

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2017 calendar year, or tax year beginning 04/01, 2017, and ending 03/31, 2018

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

C Name of organization: TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION

Doing Business As: _____

Number and street (or P.O. box if mail is not delivered to street address): 2216 GREEN OAKS ROAD

Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: FORT WORTH, TX 76116

F Name and address of principal officer: MARY NAN DORAN
2216 GREEN OAKS ROAD FORT WORTH, TX 76116

D Employer identification number: 75-2445070

E Telephone number: (817) 735-8580

G Gross receipts \$: 1,401,900.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number: 7164

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

J Website: WWW.KOMEN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1992 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SUSAN G. KOMEN'S MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.


3 Number of voting members of the governing body (Part VI, line 1a)	18.
4 Number of independent voting members of the governing body (Part VI, line 1b)	18.
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5.
6 Total number of volunteers (estimate if necessary)	214.
7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 34	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,327,028.	1,227,658.
	9 Program service revenue (Part VIII, line 2g)	23,100.	2,715.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,260.	31,693.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,727.	69,547.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,417,115.	1,331,613.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	423,354.	499,978.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	164,918.	209,604.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,076.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	607,348.	488,562.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,195,620.	1,198,144.
19 Revenue less expenses. Subtract line 18 from line 12	221,495.	133,469.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,803,198.	1,942,996.
	21 Total liabilities (Part X, line 26)	708,498.	703,347.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,094,700.	1,239,649.

Part II Signature Block


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

Sign Here

Signature of officer:  Date: 12-12-2018

Type or print name and title: PAULA SUE SCHNEIDER, PRESIDENT AND CEO

Paid Preparer Use Only

Print/Type preparer's name: STEPHANIE F LEW Preparer's signature:  Date: 12/03/18

Check if self-employed PTIN: P01080011

Firm's name ▶ ERNST & YOUNG U.S. LLP Firm's EIN ▶ 34-6565596

Firm's address ▶ 425 HOUSTON STREET, SUITE 600 FORT WORTH, TX 76102 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 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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 \$ 290,803. including grants of \$ 0.) (Revenue \$ 5,072.)

PROVISION OF BREAST HEALTH EDUCATION MATERIALS AND PROGRAMS BOTH THROUGH GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND DIRECTLY BY KOMEN TO INCREASE THE PUBLIC'S KNOWLEDGE OF BREAST CANCER, ITS RISK FACTORS, THE IMPORTANCE OF EARLY DETECTION AND BREAST SELF-AWARENESS, AND TREATMENT ACCESSIBILITY. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code:) (Expenses \$ 152,063. including grants of \$ 152,063.) (Revenue \$ 0.)

GRANTS TO OTHER NON-PROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER SCREENING, DIAGNOSIS, AND TREATMENT PROGRAMS WITH A SPECIAL EMPHASIS ON PATIENT NAVIGATION -- ESPECIALLY IN COMMUNITIES WHERE DISPARITIES IN OUTCOMES ARE SIGNIFICANT AND/OR ACCESS IS LIMITED. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code:) (Expenses \$ 251,201. including grants of \$ 0.) (Revenue \$ 0.)

RESEARCH PAYMENTS TO THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, PARENT (PARENT) TO FUND GRANTS TO OTHER NONPROFIT ORGANIZATIONS TO SUPPORT BREAST CANCER RESEARCH, AS WELL AS SPECIAL PROJECT, PROGRAMS, AND COLLABORATION THAT LEVERAGE RESEARCH AND COMMUNITY RESOURCES TO FACILITATE THE DEVELOPMENT OF THE INFRASTRUCTURE, TOOLS, AND OTHER MEANS TO ACCELERATE THE TRANSLATION OF SCIENTIFIC DISCOVERIES FROM BENCH TO BEDSIDE TO CURBSIDE. FUNDING FROM ORGANIZATIONS LIKE KOMEN AND ITS SUPPORTERS HAS PROVEN CRITICAL FOR ALL THESE ACTIVITIES, ESPECIALLY AT A TIME OF DIMINISHING FEDERAL FUNDING FOR CANCER RESEARCH AND FOR CLINICAL TRIALS. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

