOARD MEMBER	1.00 0	X						0	0	0
(10) TERESA HANNA BOARD MEMBER	1.00 0	X						0	0	0
(11) NATHALIE JOHNSON BOARD MEMBER	1.00 0	X						0	0	0
(12) SUE MCGRATH BOARD MEMBER (BEGIN 5/21/14)	1.00 0	X						0	0	0
(13) TRACY SAVAGE MOLLENHOLT BOARD MEMBER (UNTIL 12/31/14)	1.00 0	X						0	0	0
(14) PAUL DE MUNIZ BOARD MEMBER (UNTIL 1/6/15)	1.00 0	X						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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) LAURIE RESER BOARD MEMBER	1.00 0	X						0	0	0
16) CHARLENE ZIDELL BOARD MEMBER	1.00 0	X						0	0	0
17) THOMAS BRUNER CEO	60.00 0				X			185,769.	0	0
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							185,769.	0	0	
<b>d Total (add lines 1b and 1c)</b> . . . . .							185,769.	0	0	

**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 **▶** 1

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 0



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	20,749.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,260,489.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	567,069.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		74,106.				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,848,307.				
<b>Program Service Revenue</b>	<b>2a</b> MISSIONS RELATED REVENUE	<b>Business Code</b>	900099	50.	50.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			50.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			2,613.			2,613.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0			
	<b>5</b> Royalties . . . . . ▶			2.			2.
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d Net rental income or (loss)</b> . . . . . ▶			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d Net gain or (loss)</b> . . . . . ▶			0		
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,260,489.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		481,423.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	241,252.			
		<b>c Net income or (loss) from fundraising events</b> . . . . . ▶			240,171.		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c Net income or (loss) from gaming activities</b> . . . . . ▶				0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		29,943.				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	18,619.				
	<b>c Net income or (loss) from sales of inventory</b> . . . . . ▶			11,324.	11,324.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> INTERCOMPANY REVENUE			900099	48,001.			48,001.
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				48,001.			
<b>12 Total revenue.</b> See instructions . . . . . ▶				2,150,468.	11,374.		290,787.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	695,494.	695,494.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	185,770.	122,608.	7,431.	55,731.
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			
7 Other salaries and wages . . . . .	645,436.	423,572.	29,580.	192,284.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	100,553.	71,691.	276.	28,586.
10 Payroll taxes . . . . .	75,069.	48,546.	2,935.	23,588.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	0			
d Lobbying . . . . .	1,322.	1,322.		
e Professional fundraising services. See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	65,980.	43,295.	558.	22,127.
12 Advertising and promotion . . . . .	24,992.	11,980.	309.	12,703.
13 Office expenses . . . . .	135,449.	44,089.	9,040.	82,320.
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	60,114.	42,613.	-1,722.	19,223.
17 Travel . . . . .	22,919.	15,381.	3,599.	3,939.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	9,760.	8,285.	315.	1,160.
20 Interest . . . . .	176.		176.	
21 Payments to affiliates . . . . .	267,766.	267,766.		
22 Depreciation, depletion, and amortization . . . . .	0			
23 Insurance . . . . .	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONSULTING &amp; PROF. SVCS.</u> . . . . .	40,073.	25,518.	177.	14,378.
b <u>RACE PRODUCTION</u> . . . . .	206,373.	162,182.	-413.	44,604.
c <u>FOOD AND BEVERAGE</u> . . . . .	16,795.	16,514.	35.	246.
d <u>GIFTS AND RECOGNITION</u> . . . . .	1,084.	243.	115.	726.
e All other expenses . . . . .	8,592.	8,475.	41.	76.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,563,717.</b>	<b>2,009,574.</b>	<b>52,452.</b>	<b>501,691.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	525,618.	361,760.		163,858.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	75.	<b>1</b>	675.
	<b>2</b> Savings and temporary cash investments	2,085,934.	<b>2</b>	1,848,452.
	<b>3</b> Pledges and grants receivable, net	2,744,695.	<b>3</b>	165,140.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	148.	<b>8</b>	12,773.
	<b>9</b> Prepaid expenses and deferred charges	43,723.	<b>9</b>	7,710.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 53,275.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 53,275.	<b>10c</b>	0
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	15,871.	<b>15</b>	34,164.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,890,446.	<b>16</b>	2,068,914.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	95,856.	<b>17</b>	105,200.
	<b>18</b> Grants payable	786,535.	<b>18</b>	731,994.
	<b>19</b> Deferred revenue	55,606.	<b>19</b>	54,033.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	113,250.	<b>25</b>	58,355.
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,051,247.	<b>26</b>	949,582.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,098,467.	<b>27</b>	784,789.
	<b>28</b> Temporarily restricted net assets	2,740,732.	<b>28</b>	334,543.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	3,839,199.	<b>33</b>	1,119,332.	
<b>34</b> Total liabilities and net assets/fund balances	4,890,446.	<b>34</b>	2,068,914.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,150,468.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,563,717.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-413,249.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,839,199.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	-2,306,618.
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,119,332.

