

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 04/01, 2009, and ending 03/31, 2010

Header section containing organization name (SUSAN G KOMEN BREAT CANCER FDN, INC.), EIN (75-1835298), address (5005 LBJ FREEWAY DALLAS, TX 75244-6125), and principal officer (AMBASSADOR NANCY G. BRINKER).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 171,186,759), expenses (Total: 177,588,172), and net assets (Total: 86,270,442).

Part II Signature Block

Signature block containing declaration of preparer, signature of officer (MARK NADOLNY, CFO), date (12/22/10), and preparer's identifying number (34-6565596).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form 990 (2009)

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 04/01, 2009, and ending 03/31, 20 10
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2009

Department of the Treasury Internal Revenue Service

See instructions on back.

Name of exempt organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

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

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

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 171186759.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, line 3c) 5b

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund and offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Handwritten signature and date 12/20/10

Date

CFO Title

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

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

ERO's Use Only

ERO's signature

Handwritten signature

Date 12/18/10

Check if also paid preparer [X]

Check if self-employed []

ERO's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

ERNST & YOUNG U.S. LLP
1901 SIXTH AVENUE NORTH, STE 1200
BIRMINGHAM AL 35203

EIN 34-6565596

Phone no. 205-254-1608

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

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if self-employed []

Preparer's SSN or PTIN

EIN

Phone no.

2009 990-RET ELF Status for Batch ID 5163652:

Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN	Debts	PIN	EIC
4436BG	SUSAN G KOMEN BREAT CANCER FDN, INC.			FED		REG	Accepted	12/21/2010 9:06:00 PM	12/21/2010 9:25:00 PM				

1 record returned.

Refresh

Cancel

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SUSAN G. KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
	Number, street, and room or suite no. If a P.O. box, see instructions. 5005 LBJ FREEWAY	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75244-6125	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041- A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) tr ust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MARK NADOLNY
Telephone No. 972 855-1600 FAX No. 972 855-4302
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 7164. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 02/15/2011

5 For calendar year _____, or other tax year beginning 04/01/2009, and ending 3/31/2010


6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System). See instructions.	8c \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title Manager Date 11/9/10

ERNST & YOUNG U.S. LLP
41 SOUTH HIGH STREET, SUITE 1100
COLUMBUS, OH 43215

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization SUSAN G. KOMEN BREAST CANCER FDN, INC	Employer identification number 75-1835298
	Number, street, and room or suite no. If a P.O. box, see instructions. 5005 LBJ FREEWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75244-6125	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► MARK NADOLNY, CFO

Telephone No. ► 972 855-1600 FAX No. ► 972 855-4302

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 7164. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning 04/01, 2009, and ending 03/31, 2010.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

2009 990-EXT ELF Status for Batch ID 4850263:

Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Debts	PIN	EIC
46474L	SUSAN G. KOMEN BREAST CANCER FDN, INC	PARENT		FED		EXT	Accepted	8/5/2010 2:10:00 PM	8/5/2010 2:51:00 PM			

1 record returned.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
OUR MISSION IS A WORLD WITHOUT BREAST CANCER; TO SAVE LIVES BY
EMPOWERING PEOPLE, ENSURING QUALITY CARE FOR ALL, AND ENERGIZING
SCIENCE TO DISCOVER AND DELIVER THE CURES.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 78,637,773. including grants of \$ 65,920,786.) (Revenue \$ 32,672,067.)
GRANTS TO OTHER CHARITABLE ORGANIZATIONS TO SUPPORT RESEARCH AND
CLINICAL INVESTIGATION OF BREAST CANCER. SEE SCHEDULE O FOR
ADDITIONAL DETAILS.

4b (Code: _____) (Expenses \$ 54,847,021. including grants of \$ 5,016,595.) (Revenue \$ 919,062.)
PUBLIC HEALTH EDUCATION PROGRAMS TO INCREASE THE PUBLIC'S
AWARENESS OF BREAST CANCER INCLUDING, AMONG OTHER THINGS,
DETECTION AND TREATMENT. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: _____) (Expenses \$ 3,643,036. including grants of \$ 3,643,036.) (Revenue \$ 667,420.)
HEALTH TREATMENT AND SCREENING PROGRAMS AND GRANTS. SEE SCHEDULE O
FOR ADDITIONAL DETAILS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 137,127,830.

Part IV Checklist of Required Schedules

Table with 20 rows of questions and 3 columns: Question, Yes, No. Includes questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (9), 1b Enter the number of voting members that are independent (7), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 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), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X), 15b Other officers or key employees of the organization (X). If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARK NADOLNY 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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXINE CLEMENT JACKSON CHAIRPERSON OF THE BOARD	1.00	X						0.	0.	0.
NANCY G. BRINKER BOARD MEMBER AND CEO	55.00	X		X				0.	0.	0.
ERIC BRINKER BOARD MEMBER & ASST. SECRETARY	1.00	X		X				0.	0.	0.
LINDA CUSTARD BOARD MEMBER	1.00	X						0.	0.	0.
BRENDA LAUDERBACK BOARD MEMBER	1.00	X						0.	0.	0.
LINDA LAW BOARD MEMBER & ASST. SECRETARY	1.00	X		X				0.	0.	0.
CONNIE O'NEILL BOARD MEMBER/TREASURER	1.00	X		X				0.	0.	0.
DOROTHY PATERSON BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
NORMAN BRINKER BOARD MEMBER (4/1/09-6/7/09)	1.00	X						0.	0.	0.
AIMEE DICICCO BOARD MEMBER (4/1/09-11/16/09)	1.00	X						0.	0.	0.
MARK NADOLNY CHIEF FINANCIAL OFFICER	55.00			X				205,174.	0.	7,331.
JONATHAN BLUM GENERAL COUNSEL & SECRETARY	55.00			X				200,797.	0.	17,108.
KATRINA MCGHEE SVP, GLOB. BUSN. DVPT & PRTRSHIPS	55.00			X				178,507.	0.	13,022.
ELIZABETH THOMPSON SVP, MED & SCIENTIFIC AFFAIRS	55.00			X				169,706.	0.	10,854.
EMILY CALLAHAN SVP, GLOBAL MARKETING & NETWORK	55.00			X				167,814.	0.	14,979.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER LURAY SVP, GOVT AFFAIRS & PUBLIC POL.	55.00			X				0.	0.	
NANCY MACGREGOR VP, GLOBAL NETWORKS	55.00			X			138,750.	0.	16,441.	
DIANA ROWDEN SURVIVORSHIP & OUTCOMES VP	55.00			X			179,951.	0.	12,718.	
JUSTIN RICKETTS CIO	55.00			X			219,711.	0.	17,893.	
SUSAN CARTER-JOHNS STRATEGIC RELATIONSHIPS VP	55.00			X			202,273.	0.	22,532.	
MARIANNE ALCIATI RESEARCH&SCIENTIFIC AFFAIRS VP	55.00			X			240,248.	0.	12,217.	
HALA MODELMOG CEO & PRES. (4/1/09-11/25/09)	55.00			X			456,437.	0.	11,818.	
KIMBERLY EARLE COO & SECRET. (4/1/09-1/26/10)	55.00			X			327,754.	0.	17,603.	
ANNETTA HEWKO VP, GLBL STRAT&PROG (4/09-12/09)	55.00			X			343,013.	0.	973.	
WENDELIN JONGENBURGER VP, AFFIL.RELS. (4/1/09-9/23/09)	55.00			X			182,734.	0.	2,362.	
ERIC WINER CHIEF SCIENTIFIC ADVISOR	20.00				X		190,548.	0.	0.	
PAMELA STEVENS DIRECTOR, DC COMM. & EXT.REL.	55.00					X	178,106.	0.	7,554.	
DAVID DAWSON DIRECTOR, SOLUTION DELIVERY	55.00					X	154,972.	0.	17,564.	
1b Total CONTINUED AT SCHEDULE J-2							4,619,182.	0.	254,828.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **43**

	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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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 **23**

Part VIII Statement of Revenue

75-1835298

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 2,938,980.				
	b	Membership dues	1b				
	c	Fundraising events	1c 4,010,492.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 128,050,115.				
	g	Noncash contributions included in lines 1a-1f: \$	333,278.				
	h	Total. Add lines 1a-1f		134,999,587.			
Program Service Revenue				Business Code			
	2a	AFFILIATE PAYMENTS	900099	32,672,067.	32,672,067.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		32,672,067.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,372,130.			3,372,130.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		176,616.			176,616.
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	24,818,342. 673.				
	b	Less: cost or other basis and sales expenses	25,790,994. 250.				
	c	Gain or (loss)	-972,652. 423.				
	d	Net gain or (loss)		-972,229.			-972,229.
	8a	Gross income from fundraising events (not including \$ 4,010,492. of contributions reported on line 1c). See Part IV, line 18	a 1,810,758.				
	b	Less: direct expenses	b 5,048,516.				
	c	Net income or (loss) from fundraising events		-3,237,758.			-3,237,758.
	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 1,392,146.					
b	Less: cost of goods sold	b 1,205,664.					
c	Net income or (loss) from sales of inventory		186,482.	186,482.			
Miscellaneous Revenue			Business Code				
11a	SUPPORT SERVICES	900099	1,400,000.	1,400,000.			
b	INTERCOMPANY	900099	29,469.			29,469.	
c	OTHER REVENUE	900099	2,560,395.			2,560,395.	
d	All other revenue						
e	Total. Add lines 11a-11d		3,989,864.				
12	Total Revenue. See instructions		171,186,759.	34,258,549.		1,928,623.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	71,814,633.	71,814,633.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,755,784.	2,755,784.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,820,525.	3,362,062.	305,642.	152,821.
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	14,456,016.	5,581,045.	8,590,366.	284,605.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	675,189.	359,962.	305,566.	9,661.
9 Other employee benefits	2,313,932.	1,113,092.	1,147,179.	53,661.
10 Payroll taxes	1,410,108.	678,881.	696,042.	35,185.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	375,537.	81,302.	294,235.	
c Accounting	504,773.	279,373.	206,447.	18,953.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	654,519.			654,519.
f Investment management fees	272,253.		272,253.	
g Other	0.			
12 Advertising and promotion	18,521,513.	14,443,957.	552,031.	3,525,525.
13 Office expenses	11,687,843.	5,466,369.	469,186.	5,752,288.
14 Information technology	8,097,789.	1,306,311.	6,791,478.	
15 Royalties	0.			
16 Occupancy	1,620,711.	970,002.	566,919.	83,790.
17 Travel	2,586,069.	1,729,540.	744,495.	112,034.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,383,023.	1,671,846.	701,027.	10,150.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	224,615.	150,915.	43,300.	30,400.
23 Insurance	86,598.	84,313.	2,285.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSULTING AND PROF. SERVICE -----	18,597,376.	14,446,687.	1,163,185.	2,987,504.
b EQUIP. RENTAL AND MAINTENANC -----	1,360,059.	972,789.	235,502.	151,768.
c CONTRACT LABOR -----	3,402,832.	2,538,985.	403,659.	460,188.
d RACE PRODUCTION -----	2,060,571.	1,530,410.	382,355.	147,806.
e BANK FEES -----	712,169.	257,785.	61,072.	393,312.
f All other expenses -----	7,183,735.	5,521,787.	1,650,242.	11,706.
25 Total functional expenses. Add lines 1 through 24f	177,588,172.	137,127,830.	25,584,466.	14,875,876.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	44,517,718.	24,919,861.	5,544,098.	14,053,759.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	117,034,815.	2	116,301,040.
	3 Pledges and grants receivable, net	42,497,442.	3	63,110,996.
	4 Accounts receivable, net	780,253.	4	3,227,334.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	9,285,025.	7	2,746,321.
	8 Inventories for sale or use	820,916.	8	613,072.
	9 Prepaid expenses and deferred charges	1,714,930.	9	4,052,357.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,305,164.		
	b Less: accumulated depreciation	10b 9,539,037.	5,151,378.	10c 4,766,127.
	11 Investments - publicly traded securities	70,994,842.	11	103,856,678.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	248,279,601.	16	298,673,925.	
Liabilities	17 Accounts payable and accrued expenses	15,356,716.	17	27,391,172.
	18 Grants payable	175,089,971.	18	185,012,311.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	190,446,687.	26	212,403,483.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,411,432.	27	37,346,956.
	28 Temporarily restricted net assets	45,196,482.	28	48,698,486.
	29 Permanently restricted net assets	225,000.	29	225,000.
	Organizations that do not follow SFAS 117, 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	57,832,914.	33	86,270,442.	
34 Total liabilities and net assets/fund balances	248,279,601.	34	298,673,925.	

