

Exempt Organization Declaration and Signature for Electronic FilingFor calendar year 2010, or tax year beginning 04/01, 2010, and ending 03/31, 20 11**2010**Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION,75-1835298**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with 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 of the return being filed with 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>208956027.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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 Automated Clearing House (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 2010 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) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

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 ▶ <u>Kathy Davis</u>	Date 12/01/2011	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	ERNST & YOUNG U.S. LLP 1901 SIXTH AVE 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	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2010)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning****04/01, 2010, and ending****03/31, 2011****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Doing Business As SUSAN G. KOMEN FOR THE CURE

Number and street (or P.O. box if mail is not delivered to street address)

5005 LBJ FREEWAY

Room/suite

250

City or town, state or country, and ZIP + 4

DALLAS, TX 75244-6125

F Name and address of principal officer: AMBASSADOR NANCY G. BRINKER

5005 LBJ FREEWAY, STE. 250 DALLAS, TX 75244-6125

D Employer identification number

75-1835298

E Telephone number

(972) 855-1600

G Gross receipts \$ 258,876,878.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 7164**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.KOMEN.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1982 **M** State of legal domicile: TX**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9.		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7.		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	280.		
	6	Total number of volunteers (estimate if necessary)	6	11,823.		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	134,999,587.	Current Year	174,658,160.
	9	Program service revenue (Part VIII, line 2g)		32,672,067.		34,417,471.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,399,901.		6,372,156.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,115,204.		-6,491,760.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		171,186,759.		208,956,027.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		74,580,417.		76,205,302.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,675,770.		24,232,513.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		654,519.		829,211.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,288,157.				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		79,677,466.		91,171,573.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		177,588,172.		192,438,599.
19	Revenue less expenses. Subtract line 18 from line 12		-6,401,413.		16,517,428.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	298,673,925.	End of Year	319,777,847.
	21	Total liabilities (Part X, line 26)		212,403,483.		205,749,113.
	22	Net assets or fund balances. Subtract line 21 from line 20		86,270,442.		114,028,734.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	MARK NADOLNY Type or print name and title	CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG U.S. LLP			EIN ▶ 34-6565596	
	Firm's address ▶ 1901 SIXTH AVE NORTH, STE 1200 BIRMINGHAM, AL 35203			Phone no. ▶ 205-254-1608	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

2010 990-RET ELF Status for Batch ID 6395410:

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 FOUNDATION, INC	PARENT		FED		REG	Accepted	12/1/2011 3:17:00 PM	12/1/2011 3:26:00 PM			
65795T	Susan G. Komen for the Cure Advocacy Alliance			FED		REG	Accepted	12/1/2011 3:17:00 PM	12/1/2011 3:26:00 PM			

2 records returned.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**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 \$ 75,926,099. including grants of \$ 63,897,763.) (Revenue \$ 34,417,471.)

GRANTS TO OTHER CHARITABLE ORGANIZATIONS TO SUPPORT RESEARCH AND
CLINICAL INVESTIGATION OF BREAST CANCER. SEE SCHEDULE O FOR
ADDITIONAL DETAILS.

4b (Code:) (Expenses \$ 71,129,117. including grants of \$ 5,068,306.) (Revenue \$ 456,632.)

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 \$ 9,142,812. including grants of \$ 7,239,233.) (Revenue \$ 344,476.)

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 156,198,028.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 170		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 280		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>ISRAEL</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 9		
b Enter the number of voting members included in line 1a, above, who are independent 1b 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? 2	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? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	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 9		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a	X	
b 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? 10b	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b 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 12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	X	
13 Does the organization have a written whistleblower policy? 13	X	
14 Does the organization have a written document retention and destruction policy? 14	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?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	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? 16a		X
b 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? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► ATTACHMENT 1**

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.
☒ Own website ☐ Another's website ☒ 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ALEXINE CLEMENT JACKSON CHAIRMAN OF THE BOARD	1.00	X						0.	0.	0.
(2) ERIC BRINKER BOARD MEMBER	1.00	X						0.	0.	0.
(3) LINDA CUSTARD BOARD MEMBER	1.00	X						0.	0.	0.
(4) BRENDA LAUDERBACK BOARD MEMBER	1.00	X						0.	0.	0.
(5) LINDA LAW BOARD MEMBER & ASST. SECRETARY	1.00	X		X				0.	0.	0.
(6) CONNIE O'NEILL BOARD MEMBER & TREASURER	1.00	X		X				0.	0.	0.
(7) DOROTHY PATTERSON BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOHN D. RAFFAELLI BOARD MEMBER (6/10- 3/11)	1.00	X						0.	0.	0.
(9) ROBERT TAYLOR BOARD MEMBER, RETIRED 6/4/10	1.00	X						0.	0.	0.
(10) NANCY G. BRINKER BOARD MEMBER & CEO	55.00	X		X				417,171.	0.	541.
(11) ELIZABETH THOMPSON SVP (4/10-10/10) PRES (10/10-3/11)	55.00			X				216,920.	0.	16,177.
(12) KATRINA MCGHEE SVP (4/10-10/10); EXEC VP, CMO	55.00			X				216,393.	0.	12,204.
(13) MARK NADOLNY CHIEF FINANCIAL OFFICER	55.00			X				277,636.	0.	17,280.
(14) JONATHAN BLUM GENERAL COUNSEL & SECRETARY	55.00			X				210,269.	0.	22,124.
(15) JUSTIN RICKETTS CIO (4/10 - 2/11)	55.00			X				209,541.	0.	17,213.
(16) EMILY CALLAHAN SVP GLOBAL MKTG/NET (4/10-9/10)	55.00			X				153,490.	0.	8,978.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JENNIFER LURAY SVP GOVT AFF & PP (4/10-8/10)	1.00			X				0.	0.	0.
(18) MARIANNA ALCIATI RES & SCI AFFRS VP (4/10-9/10)	55.00			X				193,571.	0.	14,660.
(19) NANCY MACGREGOR VP, GLOBAL NTWKS (4/10 -10/10)	55.00			X				153,341.	0.	16,124.
(20) DIANA ROWDEN VP, SURVI OUTCOMES (4/10-10/10)	55.00			X				168,171.	0.	11,988.
(21) SUSAN CARTER-JOHNS VP, STRATEGIC REL (4/10-10/10)	55.00			X				165,006.	0.	20,137.
(22) ERIC WINER CHIEF SCIENTIFIC ADVISOR	20.00				X			177,897.	0.	0.
(23) JULIE C. TEER VP, DEVELOPMENT	55.00					X		198,737.	0.	0.
(24) MONA L. LOCKE NATIONAL OPERATIONS DIRECTOR	55.00					X		167,373.	0.	2,233.
(25) DAVID A. DAWSON VP, INFORMATION TECHNOLOGY	55.00					X		163,165.	0.	15,346.
(26) LESLEY LURIE ASSOCIATE GENERAL COUNSEL	55.00					X		160,184.	0.	12,811.
(27) SAMUEL CHENG CONTROLLER	55.00					X		159,129.	0.	9,156.
(28) HALA MODELMOG FORMER CEO AND PRESIDENT	0.00						X	277,864.	0.	1,870.
1b Sub-total								3,685,858.	0.	198,842.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2								404,092.	0.	2,172.
d Total (add lines 1b and 1c)								4,089,950.	0.	201,014.