**Part XII Financial Statements and Reporting**

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

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE**  
**SUSAN G. KOMEN BREAST CANCER FOUNDATION**

Employer identification number  
**93-1068897**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,785,100.	2,836,067.	1,881,846.	2,130,001.	1,848,307.	11,481,321.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	2,785,100.	2,836,067.	1,881,846.	2,130,001.	1,848,307.	11,481,321.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						404,525.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,076,796.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,785,100.	2,836,067.	1,881,846.	2,130,001.	1,848,307.	11,481,321.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	8,267.	4,303.	3,232.	2,497.	2,615.	20,914.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						11,502,235.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,961,877.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.30%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.89%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

**7**  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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

Table with 2 columns: Name of organization (THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION) and Employer identification number (93-1068897)

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		1,136.	50,978.
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		186.	31,456.
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		1,322.	82,434.
<b>d</b> Other exempt purpose expenditures . . . . .		2,509,944.	227,762,482.
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		2,511,266.	227,844,916.
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		275,563.	1,000,000.
<b>If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:</b>			
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		68,891.	250,000.
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0	0
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0	0
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	656,218.	144,834.	98,255.	82,434.	981,741.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	519,831.	83,839.	68,694.	50,978.	723,342.

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

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

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

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

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

**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.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Table with 2 columns: Name of the organization (SUSAN G. KOMEN BREAST CANCER FOUNDATION) and Employer identification number (93-1068897)

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 2 columns: Question number, Answer. Includes questions 1-9 regarding conservation easements and a sub-table for line 2d.

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

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

Table with 2 columns: Question number, Answer. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2014

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		27,630.	27,630.	
<b>e</b> Other		25,645.	25,645.	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	▶			



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO KOMEN PARENT	57,505.	
(3) ACCRUED LIABILITIES	850.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		58,355.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

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

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FIN 48 (ASC 740) FINANCIAL STATEMENT DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO UNCERTAIN TAX POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT MARCH 31, 2015 OR MARCH 31, 2014.

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE**  
**SUSAN G. KOMEN BREAST CANCER FOUNDATION**

Employer identification number  
**93-1068897**

**Part I**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RACE FOR CURE (event type)	(event type)	3. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,394,540.		347,372.	1,741,912.
	<b>2</b> Less: Contributions . . . . .	963,789.		296,700.	1,260,489.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	430,751.		50,672.	481,423.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	22,333.			22,333.
	<b>6</b> Rent/facility costs . . . . .	74.		16,033.	16,107.
	<b>7</b> Food and beverages . . . . .	151,668.		20,990.	172,658.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	24,384.		5,770.	30,154.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				241,252.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				240,171.

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART II - NET INCOME SUMMARY

GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF CONTRIBUTIONS PER IRS

INSTRUCTIONS. THE CONTRIBUTIONS FOR FYE 3/31/15 WERE \$1,260,489.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE  
SUSAN G. KOMEN BREAST CANCER FOUNDATION

Employer identification number  
93-1068897

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED STATEMENT			748,535.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12.

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

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

Schedule I (Form 990) (2014)

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

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

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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

FORM 990, SCHEDULE I, PART I, LINE 2

AFFILIATES REQUIRE GRANTEES TO SUBMIT PROGRESS AND FINAL REPORTS THAT PROVIDE INFORMATION ABOUT PROGRESS MADE TOWARD THE FUNDED PROGRAM'S GOALS AND OBJECTIVES AND A FINANCIAL REPORT ON THE EXPENDITURE OF FUNDS AWARDED. FUTURE PAYMENTS UNDER THE GRANT ARE CONTINGENT UPON AFFILIATES' RECEIPT OF SATISFACTORY REPORTS. IF THE REPORTS DO NOT REFLECT SATISFACTORY PROGRESS OR THERE IS A CONCERN ABOUT THE EXPENDITURE OF FUNDS, AFFILIATES MAY EITHER TERMINATE THE GRANT OR REFUSE TO ISSUE ADDITIONAL PAYMENTS UNTIL CORRECTIVE ACTION IS TAKEN. AFFILIATES ALSO MAY



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

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

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

CONDUCT SITE VISITS IN ORDER TO BUILD STRONGER RELATIONSHIPS WITH  
GRANTEES, TO GAIN A BETTER UNDERSTANDING OF THEIR WORK, AND TO ADDRESS  
ANY CHALLENGES OR PROBLEMS THE GRANTEES MAY BE FACING.