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

(Expenses \$ 347,915. including grants of \$ 347,915.) (Revenue \$)

4e Total program service expenses 1,041,982.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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:

RIA WILLIAMS 5005 LBJ FREEWAY, SUITE 526 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)CHRISTY CATES TREASURER	1.00 0.	X		X				0.	0.	0.
(2)NANCY CARTER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(3)LISA DE LA GARZA SECRETARY	1.00 0.	X		X				0.	0.	0.
(4)JOAN KATZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5)ROZANNE ROSENTHAL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6)SUZANNE SANDERS PRESIDENT	1.00 0.	X		X				0.	0.	0.
(7)RUBY SELLERS BOARD MEMBER (UNTIL 6/30/17)	1.00 0.	X						0.	0.	0.
(8)BERT THOMPSON VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(9)AUBRA PALMER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10)GINNY TIGUE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11)JENNIFER SWEENEY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12)KRISTIN JENKINS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13)MELINDA CHARBONNET BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14)SUZANNE (COTTRAUX) GROVES BOARD MEMBER	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) MARY NAN DORAN ----- PRESIDENT	1.00 ----- 0.	X		X				0.	0.	0.
(16) BROCK PETERS ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(17) DIANA MADDOX JONES ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(18) KELLY HANLEY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(19) KIM LINNEAR ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----										
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	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 ▶ 0.

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	983,454.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	244,204.					
	g Noncash contributions included in lines 1a-1f: \$		27,946.					
	h Total. Add lines 1a-1f ▶			1,227,658.				
	Program Service Revenue	2a MISSION RELATED REVENUE	Business Code	900099	2,715.	2,715.		
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				2,715.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			21,874.			21,874.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			5.			5.	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
	d Net rental income or (loss) ▶				0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)		9,819.				
	d Net gain or (loss) ▶				9,819.		9,819.	
	8a Gross income from fundraising events (not including \$ 983,454. of contributions reported on line 1c). See Part IV, line 18 a			134,733.				
		b Less: direct expenses b		67,548.				
		c Net income or (loss) from fundraising events. ▶			67,185.			67,185.
	9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b								
c Net income or (loss) from gaming activities. ▶				0.				
10a Gross sales of inventory, less returns and allowances a			5,096.					
	b Less: cost of goods sold b		2,739.					
	c Net income or (loss) from sales of inventory. ▶			2,357.	2,357.			
Miscellaneous Revenue		Business Code						
11a _____								
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶				0.				
12 Total revenue. See instructions. ▶				1,331,613.	5,072.		98,883.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	499,978.	499,978.		
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	0.			
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	185,152.	133,641.	11,179.	40,332.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	7,053.	5,255.	457.	1,341.
10 Payroll taxes	17,399.	12,456.	955.	3,988.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
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.)	0.			
12 Advertising and promotion	52,286.	36,293.		15,993.
13 Office expenses	38,351.	11,648.	4,431.	22,272.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	12,851.	8,835.		4,016.
17 Travel	970.	550.		420.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,073.	848.		225.
20 Interest	105.	72.		33.
21 Payments to affiliates	251,201.	251,201.		
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 EVENT PRODUCTION	74,928.	44,667.	156.	30,105.
b CONSULTING & PROF. SVCS.	44,923.	30,092.		14,831.
c FOOD AND BEVERAGE	1,028.	683.		345.
d GIFTS AND RECOGNITION	895.	682.		213.
e All other expenses	9,951.	5,081.	2,908.	1,962.
25 Total functional expenses. Add lines 1 through 24e	1,198,144.	1,041,982.	20,086.	136,076.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	159,686.	111,704.		47,982.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	903,516.	2	979,381.
	3 Pledges and grants receivable, net	176,569.	3	182,220.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	7,718.
	9 Prepaid expenses and deferred charges	2,950.	9	3,325.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,683.		
	b Less: accumulated depreciation	10b 8,683.	10c	0.
	11 Investments - publicly traded securities	613,346.	11	727,885.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	106,817.	15	42,467.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,803,198.	16	1,942,996.	
Liabilities	17 Accounts payable and accrued expenses	31,168.	17	14,008.
	18 Grants payable	423,354.	18	509,978.
	19 Deferred revenue	37,580.	19	19,917.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	216,396.	25	159,444.
	26 Total liabilities. Add lines 17 through 25	708,498.	26	703,347.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	327,930.	27	690,608.
	28 Temporarily restricted net assets	766,770.	28	549,041.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,094,700.	33	1,239,649.
	34 Total liabilities and net assets/fund balances	1,803,198.	34	1,942,996.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,331,613.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,198,144.
3	Revenue less expenses. Subtract line 2 from line 1	3	133,469.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,094,700.
5	Net unrealized gains (losses) on investments	5	-5,871.
6	Donated services and use of facilities	6	17,351.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,239,649.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