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 **50**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **49**

Part VIII Statement of Revenue

				(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 547,774.				
	b	Membership dues	1b				
	c	Fundraising events	1c 85,188,640.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 88,921,746.				
	g	Noncash contributions included in lines 1a-1f: \$	48,166.				
	h	Total. Add lines 1a-1f		174,658,160.			
Program Service Revenue			Business Code				
	2a	<u>AFFILIATE PAYMENTS</u>	900099	34,417,471.	34,417,471.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		34,417,471.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,161,593.			3,161,593.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		650,490.			650,490.
			(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	38,626,959.				
	b	Less: cost or other basis and sales expenses	35,416,396.				
	c	Gain or (loss)	3,210,563.				
	d	Net gain or (loss)		3,210,563.			3,210,563.
	8a	Gross income from fundraising events (not including \$ <u>85,188,640.</u> of contributions reported on line 1c). See Part IV, line 18	a 5,676,828.				
	b	Less: direct expenses	b 13,704,224.				
	c	Net income or (loss) from fundraising events		-8,027,396.			-8,027,396.
	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 801,339.				
b	Less: cost of goods sold	b 800,231.					
c	Net income or (loss) from sales of inventory		1,108.	1,108.			
Miscellaneous Revenue			Business Code				
11a	<u>SUPPORT SERVICES</u>	900099	800,000.	800,000.			
b	<u>OTHER</u>	900099	84,038.			84,038.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		884,038.				
12	Total revenue. See instructions		208,956,027.	35,218,579.	0.	-920,712.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	72,110,320.	72,110,320.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,094,982.	4,094,982.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,716,831.	2,200,633.	190,178.	326,020.
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	17,127,226.	10,920,912.	4,547,456.	1,658,858.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	811,459.	527,230.	208,957.	75,272.
9 Other employee benefits	2,242,130.	1,455,213.	572,823.	214,094.
10 Payroll taxes	1,334,867.	871,051.	326,420.	137,396.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	285,983.	192,494.	65,692.	27,797.
c Accounting	814,308.	541,874.	189,746.	82,688.
d Lobbying	2,500.	2,500.		
e Professional fundraising services. See Part IV, line 17	829,211.			829,211.
f Investment management fees	215,530.		215,530.	
g Other	0.			
12 Advertising and promotion	20,105,178.	15,168,035.	586,841.	4,350,302.
13 Office expenses	14,747,106.	8,208,683.	484,495.	6,053,928.
14 Information technology	6,296,259.	5,130,508.	425,280.	740,471.
15 Royalties	0.			
16 Occupancy	2,065,550.	1,386,605.	447,953.	230,992.
17 Travel	3,264,725.	2,255,049.	688,249.	321,427.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,457,562.	1,698,553.	554,045.	204,964.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,607,704.	1,095,896.	302,796.	209,012.
23 Insurance	142,258.	72,389.	40,004.	29,865.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CONSULTING AND PROF SERVICES	14,187,337.	12,533,270.	702,685.	951,382.
b EQUIP RENTAL AND MAINTENANCE	1,054,544.	300,249.	498,003.	256,292.
c CONTRACT LABOR	7,088,737.	5,079,832.	612,591.	1,396,314.
d EVENT PRODUCTION	7,313,030.	5,581,292.	1,483,663.	248,075.
e BANK FEES	3,915,225.	640,950.	98,940.	3,175,335.
f All other expenses	5,608,037.	4,129,508.	710,067.	768,462.
25 Total functional expenses. Add lines 1 through 24f	192,438,599.	156,198,028.	13,952,414.	22,288,157.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	38,052,478.	12,459,846.	3,485,309.	22,107,323.

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	116,301,040.	2	50,614,983.
	3 Pledges and grants receivable, net	63,110,996.	3	59,432,769.
	4 Accounts receivable, net	3,227,334.	4	1,923,864.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	2,746,321.	7	3,861,903.
	8 Inventories for sale or use	613,072.	8	638,001.
	9 Prepaid expenses and deferred charges	4,052,357.	9	2,039,706.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,810,342.		
	b Less: accumulated depreciation	10b 10,109,328.		
	11 Investments - publicly traded securities	4,766,127.	10c	3,701,014.
	12 Investments - other securities. See Part IV, line 11	103,856,678.	11	197,565,607.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	298,673,925.	15		
Liabilities	17 Accounts payable and accrued expenses	27,391,172.	16	319,777,847.
	18 Grants payable	185,012,311.	17	32,386,936.
	19 Deferred revenue		18	173,362,177.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	212,403,483.	25	
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.		26	205,749,113.
	27 Unrestricted net assets	37,346,956.		
	28 Temporarily restricted net assets	48,698,486.	27	66,987,655.
	29 Permanently restricted net assets	225,000.	28	46,816,079.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		29	225,000.
	30 Capital stock or trust principal, or current funds			
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	86,270,442.	32	
	34 Total liabilities and net assets/fund balances	298,673,925.	33	114,028,734.

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	208,956,027.
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,438,599.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,517,428.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,270,442.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11,240,864.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	114,028,734.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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** (2010)

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

2010

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

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

The organization is not a private foundation because it is: (For lines 1 through 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,004,591.	132,775,607.	127,995,868.	134,999,587.	174,658,160.	695,433,813.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1 through 3	125,004,591.	132,775,607.	127,995,868.	134,999,587.	174,658,160.	695,433,813.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						15,412,732.
6 Public support. Subtract line 5 from line 4.						680,021,081.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	125,004,591.	132,775,607.	127,995,868.	134,999,587.	174,658,160.	695,433,813.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,627,304.	8,682,291.	6,957,976.	3,548,746.	3,812,083.	29,628,400.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	50,758.	81,914.	71,369.	2,589,864.	84,038.	2,877,943.
11 Total support. Add lines 7 through 10						727,940,156.
12 Gross receipts from related activities, etc. (see instructions)					12	189,269,260.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.42 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.40 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	50,758.	81,914.	71,369.	2,589,864.	84,038.	2,877,943.
TOTALS	<u>50,758.</u>	<u>81,914.</u>	<u>71,369.</u>	<u>2,589,864.</u>	<u>84,038.</u>	<u>2,877,943.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

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 BREAST CANCER FOUNDATION, 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		\$ 4,208,032.	Person <input checked="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.)
		\$	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.)
		\$	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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047
2010
Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

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

- A** Check ☒ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.	439,745.												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		2,500.	112,556.												
c Total lobbying expenditures (add lines 1a and 1b)		2,500.	552,301.												
d Other exempt purpose expenditures		178,483,685.	349,711,846.												
e Total exempt purpose expenditures (add lines 1c and 1d)		178,486,185.	350,264,147.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	189,745.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	1,082,050.	375,201.	295,135.	552,301.	2,304,687.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	366,511.	275,601.	219,954.	439,745.	1,301,811.