AFFILIATE FORM 990 NOT FILED WITH IRS

SUSAN G. KOMEN BREAST CANCER FOUNDATION - GROUP

YEAR ENDED MARCH 31, 2015

SCHEDULE I

Recipient Name	Street Address	City	State	Zip	EIN #	IRS Section	Total Amount of Cash Grants	Method of Valuation	Description of Non-Cash assistance	Purpose of Grant - Education, Screening or Treatment
<b>OR100-The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc</b>										
211 Info	P.O. Box 11830	Portland	OR	97211	930784586	501c3	90,000			Treatment
Community Cancer Foundation	2880 NW Stewart Parkway, Suite 100	Roseburg	OR	97471	930748388	501c3	60,000			Education
Emanuel Medical Center Foundation	P.O. Box 4484	Portland	OR	97208	936095667	501c3	35,000			Education
Familias en Accion	2710 NE 14th Avenue	Portland	OR	97212	931284335	501c3	6,911			Education
Familias en Accion	2710 NE 14th Avenue	Portland	OR	97212	931284335	501c3	5,183			Screening
Familias en Accion	2710 NE 14th Avenue	Portland	OR	97212	931284335	501c3	22,461			Treatment
Providence Health Foundation	811 13th Ave	Hood River	OR	97031	320014330	501c3	26,250			Education
Providence Health Foundation	811 13th Ave	Hood River	OR	97031	320014330	501c3	8,750			Treatment
Russian Oregon Social Services	245 SW Bancroft St. Ste B	Portland	OR	97239	930625359	501c3	8,745			Education
Russian Oregon Social Services	245 SW Bancroft St. Ste B	Portland	OR	97239	930625359	501c3	26,235			Screening
Saint Alphonsus Medical center - Ontario	351 SW 9th St.	Ontario	OR	97914	271789847	501c3	5,250			Screening
Saint Alphonsus Medical center - Ontario	351 SW 9th St.	Ontario	OR	97914	271789847	501c3	29,750			Treatment
Samaritan Health Services INC	815 NW 9th St. Ste 136	Corvallis	OR	97330	930951989	501c3	60,000			Education
State of Oregon Dept of Public Health	800 NE Oregon St. Suite 370	Portland	OR	97232	936001752	501c3	122,500			Education
State of Oregon Dept of Public Health	800 NE Oregon St. Suite 370	Portland	OR	97232	936001752	501c3	127,500			Screening
State of Washington DOH	310 Israel Rd. SE P.O. Box 47880	Olympia	WA	98504	911444603	501c3	42,000			Screening
The Wallace Medical Concern	124 NE 181st St. Ste. 103	Portland	OR	97230	930853709	501c3	10,440			Education
The Wallace Medical Concern	124 NE 181st St. Ste. 103	Portland	OR	97230	930853709	501c3	13,680			Screening
The Wallace Medical Concern	124 NE 181st St. Ste. 103	Portland	OR	97230	930853709	501c3	11,880			Treatment
Virginia Garcia Memorial Health Center	P.O. Box 568	Cornelius	OR	97113	930717997	501c3	18,000			Education
Virginia Garcia Memorial Health Center	P.O. Box 568	Cornelius	OR	97113	930717997	501c3	18,000			Screening
							748,535			

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2014**

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

▶ Attach to Form 990.

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE**  
**SUSAN G. KOMEN BREAST CANCER FOUNDATION**

Employer identification number  
**93-1068897**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS BRUNER 1 CEO	(i)	173,077.	0	12,692.	0	0	185,769.	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

---

**Part III Supplemental Information**

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

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SUPPLEMENTAL COMPENSATION INFORMATION

SEE THE SCHEDULE O DETAIL FOR PART VI, QUESTIONS 15A AND 15B FOR MORE INFORMATION.