Part XI Financial Statements and Reporting

	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?		X
b Were the organization's financial statements audited by an independent accountant?	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	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization SUSAN G KOMEN BREAT CANCER FDN, INC.	Employer identification number 75-1835298
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 92.40%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 92.12%; 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2009, 2008. Row 15: Public support percentage for 2009; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2009, 2008. Row 17: Investment income percentage for 2009; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

- 19a 33 1/3 % support tests - 2009. 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.
b 33 1/3 % support tests - 2008. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	1,358.	50,758.	81,914.	71,369.	2,589,864.	2,795,263.
TOTALS	<u>1,358.</u>	<u>50,758.</u>	<u>81,914.</u>	<u>71,369.</u>	<u>2,589,864.</u>	<u>2,795,263.</u>

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization SUSAN G KOMEN BREAT CANCER FDN, INC.	Employer identification number 75-1835298
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization **SUSAN G KOMEN BREAT CANCER FDN, INC.**

Employer identification number

75-1835298

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____	\$ 7,916,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 2,708,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 45,717,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 3,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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 XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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?
b If "Yes," explain the arrangement in Part XI V and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XI V.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets, including total revenue, expenses, and adjustments.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-d) for reconciliation of revenue, including net unrealized gains and investment expenses.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-d) for reconciliation of expenses, including donated services and investment expenses.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

ENDOWMENTS

SCHEDULE D, PART V

TWO PERMANENT ENDOWMENTS, GOODMAN-BRINKER AND FIRNBERG. GOODMAN-BRINKER

ENDOWMENT TO BE USED FOR BREAST CANCER RESEARCH FELLOWSHIPS. FIRNBERG

ENDOWMENT TO BE USED FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH

AWARDS.

Part XIV Supplemental Information *(continued)*

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **SUSAN G KOMEN BREAT CANCER FDN, INC.** Employer identification number: **75-1835298**

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	0	GRANTMAKING		1,182,730.
NORTH AMERICA	0	0	GRANTMAKING		1,377,054.
SOUTH ASIA	0	0	GRANTMAKING		35,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		10,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		151,000.
Totals	0	0			2,755,784.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	RESEARCH	599,904.	WIRE TRANSF.			
			NORTH AMERICA	RESEARCH	180,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	RESEARCH	179,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	RESEARCH	568,329.	WIRE TRANSF.			
			NORTH AMERICA	RESEARCH	597,150.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	RESEARCH	25,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	30,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	13,200.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	48,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	50,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	10,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	48,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	24,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	24,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	13,000.	WIRE TRANSF.			
			SOUTH ASIA	EDUCATION	10,000.	WIRE TRANSF.			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 26

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

SCHEDULE F, PART IV

ALL RESEARCH AND EDUCATIONAL GRANTEEES ARE REQUIRED TO SUBMIT ANNUAL

FINANCIAL AND PROGRESS REPORTS AND CHANGE REQUESTS FOR MODIFICATIONS TO

THEIR PROJECT. ALL REPORTS AND REQUESTS ARE REVIEWED BY SCIENCE STAFF.

SEE SCHEDULE I, PART IV FOR MORE DETAILS.

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	EDUCATION	100,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	10,000.	WIRE TRANSF.			
			MIDDLE EAST/NORTH AFRICA	EDUCATION	50,000.	WIRE TRANSF.			
			SUB-SAHARAN AFRICA	EDUCATION	10,000.	WIRE TRANSF.			
			MIDDLE EAST/NORTH AFRICA	EDUCATION	76,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF.			
			MIDDLE EAST/NORTH AFRICA	EDUCATION	25,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	7,500.	WIRE TRANSF.			
			SOUTH ASIA	EDUCATION	25,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	7,701.	WIRE TRANSF.			

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

Part I

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name 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			
MERKLE, INC.	DIRECT MARKETING		X	25,768,259.	654,519.	25,113,740.
Total				25,768,259.	654,519.	25,113,740.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		5K RACE (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	5,821,250.		5,821,250.
	2	Less: Charitable contributions	4,010,492.		4,010,492.
	3	Gross income (line 1 minus line 2)	1,810,758.		1,810,758.
Direct Expenses	4	Cash prizes	76,879.		76,879.
	5	Noncash prizes	1,346.		1,346.
	6	Rent/facility costs	15,356.		15,356.
	7	Food and beverages	353,478.		353,478.
	8	Entertainment			
	9	Other direct expenses	4,601,457.		4,601,457.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				-3,237,758.

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	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. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated 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?

15a

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?

17a

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 ▶ \$

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**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.

Name of the organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSWELL PARK CANCER INSTITUTE, BUFFALO ELM & CARLTON STREETS BUFFALO, NY 14263	16-1391608	501 (C) (3)	180,000.				RESEARCH
PENNSYLVANIA STATE UNIV.COLLEGE OF MEDICINE 500 UNIVERSITY DR, H138 HERSHEY, PA 17033	24-6000376	501 (C) (3)	269,936.				RESEARCH
JOHNS HOPKINS UNIVERSITY,SCHOOL OF MEDICINE 733 N.BROADWAY,STE 117 BALTIMORE, MD 21205	52-0595110	501 (C) (3)	599,492.				RESEARCH
BUCK INSTITUTE FOR AGE RESEARCH 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501 (C) (3)	600,000.				RESEARCH
JOHNS HOPKINS UNIVERSITY,SCHOOL OF MEDICINE 733 N.BROADWAY,STE 117 BALTIMORE, MD 21205	52-0595110	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF COLORADO FITZSIMONS BLDG 500 AURORA, CO 80045-0508	84-6000555	501 (C) (3)	270,000.				RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE,FL 13 DETROIT, MI 48202	38-6028429	501 (C) (3)	180,000.				RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF ILLINOIS AT CHICAGO 809 S.MARSHFIELD AVE. CHICAGO, IL 60612	37-6000511	501 (C) (3)	577,512.				RESEARCH
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501 (C) (3)	180,000.				RESEARCH
NORTHWESTERN UNIVERSITY, FEINBERG SCHOOL 750 N LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 S.3RD AVE. BIRMINGHAM, AL 35294-0109	63-0649108	501 (C) (3)	600,000.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations ▶ 214

3 Enter total number of other organizations ▶ 0

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

Schedule I (Form 990) 2009

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. Use Part IV and Schedule I-1 (Form 990) 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
EDUCATION	2	10,000.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I

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

SUSAN G. KOMEN FOR THE CURE'S (THE ORGANIZATION) POLICIES FOR MANAGING

RESEARCH GRANTS FROM THE TIME OF INITIAL AWARD THROUGH COMPLETION SEEK TO

MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST STANDARD OF

ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE PEER REVIEW AND

FUNDING PROCESS. THROUGHOUT THE TERM OF THE GRANT, SCIENTIFIC PROGRESS

WILL BE MONITORED BY A SCIENCE MANAGER ASSIGNED TO THE GRANT. GRANTEE IS

REQUIRED TO SUBMIT ANNUAL SCIENTIFIC PROGRESS REPORTS THAT MUST INCLUDE

THE FOLLOWING:

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

HYPOTHESIS AND SPECIFIC AIMS: PROGRESS ON EACH SPECIFIC AIM IN THE

RESEARCH PLAN, INCLUDING A DESCRIPTION OF PROGRESS, JUSTIFICATION FOR

DELAYS OR CHANGES, THE PROJECTED COMPLETION DATE FOR RESEARCH ADDRESSING

THE SPECIFIC AIM, AND CURRENT STATUS. JUSTIFICATION AND APPROVAL IS

REQUIRED PRIOR TO IMPLEMENTATION OF ANY CHANGES TO THE RESEARCH DESIGN OR

SPECIFIC AIMS.

RESEARCH OUTCOMES: A LIST OF THE RESEARCH ACCOMPLISHMENTS DURING THE

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

REPORTING PERIOD.

PUBLICATIONS, PRESENTATIONS & POSTERS: A LIST OF ALL MANUSCRIPTS

SUBMITTED, IN PRESS, OR PUBLISHED, WITH FULL CITATION INFORMATION AND A

LIST OF ALL POSTERS DISPLAYED OR PRESENTATIONS DELIVERED AT SCIENTIFIC

MEETINGS.

PATENTS, PRODUCTS, COPYRIGHTS & INTELLECTUAL PROPERTY: A LIST OF ALL

PATENTS OR PATENT APPLICATIONS FILED DURING THE REPORTING PERIOD AND A

LIST OF SPECIFIC RESEARCH PRODUCTS DEVELOPED DURING THE REPORTING PERIOD.

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

EXAMPLES OF PRODUCTS NOVEL THERAPEUTIC TARGETS, BIOMARKERS, VECTORS,
 NOVEL THERAPIES, RISK ASSESSMENT TOOLS AND/OR ALGORITHMS, NEW
 TECHNOLOGIES, EDUCATIONAL MATERIALS, ETC.

PROFESSIONAL AWARDS & PROMOTIONS: A LIST OF ALL PROFESSIONAL AWARDS AND
 PROMOTIONS RECEIVED BY ANY OF THE KEY PERSONNEL.

SCIENTIFIC PROGRESS REPORTS ARE SUBMITTED ONLINE IN THE KOMEN GRANTS
 MANAGEMENT SYSTEM (KGMS) USING THE PROGRESS REPORT ONLINE FORM.