Schedule C (Form 990 or 990-EZ) 2010

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

LOBBYING EXPENSES

PUBLIC POLICY INITIATIVES HAVE THE POTENTIAL TO IMPACT PEOPLE TOUCHED BY BREAST CANCER. RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, KOMEN SUPPORTS LIMITED LOBBYING ACTIVITIES TO ACHIEVE EVIDENCE-BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO ELIMINATE BREAST CANCER AS A MAJOR HEALTH PROBLEM.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

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

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2010

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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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? ☐ **Yes** ☐ **No**

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,318,978.	1,323,262.	1,318,022.		
b Contributions					
c Net investment earnings, gains, and losses	608.	-4,284.	5,240.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,319,586.	1,318,978.	1,323,262.		

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 76.0000 %
b Permanent endowment ▶ 24.0000 %
c Term endowment ▶ 0.0000 %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		795,974.	481,829.	314,145.
d Equipment		4,416,005.	3,867,717.	548,288.
e Other		8,598,363.	5,759,782.	2,838,581.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,701,014.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

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

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.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

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.

FIN 48 (ASC740) FINANCIAL STATEMENT DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS AT MARCH 31, 2011 OR MARCH 31, 2010.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		184,459.
(2) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		865,265.
(3) EUROPE	0.	0.	GRANTMAKING		1,087,000.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		581,000.
(5) NORTH AMERICA	0.	0.	GRANTMAKING		860,000.
(6) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		22,258.
(7) SOUTH AMERICA	0.	0.	GRANTMAKING		375,000.
(8) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		120,000.
(9) MIDDLE EAST AND NORTH AFRICA	0.	22.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	414,272.
(10) CENTRAL AMERICA/CARIBBEAN	0.	10.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	77,412.
(11) EUROPE	0.	3.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	144,965.
(12) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	EDUCATION	14,381.
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0.	35.			4,746,012.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	35.			4,746,012.

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

Schedule F (Form 990) 2010

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 ☐

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDUCATION	50,000.	WIRE TRANSF			
(2)			MIDDLE EAST/NORTH AFRICA	EDUCATION	100,000.	WIRE TRANSF			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	250,000.	WIRE TRANSF			
(4)			EUROPE/ICELAND/GREENLAND	EDUCATION	28,000.	WIRE TRANSF			
(5)			MIDDLE EAST/NORTH AFRICA	EDUCATION	41,000.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	EDUCATION	35,000.	WIRE TRANSF			
(7)			NORTH AMERICA	RESEARCH	250,000.	WIRE TRANSF			
(8)			CENT. AMERICA/CARIBBEAN	EDUCATION	25,000.	WIRE TRANSF			
(9)			MIDDLE EAST/NORTH AFRICA	RESEARCH	250,000.	WIRE TRANSF			
(10)			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF			
(11)			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF			
(12)			SOUTH AMERICA	EDUCATION	100,000.	WIRE TRANSF			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	250,000.	WIRE TRANSF			
(14)			SOUTH AMERICA	EDUCATION	25,000.	WIRE TRANSF			
(15)			CENT. AMERICA/CARIBBEAN	EDUCATION	25,000.	WIRE TRANSF			
(16)			MIDDLE EAST/NORTH AFRICA	EDUCATION	100,000.	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 **▶** _____

3 Enter total number of other organizations or entities **▶** _____

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 ☐
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA	EDUCATION	22,258.	WIRE TRANSF			
(2)			EUROPE/ICELAND/GREENLAND	EDUCATION	100,000.	WIRE TRANSF			
(3)			MIDDLE EAST/NORTH AFRICA	RESEARCH	50,000.	WIRE TRANSF			
(4)			SOUTH AMERICA	RESEARCH	250,000.	WIRE TRANSF			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	175,000.	WIRE TRANSF			
(6)			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF			
(7)			NORTH AMERICA	RESEARCH	610,000.	WIRE TRANSF			
(8)			EAST ASIA/PACIFIC	RESEARCH	585,265.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	EDUCATION	35,000.	WIRE TRANSF			
(10)			CENT. AMERICA/CARIBBEAN	EDUCATION	134,459.	WIRE TRANSF			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	175,000.	WIRE TRANSF			
(12)			EUROPE/ICELAND/GREENLAND	EDUCATION	34,000.	WIRE TRANSF			
(13)			EAST ASIA/PACIFIC	RESEARCH	100,000.	WIRE TRANSF			
(14)			EAST ASIA/PACIFIC	RESEARCH	180,000.	WIRE TRANSF			
(15)									
(16)									

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 30.
 3 Enter total number of other organizations or entities 0.

Schedule F (Form 990) 2010

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.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

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

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

SCHEDULE F, PART V

ALL RESEARCH, EDUCATION, SCREENING, AND TREATMENT 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.

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

2010

Open To Public
Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, 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 e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☐ Solicitation of government grants
c ☐ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MERKLE, INC.	DIRECT MARKETING		X	25,518,135.	829,811.	24,688,324.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				25,518,135.	829,811.	24,688,324.

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

AL, AK, AZ, AR, CA, CO, CT, 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
	GBL RACE FR CUR (event type)	3 DAY WALK SE (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	5,845,232.	82,585,768.	2,434,468.	90,865,468.
2 Less: Charitable contributions	4,284,861.	79,077,928.	1,825,851.	85,188,640.
3 Gross income (line 1 minus line 2)	1,560,371.	3,507,840.	608,617.	5,676,828.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs		2,989,860.		2,989,860.
7 Food and beverages		2,739,590.	233,484.	2,973,074.
8 Entertainment				
9 Other direct expenses	164,799.	7,337,597.	238,894.	7,741,290.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(13,704,224.)
11 Net income summary. Combine line 3, column (d), and line 10				-8,027,396.

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				

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? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity 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? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

FUNDRAISING EVENTS

SCHEDULE G, PART II NET INCOME SUMMARY

GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF CONTRIBUTIONS PER IRS

INSTRUCTIONS. THE CONTRIBUTIONS FOR 2010 WERE \$85,188,640.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, 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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ADVENTIST HEALTHCARE, INC. 1801 RESEARCH BLVD ROCKVILLE, MD 20853	52-1532556	501(C)(3)	917,000.				RESEARCH
(2)	ALBERT EINSTEIN COLLEGE OF MED AT YESH UNIV 1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501(C)(3)	180,000.				RESEARCH
(3)	AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST, PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	1,070,000.				EDUCATION
(4)	AMERICAN ASSOCIATION ON HEALTH & DISABILITY 110 N. WASHINGTON ST, ROCKVILLE, MD 20854	52-1884887	501(C)(3)	200,000.				EDUCATION
(5)	AMERICAN JEWISH JOINT 711 THIRD AVENUE NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	261,770.				EDUCATION
(6)	ARAB COMMUNITY CENTER FOR ECONOMIC AND 6450 MAPLE STREET DEARBORN, MI 48126	23-7444497	501(C)(3)	50,000.				EDUCATION
(7)	ARLINGTON FREE CLINIC 3833 N. FAIRFAX DR. ARLINGTON, VA 22203	54-1671883	501(C)(3)	200,000.				EDUCATION
(8)	AULTMAN HOSPITAL 26210 EMERY RD, STE 307 CLEVELAND, OH 44128	34-1445390	501(C)(3)	250,000.				RESEARCH
(9)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLZA BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	955,000.				RESEARCH
(10)	BETH ISRAEL DEACONESS MEDICAL CTR, BOSTON 330 BROOKLINE AVE E/BR-259 BOSTON, MA 02215	04-2103881	501(C)(3)	360,000.				RESEARCH
(11)	BIOETHICS INTERNATIONAL 420 LEXINGTON AVENUE NEW YORK, NY 10170	87-0774767	501(C)(3)	75,000.				EDUCATION
(12)	BRIGHAM & WOMEN'S HOSPITAL RESEARCH MGT BOSTON, MA 02241-3149	04-2312909	501(C)(3)	250,000.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