AFFILIATE FORM 990 NOT FILED WITH IRS

SUSAN G. KOMEN BREAST CANCER FOUNDATION - GROUP

YEAR ENDED MARCH 31, 2015

SCHEDULE I

Recipient Name	Street Address	City	State	Zip	EIN #	IRS Section	Total Amount of Cash Grants	Method of Valuation	Description of Non-Cash assistance	Purpose of Grant - Education, Screening or Treatment
<b>OR100-The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc</b>										
211 Info	P.O. Box 11830	Portland	OR	97211	930784586	501c3	90,000			Treatment
Community Cancer Foundation	2880 NW Stewart Parkway, Suite 100	Roseburg	OR	97471	930748388	501c3	60,000			Education
Emanuel Medical Center Foundation	P.O. Box 4484	Portland	OR	97208	936095667	501c3	35,000			Education
Familias en Accion	2710 NE 14th Avenue	Portland	OR	97212	931284335	501c3	6,911			Education
Familias en Accion	2710 NE 14th Avenue	Portland	OR	97212	931284335	501c3	5,183			Screening
Familias en Accion	2710 NE 14th Avenue	Portland	OR	97212	931284335	501c3	22,461			Treatment
Providence Health Foundation	811 13th Ave	Hood River	OR	97031	320014330	501c3	26,250			Education
Providence Health Foundation	811 13th Ave	Hood River	OR	97031	320014330	501c3	8,750			Treatment
Russian Oregon Social Services	245 SW Bancroft St. Ste B	Portland	OR	97239	930625359	501c3	8,745			Education
Russian Oregon Social Services	245 SW Bancroft St. Ste B	Portland	OR	97239	930625359	501c3	26,235			Screening
Saint Alphonsus Medical center - Ontario	351 SW 9th St.	Ontario	OR	97914	271789847	501c3	5,250			Screening
Saint Alphonsus Medical center - Ontario	351 SW 9th St.	Ontario	OR	97914	271789847	501c3	29,750			Treatment
Samaritan Health Services INC	815 NW 9th St. Ste 136	Corvallis	OR	97330	930951989	501c3	60,000			Education
State of Oregon Dept of Public Health	800 NE Oregon St. Suite 370	Portland	OR	97232	936001752	501c3	122,500			Education
State of Oregon Dept of Public Health	800 NE Oregon St. Suite 370	Portland	OR	97232	936001752	501c3	127,500			Screening
State of Washington DOH	310 Israel Rd. SE P.O. Box 47880	Olympia	WA	98504	911444603	501c3	42,000			Screening
The Wallace Medical Concern	124 NE 181st St. Ste. 103	Portland	OR	97230	930853709	501c3	10,440			Education
The Wallace Medical Concern	124 NE 181st St. Ste. 103	Portland	OR	97230	930853709	501c3	13,680			Screening
The Wallace Medical Concern	124 NE 181st St. Ste. 103	Portland	OR	97230	930853709	501c3	11,880			Treatment
Virginia Garcia Memorial Health Center	P.O. Box 568	Cornelius	OR	97113	930717997	501c3	18,000			Education
Virginia Garcia Memorial Health Center	P.O. Box 568	Cornelius	OR	97113	930717997	501c3	18,000			Screening
							748,535			

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE**  
**SUSAN G. KOMEN BREAST CANCER FOUNDATION**

Employer identification number  
**93-1068897**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .			74,106.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) (2014)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
EVENT-RELATED ITEMS	X		74,106.	FMV OF DONATED PROP
TOTALS			<u>74,106.</u>	



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

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 93-1068897
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FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SUSAN G. KOMEN IS THE WORLD'S LARGEST BREAST CANCER ORGANIZATION, FUNDING MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT WHILE PROVIDING REAL-TIME HELP TO THOSE FACING THE DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED MORE THAN \$890 MILLION IN RESEARCH AND PROVIDED \$1.9 BILLION IN FUNDING TO SCREENING, EDUCATION, TREATMENT AND PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 30 COUNTRIES WORLDWIDE. KOMEN WAS FOUNDED BY NANCY G. BRINKER, WHO PROMISED HER SISTER, SUSAN G. KOMEN, THAT SHE WOULD END THE DISEASE THAT CLAIMED SUZY'S LIFE.

A - EDUCATION

THE KOMEN ORGANIZATION IS A TRUSTED SOURCE OF BREAST HEALTH AND 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.