AN ANNUAL SCIENTIFIC PROGRESS REPORT IS DUE ON EACH ANNIVERSARY OF THE

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT START DATE FOR THE DURATION OF THE PROJECT, EXCEPT FOR THE FINAL

YEAR OF THE GRANT WHEN A FINAL REPORT IS DUE NO LATER THAN 30 DAYS AFTER

THE END DATE OF THE GRANT TERM. AN ANNUAL SCIENTIFIC PROGRESS REPORT

ALSO IS DUE IF THE GRANTEE IS REQUESTING AN EXTENSION TO THE END OF THE

GRANT TERM OR ACCELERATION OF THE GRANT TERM. WITH REASONABLE PRIOR

NOTICE TO GRANTEE, THE ORGANIZATION MAY REQUIRE ADDITIONAL REPORTING FROM

GRANTEE AND ALSO MAY REQUIRE GRANTEE TO PARTICIPATE IN SITE VISITS,

TELEPHONE CONFERENCES, PRESENTATIONS OR OTHER SPEAKING ENGAGEMENTS.

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ANNUAL FINANCIAL REPORTS ARE DUE NO LATER THAN 30 DAYS AFTER EACH

ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE GRANT TERM,

WITH THE EXCEPTION OF THE FINAL FINANCIAL REPORT, WHICH IS DUE NO LATER

THAN 60 DAYS AFTER THE END DATE OF THE GRANT TERM. ANY UNEXPENDED FUNDS

MUST BE REMITTED WITH FINAL FINANCIAL REPORT TO THE ORGANIZATION, UNLESS

OTHERWISE DIRECTED BY THE ORGANIZATION.

THE ORGANIZATION'S POLICIES FOR MANAGING COMMUNITY GRANTS AND OTHER

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

NON-RESEARCH RELATED GRANTS FROM THE TIME OF INITIAL AWARD THROUGH

COMPLETION SEEK TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST

STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE PEER

REVIEW AND FUNDING PROCESS. ALL GRANTEES MUST SIGN A GRANT CONTRACT

WHICH SETS FORTH THE TERMS OF THE GRANT, INCLUDING THE PURPOSE OF THE

GRANT, AMOUNT, BUDGETARY RESTRICTIONS, DURATION PAYMENT SCHEDULE,

REPORTING REQUIREMENTS, AND AUDIT AND EARLY TERMINATION RIGHTS FOR THE

ORGANIZATION. THE GRANTEE IS REQUIRED TO SUBMIT PROGRESS REPORTS

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

(TYPICALLY EVERY SIX MONTHS) THAT DETAIL PROGRESS TOWARDS MEETING EACH OF

THE OBJECTIVES AND ANY CHALLENGES ENCOUNTERED. THE REPORT MUST ALSO

INCLUDE A FULL ACCOUNTING OF GRANT FUNDS AWARDED (ACTUAL VERSUS BUDGETED

EXPENSES). THE PROGRAM MANAGER CONDUCTS SITE VISITS WITH THE GRANTEEES

WHEN APPROPRIATE TO BUILD A STRONGER RELATIONSHIP WITH THE GRANTEE; TO

GAIN A BETTER UNDERSTANDING OF ITS WORK; AND TO ADDRESS ANY CHALLENGES OR

PROBLEMS THE GRANTEE IS FACING. ANY CHANGES TO THE PROJECT MUST BE

APPROVED BY THE ORGANIZATION'S PROGRAM MANAGER IN WRITING IN ADVANCE OF

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE CHANGE. A FINAL REPORT MUST BE PROVIDED WITHIN 45 DAYS AFTER THE

COMPLETION OR EARLY TERMINATION OF THE GRANT AND MUST INCLUDE EVALUATION

OF THE PROGRAM'S ACCOMPLISHMENTS AND IMPACT IN THE COMMUNITY. ANY

UNEXPENDED FUNDS MUST BE REMITTED WITH THE FINAL REPORT AND FINAL

FINANCIAL REPORT TO THE ORGANIZATION UNLESS OTHERWISE DIRECTED BY THE

ORGANIZATION.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
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Name of the organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501 (C) (3)	405,000.				RESEARCH
CHILDREN'S HOSPITAL, BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501 (C) (3)	180,000.				RESEARCH
UTHSC AT HOUSTON 7000 FANNIN ST. HOUSTON, TX 77030	74-1761309	501 (C) (3)	180,000.				RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE. NEW YORK, NY 10021	13-1924236	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	501 (C) (3)	180,000.				RESEARCH
KARMANOS CANCER INSTITUTE 24601 NORTHWESTERN HWY SOUTHFIELD, MI 48075	38-1613280	501 (C) (3)	599,950.				RESEARCH
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPR.HARB., NY 11724	11-2013303	501 (C) (3)	450,000.				RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE P84 CLEVELAND, OH 44195	34-0714585	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501 (C) (3)	4,500,047.				RESEARCH
UTHSC AT HOUSTON 7000 FANNIN STREET HOUSTON, TX 77030	74-1761309	501 (C) (3)	178,801.				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, BP333 BOSTON, MA 02115	04-2263040	501 (C) (3)	120,000.				RESEARCH
BOSTON UNIVERSITY SCHOOL OF MEDICINE 580 HARRISON AVE, 3-W BOSTON, MA 02118	04-2103547	501 (C) (3)	405,000.				RESEARCH
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE P.O. BOX 41428 BALTIMORE, MD 20203-6428	52-6002033	501 (C) (3)	180,000.				RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501 (C) (3)	599,994.				RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR.2200 CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	180,000.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, BP333 BOSTON, MA 02115	04-2263040	501 (C) (3)	4,999,953.				RESEARCH
UNIVERSITY OF MIAMI - SCHOOL OF MEDICINE 1400 NW 10TH AVE.FL 10 MIAMI, FL 33136	59-0624458	501 (C) (3)	600,000.				RESEARCH
UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 1855 FOLSOM ST. SAN FRANCISCO, CA 94143	94-6036493	501 (C) (3)	600,000.				RESEARCH
UNIVERSITY OF CALIFORNIA AT IRVINE 1655 GRANT ST,BLDG A CONCORD, CA 94520-2445	95-2226406	501 (C) (3)	180,000.				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, BP333 BOSTON, MA 02115	04-2263040	501 (C) (3)	180,000.				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, BP333 BOSTON, MA 02115	04-2263040	501 (C) (3)	437,998.				RESEARCH
MAYO CLINIC AND FOUNDATION, ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C) (3)	450,000.				RESEARCH
CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S PLAZA CHICAGO, IL 60614	36-2170833	501 (C) (3)	120,000.				RESEARCH
INDIANA UNIVERSITY 620 UNION DR, RM 518 INDIANAPOLIS, IN 46202	35-6001673	501 (C) (3)	600,000.				RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER 630 W. 168TH ST. NEW YORK, NY 10032	13-3948652	501 (C) (3)	120,000.				RESEARCH
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PL. NEW YORK, NY 10029	13-6171197	501 (C) (3)	399,912.				RESEARCH
UNIVERSITY OF COLORADO HEALTH SCIENCES CTR. FITZSIMONS BLDG 500 AURORA, CO 80045-0508	84-6000555	501 (C) (3)	180,000.				RESEARCH
WASHINGTON UNIV AT ST.LOUIS-SCHOOL OF MED. CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501 (C) (3)	180,000.				RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE. NEW YORK, NY 10021	13-1924236	501 (C) (3)	120,000.				RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR.2200 CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	449,714.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE. NEW YORK, NY 10021	13-1924236	501 (C) (3)	178,242.				RESEARCH
BOISE STATE UNIVERSITY 1910 UNIVERSITY DR. BOISE, ID 83725-1711	82-0290701	501 (C) (3)	600,000.				RESEARCH
MAYO CLINIC AND FOUNDATION, ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C) (3)	600,000.				RESEARCH
ALBERT EINSTEIN COLLEGE OF MED.YESHIVA UNIV 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501 (C) (3)	450,000.				RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR 210 STUD.SERV.BLDG KNOXVILLE, TN 37996	62-6001636	501 (C) (3)	575,983.				RESEARCH
M.D. ANDERSON CANCER CTR, UNIV. OF TEXAS P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501 (C) (3)	600,000.				RESEARCH
M.D. ANDERSON CANCER CTR, UNIV. OF TEXAS P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501 (C) (3)	600,000.				RESEARCH
NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501 (C) (3)	600,000.				RESEARCH
DARTMOUTH MEDICAL SCHOOL 63 SOUTH MAIN ST. HANOVER, NH 03755	02-0222111	501 (C) (3)	600,000.				RESEARCH
YALE UNIVERSITY P.O. BOX 208250 NEW HAVEN, CT 06520-8250	06-0646973	501 (C) (3)	180,000.				RESEARCH
MAYO CLINIC AND FOUNDATION, ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C) (3)	587,315.				RESEARCH
UNIVERSITY OF CHICAGO 970 E. 58TH ST, FL.3 CHICAGO, IL 60637	36-2177139	501 (C) (3)	120,000.				RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 1540 ALCAZAR ST. LOS ANGELES, CA 90033	95-1642394	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251-7220	25-0965591	501 (C) (3)	120,000.				RESEARCH
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	501 (C) (3)	599,954.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC AND FOUNDATION, ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C) (3)	450,000.				RESEARCH
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501 (C) (3)	600,000.				RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE, FL 13 DETROIT, MI 48202	38-6028429	501 (C) (3)	450,000.				RESEARCH
EMORY UNIVERSITY, WINSHIP CANCER INSTITUTE 1365-C CLIFTON ROAD, NE ATLANTA, GA 30322	58-0566256	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF CALIFORNIA AT BERKELEY 2195 HEARST AVE, RM 130 BERKELEY, CA 94720	94-6002123	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE P.O. BOX 41428 BALTIMORE, MD 20203-6428	52-6002033	501 (C) (3)	600,000.				RESEARCH
M.D. ANDERSON CANCER CTR, UNIV. OF TEXAS P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501 (C) (3)	180,000.				RESEARCH
SANFORD RESEARCH/USD 1100 E.21 ST, 700 SIOUX FALLS, SD 57105	46-0450378	501 (C) (3)	590,497.				RESEARCH
SOUTHERN ILLINOIS UNIV - SCHOOL OF MEDICINE P.O. BOX 19616 SPRINGFIELD, IL 62794-9616	37-6005961	501 (C) (3)	599,264.				RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 104 AIRPORT DR.2200 CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	180,000.				RESEARCH
VANDERBILT UNIVERSITY SCHOOL OF MEDICINE 3319 W. END AVE, STE 100 NASHVILLE, TN 37203	62-0476822	501 (C) (3)	450,000.				RESEARCH
OHIO STATE UNIVERSITY, COLLEGE OF MEDICINE 333 WEST 10TH AVE. COLUMBUS, OH 43210	31-6025986	501 (C) (3)	180,000.				RESEARCH
CASE WESTERN RESERVE UNIV-SCHOOL OF MED. 10900 EUCLID AVE. CLEVELAND, OH 44106-7006	34-1018992	501 (C) (3)	449,984.				RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST. NEW YORK, NY 10032	13-3948652	501 (C) (3)	180,000.				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, BP333 BOSTON, MA 02115	04-2263040	501 (C) (3)	180,000.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093-0009	95-6006144	501 (C) (3)	599,935.				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, BP333 BOSTON, MA 02115	04-2263040	501 (C) (3)	180,000.				RESEARCH
WEST VIRGINIA UNIVERSITY 3120 UNIVERSITY AVE. MORGANTOWN, WV 26505	55-0665758	501 (C) (3)	450,000.				RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501 (C) (3)	180,000.				RESEARCH
HARVARD UNIVERSITY, SCHOOL OF PUBLIC HEALTH 1350 MASSACHUSETTS AVE. CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	600,000.				RESEARCH
UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093-0009	95-6006144	501 (C) (3)	180,000.				RESEARCH
FOX CHASE CANCER CENTER 333 COTTMAN AVE. PHILADELPHIA, PA 19111	23-2003072	501 (C) (3)	500,000.				RESEARCH
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE P.O. BOX 41428 BALTIMORE, MD 20203-6428	52-6002033	501 (C) (3)	449,999.				RESEARCH
SIDNEY KIMMEL CANCER CENTER 11107 ROSELLE ST. SAN DIEGO, CA 92121	80-0418281	501 (C) (3)	600,000.				RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR.2200 CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	599,119.				RESEARCH
BOSTON UNIVERSITY SCHOOL OF MEDICINE 580 HARRISON AVE, 3-W BOSTON, MA 02118	04-2103547	501 (C) (3)	180,000.				RESEARCH
JOHNS HOPKINS UNIV. - KIMMEL CANCER CTR 733 N. BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501 (C) (3)	120,000.				RESEARCH
UNIVERSITY OF COLORADO FITZSIMONS BLDG. 500 AURORA, CO 80045-0508	84-6000555	501 (C) (3)	600,000.				RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF CALIFORNIA AT IRVINE 1655 GRANT ST, BLDG A CONCORD, CA 94520	95-2226406	501 (C) (3)	180,000.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