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.

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

Name of the organization TARRANT COUNTY AFFILIATE OF THE
SUSAN G. KOMEN BREAST CANCER FOUNDATION

Employer identification number
75-2445070

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (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)						
Total						

Susan G. Komen Breast Cancer Foundation – Group
FYE 3/31/18

Schedule A, Part II

Since the mock Form 990s for the affiliates of the Susan G. Komen Breast Cancer Foundation (the organization) are not filed with the IRS, the public support test for each affiliate was not completed individually. The public support test was completed for the Group return, which is a consolidation of all the affiliates of the organization. The organization passes the support test in order to qualify as a public charity under Section 170(b)(1)(A)(vi) and the public support test percentages for the Group return have been provided on this schedule.

Schedule A, Part II, Section C, Line 14 Public Support percentage for 2017 for the Komen Group is 99.37%.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **TARRANT COUNTY AFFILIATE OF THE**
SUSAN G. KOMEN BREAST CANCER FOUNDATION

Employer identification number
75-2445070

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a 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 10 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						
Total						

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RACE FOR CURE (event type)	(event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	979,199.		138,988.	1,118,187.
	2 Less: Contributions	882,356.		101,098.	983,454.
	3 Gross income (line 1 minus line 2)	96,843.		37,890.	134,733.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	10,650.		126.	10,776.
	6 Rent/facility costs			3,300.	3,300.
	7 Food and beverages	7,269.		10,796.	18,065.
	8 Entertainment			10,000.	10,000.
	9 Other direct expenses	14,424.		10,983.	25,407.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				67,548.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				67,185.

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

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

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

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

- 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 3/31/2018 WERE \$983,454.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **TARRANT COUNTY AFFILIATE OF THE
SUSAN G. KOMEN BREAST CANCER FOUNDATION**

Employer identification number
75-2445070

Part I General Information on Grants and Assistance

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED STATEMENT			413,354.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.
- 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) (2017)

Part III Grants and Other Assistance to Domestic Individuals. 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. 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

SCHEDULE I, PART I, LINE 2

SUSAN G. KOMEN'S (KOMEN) POLICIES FOR MANAGING EDUCATION, SCREENING, AND TREATMENT GRANTS FROM THE TIME OF PRE-AWARD THROUGH CLOSEOUT ARE DESIGNED TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING A HIGH STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE REVIEW AND AWARD PROCESS.

AFFILIATES REQUIRE ALL GRANTEES TO SIGN A GRANT AGREEMENT SETTING FORTH THE TERMS OF THE GRANT INCLUDING: PURPOSE, AMOUNT, BUDGETARY

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

RESTRICTIONS, DURATION, PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AND
AUDIT AND EARLY TERMINATION RIGHTS.

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 THE
AFFILIATE'S 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

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ADDITIONAL PAYMENTS UNTIL CORRECTIVE ACTION IS TAKEN. AFFILIATES ALSO MAY CONDUCT SITE VISITS TO BUILD STRONGER RELATIONSHIPS WITH GRANTEEES, GAIN A BETTER UNDERSTANDING OF THEIR WORK, AND ADDRESS ANY CHALLENGES OR PROBLEMS THE GRANTEEES MAY BE FACING.