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

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BURNHAM INSTITUTE 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	450,000.				RESEARCH
(2)	CANCER CARE 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	250,000.				TREATMENT
(3)	CANCER LEGAL RESOURCE FOUNDATION 919 ALBANY STREET LOS ANGELES, CA 90015	95-2960607	501(C)(3)	7,500.				EDUCATION
(4)	CAPITAL BREAST CARE CENTER 650 PENNSYLVANIA AVE WASHINGTON, DC 20003	53-0196603	501(C)(3)	200,000.				EDUCATION
(5)	CASA OF MARYLAND, INC. 734 UNIV BLVD E SILVER SPRING, MD 20903	52-1372972	501(C)(3)	200,000.				EDUCATION
(6)	C-CHANGE 1776 I STREET, NW WASHINGTON, DC 20006	16-1641769	501(C)(3)	50,000.				EDUCATION
(7)	CENTER FOR WOMEN POLICY STUDIES 1776 MASSACHUSETTS AVE WASHINGTON, DC 20036	52-0962100	501(C)(3)	10,320.				EDUCATION
(8)	CHILDREN'S HOSPITAL, BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	180,000.				RESEARCH
(9)	COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	13-3957095	501(C)(3)	448,742.				RESEARCH
(10)	COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURG 630 WEST 168TH STREET NEW YORK, NY 10032	13-3957095	501(C)(3)	450,000.				RESEARCH
(11)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	300,000.				RESEARCH
(12)	TRUSTEES OF COLUMBIA UNIV. 630 W 168TH ST, BOX 49 NEW YORK, NY 10032	13-3957095	501(C)(3)	250,000.				RESEARCH

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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COMMONWEAL PO BOX 316 BOLINAS, CA 94924	94-2366094	501(C)(3)	181,729.				EDUCATION
(2)	CONQUER CANCER FOUNDATION 2318 MILL ROAD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	250,000.				EDUCATION
(3)	CORNELL UNIVERSITY, ITHACA 341 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	180,000.				RESEARCH
(4)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET, BP333 BOSTON, MA 02115	04-2263040	501(C)(3)	1,655,000.				RESEARCH
(5)	DELTA STATE UNIVERSITY CCED POST OFFICE BOX 3134 CLEVELAND, MS 38733	64-6026565	501(C)(3)	20,000.				EDUCATION
(6)	DUKE UNIVERSITY MEDICAL CENTER 324 BLACKWHEEL ST, STE 1000 DURHAM, NC 27701	56-0532129	501(C)(3)	1,590,046.				RESEARCH
(7)	RESEARCH AND EDUCATION FOUNDATION 12935 S. GREGORY ST. BLUE ISLAND, IL 60406	36-3761674	501(C)(3)	218,000.				RESEARCH
(8)	EO LAWRENCE BERKELEY NATIONAL LABORATORY 1 CYCLOTRON RD BERKELEY, CA 94720	94-2951741	501(C)(3)	250,000.				RESEARCH
(9)	FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD W TAMPA, FL 33647	65-0927702	501(C)(3)	50,000.				EDUCATION
(10)	FANNIE LOU HAMER CANCER FOUNDATION 200 FIRST STREET SW RULEVILLE, MS 38771	86-1118042	501(C)(3)	20,000.				EDUCATION
(11)	FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	450,000.				RESEARCH
(12)	FRED HUTCHINSON CANCER RESEARCH CENTER 8750 N MERCER WY MERCER ISLAND, WA 98040	23-7156071	501(C)(3)	1,099,999.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations ☐
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
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(1)	FRED HUTCHINSON CANCER RESEARCH CENTER 8750 N MERCER WY MERCER ISLAND, WA 98040	23-7156071	501(C)(3)	100,000.				EDUCATION
(2)	FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DR, ARLINGTON, VA 22202	52-1983273	501(C)(3)	25,000.				EDUCATION
(3)	GEORGETOWN UNIVERSITY OURISMAN HEALTH CTR LOMBARDI GROUND FL WASHINGTON, DC 20007	52-2218584	501(C)(3)	199,990.				EDUCATION
(4)	GEORGETOWN UNIVERSITY OURISMAN HEALTH CTR LOMBARDI GROUND FL WASHINGTON, DC 20007	52-2218584	501(C)(3)	600,000.				RESEARCH
(5)	GEORGIA, MEDICAL COLLEGE OF 1120 15TH STREET, CJ-3301 AUGUSTA, GA 30912	74-1613878	501(C)(3)	600,000.				RESEARCH
(6)	HARVARD MEDICAL SCHOOL 1350 MASSACHUSETTS AV CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	180,000.				RESEARCH
(7)	HARVARD MEDICAL SCHOOL 1350 MASSACHUSETTS AV CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	231,355.				EDUCATION
(8)	HENRY FORD HEALTH SYSTEM ONE FORD PLACE, SE DETROIT, MI 48202	38-1357020	501(C)(3)	599,850.				RESEARCH
(9)	INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DR, RM 518 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	1,237,500.				RESEARCH
(10)	INTERNATIONAL BREAST CANCER RESEARCH FDN. 660 JOHN NOLAN DRIVE MADISON, WI 53711	39-1766858	501(C)(3)	442,783.				RESEARCH
(11)	INTERNATIONAL SCHOLARSHIP & TUITION SERV 200 CRUTCHFIELD AVE NASHVILLE, TN 37210	62-1247492	501(C)(3)	160,000.				EDUCATION
(12)	JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	10,000.				EDUCATION

- 2 Enter total number of section 501(c)(3) and government organizations ☐
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Schedule I (Form 990) (2010)