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OREGON HEALTH AND SCIENCES UNIVERSITY 2525 SW 1ST AVE, STE 220 PORTLAND, OR 97201	23-7083114	501 (C) (3)	449,850.				RESEARCH
UNIVERSITY OF COLORADO HEALTH SCIENCES CTR FITZSIMONS BLDG. 500 AURORA, CO 80045-0508	84-6000555	501 (C) (3)	180,000.				RESEARCH
DUKE UNIVERSITY 2424 ERWIN RD, STE 1103 DURHAM, NC 27705	56-0532129	501 (C) (3)	120,000.				RESEARCH
UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	501 (C) (3)	180,000.				RESEARCH
M.D. ANDERSON CANCER CTR. - UNIV. OF TEXAS P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501 (C) (3)	179,303.				RESEARCH
OREGON HEALTH AND SCIENCES UNIVERSITY 2525 SW 1ST AVE, STE 220 PORTLAND, OR 97201	93-1176109	501 (C) (3)	599,996.				RESEARCH
TUFTS UNIVERSITY 136 HARRISON AVE. BOSTON, MA 02111	04-2103634	501 (C) (3)	593,631.				RESEARCH
UNIVERSITY OF MINNESOTA AT TWIN CITIES 200 OAK ST. SE, 450 MINNEAPOLIS, MN 55455	41-6007513	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF MINNESOTA AT TWIN CITIES 200 OAK ST. SE, 450 MINNEAPOLIS, MN 55455	41-6007513	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST. PHILADELPHIA, PA 19104-6205	23-1352685	501 (C) (3)	180,000.				RESEARCH
GEORGETOWN UNIVERSITY, LOMBARDI 3300 WHITEHAVEN ST, NW WASHINGTON, DC 20007	53-0196603	501 (C) (3)	599,985.				RESEARCH
YALE UNIVERSITY P.O. BOX 208250 NEW HAVEN, CT 06520-8250	06-0646973	501 (C) (3)	600,000.				RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501 (C) (3)	600,000.				RESEARCH
TULANE UNIVERSITY 6823 ST CHARLES AVE. NEW ORLEANS, LA 70119	72-0423889	501 (C) (3)	180,000.				RESEARCH
UTMD ANDERSON 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501 (C) (3)	180,000.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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UTMD ANDERSON 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501 (C) (3)	120,000.				RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR. 210 STUD.SERV.BLDG KNOXVILLE, TN 37996	62-6001636	501 (C) (3)	180,000.				RESEARCH
UNIV. OF UTAH AT HUNTSMAN CANCER INSTITUTE 201 PRESIDENTS CIR. SALT LAKE C., UT 84112	87-6000525	501 (C) (3)	180,000.				RESEARCH
CORNELL UNIVERSITY, ITHACA 341 PINE TREE RD. ITHACA, NY 14850	15-0532082	501 (C) (3)	180,000.				RESEARCH
CHILDREN'S HOSPITAL, BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF COLORADO AT DENVER P.O. BOX 238 DENVER, CO 80291-0238	85-6000555	501 (C) (3)	180,000.				RESEARCH
UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 220 MONTGOMERY ST. SAN FRANCISCO, CA 94104	94-2829914	501 (C) (3)	180,000.				RESEARCH
NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR. CHICAGO, IL 60611	36-2167817	501 (C) (3)	180,000.				RESEARCH
JOHNS HOPKINS UNIVERSITY, SCHOOL OF MED. 733 N.BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501 (C) (3)	450,000.				RESEARCH
TEMPLE UNIVERSITY 1938 LIACOURAS WALK PHILADELPHIA, PA 19122	23-1365971	501 (C) (3)	450,000.				RESEARCH
PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST. PORTLAND, OR 97213-2933	93-1231494	501 (C) (3)	450,000.				RESEARCH
UNIVERSITY OF CALIFORNIA AT DAVIS ONE SHIELD AVE. DAVIS, CA 95616	94-6036494	501 (C) (3)	450,000.				RESEARCH
FOX CHASE CANCER CENTER 333 COTTMAN AVE. PHILADELPHIA, PA 19111	23-2003072	501 (C) (3)	450,000.				RESEARCH
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE P.O. BOX 41428 BALTIMORE, MD 20203-6428	52-6002033	501 (C) (3)	250,000.				RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 185 BERRY ST.100 SAN FRANCISCO, CA 94107	94-6036493	501 (C) (3)	250,000.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

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Name of the organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DUKE UNIVERSITY 324 BLACKWELL ST. DURHAM, NC 27708	56-0532129	501 (C) (3)	250,000.				RESEARCH
VANDERBILT UNIVERSITY SCHOOL OF MEDICINE 3319 W.END AVE,800 NASHVILLE, TN 37203	62-0476822	501 (C) (3)	250,000.				RESEARCH
UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501 (C) (3)	250,000.				RESEARCH
DANA-FARBER CANCER INSTITUTE. 44 BINNEY ST, MS 439C BOSTON, MA 02115	04-2263040	501 (C) (3)	500,000.				RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DR INDIANAPOLIS, IN 46202-5220	35-6001673	501 (C) (3)	250,000.				RESEARCH
JOHNS HOPKINS UNIVERSITY, KIMMEL CANCER 733 N BROADWAY,STE 117 BALTIMORE, MD 21205	52-0595110	501 (C) (3)	250,000.				RESEARCH
UT HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR. SAN ANTONIO, TX 78229	74-1586031	501 (C) (3)	250,000.				RESEARCH
UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501 (C) (3)	250,000.				RESEARCH
UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501 (C) (3)	250,000.				RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DR. INDIANAPOLIS, IN 46202-5220	35-6001673	501 (C) (3)	3,000,000.				RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 E. 33RD ST. BALTIMORE, MD 21218	52-0595110	501 (C) (3)	3,750,000.				RESEARCH
DUKE UNIVERSITY 705 BROAD ST. DURHAM, NC 27705	56-0532129	501 (C) (3)	175,000.				RESEARCH
DUKE UNIVERSITY 705 BROAD ST. DURHAM, NC 27705	56-0532129	501 (C) (3)	175,000.				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST. PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	175,000.				RESEARCH
M.D. ANDERSON CANCER CTR. - UNIV. OF TEXAS P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501 (C) (3)	175,000.				RESEARCH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. MSC 439C BOSTON, MA 02115	04-2263040	501 (C) (3)	175,000.				RESEARCH
M.D. ANDERSON CANCER CTR. - UNIV. OF TEXAS P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501 (C) (3)	175,000.				RESEARCH
INDIANA UNIV MELVIN&BREN SIMON CANCER CTR. P.O. BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673	501 (C) (3)	175,000.				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. MSC 439C BOSTON, MA 02115	04-2263040	501 (C) (3)	175,000.				RESEARCH
GEORGETOWN UNIVERSITY, LOMBARDI BOX 571164 WASHINGTON, DC 20057	53-0196603	501 (C) (3)	250,000.				RESEARCH
NATIONAL ACADEMY OF SCIENCES 730 15TH ST. NW WASHINGTON, DC 20005	53-0196932	501 (C) (3)	289,838.				RESEARCH
NATIONAL CANCER INSTITUTE 31 CENTER DR. MSC 2590 BETHESDA, MD 20892	52-0858115	501 (C) (3)	1,000,000.				RESEARCH
ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR. PITTSBURGH, PA 15275	25-1410081	501 (C) (3)	100,000.				RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DR. INDIANAPOLIS, IN 46202-5220	35-6001673	501 (C) (3)	676,000.				RESEARCH
PREVENT CANCER FOUNDATION 1600 DUKE ST. STE 500 ALEXANDRIA, VA 22314	52-1429544	501 (C) (3)	25,000.				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, BP431C BOSTON, MA 02115	04-2263040	501 (C) (3)	75,000.				RESEARCH
SOCIETY OF SURGICAL ONCOLOGY 85 W.ALGONQUIN RD,550 ARLINGT.HTS, IL 60005	13-6161070	501 (C) (3)	115,000.				RESEARCH
SOCIETY FOR WOMEN'S HEALTH RESEARCH 1025 CONNECTICUT AV,NW WASHINGTON, DC 20036	52-1694732	501 (C) (3)	1,000,000.				RESEARCH
ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR. PITTSBURGH, PA 15275	25-1410081	501 (C) (3)	75,000.				RESEARCH
UNIVERSITY OF CHICAGO 970 EAST 58TH ST, FL 3 CHICAGO, IL 60637	36-2177139	501 (C) (3)	25,000.				RESEARCH