KOMEN AFFILIATES DISTRIBUTE KOMEN'S SCIENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. MORE THAN THREE MILLION EDUCATIONAL MATERIALS WERE DISTRIBUTED IN FISCAL YEAR 2015. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE THE FOLLOWING:

- BREAST SELF-AWARENESS CARDS IN 40 LANGUAGES FOR 41 SPECIFIC AUDIENCES
- BREAST CANCER AWARENESS AND BREAST CANCER SPECIFIC BROCHURES AND FACT

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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SHEETS

- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS

I AM THE CURE® IS AN EDUCATIONAL PROGRAM THAT PROVIDES SIMPLE, ACTION-ORIENTED, BREAST HEALTH INFORMATION TO PARTICIPANTS IN THE SUSAN G. KOMEN RACE FOR THE CURE® SERIES. LAST YEAR, NEARLY 1.2 MILLION PEOPLE PARTICIPATED IN A RACE FOR THE CURE EVENT. A FORMAL EVALUATION SHOWED THAT 82% OF PARTICIPANTS RECALLED THE MESSAGE THAT EARLY DETECTION IS IMPORTANT TO SURVIVAL.

IN COMMUNITIES AROUND THE UNITED STATES, KOMEN AFFILIATES SUPPORT PROGRAMS THAT RAISE AWARENESS ABOUT BREAST CANCER, ITS RISK FACTORS, AND WHERE TO GO FOR HELP.

B - SCREENING

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

C - RESEARCH

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO COUNTLESS MAJOR ADVANCES IN BREAST CANCER SCIENCE. IN JUST ONE GENERATION, THE PROGRESS HAS BEEN SIGNIFICANT - TODAY, WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE DISEASE. WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER AND THE CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT AND PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION MEDICINE.

KOMEN'S RESEARCH PROGRAMS ARE DESIGNED TO UNDERSTAND THE BIOLOGY OF BREAST CANCER AND ADVANCE THE TRANSLATION OF RESEARCH DISCOVERIES INTO NEW WAYS TO DETECT, DIAGNOSE, TREAT, AND PREVENT BREAST CANCER, IN ORDER TO REDUCE BREAST CANCER INCIDENCE AND MORTALITY WITHIN THE NEXT DECADE.

TO ENSURE MAXIMUM IMPACT, KOMEN CALLS ON ITS MISSION ADVISORS-THE BEST AND BRIGHTEST BREAST CANCER RESEARCHERS, CLINICIANS, ADVOCATES AND OTHER EXPERTS- TO HELP GUIDE AND IMPLEMENT OUR MISSION PROGRAMS. THANKS TO THEIR EFFORTS, WE ARE DRIVING DISCOVERY, AFFECTING CHANGE AND ACCELERATING PROGRESS IN THE FIGHT AGAINST BREAST CANCER. THE SCIENTIFIC ADVISORY BOARD (SAB) PROVIDES STRATEGIC GUIDANCE AND DIRECTION FOR OUR RESEARCH AND SCIENTIFIC PROGRAMS, AND PLAYS A KEY ROLE IN GUIDING AND PRIORITIZING KOMEN'S GLOBAL RESEARCH INVESTMENT. THE SAB IS LED BY THE CHIEF SCIENTIFIC ADVISORS AND SERVES AS THE EXECUTIVE COMMITTEE OF THE KOMEN SCHOLARS. THE KOMEN SCHOLARS ARE AN ADVISORY GROUP OF 60 DISTINGUISHED LEADERS IN BREAST CANCER RESEARCH AND ADVOCACY.

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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REPRESENTING MORE THAN 32 INSTITUTIONS IN SEVEN COUNTRIES, THEIR EXPERTISE INCLUDES CLINICAL RESEARCH, LABORATORY RESEARCH, PATHOLOGY, PREVENTION, RADIATION ONCOLOGY, SURGERY AND OTHER DISCIPLINES AND SPECIALTIES. THEY CONTRIBUTE TO KOMEN MISSION PROGRAMS, ACTIVITIES AND EVENTS IN MANY WAYS—MOST NOTABLY BY LEADING AND PARTICIPATING AS REVIEWERS IN OUR SCIENTIFIC PEER REVIEW PROCESS— AND ACT AS OUR AMBASSADORS IN COMMUNITIES AROUND THE U.S. AND THE WORLD.

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

WHILE AFFILIATES DO NOT FUND RESEARCH GRANTS DIRECTLY, A PORTION OF THE NET FUNDS RAISED BY EVERY AFFILIATE (APPROXIMATELY 25%) GOES TO SUPPORT THE RESEARCH AND TRAINING GRANT PROGRAM AT KOMEN HEADQUARTERS. IN FISCAL YEAR 2015, KOMEN AWARDED 122 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND TRAINING IN THE UNITED

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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STATES, AUSTRALIA, BRAZIL, CANADA, ENGLAND, ISRAEL, ITALY, JORDAN, MEXICO, PANAMA, SPAIN AND SWITZERLAND.