SCHEDULE I
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(1)	JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,716,853.				RESEARCH
(2)	KOREAN COMMUNITY SVC. CTR. OF GREATER WA 7700 LTL RVR TURNPIKE, ANNANDALE, VA 22003	36-2167817	501(C)(3)	180,000.				EDUCATION
(3)	LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	23-2175659	501(C)(3)	599,774.				RESEARCH
(4)	LAWRENCE BERKELEY NATIONAL LABORATORY 1 CYCLOTRON RD BERKELEY, CA 94720	94-2951741	501(C)(3)	177,988.				RESEARCH
(5)	LIVING BEYOND BREAST CANCER 354 W LANCASTER AV HAVERFORD, PA 19041	23-2734689	501(C)(3)	200,000.				EDUCATION
(6)	M.D. ANDERSON CANCER CENTER, UNIV OF TEXAS GRANTS & CONTRACTS HOUSTON, TX 77210-4390	74-6001118	501(C)(3)	120,000.				RESEARCH
(7)	MAASAI WILDERNES CONSERVATION FUND 497 SCAIFE HALL SANTA BARBARA, CA 93102	66-0627488	501(C)(3)	50,000.				EDUCATION
(8)	MARY'S CTR FOR MATERNAL&CHILD CARE, INC. 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	200,000.				EDUCATION
(9)	MASSACHUSETTS GENERAL HOSPITAL 32 FRUIT ST YAWKEY 8C BOSTON, MA 02114-2554	04-2697983	501(C)(3)	400,000.				RESEARCH
(10)	MAYO CLINIC AND FOUNDATION, JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	41-6011702	501(C)(3)	597,940.				RESEARCH
(11)	MAYO CLINIC AND FOUNDATION, ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	1,050,000.				RESEARCH
(12)	MEDICAL COLLEGE 8701 WATERTOWN PLK RD. MILWAUKEE, WI 53226	39-0806261	501(C)(3)	250,000.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations ☐
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(1)	MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVE NEW YORK, NY 10021	13-1924236	501(C)(3)	1,270,000.				RESEARCH
(2)	MERCY HEALTH FOUNDATION 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-2173656	501(C)(3)	15,000.				SCREENING
(3)	MERCY HEALTH FOUNDATION 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-2173656	501(C)(3)	1,048,493.				RESEARCH
(4)	METROPOLITAN CHICAGO BREAST CANCER 1645 W. JACKSON BLVD CHICAGO, IL 60612-3244	26-2264895	501(C)(3)	600,000.				SCREENING
(5)	MICHIGAN STATE UNIVERSITY 301 ADMIN BUILDING EAST LANSING, MI 48824	38-6005984	501(C)(3)	450,000.				RESEARCH
(6)	MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 E. WOODROW WILSON JACKSON, MS 39215	56-6001393	501(C)(3)	60,000.				EDUCATION
(7)	MOUNT SINAI SCHOOL OF MEDICINE, NEW YORK 1 GUSTAVE L LEVY PL NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	780,000.				RESEARCH
(8)	NATIONAL ACADEMY OF SCIENCES 730 15TH STREET NW WASHINGTON, DC 20005	53-0196932	501(C)(3)	1,000,402.				RESEARCH
(9)	NATIONAL ASSOCIATION OF CHRONIC DISEASE 2872 WOODCOCK BLVD. ATLANTA, GA 30341	73-1328414	501(C)(3)	25,000.				SCREENING
(10)	NEW YORK UNIVERSITY, SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016-6481	13-5562308	501(C)(3)	550,000.				RESEARCH
(11)	NORTH COLORADO MEDICAL CENTER 2001 70TH AVENUE GREELEY, CO 80634	84-0718355	501(C)(3)	20,169.				SCREENING
(12)	NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR, CHICAGO, IL 60611	36-2167817	501(C)(3)	180,000.				RESEARCH

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(1)	NORTHWESTERN UNIVERSITY, FEINBERG SCHOOL 750 N LAKE SHORE DR, CHICAGO, IL 60611	36-2167817	501(C)(3)	180,000.				RESEARCH
(2)	NSABP FOUNDATION, INC. 201 N CRAIG ST, PITTSBURGH, PA 15213	25-1781357	501(C)(3)	25,000.				RESEARCH
(3)	NUEVA VIDA, INC. 2000 P ST NW, WASHINGTON, DC 20036	54-1943145	501(C)(3)	200,000.				EDUCATION
(4)	PATIENT ADVOCATE FOUNDATION 700 THIMBLE SHOALS, NEWPORT NEWS, VA 23606	54-1806317	501(C)(3)	250,000.				EDUCATION
(5)	PATIENT ADVOCATE FOUNDATION 700 THIMBLE SHOALS, NEWPORT NEWS, VA 23606	54-1806317	501(C)(3)	1,750,000.				TREATMENT
(6)	PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	199,925.				EDUCATION
(7)	PRINCE GEORGE'S COUNTY HEALTH DEPT 1801 MCCORMICK DR STE. 260 LARGO, MD 20774	52-2046026	501(C)(3)	200,000.				EDUCATION
(8)	PRINCETON UNIVERSITY 5 NEW SOUTH BUILDING PRINCETON, NJ 08544	21-0634501	501(C)(3)	768,750.				RESEARCH
(9)	PROVIDENCE HEALTH FOUNDATION 1150 VARNUM STREET, NE WASHINGTON, DC 20017	52-1275583	501(C)(3)	1,000,000.				SCREENING
(10)	PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST PORTLAND, OR 97213-2933	93-1231494	501(C)(3)	449,888.				RESEARCH
(11)	PURDUE UNIVERSITY 302 WOOD ST WEST LAFAYETTE, IN 47907-2108	35-6002041	501(C)(3)	180,000.				RESEARCH
(12)	QUANTUM LEAP HEALTHCARE COLLABORATIVE 320 FAIRWAY DRIVE HALF MOON BAY, CA 94019	20-4284925	501(C)(3)	38,000.				EDUCATION

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SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	REAGAN UDALL FOUNDATION 800 I STREET NW WASHINGTON, DC 20001	26-3727917	501(C)(3)	100,000.				EDUCATION
(2)	RESEARCH ADVOCACY NETWORK 6505 WEST PARK BOULEVARD PLANO, TX 75093	35-2209499	501(C)(3)	50,000.				EDUCATION
(3)	RUSH UNIVERSITY 1700 WEST VAN BUREN CHICAGO, IL 60612	36-2174823	501(C)(3)	450,000.				RESEARCH
(4)	SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSP 4777 E GALBRAITH RD CINCINNATI, OH 45236	98-6001162	501(C)(3)	449,982.				RESEARCH
(5)	SOCIETY OF SURGICAL ONCOLOGY 85 W ALGONQUIN RD ARLINGTON HTS, IL 60005	13-6161070	501(C)(3)	115,000.				RESEARCH
(6)	SOCIETY OF SURGICAL ONCOLOGY 85 W ALGONQUIN RD ARLINGTON HTS, IL 60005	13-6161070	501(C)(3)	20,000.				EDUCATION
(7)	STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	718,225.				RESEARCH
(8)	TEMPLE UNIVERSITY 1938 LIACOURAS WK PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	450,000.				RESEARCH
(9)	THE MAUTNER PROJECT 1875 CONNECTICUT AV WASHINGTON, DC 20009	52-1703915	501(C)(3)	200,000.				EDUCATION
(10)	THE SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-6136024	501(C)(3)	250,000.				RESEARCH
(11)	THE UNIVERSITY OF CHICAGO 970 EAST 58TH ST CHICAGO, IL 60637	36-2177139	501(C)(3)	250,000.				RESEARCH
(12)	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	600,000.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

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Name of the organization

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Employer identification number