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**SCHEDULE I-1
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UNIVERSITY OF ILLINOIS--URBANA-CHAMPAIGN P.O. BOX 4610 SPRINGFIELD, IL 62708-4610	37-6000511	501 (C) (3)	25,000.				RESEARCH
SMITH FARM CENTER FOR HEALING & THE ARTS 1632 U ST. NW WASHINGTON, DC 20009	52-1977976	501 (C) (3)	73,750.				EDUCATION
SIBLEY MEMORIAL HOSPITAL 5255 LOUGHBORO RD. NW WASHINGTON, DC 20016	53-0196602	501 (C) (3)	73,750.				EDUCATION
MARY'S CTR FOR MATERNAL&CHILD CARE, INC. 2333 ONTARIO RD. NW WASHINGTON, DC 20009	52-1594116	501 (C) (3)	73,750.				EDUCATION
THE NATIONAL COMPREHENSIVE 275 COMMERCE DR. FORT WASHINGTON, PA 19034	23-2818395	501 (C) (3)	160,000.				EDUCATION
C-CHANGE 1776 I ST. NW WASHINGTON, DC 20006	16-1641769	501 (C) (3)	150,000.				EDUCATION
C-CHANGE 1776 I ST. NW WASHINGTON, DC 20006	16-1641769	501 (C) (3)	250,000.				EDUCATION
FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DR,200 ARLINGTON, VA 22202	52-1983273	501 (C) (3)	15,000.				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST. PHILADELPHIA, PA 19106	23-6251648	501 (C) (3)	635,000.				EDUCATION
ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR. PITTSBURGH, PA 15275	25-1410081	501 (C) (3)	100,000.				EDUCATION
LIVING BEYOND BREAST CANCER 354 W. LANCASTER AVE. HAVERFORD, PA 19041	23-2734689	501 (C) (3)	150,000.				EDUCATION
HARVARD MEDICAL SCHOOL 1350 MASSACHUSETTS AVE. CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	5,032.				EDUCATION
THE WELLNESS COMMUNITY. 919 18TH ST. NW WASHINGTON, DC 20006	95-4163931	501 (C) (3)	27,600.				EDUCATION
SOCIETY OF SURGICAL ONCOLOGY 85 W.ALGONQUIN RD ARLING.HTS., IL 60005	13-6161070	501 (C) (3)	20,000.				EDUCATION
METASTATIC BREAST CANCER NETWORK 211 E. 18TH ST. NEW YORK CITY, NY 10003	20-5545238	501 (C) (3)	20,000.				EDUCATION

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**SCHEDULE I-1
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ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR. PITTSBURGH, PA 15275	25-1410081	501 (C) (3)	75,000.				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST PHILADELPHIA, PA 19106	23-6251648	501 (C) (3)	155,000.				EDUCATION
HARVARD MEDICAL SCHOOL 1350 MASSACHUSETTS AVE. CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	15,000.				EDUCATION
FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DR,200 ARLINGTON, VA 22202	52-1983273	501 (C) (3)	25,000.				EDUCATION
COLLEGE OF AMERICAN PATHOLOGISTS 325 WAUKEGAN RD. NORTHFIELD, IL 60093-2750	36-2118323	501 (C) (3)	70,000.				EDUCATION
FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD. TAMPA, FL 33647	65-0927702	501 (C) (3)	35,000.				EDUCATION
HOWARD UNIVERSITY CANCER CENTER 2041 GEORGIA AVE.NW WASHINGTON, DC 20060	53-0204707	501 (C) (3)	13,970.				EDUCATION
AMERICAN JEWISH JOINT 711 THIRD AVE. NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	44,448.				EDUCATION
C-CHANGE 1776 I ST. NW WASHINGTON, DC 20006	16-1641769	501 (C) (3)	250,000.				EDUCATION
C-CHANGE 1776 I ST. NW WASHINGTON, DC 20006	16-1641769	501 (C) (3)	50,000.				EDUCATION
RESEARCH ADVOCACY NETWORK STE 305, PMB 220 PLANO, TX 75093	35-2209499	501 (C) (3)	8,500.				EDUCATION
RESEARCH ADVOCACY NETWORK STE 305, PMB 220 PLANO, TX 75093	35-2209499	501 (C) (3)	78,225.				EDUCATION
FRED HUTCHINSON CANCER RESEARCH CENTER 8750 N. MERCER WAY MERCER ISLAND, WA 98040	23-7156071	501 (C) (3)	100,000.				EDUCATION
HOLY CROSS HOSPITAL 1500 FOREST GLEN RD. SILV.SPR., MD 20910	52-0738041	501 (C) (3)	73,750.				EDUCATION
HOLY CROSS HOSPITAL 1500 FOREST GLEN RD. SILV.SPR., MD 20910	52-0738041	501 (C) (3)	750,000.				EDUCATION

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Schedule I-1 (Form 990) 2009

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INTERNATIONAL SCHOLARSHIP & TUITION SERV 200 CRUTCHFIELD AVE. NASHVILLE, TN 37210	62-1247492	501 (C) (3)	40,000.				EDUCATION
INTERNATIONAL SCHOLARSHIP & TUITION SERV 201 CRUTCHFIELD AVE. NASHVILLE, TN 37210	62-1247492	501 (C) (3)	40,000.				EDUCATION
INTERNATIONAL SCHOLARSHIP & TUITION SERV 202 CRUTCHFIELD AVE. NASHVILLE, TN 37210	62-1247492	501 (C) (3)	40,000.				EDUCATION
INTERNATIONAL SCHOLARSHIP & TUITION SERV 203 CRUTCHFIELD AVE. NASHVILLE, TN 37210	62-1247492	501 (C) (3)	40,000.				EDUCATION
AMERICAN JEWISH JOINT 711 THIRD AVE. NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	52,741.				EDUCATION
FRED HUTCHINSON CANCER RESEARCH CENTER 8750 N. MERCER WAY MERCER ISLAND, WA 98040	23-7156071	501 (C) (3)	100,000.				EDUCATION
AMERICAN JEWISH JOINT 711 THIRD AVE. NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	81,091.				EDUCATION
UNIVERSITY OF PORTLAND 726 NW 11TH AVE. #508 PORTLAND, OR 97209	93-0401259	501 (C) (3)	50,000.				EDUCATION
AMERICAN JEWISH JOINT 711 THIRD AVE. NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	70,007.				EDUCATION
LIFE'S DOOR 3145 CONEY ISLAND AVE. BROOKLYN, NY 11235	04-3589944	501 (C) (3)	15,000.				EDUCATION
HARVARD MEDICAL SCHOOL 1350 MASSACHUSETTS AVE. CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	5,032.				EDUCATION
AMERICAN JEWISH JOINT 711 THIRD AVE. NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	38,412.				EDUCATION
FRED HUTCHINSON CANCER 1100 FAIRVIEW AVE. N. SEATTLE, WA 98109	23-7156071	501 (C) (3)	221,249.				EDUCATION
AMERICAN JEWISH JOINT 711 THIRD AVE. NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	100,000.				EDUCATION
UNIVERSITY OF WASHINGTON' 12455 COLLECTIONS DR. CHICAGO, IL 60693	91-6001537	501 (C) (3)	10,000.				EDUCATION

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Schedule I-1 (Form 990) 2009

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ICF CONSULTING, INC. PO BOX 7777-W510501 PHILADELPHIA, PA 19175	52-0893615	501 (C) (3)	6,000.				EDUCATION
WHITMAN-WALKER CLINIC 1407 S ST. NW WASHINGTON, DC 20009	52-1122122	501 (C) (3)	73,750.				SCREENING
NUEVA VIDA, INC. 2000 P ST. NW, STE 620 WASHINGTON, DC 20036	54-1943145	501 (C) (3)	73,750.				SCREENING
PRIMARY CARE COALITION-MONTGOMERYCTY INC 8757 GEORGIA AVE. SILV.SPR., MD 20910	52-1847976	501 (C) (3)	1,000,000.				SCREENING
PRIMARY CARE COALITION-MONTGOMERYCTY INC 8757 GEORGIA AVE. SILV.SPR., MD 20910	52-1847976	501 (C) (3)	423,465.				SCREENING
NORTH COLORADO MEDICAL CENTER 2001 70TH AVE. GREELEY, CO 80634	84-0718355	501 (C) (3)	15,000.				SCREENING
WELD COUNTY DEPARTMENT OF PUBLIC 1555 N. 17TH AVE. GREELEY, CO 80631	84-6000813	501 (C) (3)	9,870.				SCREENING
NORTH COLORADO MEDICAL CENTER 2001 70TH AVE. GREELEY, CO 80634	84-0718355	501 (C) (3)	20,169.				SCREENING
KNIGHT CANCER INSTITUTE 3181 SE SAM JACKSON PK PORTLAND, OR 97239	93-1176109	501 (C) (3)	500,000.				SCREENING
METROPOLITAN CHICAGO BREAST CANCER 1645 W.JACKSON BLVD CHICAGO, IL 60612	26-2264895	501 (C) (3)	500,000.				SCREENING
CASA OF MARYLAND, INC. 734 UNIV.BLVD. E SILVER SPRING, MD 20903	52-1372972	501 (C) (3)	73,750.				TREATMENT
ARLINGTON FREE CLINIC 3833 N.FAIRFAX DR. ARLINGTON, VA 22203	54-1671883	501 (C) (3)	73,750.				TREATMENT
GEORGETOWN UNIVERSITY 3800 RESERVOIR RD,N.W. WASHINGTON, DC 20007	52-2218584	501 (C) (3)	73,750.				TREATMENT
AMERICAN CANCER SOCIETY, 250 WILLIAMS ST. NW ATLANTA, GA 30303	13-1788491	501 (C) (3)	10,000.				TREATMENT
UNIVERSITY OF NORTHERN COLORADO 1280 BEN NIGHT.CAMP.CTR GREELEY, CO 80639	84-6044833	501 (C) (3)	10,000.				TREATMENT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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PATIENT ADVOCATE FOUNDATION 700 THIMBLE SHOALS BD. NEWP.NEW., VA 23606	54-1806317	501 (C) (3)	333,334.				TREATMENT
CANCER CARE, INC. 275 SEVENTH AVE. NEW YORK, NY 10001	13-1825919	501 (C) (3)	435,000.				TREATMENT
AMERICAN JEWISH JOINT 711 THIRD AVE. NEW YORK, NY 10017-4014	13-1656634	501 (C) (3)	8,735.				TREATMENT
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DR. INDIANAPOLIS, IN 46202-5220	35-6001673			324,000.			RESEARCH

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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Name of the organization

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Employer identification number

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Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
MARK NADOLNY	(i)	169,379.	34,775.	1,020.	0.	7,331.	212,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JONATHAN BLUM	(i)	178,681.	20,200.	1,916.	9,907.	7,201.	217,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATRINA MCGHEE	(i)	159,779.	16,780.	1,948.	10,819.	2,203.	191,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH THOMPSON	(i)	150,189.	17,400.	2,117.	6,386.	4,468.	180,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EMILY CALLAHAN	(i)	148,848.	17,400.	1,566.	8,254.	6,725.	182,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY MACGREGOR	(i)	125,108.	10,713.	2,929.	8,707.	7,734.	155,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DIANA ROWDEN	(i)	159,826.	16,900.	3,225.	10,807.	1,911.	192,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JUSTIN RICKETTS	(i)	196,719.	21,000.	1,992.	13,425.	4,468.	237,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN CARTER-JOHNS	(i)	179,548.	19,825.	2,900.	12,263.	10,269.	224,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARIANNE ALCIATI	(i)	186,796.	50,900.	2,552.	5,715.	6,502.	252,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HALA MODELMOG	(i)	401,772.	0.	54,665.	7,350.	4,468.	468,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KIMBERLY EARLE	(i)	287,886.	37,650.	2,218.	14,700.	2,903.	345,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNETTA HEWKO	(i)	275,044.	65,400.	2,569.	0.	973.	343,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WENDELIN JONGENBURGER	(i)	99,781.	0.	82,953.	0.	2,362.	185,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIC WINER	(i)	168,810.	21,738.	0.	0.	0.	190,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY DICOVITSKY	(i)	91,253.	81,250.	244,606.	16,213.	1,878.	435,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART III

FIRST CLASS AND BUSINESS CLASS FARES FOR DOMESTIC TRAVEL, CANADA, THE

CARIBBEAN, CENTRAL AMERICA, AND MEXICO ARE NOT REIMBURSABLE. HOWEVER,

PERSONAL FREQUENT FLIER MILEAGE AND/OR COUPONS MAY BE USED FOR NO-COST

UPGRADES. ONLY THE CEO AND FOUNDER ARE APPROVED FOR FIRST CLASS TRAVEL.