D - TREATMENT

BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATION GROUPS. THE MOST COMMON BARRIERS TO QUALITY CARE INCLUDE: ABILITY TO PAY FOR CARE, LANGUAGE/CULTURE, COMMUNICATION, LACK OF TRANSPORTATION, BIAS AND FEAR. FOR THESE REASONS, KOMEN AFFILIATES SUPPORT PROGRAMS THAT CONNECT PEOPLE WITH LOCAL RESOURCES, PSYCHOSOCIAL SUPPORT, AND PROVIDE CRITICAL FINANCIAL ASSISTANCE.

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY OTHER PERSONS  
 FORM 990, PART VI, LINE 7B

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

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

AS PART OF THE YEAR END FINANCIAL STATEMENT AND FORM 990 PREPARATION PROCESS, THE MANAGEMENT OF EACH AFFILIATE PREPARES A WORKBOOK DETAILING KEY INFORMATION NECESSARY TO ACCURATELY COMPLETE THE GROUP FORM 990. THIS

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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INFORMATION IS REVIEWED BY THE PARENT ORGANIZATION'S MANAGEMENT AND USED TO PREPARE THE MATERIALS FOR THE FORM 990 WITH THE ASSISTANCE OF AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVELS OF THE PARENT ORGANIZATION'S MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990, WHICH IS THEN PRESENTED TO THE KOMEN PARENT AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING. THE PUBLIC DISCLOSURE COPY OF THE GROUP FORM 990 IS ALSO MADE AVAILABLE TO EACH AFFILIATE BOARD PRIOR TO FILING.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C

THE ORGANIZATION PRODUCES AN ANNUAL SURVEY REQUIRING ALL AFFILIATE EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS AND KEY VOLUNTEERS TO DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS. ANY REPORTED CONFLICTS ARE REVIEWED BY KOMEN AFFILIATE STAFF AND REPORTED TO THE AFFILIATE BOARD OF DIRECTORS FOR REVIEW AND APPROPRIATE ACTION, SUCH AS RECUSAL FROM DECISIONS IMPACTED BY A CONFLICT OF INTEREST. IN ADDITION, AFFILIATE EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS AND KEY VOLUNTEERS ARE REQUIRED TO UPDATE THEIR CONFLICT OF INTEREST STATEMENTS DURING THE YEAR.

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

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

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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THE GENERAL PROCESS IS AS FOLLOWS:

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

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19

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

PAYMENT TO AFFILIATES

FORM 990, PART IX, LINE 21

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION AFFILIATES (THE KOMEN AFFILIATES) PAY A PREDETERMINED PERCENTAGE (MINIMUM OF 25%) OF THEIR NET MONIES RAISED TO THE FOUNDATION (THE KOMEN PARENT) TO HELP FUND THE KOMEN PARENT RESEARCH GRANT PROGRAMS. KOMEN PARENT'S RESEARCH PROGRAMS ARE DESIGNED TO ADVANCE THE TRANSLATION OF RESEARCH DISCOVERIES INTO NEW WAYS

Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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TO PREVENT, DETECT, DIAGNOSE AND TREAT BREAST CANCER, IN ORDER TO REDUCE BREAST CANCER INCIDENCE AND MORTALITY WITHIN THE NEXT DECADE. TO ENSURE MAXIMUM IMPACT FOR ITS RESEARCH DOLLARS, KOMEN PARENT IS GUIDED BY A SCIENTIFIC ADVISORY BOARD, A GROUP OF INTERNATIONALLY RECOGNIZED DOCTORS, SCIENTISTS AND ADVOCATES, AND CONSULTS WITH THE KOMEN SCHOLARS, A GROUP COMPRISED OF 60 DOCTORS, SCIENTISTS AND ADVOCATES.

KOMEN PARENT AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND ORGANIZATIONS AROUND THE WORLD THROUGH A FAIR, TRANSPARENT AND RIGOROUS COMPETITIVE REVIEW PROCESS THAT ENSURE MAXIMUM IMPACT FOR ITS RESEARCH DOLLARS.

FOR FURTHER INFORMATION, SEE FORM 990, PART III, PRIMARY EXEMPT PURPOSE AND PROGRAM SERVICE ACCOMPLISHMENTS.

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS  
 FORM 990, SCHEDULE L, PART IV

SOME KOMEN AFFILIATE BOARD MEMBERS ARE ALSO EMPLOYEES OF KOMEN EVENT SPONSORS, RACE FOR THE CURE SPONSORS, OR VENDORS. EACH AFFILIATE HAS PROCESSES TO ENSURE TRANSACTIONS UNDERTAKEN WITH COMPANIES AND INDIVIDUALS ASSOCIATED WITH BOARD MEMBERS ARE NEGOTIATED AT ARM'S LENGTH AND REPRESENT FAIR MARKET VALUE.