AFFILIATE FORM 990 NOT FILED WITH IRS

AFFILIATE FORM 990 NOT FILED WITH IRS

SUSAN G. KOMEN BREAST CANCER FOUNDATION - GROUP
 YEAR ENDED MARCH 31, 2018
 SCHEDULE I

EIN # 75-2462834
 2017 Form 990

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	
TX104 - The Susan G. Komen Breast Cancer Foundation, Tarrant County Affiliate											
Moncrief Cancer Institute / UTSW	Attn: Melanie Carithers 400 W Magnolia Avenue	Ft. Worth	TX	76104	756002868	501c3	15,733.00			Screening	
Moncrief Cancer Institute / UTSW	Attn: Melanie Carithers 400 W Magnolia Avenue	Ft. Worth	TX	76104	756002868	501c3	96,645.00			Treatment	
Moncrief Cancer Institute / UTSW	Attn: Melanie Carithers 400 W Magnolia Avenue	Ft. Worth	TX	76104	756002868	501c3	15,733.00			Screening	
Moncrief Cancer Institute / UTSW	Attn: Melanie Carithers 400 W Magnolia Avenue	Ft. Worth	TX	76104	756002868	501c3	96,645.00			Treatment	
Texas Health Harris Methodist Foundation	Attn: Shannon Fisher 612 E. Lamar, Suite 300	Arlington	TX	76011	756001743	501c3	48,867.00			Screening	
Texas Health Harris Methodist Foundation	Attn: Shannon Fisher 612 E. Lamar, Suite 300	Arlington	TX	76011	756001743	501c3	15,432.00			Treatment	
Texas Health Harris Methodist Foundation	Attn: Shannon Fisher 612 E. Lamar, Suite 300	Arlington	TX	76011	756001743	501c3	48,867.00			Screening	
Texas Health Harris Methodist Foundation	Attn: Shannon Fisher 612 E. Lamar, Suite 300	Arlington	TX	76011	756001743	501c3	15,432.00			Treatment	
American Cancer Society	3301 West Freeway	Fort Worth	TX	76107	741185665	501c3	10,000.00			Treatment	
Cancer Care Services	623 S. Henderson Attn: Margaret Barron	Fort Worth	TX	76104	751025511	501c3	25,000.00			Treatment	
Cancer Care Services	623 S. Henderson Attn: Margaret Barron	Fort Worth	TX	76104	751025511	501c3	25,000.00			Treatment	
							<u>413,354.00</u>				

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2017

**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.

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

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SUSAN G. KOMEN IS A LEADING GLOBAL BREAST CANCER ORGANIZATION, FUNDING MORE BREAST CANCER RESEARCH THAN ANY OTHER NONPROFIT OUTSIDE THE U.S. GOVERNMENT WHILE PROVIDING REAL TIME HELP TO THOSE FACING THE DISEASE. SINCE ITS FOUNDING IN 1982, KOMEN HAS FUNDED MORE THAN \$988 MILLION IN BREAST CANCER RESEARCH AND PROVIDED \$2.2 BILLION IN FUNDING FOR PATIENT NAVIGATION, SCREENING, DIAGNOSIS, TREATMENT, EDUCATION, HEALTH SYSTEMS IMPROVEMENT, AND PSYCHOSOCIAL SUPPORT PROGRAMS SERVING MILLIONS OF PEOPLE IN MORE THAN 30 COUNTRIES WORLDWIDE. KOMEN WAS FOUNDED BY NANCY G. BRINKER, WHO PROMISED HER SISTER, SUSAN G. KOMEN, THAT SHE WOULD END THE DISEASE THAT CLAIMED SUZY'S LIFE.

EDUCATION AND PATIENT SUPPORT

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

OUR WEBSITE, KOMEN.ORG, PROVIDES CURRENT, SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER, BASED ON SCIENTIFIC EVIDENCE. CONTENT IS OFFERED IN A VARIETY OF FORMATS INCLUDING INTERACTIVE VIDEO USING ANIMATION AND VOICEOVER IN ENGLISH AND SPANISH, ILLUSTRATIONS, CHARTS, GRAPHS, SHORT VIDEOS TO MEET THE LEARNING PREFERENCES AND NEEDS OF OUR WEB VISITORS. THE "ABOUT BREAST CANCER"

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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SECTION OF KOMEN'S WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER STAFF, RECEIVED MORE THAN 5.6 MILLION PAGE VIEWS DURING FY18.