WHENEVER POSSIBLE DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO

MINIMIZE COST.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING OFFICERS DURING CALENDAR

YEAR 2009: HALA MODELMOG, WENDELIN JONGENBURGER, AND GARY DICOVITSKY.

SCHEDULE J, PART J-2

JENNIFER LURAY WAS AN OFFICER OF THE SUSAN G. KOMEN BREAST CANCER

FOUNDATION, INC. 100% OF HER COMPENSATION IS BEING REPORTED ON SUSAN G.

KOMEN FOR THE CURE ADVOCACY ALLIANCE'S FORM 990, PART VII AND SCHEDULE J.

**SCHEDULE J-1
(Form 990)**

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

Name of the organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAMELA STEVENS	(i)	160,899.	15,100.	2,107.	0.	7,554.	185,660.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID DAWSON	(i)	140,938.	12,153.	1,881.	9,247.	8,317.	172,536.
	(ii)	0.	0.	0.	0.	0.	0.
SAMUEL CHENG	(i)	148,092.	11,601.	2,092.	9,288.	0.	171,073.
	(ii)	0.	0.	0.	0.	0.	0.
ANDREA RADER	(i)	139,109.	11,249.	2,350.	4,724.	4,195.	161,627.
	(ii)	0.	0.	0.	0.	0.	0.
KAY E. ROHLMAN	(i)	136,657.	11,381.	3,047.	9,349.	6,212.	166,646.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Schedule J-1 (Form 990) 2009

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

SUSAN G KOMEN BREAST CANCER FDN, INC.

Employer identification number

75-1835298

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL CHENG CONTROLLER	55.00					X		161,785.	0.	9,288.
ANDREA RADER DIRECTOR, MARKETING COMM.	55.00					X		152,708.	0.	8,919.
KAY E. ROHLMAN DIRECTOR, HUMAN RESOURCES	55.00					X		151,085.	0.	15,561.
GARY DICOVITSKY VP, DEVELOPMENT (10/08-3/09)	55.00						X	417,109.	0.	18,091.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization SUSAN G KOMEN BREAT CANCER FDN, INC.	Employer identification number 75-1835298
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NO TRANSACTIONS MEET THE FILING	THRESHOLD FOR SCHED L	0.	N/A		

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization: **SUSAN G KOMEN BREAT CANCER FDN, INC.**
Employer identification number: **75-1835298**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	2	210,278.	COST OR SALE PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 2</u>)		1.	123,000.	
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** 0

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

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
COMPUTER SERVERS	X	1	123,000.	COST OR SALE PRICE
TOTALS		<u>1.</u>	<u>123,000.</u>	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SUSAN G KOMEN BREAT CANCER FDN, INC.

Employer identification number

75-1835298

ATTACHMENT 3

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III

NANCY G. BRINKER PROMISED HER DYING SISTER, SUSAN G. KOMEN, THAT SHE WOULD DO EVERYTHING IN HER POWER TO END BREAST CANCER FOREVER. IN 1982, THAT PROMISE BECAME SUSAN G. KOMEN FOR THE CURE AND LAUNCHED THE GLOBAL BREAST CANCER MOVEMENT. TODAY, KOMEN FOR THE CURE IS THE WORLD'S LARGEST GRASSROOTS NETWORK OF BREAST CANCER SURVIVORS AND ACTIVISTS FIGHTING TO SAVE LIVES, EMPOWER PEOPLE, ENSURE QUALITY CARE FOR ALL AND ENERGIZE SCIENCE TO FIND THE CURES. THANKS TO EVENTS LIKE THE KOMEN RACE FOR THE CURE®, KOMEN HAS INVESTED NEARLY \$1.5 BILLION TO FULFILL ITS PROMISE, BECOMING THE LARGEST SOURCE OF NONPROFIT FUNDS DEDICATED TO THE FIGHT AGAINST BREAST CANCER IN THE WORLD.

A - RESEARCH AND TRAINING

KOMEN HAS TOUCHED VIRTUALLY EVERY MAJOR ADVANCE IN BREAST CANCER RESEARCH OVER THE PAST 30 YEARS. BY FUNDING THE BEST SCIENTISTS AROUND THE WORLD, KOMEN IS SPEEDING THE TRANSLATION OF RESEARCH DISCOVERIES TO REDUCE BREAST CANCER INCIDENCE AND MORTALITY WITHIN THE NEXT DECADE. TO ENSURE MAXIMUM IMPACT FOR ITS RESEARCH DOLLARS, KOMEN FOR THE CURE IS GUIDED BY A SCIENTIFIC ADVISORY BOARD, A GROUP OF INTERNATIONALLY RECOGNIZED DOCTORS, SCIENTISTS AND ADVOCATES.

KOMEN SUPPORTS RESEARCH AND TRAINING THROUGH SEVERAL DIFFERENT TYPES OF

Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC.	Employer identification number 75-1835298
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ATTACHMENT 3 (CONT'D)

GRANTS, EACH DESIGNED TO MEET SPECIFIC OBJECTIVES. THE FOLLOWING GRANT

OPPORTUNITIES WERE OFFERED BY KOMEN DURING FISCAL YEAR 2010:

- PROMISE GRANTS: LARGE-SCALE GRANTS, UP TO \$5 MILLION EACH, DURING A FIVE-YEAR PERIOD, TARGETED TO RESEARCH THAT BRINGS SCIENCE TO THE BEDSIDE QUICKER THAN EVER BEFORE.

- POST-DOCTORAL RESEARCH: GRANTS OF \$60,000 PER YEAR FOR TWO OR THREE YEARS TO ATTRACT AND RETAIN PROMISING YOUNG RESEARCHERS.

- CAREER CATALYST RESEARCH: GRANTS OF \$150,000 PER YEAR FOR TWO TO THREE YEARS TO FILL A CRITICAL GAP IN SUPPORT AND STIMULATE THE TRANSITION FROM TRAINING TO INDEPENDENCE AMONG PROMISING CANCER INVESTIGATORS.

- CAREER CATALYST IN DISPARITIES RESEARCH: GRANTS UP TO \$450,000 OVER THREE YEARS TO FOSTER INDEPENDENT CAREERS IN DISPARITIES RESEARCH AND SUPPORT INVESTIGATION INTO BREAST CANCER DISPARITIES.

- INVESTIGATOR INITIATED RESEARCH: GRANTS OF UP TO \$200,000 PER YEAR FOR TWO TO THREE YEARS TO EXPLORE NEW IDEAS AND APPROACHES LEADING TO REDUCTIONS IN BREAST CANCER MORTALITY AND/OR INCIDENCE WITHIN THE DECADE.

- POST BACCALAUREATE IN DISPARITIES RESEARCH: GRANTS UP TO \$135,000 PER STUDENT OVER THREE YEARS TO SUPPORT TRAINING EARLY IN THE STUDENT'S CAREER TO ALLOW HIM OR HER TO BEGIN TO DEFINE A MEANINGFUL CAREER PATH IN THE AREA OF BREAST CANCER DISPARITIES.

KOMEN MADE 114 GRANTS IN FISCAL YEAR 2010 THROUGH THE ABOVE GRANTING PROGRAMS TO SUPPORT RESEARCH AND TRAINING IN 29 DIFFERENT STATES AND 4 COUNTRIES.

Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC.	Employer identification number 75-1835298
<u>ATTACHMENT 3 (CONT'D)</u>	

MORE THAN ONE THIRD OF THESE GRANTS ARE EXPLORING THE BIOLOGY OF BREAST CANCER, INCLUDING HOW CANCER STARTS, GROWS AND SPREADS. ONE QUARTER ARE SUPPORTING RESEARCH INTO NEW BREAST CANCER TREATMENTS, WITH SEVERAL FOCUSING ON ESPECIALLY AGGRESSIVE FORMS OF THE DISEASE SUCH AS TRIPLE NEGATIVE BREAST CANCER AND INFLAMMATORY BREAST CANCER. THE NEXT LARGEST GROUP OF GRANTS IS FOR THE RESEARCH OF NEW AND IMPROVED WAYS TO DETECT CANCER EARLIER. KOMEN ALSO FUNDED GRANTS THAT EXAMINE THE CAUSES OF BREAST CANCER AND POSSIBLE PREVENTIVE MEASURES.

BELOW ARE THREE EXAMPLES OF PROMISING RESEARCH GRANTS FUNDED IN FISCAL YEAR 2010:

- UNIVERSITY OF KANSAS MEDICAL CENTER AND TEXAS RESEARCHERS ARE TOGETHER INVESTIGATING WHETHER FLAX SEED, A COMMON INGREDIENT IN CEREAL AND BAKED GOODS, CAN REDUCE OR ELIMINATE THE RISK FOR BREAST CANCER. THE RESEARCHERS ARE TESTING FLAX SEED ON A GROUP OF PREMENOPAUSAL WOMEN AGES 25-49 AT MODERATE TO HIGH RISK OF DEVELOPING BREAST CANCER. THE TEST WILL TRY TO CONFIRM THE APPARENT REDUCTION IN CELL GROWTH AND PRECANCEROUS CELLS OBSERVED IN AN EARLIER PILOT STUDY.