SOME BOARD MEMBERS OF SUSAN G. KOMEN AFFILIATES ARE ALSO EMPLOYEES OF ORGANIZATIONS THAT QUALIFY TO RECEIVE GRANTS FROM THE KOMEN AFFILIATES. THE KOMEN AFFILIATES HAVE STRICT POLICIES REGARDING THE REVIEW AND GRANT



Name of the organization THE OREGON AND SOUTHWEST WASHINGTON AFFILIATE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number
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AWARD APPROVAL PROCESS, WHICH INCLUDE THE PROCESSING OF GRANT APPLICATIONS THROUGH AN INDEPENDENT AND OBJECTIVE KOMEN AFFILIATE REVIEW PROCESS. A VOLUNTEER REVIEW PANEL EVALUATES AND RECOMMENDS WHICH ORGANIZATIONS SHOULD RECEIVE GRANT FUNDS. PANEL MEMBERS MUST CONFIRM THAT THEY HAVE NO CONFLICT OF INTEREST IN THESE DECISIONS. ONCE THE REVIEW PANEL'S RECOMMENDATIONS ARE SENT TO THE INDIVIDUAL KOMEN AFFILIATE BOARD FOR APPROVAL, ANY KOMEN AFFILIATE BOARD MEMBERS WHO ARE ALSO MEMBERS OF THE ORGANIZATIONS BEING RECOMMENDED TO RECEIVE GRANT FUNDS MUST ABSTAIN FROM ANY DISCUSSION OR VOTING ON THE APPROVAL OF GRANT AWARDS.

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

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

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

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

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
16 Central Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 56-2613151	-	-	-	187,720	187,720
17 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	-	-	2,053,287	2,053,287
18 Chattanooga Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875175	-	-	-	429,666	429,666
19 The Chicagoland Area Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 36-4111723	-	-	-	2,310,450	2,310,450
20 Colorado Springs Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844654	-	-	-	537,383	537,383
21 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844651	2,795	1,440	4,235	3,151,607	3,155,842
22 Connecticut Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844629	-	-	-	1,737,304	1,737,304
23 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2444724	-	-	-	2,532,269	2,532,269
24 The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 84-1199858	3,349	918	4,267	3,808,716	3,812,983
25 The Des Moines Chapter of the Susan G. Komen Breast Cancer Foundation EIN # 42-1438018	-	-	-	783,274	783,274
26 Eastern Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0578449	-	-	-	588,824	588,824
27 Elmira Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844630	-	-	-	246,744	246,744
28 El Paso Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2723408	-	-	-	278,809	278,809
29 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2870702	3,803	-	3,803	439,714	443,517
30 The Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 58-1959763	-	-	-	2,698,884	2,698,884
31 Grand Rapids Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844631	-	-	-	1,499,945	1,499,945

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

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
32 Greater Amarillo Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	-	-	292,923	292,923
33 Greater Cincinnati Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	1,015,494	1,015,494
34 Greater Evansville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	-	-	713,460	713,460
35 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	-	-	-	1,328,814	1,328,814
36 The Greater Nashville Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 62-1671774	-	-	-	996,383	996,383
37 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	9,113	-	9,113	4,117,538	4,126,651
38 Greater Richmond, Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844659	-	-	-	725,031	725,031
39 Greater Roanoke Valley Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2619425	-	-	-	640,400	640,400
40 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	517,029	517,029
41 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 76-0360372	-	-	-	3,297,366	3,297,366
42 Indianapolis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2941627	-	-	-	1,706,766	1,706,766
43 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 33-0802964	-	1,089	1,089	810,589	811,678
44 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	-	-	824,211	824,211
45 The Las Vegas Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 88-0372386	6,965	-	6,965	877,202	884,167
46 Lexington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854969	-	-	-	522,169	522,169
47 The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 95-4582064	-	1,815	1,815	1,241,857	1,243,672

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

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
48 Louisville, Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	847,604	847,604
49 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844655	-	-	-	908,936	908,936
50 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2509762	-	-	-	439,967	439,967
51 Madison Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855043	-	-	-	838,629	838,629
52 Maine Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #75-2844637	-	-	-	230,114	230,114
53 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 52-2053491	-	-	-	2,677,439	2,677,439
54 Massachusetts Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854961	-	-	-	543,482	543,482
55 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	1,086,090	1,086,090
56 Miami Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	415	415	1,623,697	1,624,112
57 Mid-Kansas Chapter of the Susan G. Komen Foundation EIN# 48-1120492	-	-	-	619,700	619,700
58 Mid-Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2583638	-	-	-	168,280	168,280
59 Milwaukee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844639	-	-	-	2,165,671	2,165,671
60 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 41-1924790	-	-	-	1,976,708	1,976,708
61 Montana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845067	-	-	-	231,152	231,152
62 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-0056671	-	-	-	1,213,971	1,213,971
63 The Susan G. Komen Breast Cancer Foundation, New Orleans Chapter EIN# 72-1222127	-	-	-	990,910	990,910