KOMEN AND ITS AFFILIATES DISTRIBUTE KOMEN'S EVIDENCED-BASED, EASY-TO-READ EDUCATIONAL MATERIALS IN DOWNLOADABLE FORMATS ON KOMEN.ORG. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE: (A) BREAST SELF-AWARENESS MESSAGE CARDS IN MORE THAN 40 LANGUAGES; (B) BREAST CANCER SPECIFIC BROCHURES AND FACTSHEETS; (C) BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS; AND (D) TOOLKITS FOR BREAST CANCER OUTREACH AND EDUCATION FOR HISPANIC/LATINO IN ENGLISH AND SPANISH AND FOR BLACK AND AFRICAN-AMERICAN COMMUNITIES.

THE SUSAN G. "1-877-GO KOMEN" (877-465-6636) BREAST CARE HELPLINE OFFERS BREAST CANCER EDUCATION, PSYCHOSOCIAL SUPPORT AND INFORMATION ABOUT COMMUNITY RESOURCES FOR PATIENTS, FAMILIES, AND FRIENDS. IN FY18, KOMEN ADDED A CLINICAL TRIAL INFORMATION HELPLINE TO PROVIDE INFORMATION, RESOURCES, COACHING AND SUPPORT RELATED TO BREAST CANCER CLINICAL TRIALS. THE HELPLINE OPERATES FROM 9 A.M. - 10 P.M. E.T. THE SERVICES ARE PROVIDED IN ENGLISH, SPANISH, AND TAGALOG. DURING FY18, THE HELPLINE RESPONDED TO MORE THAN 13,000 CALLS AND EMAILS.

KOMEN'S TREATMENT ASSISTANCE PROGRAM, ADMINISTERED BY CANCERCARE, AIMS TO HELP WOMEN AND MEN IN BREAST CANCER TREATMENT WHO ARE FACING FINANCIAL CHALLENGES BY PROVIDING LIMITED FINANCIAL ASSISTANCE, EDUCATION, AND

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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SUPPORT SERVICES. FINANCIAL ASSISTANCE IS GRANTED TO UNDERSERVED, UNDERINSURED OR UNINSURED WOMEN AND MEN ACROSS THE COUNTRY UNDERGOING BREAST CANCER TREATMENT WHO MEET PRE-DETERMINED ELIGIBILITY CRITERIA. THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR TREATMENT-RELATED COSTS, INCLUDING TRANSPORTATION TO AND FROM TREATMENT, CHILD/ELDER CARE, HOME CARE, ORAL PAIN/ANTI-NAUSEA MEDICATIONS, ORAL CHEMOTHERAPY/HORMONE THERAPY, LYMPHEDEMA CARE/SUPPLIES, PALLIATIVE CARE, AND DURABLE MEDICAL EQUIPMENT. WE SERVED MORE THAN 3200 PEOPLE THROUGH THIS PROGRAM IN FY18.

SCREENINGS/LOCAL PROVIDERS

I AM KOMEN® IS THE MISSION ENGAGEMENT PROGRAM OF THE SUSAN G. KOMEN RACE FOR THE CURE® SERIES THAT MOTIVATES PEOPLE TO TAKE ACTION THAT MAY REDUCE THEIR RISK OF BREAST CANCER. THIS PROGRAM SPEAKS TO THE IMPORTANCE OF EARLY DETECTION AND HEALTHY LIVING WHILE ENCOURAGING PARTICIPANTS IN OUR KOMEN RACE EVENTS TO MAKE A PERSONAL COMMITMENT TO THEIR BREAST HEALTH. I AM KOMEN® IS A DECLARATION TO JOIN THE KOMEN COMMUNITY AS AN AMBASSADOR IN THE FIGHT AGAINST BREAST CANCER. LAST YEAR, OVER 600,000 PEOPLE PARTICIPATED IN A RACE FOR THE CURE EVENT. OUR GOAL IS TO EDUCATE, ENGAGE, AND EMPOWER OUR RACE PARTICIPANTS AND CONNECT THEM TO OUR MISSION AND TO END BREAST CANCER FOREVER.