- DANA-FARBER CANCER INSTITUTE RESEARCHERS ARE TESTING A NEW CLASS OF DRUGS, CALLED PARP INHIBITORS, ON WOMEN WHO CARRY GENETIC MUTATIONS THAT INCREASE THEIR CHANCES OF GETTING BREAST CANCER. SEVERAL CO-INVESTIGATING INSTITUTIONS ARE INCLUDED IN THE PROJECT, SUCH AS THE UNIVERSITY OF MICHIGAN, UNIVERSITY OF PENNSYLVANIA, UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO, DARTMOUTH COLLEGE, MEMORIAL SLOAN-KETTERING CANCER CENTER,

Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC.	Employer identification number 75-1835298
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ATTACHMENT 3 (CONT'D)

DUKE UNIVERSITY AND BETH ISRAEL DEACONESS MEDICAL CENTER.

- UNIVERSITY OF CALIFORNIA AT DAVIS RESEARCHERS ARE ATTEMPTING TO CREATE DRUG-COATED METALLIC CRYSTALS THAT CAN BE REMOTELY 'DETONATED' ONCE THEY LODGE INSIDE A BREAST TUMOR. KOMEN'S FUNDING IS ALLOWING RESEARCHERS TO TRY TO CREATE TINY NANOPARTICLES THAT ARE COATED WITH BREAST CANCER-FIGHTING DRUGS. ONCE THOSE TINY IRON ORE CRYSTALS ARE INJECTED AND LODGED INTO A BREAST CANCER TUMOR, DOCTORS WOULD THEN BE ABLE TO RELEASE THE DRUGS BY REMOTE CONTROL.

KOMEN ALSO SUPPORTED DOZENS OF PARTNERSHIPS AND SPECIAL PROJECTS TO ADVANCE OUR UNDERSTANDING OF BREAST CANCER AROUND THE WORLD. THESE GRANTS RESPOND TO UNIQUE OPPORTUNITIES, LEVERAGE THE WORK OF DIFFERENT ORGANIZATIONS, AND ADDRESS CRITICAL CHALLENGES AND CROSS-CUTTING ISSUES IN RESEARCH, CLINICAL PRACTICE, AND PUBLIC HEALTH.

EXAMPLES OF SPECIAL RESEARCH EFFORTS COMMITTED IN FISCAL YEAR 2010 INCLUDE THE FOLLOWING:

THE SUSAN G. KOMEN FOR THE CURE® TISSUE BANK AT THE IU SIMON CANCER CENTER - THIS IS THE ONLY KNOWN TISSUE BIO-REPOSITORY DEDICATED TO THE COLLECTION AND RESEARCH OF NORMAL, HEALTHY BREAST TISSUE. BY COLLECTING BLOOD AND TISSUE FROM WOMEN WITH AND WITHOUT BREAST CANCER, RESEARCHERS WILL BE ABLE TO DETERMINE THE DIFFERENCES BETWEEN THESE POPULATIONS, WHICH COULD LEAD TO A BETTER UNDERSTANDING OF THE DISEASE. BLOOD AND TISSUE SAMPLES TAKEN FROM WOMEN WITHOUT THE DISEASE ARE ESPECIALLY

Name of the organization SUSAN G KOMEN BREAT CANCER FDN, INC.	Employer identification number 75-1835298
--	--

ATTACHMENT 3 (CONT'D)

HELPFUL BECAUSE THERE ARE FEW COLLECTIONS OF SO-CALLED "NORMAL"
SPECIMENS.

THE INSTITUTE OF MEDICINE (IOM) BREAST CANCER AND THE ENVIRONMENT PROJECT
- WITH WIDELY DIVERGENT OPINIONS WITHIN THE SCIENTIFIC COMMUNITY ON THE
ROLE OF CHEMICALS, THE ENVIRONMENT AND LIFESTYLE IN CANCER DEVELOPMENT,
SUSAN G. KOMEN FOR THE CURE® IS WORKING WITH THE IOM TO REVIEW AND ASSESS
THE STRENGTH OF THE SCIENCE REGARDING POSSIBLE LINKS BETWEEN BREAST
CANCER AND THE ENVIRONMENT. THEY WILL ALSO CONSIDER EVIDENCE-BASED
PREVENTIVE ACTIONS WOMEN MIGHT TAKE TO REDUCE THEIR RISK OF THE DISEASE.

NATIONAL CANCER INSTITUTE, LATIN AMERICAN INITIATIVE - KOMEN SUPPORTED
THE CREATION OF A CLINICAL PROTOCOL AND IMPLEMENTATION OF A TRIAL TO BE
CONDUCTED IN FIVE KEY COUNTRIES IN LATIN AMERICA: ARGENTINA, BRAZIL,
CHILE, MEXICO AND URUGUAY. THE LATIN AMERICAN COUNTRIES AND THE UNITED
STATES WILL LINK THEIR RESEARCH EFFORTS THROUGH THE CANCER BIOMEDICAL
INFORMATICS GRID, AN INFORMATION NETWORK THAT ALLOWS RESEARCHERS TO SHARE
DATA AND KNOWLEDGE. THEY ALSO WILL DEVELOP PILOT PROJECTS TO ENHANCE
RESEARCH AND IMPROVE DELIVERY OF CANCER TREATMENTS TO PATIENTS IN THE
UNITED STATES AND LATIN AMERICA.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III

B - EDUCATION

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

Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC.	Employer identification number 75-1835298
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ATTACHMENT 3 (CONT'D)

WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER.

OUR AWARD-WINNING WEBSITE, WWW.KOMEN.ORG, PROVIDES COMPREHENSIVE AND CURRENT INFORMATION ABOUT BREAST CANCER, RESEARCH FINDINGS, COMMUNITY PROGRAMS, VOLUNTEER OPPORTUNITIES, AND EVENTS. THE "UNDERSTANDING BREAST CANCER" SECTION OF THE WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL, RECEIVED NEARLY 2.5 MILLION VISITS DURING FISCAL YEAR 2010.

KOMEN ALSO PRODUCES SCIENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. OVER 7 MILLION EDUCATIONAL MATERIALS WERE DISTRIBUTED IN FISCAL YEAR 2010. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE THE FOLLOWING:

- BREAST SELF-AWARENESS CARDS IN 15 LANGUAGES FOR 17 SPECIFIC AUDIENCES
- GENERAL BREAST HEALTH AWARENESS AND BREAST CANCER SPECIFIC BROCHURES AND FACT SHEETS
- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS
- OUTREACH RESOURCES INCLUDING BREAST SELF-AWARENESS INFORMATION IN CD-ROM, DVD OR VHS FORMATS

WHEN WRITTEN MATERIALS ARE NOT SUFFICIENT, KOMEN'S TRAINED BREAST CARE HELPLINE STAFF (1-877 GO KOMEN) ARE AVAILABLE TO PROVIDE ANSWERS TO QUESTIONS, LOCAL RESOURCES AND MORAL SUPPORT. LAST YEAR, THE SUSAN G. KOMEN FOR THE CURE BREAST CANCER HELPLINE RESPONDED TO NEARLY 15,000 CALLS.

WHILE AFRICAN AMERICAN WOMEN ARE LESS LIKELY TO BE DIAGNOSED WITH BREAST

Name of the organization SUSAN G KOMEN BREAT CANCER FDN, INC.	Employer identification number 75-1835298
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ATTACHMENT 3 (CONT'D)

CANCER, THEY ARE MORE LIKELY TO DIE OF THE DISEASE. THE SUSAN G. KOMEN FOR THE CURE CIRCLE OF PROMISE ENGAGES AFRICAN AMERICAN WOMEN IN THE FIGHT AGAINST BREAST CANCER. AT THE END OF FISCAL YEAR 2010, A TOTAL OF 56,000 AMBASSADORS HAD BEEN RECRUITED TO DO THE FOLLOWING:

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

I AM THE CURE.® IS AN EDUCATIONAL PROGRAM THAT TEACHES SIMPLE, ACTION-ORIENTED, BREAST HEALTH INFORMATION TO PARTICIPANTS IN THE SUSAN G. KOMEN RACE FOR THE CURE® SERIES. LAST YEAR, NEARLY 1.6 MILLION PEOPLE PARTICIPATED IN A RACE FOR THE CURE EVENT. A FORMAL EVALUATION SHOWED THAT 80% OF PARTICIPANTS RECALLED THE MESSAGE THAT EARLY DETECTION IS KEY TO SURVIVAL.

THE MOBILE COMMUNITY EDUCATION AND OUTREACH TOUR, KOMEN ON THE GO SHARES IMPORTANT INFORMATION ABOUT BREAST CANCER WITH ALL GENERATIONS. THIS NATIONWIDE INITIATIVE IS A FUN, HANDS-ON LEARNING EXPERIENCE THAT ENGAGES PEOPLE AT COMMUNITY LOCATIONS SUCH AS HEALTH FAIRS, SHOPPING MALLS, CHURCHES, COLLEGES AND UNIVERSITY CAMPUSES. LAST YEAR, THE TWO "KOMEN ON THE GO" VEHICLES WERE ON EXHIBIT IN MORE THAN 43 COMMUNITIES AND REACHED NEARLY 30,000 PEOPLE WITH IMPORTANT BREAST CANCER EDUCATION.

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ATTACHMENT 3 (CONT'D)

CANCER KILLS MORE PEOPLE, WORLDWIDE, THAN TB, HIV/AIDS AND MALARIA COMBINED. KOMEN IS WAGING THE GLOBAL FIGHT AGAINST BREAST CANCER BY BUILDING AND STRENGTHENING GRASSROOTS PROGRAMS THROUGH NETWORKING, TRAINING, CAPACITY BUILDING AND FINANCIAL SUPPORT.

IN FISCAL YEAR 2010, 182 BREAST CANCER ADVOCATES IN SEVEN COUNTRIES (BRAZIL, COSTA RICA, EGYPT, MEXICO, PANAMA, ROMANIA, AND UKRAINE) WERE TRAINED THROUGH THE COURSE FOR THE CURE, WHICH IS THE CORNERSTONE OF THE KOMEN'S GLOBAL INITIATIVE FOR BREAST CANCER AWARENESS. COURSE FOR THE CURE IS A SERIES OF EASILY ADAPTABLE TRAINING MODULES THAT ARE BASED ON KOMEN'S BEST PRACTICES AND EXPERIENCE IN BREAST CANCER AWARENESS AND ADVOCACY.

ADDITIONALLY, KOMEN AWARDED 22 COMMUNITY GRANT PROJECTS IN COUNTRIES AIMED AT INCREASING BREAST CANCER AWARENESS IN ORDER TO REDUCE RATES OF LATE STAGE OF DIAGNOSIS AND MORTALITY. THIS IS IN ADDITION MORE THAN A DOZEN GRANTS AWARDED FOR OUTREACH PROGRAMS IN BOSNIA AND HERZEGOVINA, COLOMBIA, EGYPT, HUNGARY, ISRAEL, MONTENEGRO, RUSSIA, AND SOUTH AFRICA AND CONFERENCES IN INDIA, BELGIUM, KYRGYZSTAN, NORWAY, AND RUSSIA.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III

C - SCREENING

GETTING REGULAR SCREENING TESTS IS THE BEST WAY FOR WOMEN TO LOWER THEIR RISK OF DYING FROM BREAST CANCER. SCREENING TESTS CAN FIND BREAST CANCER

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ATTACHMENT 3 (CONT'D)

EARLY, WHEN IT'S MOST TREATABLE. KOMEN SUPPORTS FREE AND LOW-COST MAMMOGRAM PROGRAMS IN COMMUNITIES FOR WOMEN WITHOUT HEALTH INSURANCE OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE GETTING A MAMMOGRAM TOO COSTLY.