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

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
64 North Carolina Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875177	-	-	-	52,596	52,596
65 North Carolina Triad Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	-	-	-	830,787	830,787
66 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845066	-	-	-	1,610,183	1,610,183
67 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844656	6,833	5,048	11,881	1,190,809	1,202,690
68 Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854968	1,160	-	1,160	235,426	236,586
69 The Northeastern Pennsylvania Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 23-2657570	-	-	-	407,517	407,517
70 The Northeast Louisiana Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 93-1225877	-	-	-	274,974	274,974
71 The Northeast Ohio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 34-1793460	-	347	347	1,111,292	1,111,639
72 Northern Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583632	-	-	-	125,967	125,967
73 Northern Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855035	343	-	343	416,243	416,586
74 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844636	-	-	-	307,069	307,069
75 The North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 22-3528454	-	-	-	1,373,712	1,373,712
76 North Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844621	-	-	-	277,987	277,987
77 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2356437	-	-	-	1,029,510	1,029,510
78 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845063	827	-	827	1,305,525	1,306,352
79 The Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0487943	245	3,358	3,603	3,214,653	3,218,256

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

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
80 The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 93-1068897	1,136	186	1,322	2,509,944	2,511,266
81 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845062	-	-	-	1,334,512	1,334,512
82 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc EIN# 75-2949264	-	-	-	3,817,324	3,817,324
83 Phoenix Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845061	19	58	77	1,853,295	1,853,372
84 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0665396	-	-	-	2,076,132	2,076,132
85 The Peoria Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 37-1286285	-	-	-	1,670,677	1,670,677
86 The Puget Sound Chapter of the Susan G. Komen Foundation EIN# 91-1624040	-	15	15	2,533,100	2,533,115
87 Quad Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844660	-	-	-	471,243	471,243
88 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3169358	5,256	1,659	6,915	975,991	982,906
89 Siouland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 86-1102587	-	-	-	126,138	126,138
90 St. Louis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844650	-	-	-	2,338,109	2,338,109
91 The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 94-3047626	4,918	5,042	9,960	649,957	659,917
92 Salt Lake City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	-	-	-	830,439	830,439
93 The San Antonio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2856696	-	-	-	1,197,061	1,197,061
94 The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 33-0638911	661	5,993	6,654	2,018,454	2,025,108
95 Shreveport Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844653	791	-	791	376,649	377,440

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

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
96 Southeast Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	687,161	687,161
97 Southern Arizona Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844652	-	-	-	634,629	634,629
98 South Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-1114233	-	186	186	362,113	362,299
99 The South Florida Chapter of the Komen Foundation, Inc. EIN# 65-0254225	-	1,607	1,607	1,357,713	1,359,320
100 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 68-0523074	1	-	1	1,001,556	1,001,557
101 The Susan G. Komen Breast Cancer Foundation, Tarrant County Affiliate EIN# 75-2445070	-	-	-	1,393,390	1,393,390
102 Texarkana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844649	-	-	-	482,040	482,040
103 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	60	2,436	2,496	742,689	745,185
104 Tri-Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 84-1689067	-	17	17	375,031	375,048
105 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854974	-	-	-	895,128	895,128
106 Tyler Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2764235	-	-	-	326,835	326,835
107 Upper Cumberland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 20-5956855	-	-	-	187,110	187,110
108 Upstate South Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854973	1,409	-	1,409	472,875	474,284
109 Vermont-New Hampshire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844657	-	-	-	498,805	498,805
110 Wabash Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844615	-	-	-	94,929	94,929
111 The Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	-	-	728,843	728,843



AFFILIATE FORM 990 NOT FILED WITH IRS

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

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
112 West Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2885304	-	-	-	378,342	378,342
113 Wichita Falls Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844658	-	-	-	149,206	149,206
114 Wyoming Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 84-1387410	-	-	-	397,861	397,861
Totals - Affiliates	50,978	31,456	82,434	119,653,160	119,735,594
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	-	-	-	108,109,322	108,109,322
Totals for Parent and Affiliates	50,978	31,456	82,434	227,762,482	227,844,916