PUBLIC POLICY AND ADVOCACY

SUSAN G. KOMEN IS THE VOICE FOR THE MORE THAN 3.5 MILLION BREAST CANCER

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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SURVIVORS AND THOSE WHO LOVE THEM. KOMEN WORKS TO ENSURE THAT THE FIGHT AGAINST BREAST CANCER IS A PRIORITY AMONG POLICYMAKERS IN WASHINGTON, D.C., AND EVERY STATE CAPITOL ACROSS THE COUNTRY.

KOMEN'S 2017-2018 STATE ADVOCACY PRIORITIES INCLUDED: SUPPORTING STATE FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP); ADVOCATING FOR STATE POLICIES TO IMPROVE INSURANCE COVERAGE OF BREAST CANCER TREATMENTS, INCLUDING THOSE THAT WOULD REQUIRE ORAL PARITY, PRECLUDE SPECIALTY TIERS AND PREVENT STEP THERAPY PROTOCOLS; ADVOCATING FOR STATE POLICIES TO REDUCE OR ELIMINATE OUT-OF-POCKET COSTS FOR MEDICALLY NECESSARY DIAGNOSTIC MAMMOGRAPHY; AND EVALUATING STATE POLICIES TO INCREASE PUBLIC ACCESS TO INFORMATION ABOUT PARTICIPATION IN CLINICAL TRIALS FOR ALL PATIENT POPULATIONS.

SCREENING AND PATIENT NAVIGATION

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

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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KOMEN AFFILIATES SUPPORT FREE AND LOW-COST SCREENING PROGRAMS IN UNDERSERVED COMMUNITIES THAT HELP NAVIGATE WOMEN TO QUALITY CARE, AND/OR PROVIDE COVERAGE FOR SCREENING SERVICES TO WOMEN WITHOUT HEALTH INSURANCE, OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE SCREENING TOO COSTLY.

TREATMENT AND PATIENT NAVIGATION

BARRIERS TO QUALITY CARE ARE OFTEN ASSOCIATED WITH POOR BREAST CANCER OUTCOMES AND RESULTANT CANCER DISPARITIES AMONG SPECIFIC POPULATION GROUPS. THE MOST COMMON BARRIERS TO QUALITY CARE INCLUDE: (1) AVAILABILITY OF LOCAL SERVICES; (2) COMMUNICATION; (3) FEAR; (4) ABILITY TO PAY FOR CARE; (5) LACK OF TRANSPORTATION.

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

IN FY18, KOMEN AFFILIATES FUNDED PROGRAMS TO REDUCE STRUCTURAL, PERSONAL, SOCIOCULTURAL, AND FINANCIAL BARRIERS TO CARE, AND PROVIDE PATIENT NAVIGATION SERVICES FOR UNDERSERVED COMMUNITIES.

RESEARCH

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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SINCE ITS FOUNDING IN 1982, KOMEN'S RESEARCH INVESTMENTS HAVE CONTRIBUTED TO MAJOR ADVANCES IN BREAST CANCER SCIENCE. THE PROGRESS HAS BEEN SIGNIFICANT - TODAY, WE KNOW THAT BREAST CANCER IS MORE THAN A SINGLE DISEASE. WE HAVE A BETTER UNDERSTANDING OF THE GENETICS OF BREAST CANCER AND THE CRITICAL NEED TO TAILOR SCREENING, DIAGNOSIS, TREATMENT, AND PREVENTION STRATEGIES TO INDIVIDUALS THROUGH ADVANCES IN PRECISION MEDICINE.

KOMEN'S RESEARCH PROGRAMS ARE FOCUSED ON BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER THROUGH BETTER APPROACHES FOR EARLY DETECTION AND DIAGNOSIS, UNDERSTANDING METASTASIS AND RECURRENCE, AND DEVELOPING NOVEL THERAPIES FOR ALL STAGES OF BREAST CANCER, WITH THE GOAL OF SUPPORTING WORK THAT HAS SIGNIFICANT POTENTIAL TO LEAD TO NEW TREATMENTS AND TECHNOLOGIES THAT WILL REDUCE THE NUMBER OF BREAST CANCER DEATHS IN THE U.S. BY 50 PERCENT BY 2026.