D - TREATMENT

COUNTLESS NUMBERS OF PATIENTS DELAY OR FORGO BREAST CANCER TREATMENT EACH YEAR AND AS A RESULT, THESE WOMEN ARE LESS LIKELY TO SURVIVE. FOR THIS REASON, KOMEN SUPPORTS PROGRAMS THAT CONNECT PEOPLE WITH LOCAL RESOURCES, PROVIDE EMERGENCY FINANCIAL ASSISTANCE, AND HELP COORDINATE CARE.

KOMEN ALSO SUPPORTS TWO NATIONAL PATIENT ASSISTANCE PROGRAMS. ONE GRANT WAS AWARDED TO THE NATIONAL CANCER SUPPORT ORGANIZATION, CANCERCARE, TO PROVIDE DIRECT FINANCIAL ASSISTANCE FOR TREATMENT-RELATED EXPENSES FOR APPROXIMATELY 1,500 WOMEN, INCLUDING PAIN AND ANTI-NAUSEA MEDICATION, LYMPHEDEMA CARE, ORAL CHEMOTHERAPY, AND DURABLE MEDICAL EQUIPMENT.

CANCERCARE ALSO PROVIDES COUNSELING AND OTHER SUPPORT SERVICES THAT ENABLE BREAST CANCER PATIENTS TO MAKE INFORMED TREATMENT DECISIONS, COPE WITH THE EMOTIONAL EFFECTS OF THE DISEASE, AND EXPERIENCE AN IMPROVED QUALITY OF LIFE.

ANOTHER GRANT FOR PATIENT ASSISTANCE WAS MADE TO THE PATIENT ADVOCATE FOUNDATION TO PROVIDE CASH CO-PAYMENT ASSISTANCE TO INSURED PATIENTS WHO

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ATTACHMENT 3 (CONT'D)

QUALIFY MEDICALLY AND FINANCIALLY. ABOUT 160 BREAST CANCER PATIENTS WILL BE PROVIDED ASSISTANCE WITH CO-PAYS FOR THEIR PRESCRIPTIONS AND/OR PHARMACEUTICAL TREATMENTS. PATIENTS RECEIVE PERSONALIZED ASSISTANCE AND THE CO-PAY IS PAID TO THE PROVIDER, PHARMACY OR TO THE PATIENT WITH PROOF OF EXPENDITURE.

PATIENT NAVIGATION HAS BEEN SHOWN TO BE A SUCCESSFUL STRATEGY TO PREVENT WOMEN FROM FALLING THROUGH THE CRACKS OF THE HEALTHCARE SYSTEM. PATIENT NAVIGATORS PROVIDE ONE-ON-ONE SUPPORT AND GUIDANCE TO ENSURE THAT WOMEN GET CARE IN A TIMELY FASHION, HELPING THEM OVERCOME ANY BARRIERS THEY EXPERIENCE. LAST YEAR, KOMEN SUPPORTED MORE THAN 160 PATIENT NAVIGATION PROGRAMS AROUND THE UNITED STATES. ONE SUCH PROGRAM WAS FUNDED BY THE PUGET SOUND AFFILIATE. MASON GENERAL HOSPITAL, WITH SUPPORT FROM KOMEN PUGET SOUND, IS WORKING TO IMPROVE SURVIVAL RATES OF RURAL WOMEN. THEIR PATIENT NAVIGATION SERVICE IS BEING DIRECTLY OFFERED TO ABOUT 560 WOMEN WHO HAD AN ABNORMAL SCREENING TEST, HAVE BEEN RECENTLY DIAGNOSED, OR ARE LONGER-TERM SURVIVORS OF BREAST CANCER.

FOR MORE INFORMATION ABOUT ANY OF THE ACCOMPLISHMENTS DESCRIBED HERE OR TO LEARN MORE ABOUT SUSAN G. KOMEN FOR THE CURE, VISIT WWW.KOMEN.ORG OR CALL 1-877 GO KOMEN.

DESCRIPTION OF BOARD MEMBER RELATIONSHIP

FORM 990, PART VI, QUESTION 2

ERIC BRINKER, BOARD MEMBER, IS THE SON OF AMBASSADOR NANCY G. BRINKER, CEO AND BOARD MEMBER.

Name of the organization SUSAN G KOMEN BREAST CANCER FDN, INC.	Employer identification number 75-1835298
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ATTACHMENT 3 (CONT'D)

EXPLANATION OF SIGNIFICANT CHANGES MADE TO THE BYLAWS IN FY2010

FORM 990, PART VI, QUESTION 4

SUSAN G. KOMEN FOR THE CURE MADE THE FOLLOWING SIGNIFICANT CHANGES TO ITS BYLAWS AND CERTIFICATE OF FORMATION IN FY2010:

1. SECTION 1.04 PURPOSES. SECTION 1.04 OF THE BYLAWS WAS REVISED TO CHANGE "BREAST CANCER" TO "WOMEN'S CANCER" TO REFLECT THE EXPANSION OF KOMEN'S MISSION INTERNATIONALLY WHERE BREAST CANCER IS INTEGRATED INTO THE LARGER DISCUSSION OF WOMEN'S CANCERS AND WOMEN'S HEALTH PLATFORMS, BUT SUCH EXPANSION IN MISSION ACTIVITIES WILL ONLY OCCUR TO THE EXTENT SUCH ACTIVITIES FURTHER THE ORGANIZATION'S MISSION TO END BREAST CANCER. THIS CHANGE WAS ALSO MADE TO ARTICLE IV OF THE CERTIFICATE OF FORMATION FOR SUSAN G. KOMEN FOR THE CURE.

2. SECTION 4.01 NUMBER AND TERM. SECTION 4.01 OF THE BYLAWS WAS REVISED TO REFLECT THE SEPARATION OF THE OFFICE OF PRESIDENT/CHIEF EXECUTIVE OFFICER INTO TWO OFFICES (PRESIDENT AND CHIEF EXECUTIVE OFFICER). DUE TO THIS SEPARATION OF OFFICE, THE NUMBER OF EXECUTIVE COMMITTEE MEMBERS WAS INCREASED FROM FOUR TO A MAXIMUM OF FIVE TO ALLOW FOR BOTH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO SERVE ON THE COMMITTEE.

3. IN ADDITION TO THE FOREGOING CHANGES, THE FOLLOWING UNIVERSAL CHANGES WERE MADE TO THE BYLAWS:

A. ALL REFERENCES TO THE TEXAS NON PROFIT CORPORATION ACT WERE REVISED TO REFLECT THE TEXAS BUSINESS ORGANIZATIONS CODE, THE STATE STATUTE NOW APPLICABLE TO KOMEN.

B. ALL REFERENCES TO THE FORMER OFFICE OF PRESIDENT/CHIEF EXECUTIVE

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ATTACHMENT 3 (CONT'D)

OFFICER WERE REVISED TO REFLECT THE SEPARATION AND CREATION OF THE OFFICES OF PRESIDENT AND CHIEF EXECUTIVE OFFICER.

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

MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVELS OF MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR PRESENTATION TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO BEING FILED. THEREAFTER, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 VIA EMAIL PRIOR TO THE FORM BEING FILED WITH AN OPPORTUNITY TO REVIEW AND COMMENT.

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

THE ORGANIZATION PRODUCES AN ANNUAL SURVEY REQUIRING ALL EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS AND ADVISORY BOARDS TO INFORM ON CONFLICTS. ANY CONFLICTS ARE THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND APPROPRIATE MEASURES ARE TAKEN, SUCH AS RECUSAL FROM DECISIONS IMPACTED BY A CONFLICT OF INTEREST. IN ADDITION, THOSE SAME PEOPLE HAVE THE OBLIGATION TO UPDATE THE CONFLICT OF INTEREST STATEMENTS DURING THE YEAR.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD OF

Name of the organization SUSAN G KOMEN BREAT CANCER FDN, INC.	Employer identification number 75-1835298
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ATTACHMENT 3 (CONT'D)

SUSAN G. KOMEN FOR THE CURE IN OVERSEEING COMPENSATION POLICIES AND PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER EMPLOYEES, GRANTING THE CEO AUTHORITY TO DETERMINE ACTUAL COMPENSATION LEVELS WITHIN AN APPROVED RANGE, AND INCENTIVE/BONUS COMPENSATION PROGRAMS. THE CURRENT POLICY WAS ADOPTED IN 2009.

A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES. PERIODICALLY, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA, ENGAGING INDEPENDENT EXPERTS TO CONDUCT THE BENCHMARKING PROCESS. COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION. THE PROCESS OF REVIEWING ALL POSITIONS WAS LAST CONDUCTED IN THE PRIOR FISCAL YEAR. SALARY INCREASES, PROMOTIONS OR OTHER FORMS OF COMPENSATION ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE 990 ARE PUBLICLY AVAILABLE ON OUR WEBSITE. THE ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE TEXAS SECRETARY OF STATE AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUIRED BY STATE LAW. FORM 1023 IS NOT ONLINE BUT AVAILABLE TO THE PUBLIC UPON REQUEST.

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ATTACHMENT 3 (CONT'D)

ADDITIONAL DETAIL ON RACE PRODUCTION EXPENSES INCLUDED ON OTHER EXP LINE

FORM 990, PART IX, LINE 24

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. PURCHASES ALL T-SHIRTS FOR THE 100 PLUS RACES HELD BY THE KOMEN AFFILIATES DURING THE YEAR.

REASON FOR AMENDING FORM 990

FORM 990, PAGE 1, LINE B

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.'S 2009 FORM 990 IS BEING AMENDED DUE TO A TYPOGRAPHICAL ERROR ON FORM 990, PART IX, LINE 19, COLUMN (C) AND LINE 25, COLUMN (C).

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE, INC. 100 JAMISON COURT HAGERSTOWN, MD 21740	DONAT.PROCESS & MKT	4,790,167.
EVENT 360, INC. 205 N. MICHIGAN AVE. CHICAGO, IL 60601-5927	EVENT MANAGEMENT	5,461,413.
CONSTELLA GROUP, LLC	HEALTH CONSULT. SVC.	4,601,524.

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ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
2605 MERIDIAN PARKWAY DURHAM, NC 27713		
INSTITUTE OF INTERNATIONAL EDUCATION 530 BUSH STREET SAN FRANCISCO, CA 94180	INT'L TRAINING & EDU	1,638,667.
EVERGE GROUP OF TEXAS, LTD. 4965 PRESTON PARK BLVD. PLANO, TX 75093	SOFTWARE CONSULTING	631,024.
	TOTAL COMPENSATION	<u>17,122,795.</u>