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TRUSTEES OF BOSTON UNIVERSITY, BUMC 580 HARRISON AVENUE, 3-W BOSTON, MA 02118	04-2103547	501(C)(3)	178,191.				RESEARCH
(2)	TULANE UNIVERSITY HEALTH SCIENCES CENTER 6823 ST CHARLES AVE NEW ORLEANS, LA 70119	72-0423889	501(C)(3)	180,000.				RESEARCH
(3)	UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR. CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	425,000.				RESEARCH
(4)	UNIV OF TEXAS MD ANDERSON CANCER CENTER P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501(C)(3)	562,500.				RESEARCH
(5)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	1,030,000.				RESEARCH
(6)	UNIVERSITY OF CALIFORNIA AT IRVINE 1655 GRANT ST, BLDG A CONCORD, CA 94520	95-2226406	501(C)(3)	600,000.				RESEARCH
(7)	UNIVERSITY OF CALIFORNIA AT LOS ANGELES 10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-2250801	501(C)(3)	630,000.				RESEARCH
(8)	UNIVERSITY OF CALIFORNIA AT SAN DIEGO UCSD CASHIERS OFFC LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	540,000.				RESEARCH
(9)	UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	7,384,270.				RESEARCH
(10)	UNIVERSITY OF CALIFORNIA AT SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	180,000.				RESEARCH
(11)	UNIVERSITY OF CALIFORNIA, HELEN DILLER FCCC 1855 FOLSOM ST, SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	180,000.				RESEARCH
(12)	UNIVERSITY OF CALIFORNIA-DAVIS ONE SHIELD AVE DAVIS, CA 95616	94-6036494	501(C)(3)	450,000.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

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

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

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Part I General Information on Grants and Assistance

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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. Part II can be duplicated if additional space is needed ☐

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(1)	UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143	501(C)(3)	250,000.				RESEARCH
(2)	UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	680,000.				RESEARCH
(3)	UNIVERSITY OF CINCINNATI 51 GOODMAN DR CINCINNATI, OH 45221	31-6000989	501(C)(3)	450,000.				RESEARCH
(4)	UNIVERSITY OF COLORADO AT DENVER FITZSIMONS CAMPUS DENVER, CO 80291-0238	85-6000555	501(C)(3)	180,000.				RESEARCH
(5)	UNIVERSITY OF COLORADO HEALTH SCIENCES CTR 500 FITZSIMONS BLDG AURORA, CO 80045	84-6000555	501(C)(3)	120,000.				RESEARCH
(6)	UNIVERSITY OF ILLINOIS AT CHICAGO 809 S MARSHFIELD AVE CHICAGO, IL 60612	37-6000511	501(C)(3)	403,119.				RESEARCH
(7)	UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	62,500.				RESEARCH
(8)	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE OFFC OF EXP COMPL MIAMI, FL 33136	59-0624458	501(C)(3)	1,199,997.				RESEARCH
(9)	UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109-1287	38-6006309	501(C)(3)	2,100,000.				RESEARCH
(10)	UNIVERSITY OF MINNESOTA AT TWIN CITIES 200 OAK ST SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	1,029,975.				RESEARCH
(11)	UNIVERSITY OF NEBRASKA 987835 NEBRASKA OMAHA, NE 68198	47-0049123	501(C)(3)	180,000.				RESEARCH
(12)	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENT 1000 STANTON YNG BLVD OKLAHOMA, OK 73117	73-6017987	501(C)(3)	599,966.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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(1)	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,380,000.				RESEARCH
(2)	UNIVERSITY OF PITTSBURGH CANCER INSTITUTE 497 SCAIFE HALL PITTSBURGH, PA 15251	25-0965591	501(C)(3)	626,610.				RESEARCH
(3)	UNIVERSITY OF PORTLAND 726 NW 11TH AVENUE, #508 PORTLAND, OR 97209	93-0401259	501(C)(3)	50,000.				EDUCATION
(4)	UNIVERSITY OF TEXAS AT HOUSTON 7000 FANNIN STREET HOUSTON, TX 77030	74-1587488	501(C)(3)	269,722.				RESEARCH
(5)	UNIVERSITY OF TEXAS AT SOUTHWESTERN MEDICAL 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	501(C)(3)	180,000.				RESEARCH
(6)	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A 501 W. DURANGO SAN ANTONIO, TX 78207	74-1586031	501(C)(3)	600,000.				RESEARCH
(7)	UNIVERSITY OF TEXAS, M.D.ANDERSON CANCER CE 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-1586031	501(C)(3)	180,000.				RESEARCH
(8)	UNIVERSITY OF UTAH 201 PRESIDENTS CIR SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	180,000.				RESEARCH
(9)	UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)(3)	500,000.				RESEARCH
(10)	UNIVERSITY OF WISCONSIN AT MADISON 1440 MONROE STREET MADISON, WI 53711	39-6006492	501(C)(3)	447,705.				RESEARCH
(11)	UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE 21 NORTH PARK ST MADISON, WI 53711	39-6006492	501(C)(3)	450,000.				RESEARCH
(12)	UT HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	250,000.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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(1)	UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501 (C) (3)	800,000.				RESEARCH
(2)	VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AV NASHVILLE, TN 37203	62-0476822	501 (C) (3)	250,000.				RESEARCH
(3)	VASCULITIS FOUNDATION PO BOX 28600 KANSAS CITY, MO 64188	43-1492959	501 (C) (3)	7,000.				RESEARCH
(4)	VIETNAMESE RESETTLEMENT ASSOCIATION, INC 6131 WILLSTON DR FALLS CHURCH, VA 22044	54-1512549	501 (C) (3)	200,000.				EDUCATION
(5)	WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CTR BLVD WINSTON-SALEM, NC 27157	22-3849199	501 (C) (3)	600,000.				RESEARCH
(6)	WASHINGTON CANCER INSTITUTE 110 IRVING ST. NW WASHINGTON, DC 20010	52-1791670	501 (C) (3)	200,000.				EDUCATION
(7)	WASHINGTON UNIVERSITY AT ST. LOUIS, SCHOOL CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501 (C) (3)	7,280,000.				RESEARCH
(8)	WASHINGTON UNIVERSITY AT ST. LOUIS, SCHOOL CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501 (C) (3)	750,000.				SCREENING
(9)	WEST VIRGINIA UNIVERSITY 3120 UNIVERSITY AVENUE MORGANTOWN, WV 26505	55-0665758	501 (C) (3)	450,000.				RESEARCH
(10)	WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142-1479	06-1043412	501 (C) (3)	600,000.				RESEARCH
(11)	WISTAR INSTITUTE 3601 SPRUCE ST PHILADELPHIA, PA 19104	23-6434390	501 (C) (3)	599,999.				RESEARCH
(12)	WOMEN DELIVER 588 BROADWAY NEW YORK, NY 10012	26-4462256	501 (C) (3)	15,000.				EDUCATION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

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?

YesNo

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YALE UNIVERSITY 155 WHITNEY AVE NEW HAVEN, CT 06520	06-0646973	501(C)(3)	270,000.				RESEARCH
(2)	GENERAL HOSPITAL CORP 50 STANIFORD ST BOSTON, MA 02114	36-2177139	501(C)(3)	250,000.				RESEARCH
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2

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

126.

3

Enter total number of other organizations

0.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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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 REVIEW AND FUNDING

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

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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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 REPORTING PERIOD.