KOMEN'S RESEARCH PROGRAMS ARE GUIDED BY 60 OF THE WORLD'S LEADERS IN BREAST CANCER RESEARCH, ONCOLOGY AND ADVOCACY. THE SCIENTIFIC ADVISORY BOARD ASSISTS KOMEN IN SETTING ITS RESEARCH STRATEGY AND PRIORITIZING ITS RESEARCH INVESTMENT. THE KOMEN SCHOLARS LEAD AND PARTICIPATE IN KOMEN'S WORLD-CLASS SCIENTIFIC PEER REVIEW PROCESS. OUR ADVOCATES IN SCIENCE BRING THE PATIENT VOICE TO KOMEN'S RESEARCH PROGRAMS, EMPHASIZING URGENCY AND PATIENT IMPACT.

KOMEN AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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ORGANIZATIONS AROUND THE WORLD THROUGH A FAIR, TRANSPARENT, AND RIGOROUS COMPETITIVE REVIEW PROCESS THAT ENSURES MAXIMUM IMPACT FOR OUR RESEARCH INVESTMENT.

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 FY18, KOMEN AWARDED MORE THAN 60 GRANTS THROUGH ITS RESEARCH PROGRAMS TO SUPPORT SCIENTIFIC RESEARCH, COLLABORATIONS AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, CANADA, FRANCE, AND IRELAND.

NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY
 FORM 990, PART VI, LINE 1A

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

EXECUTIVE COMMITTEE
 FORM 990, PART VI, LINE 1A

THE MAJORITY OF KOMEN AFFILIATE BYLAWS (THE BYLAWS) PROVIDE FOR EXECUTIVE COMMITTEES TO BE COMPRISED OF A MINIMUM OF THREE MEMBERS INCLUDING THE BOARD PRESIDENT, TREASURER AND SECRETARY. MOST ALSO INCLUDE THE EXECUTIVE DIRECTOR OR CEO AS AN EX OFFICIO, NON-VOTING MEMBER OF THE COMMITTEE. ALL OTHER MEMBERS APPOINTED TO THIS COMMITTEE MUST BE BOARD DIRECTORS.

THE BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS THE POWER TO ACT IN

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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PLACE OF THE BOARD OF DIRECTORS BETWEEN BOARD MEETINGS ON ALL MATTERS EXCEPT THOSE SPECIFICALLY RESERVED TO THE BOARD BY THE BYLAWS OR BY STATE LAW. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD AT THE NEXT BOARD MEETING. THIS DELEGATION DOES NOT RELIEVE THE BOARD OF ANY OF ITS RESPONSIBILITIES IMPOSED BY LAW.

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 OF INCORPORATION/ CERTIFICATE OF FORMATION AND BYLAWS. A KOMEN AFFILIATE IS ALSO SUBJECT TO ITS AFFILIATION AGREEMENT WITH KOMEN PARENT AND OTHER POLICIES PROMULGATED BY KOMEN PARENT. AND OTHER POLICIES PROMULGATED BY KOMEN PARENT.

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

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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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, LINE 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. 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, LINE 15A & 15B

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

THE GENERAL PROCESS IS AS FOLLOWS:

THE INDEPENDENT MEMBERS OF THE BOARD, A COMMITTEE OR DESIGNEE OF THE

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
--	--

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, LINE 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.

PAYMENTS 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.

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

AFFILIATE FORM 990 NOT FILED WITH IRS

Name of the organization TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION	Employer identification number 75-2445070
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BUSINESS TRANSACTIONS WITH RELATED 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 OR VOLUNTEERS OF ORGANIZATIONS THAT QUALIFY TO RECEIVE GRANTS FROM THE KOMEN AFFILIATES.

THE KOMEN AFFILIATES HAVE STRICT POLICIES REGARDING THE REVIEW AND GRANT 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 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 ON SPECIFIC GRANTS WITHIN THE GRANT SLATE. THE BOARD MEMBERS THEN VOTE TO EITHER APPROVE OR NOT APPROVE THE ENTIRE SLATE.