PUBLICATIONS, PRESENTATIONS & POSTERS: A LIST OF ALL MANUSCRIPTS SUBMITTED, IN PRESS, OR PUBLISHED, WITH FULL CITATION INFORMATION AND A

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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.

EXAMPLES OF PRODUCTS INCLUDE 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.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AN ANNUAL SCIENTIFIC PROGRESS REPORT IS DUE ON EACH ANNIVERSARY OF THE
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. FINAL SCIENTIFIC PROGRESS REPORTS
INCLUDE THE INFORMATION REQUESTED ABOVE AS WELL AS:

RESEARCH CONCLUSIONS: A BRIEF NARRATIVE FOLLOWED BY A BULLETED OR
NUMBERED LIST OF THE KEY OUTCOMES, RESEARCH ACCOMPLISHMENT AND
CONCLUSIONS DRAWN AT THE END OF THE RESEARCH PROJECT, AND A BRIEF
DESCRIPTION OF THE FUTURE PROSPECTS AND/OR NEXT STEPS IN THE LINE 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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

INQUIRY INVESTIGATED DURING 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.

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

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

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

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

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

UNLESS OTHERWISE DIRECTED BY THE ORGANIZATION.

THE ORGANIZATION'S POLICIES FOR MANAGING COMMUNITY GRANTS AND OTHER

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 REVIEW AND

FUNDING PROCESS. ALL GRANTEEES 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

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

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

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

REQUIREMENTS, AND AUDIT AND EARLY TERMINATION RIGHTS FOR THE ORGANIZATION. THE GRANTEE IS REQUIRED TO SUBMIT PROGRESS REPORTS (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 MAY CONDUCT SITE VISITS WITH A GRANTEE 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.
Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, 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 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

2010

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I Questions Regarding Compensation

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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (e.g., maid, chauffeur, chef)

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Compensation committee

Independent compensation consultant

Form 990 of other organizations

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Written employment contract

Compensation survey or study

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 from the organization or a related organization?

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) 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				
1 NANCY G. BRINKER	(i) 411,254.	400.	5,517.	0.	541.	417,712.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 ELIZABETH THOMPSON	(i) 214,385.	400.	2,135.	9,951.	6,226.	233,097.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 KATRINA MCGHEE	(i) 213,921.	400.	2,072.	10,025.	2,179.	228,597.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 MARK NADOLNY	(i) 275,676.	400.	1,560.	7,554.	9,726.	294,916.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 JONATHAN BLUM	(i) 207,842.	400.	2,027.	10,102.	12,022.	232,393.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 JUSTIN RICKETTS	(i) 207,126.	400.	2,015.	12,794.	4,419.	226,754.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 EMILY CALLAHAN	(i) 152,013.	0.	1,477.	8,409.	569.	162,468.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 MARIANNA ALCIATI	(i) 166,728.	0.	26,843.	9,821.	4,839.	208,231.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 NANCY MACGREGOR	(i) 149,782.	400.	3,159.	9,502.	6,622.	169,465.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 DIANA ROWDEN	(i) 164,484.	425.	3,262.	10,068.	1,920.	180,159.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 SUSAN CARTER-JOHNS	(i) 161,804.	400.	2,802.	10,411.	9,726.	185,143.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 ERIC WINER	(i) 177,497.	400.	0.	0.	0.	177,897.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 JULIE C. TEER	(i) 196,382.	400.	1,955.	0.	0.	198,737.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 MONA L. LOCKE	(i) 164,793.	421.	2,159.	0.	2,233.	169,606.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 DAVID A. DAWSON	(i) 160,717.	530.	1,918.	9,120.	6,226.	178,511.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16 LESLEY LURIE	(i) 158,224.	400.	1,560.	9,792.	3,019.	172,995.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) 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				
1 SAMUEL CHENG	(i)	156,621.	400.	2,108.	9,156.	0.	168,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 HALA MODELMOG	(i)	0.	0.	277,864.	0.	1,870.	279,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 KIMBERLY EARLE	(i)	35,878.	0.	233,731.	2,164.	8.	271,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ANNETTA HEWKO	(i)	0.	0.	134,483.	0.	0.	134,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2010

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 DURING CALENDAR YEAR 2010:
ANNETTE HEWKO, KIMBERLY EARLE, HALA MODDELMOG, AND MARIANNA ALCIATI.

SCHEDULE J, PART I, LINE 6A

THE SMARTPAY INCENTIVE PLAN IS DESIGNED TO DRIVE ORGANIZATIONAL PERFORMANCE, ENHANCE THE ORGANIZATION'S COMPETITIVE PAY POSITION AND POSITIVELY AFFECT OUR ABILITY TO ATTRACT AND RETAIN TALENT. CURRENTLY, ANNUAL OPERATIONAL FINANCIAL PERFORMANCE AT HEADQUARTERS MUST PROVIDE FULL FUNDING OF THE BOARD APPROVED BUDGETED SLATE OF RESEARCH GRANTS AND

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.

MISSION ACTIVITY WHILE ENSURING ADJUSTED NET OPERATING ACTIVITY REMAINS

AT BREAK-EVEN. THIS SMARTPAY INCENTIVE PLAN IS AN ANNUAL PROGRAM, GIVING

FULL DISCRETION TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR RENEWAL,

SUSPENSION, OR TERMINATION OF THE PLAN. THE SMARTPAY INCENTIVE PLAN IS

AVAILABLE TO ALL EMPLOYEES OF THE PARENT. NO AMOUNTS WERE PAID FOR

CALENDAR YEAR 2010.

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 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

2010

**Open To Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 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.	38,786.	COST OR SALE PRICE
20 Drugs and medical supplies	X	2.	9,380.	COST OR SALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(_____)				
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				

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

	Yes	No
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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

VOLUNTEERS

FORM 990, PART I, QUESTION 6

VOLUNTEERS SERVE IN A VARIETY OF WAYS BUT THE GREATEST NUMBER OF
VOLUNTEERS ASSIST WITH THE BREAST CANCER 3 DAY SERIES.

PROGRAM SERVICE ACCOMPLISHMENTS

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 (KOMEN) 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 \$2 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

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

DOCTORS, SCIENTISTS AND ADVOCATES, AND THE CONSULTATION OF THE KOMEN SCHOLARS, ALMOST 70 SCIENTISTS AND ADVOCATES.

KOMEN MADE 183 GRANTS IN FISCAL YEAR 2011 THROUGH THE GRANTING PROGRAMS, DESCRIBED BELOW, TO SUPPORT RESEARCH AND TRAINING IN 26 US STATES AND OTHER COUNTRIES INCLUDING AUSTRALIA, BELGIUM, CANADA, ENGLAND, ISRAEL, ITALY, AND SWITZERLAND.

KOMEN SUPPORTS RESEARCH AND TRAINING THROUGH SEVERAL DIFFERENT TYPES OF GRANTS, EACH DESIGNED TO MEET SPECIFIC OBJECTIVES. THE FOLLOWING GRANT OPPORTUNITIES WERE OFFERED BY KOMEN DURING FISCAL YEAR 2011:

- PROMISE GRANTS: LARGE-SCALE GRANTS, UP TO \$6.5 MILLION EACH, DURING A FIVE-YEAR PERIOD, TARGETED TO RESEARCH THAT BRINGS SCIENCE TO THE BEDSIDE QUICKER THAN EVER BEFORE.
- POST-DOCTORAL FELLOWSHIPS: 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.
- INVESTIGATOR INITIATED RESEARCH: GRANTS OF UP TO \$200,000 PER YEAR FOR TWO TO THREE YEARS TO EXPLORE NEW IDEAS AND APPROACHES WITH SIGNIFICANT POTENTIAL TO LEAD TO REDUCTIONS IN BREAST CANCER MORTALITY AND/OR INCIDENCE WITHIN THE DECADE.
- POST BACCALAUREATE IN DISPARITIES RESEARCH: GRANTS UP TO \$135,000 PER YEAR OVER THREE YEARS TO SUPPORT TRAINING PROGRAMS FOR GRADUATE STUDENTS IN THE AREA OF BREAST CANCER DISPARITIES.

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

APPROXIMATELY 40% OF THESE GRANTS ARE EXPLORING THE BIOLOGY OF BREAST CANCER, INCLUDING HOW CANCER STARTS, GROWS AND SPREADS. THE NEXT LARGEST GROUP OF GRANTS (20%) IS FOR RESEARCH ON NEW AND IMPROVED WAYS TO DETECT CANCER EARLIER. ALMOST 15% ARE SUPPORTING RESEARCH INTO NEW BREAST CANCER TREATMENTS, WITH SEVERAL FOCUSING ON ESPECIALLY AGGRESSIVE FORMS OF THE DISEASE SUCH AS TRIPLE NEGATIVE BREAST CANCER. ANOTHER 15% OF THE GRANTS ARE SPECIFICALLY LOOKING FOR WAYS TO PREVENT BREAST CANCER.

BELOW ARE THREE EXAMPLES OF PROMISING RESEARCH GRANTS FUNDED IN FISCAL YEAR 2011:

RESEARCHERS AT WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST. LOUIS ARE WORKING TO DEVELOP PERSONALIZED BREAST CANCER DNA VACCINES, TARGETING UNIQUE TUMOR ANTIGENS IDENTIFIED BY SEQUENCING PATIENTS' GENOMES (DNA). THE VACCINES ARE BEING TESTED AS A WAY TO PREVENT BREAST CANCER RECURRENCE, BUT IN THE FUTURE MAY BE GIVEN IN CONJUNCTION WITH CHEMOTHERAPY AND RADIATION, OR EVEN IN PLACE OF THOSE TREATMENTS. A PERSONALIZED CANCER VACCINE STRATEGY IS POTENTIALLY APPLICABLE TO ALL BREAST CANCER PATIENTS, REGARDLESS OF THE SUBTYPE (E.G., TRIPLE NEGATIVE, ER+, HER2+), AND LIKELY COULD BE APPLIED TO OTHER TYPES OF CANCER AS WELL.

UNIVERSITY OF MICHIGAN RESEARCHERS HAVE TEAMED UP TO DEVELOP NOVEL THERAPIES FOR TRIPLE NEGATIVE BREAST CANCER (TNBC) BY TARGETING CANCER STEM CELLS (CSCS), WHICH ARE RESISTANT TO RADIATION AND CHEMOTHERAPY AND ARE HIGHLY INVASIVE. CANCER STEMS CELLS ARE MORE ABUNDANT IN TNBC AND MAY ALSO BE MORE FREQUENT IN BLACK AFRICAN AND AFRICAN-AMERICAN WOMEN, WHICH MAY ACCOUNT FOR THE AGGRESSIVE NATURE OF TNBC AND CONTRIBUTE TO RACIAL

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

DISPARITIES IN OUTCOMES.

ABOUT 5% TO 10% OF BREAST CANCER CASES ARE THOUGHT TO BE HEREDITARY, RESULTING DIRECTLY FROM GENE DEFECTS (MUTATIONS) INHERITED FROM A PARENT. THE KNOWN MUTATIONS ARE VERY RARE IN THE POPULATION, BUT THEIR EFFECT ON BREAST CANCER RISK IS VERY STRONG. A RESEARCH TEAM AT NEW YORK UNIVERSITY IS WORKING TO DISCOVER THESE GENETIC MUTATIONS, LEADING TO MORE RELIABLE IDENTIFICATION OF INDIVIDUALS AT HIGH-RISK FOR BREAST CANCER, AND BETTER THERAPIES TARGETED AGAINST THE MUTATIONS.

KOMEN ALSO SUPPORTED DOZENS OF PARTNERSHIPS AND SPECIAL PROJECTS TO ADVANCE RESEARCH AND 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 2011 INCLUDE THE FOLLOWING:

AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR) - KOMEN HAS PARTNERED WITH AACR TO BRING A VARIETY OF PROGRAMMING TO THE BREAST CANCER RESEARCH COMMUNITY, INCLUDING RESEARCHERS AND ADVOCATES. IN FISCAL YEAR 2011 ALONE, KOMEN AWARDED \$1M TO THE AACR IN SUPPORT OF FIVE MAJOR SCIENTIFIC CONFERENCES - ON TOPICS RANGING FROM MOLECULAR DIAGNOSTICS TO THE SCIENCE OF HEALTH DISPARITIES -- AND FOR THE SCIENTIST-SURVIVOR PROGRAM. WORKSHOP ON SYSTEMS TOXICOLOGY ANALYSIS OF TARGETED ANTI-CANCER THERAPIES - THE REAGAN-UDALL FOUNDATION FOR THE FDA AND FRIENDS OF CANCER RESEARCH CONVENED EXPERTS FROM ACADEMIA, GOVERNMENT, AND INDUSTRY TO STUDY THE CARDIO-TOXIC EFFECTS OF A CLASS OF ANTI-CANCER DRUGS CALLED TYROSINE

Name of the organization	Employer identification number
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KINASE INHIBITORS (TKIS). THE GOAL IS TO USE THIS KNOWLEDGE ABOUT THE SIGNALING PATHWAYS LEADING TO THESE SIDE EFFECTS TO DEVELOP BIOMARKERS THAT COULD HELP IDENTIFY PATIENTS WITH FAVORABLE RISK/BENEFIT PROFILES, OR CONSIDER APPROACHES TO PREVENTION OF TOXICITY.

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, KOMEN IS WORKING WITH THE IOM FOR A SECOND YEAR TO REVIEW AND ASSESS THE STRENGTH OF THE SCIENCE REGARDING POSSIBLE LINKS BETWEEN BREAST CANCER AND THE ENVIRONMENT. THE IOM WILL PUBLISH ITS FINDINGS AND RECOMMENDATIONS IN A TECHNICAL REPORT AND ACCOMPANYING LAY SUMMARY.

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

OUR AWARD-WINNING WEBSITE, WWW.KOMEN.ORG, PROVIDES SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER BASED UPON SCIENTIFIC EVIDENCE, AS WELL AS INFORMATION ABOUT OUR RESEARCH PROGRAMS, COMMUNITY PROGRAMS, VOLUNTEER OPPORTUNITIES, AND EVENTS. THE "UNDERSTANDING BREAST CANCER" SECTION OF THE WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL, RECEIVED OVER 2.4 MILLION VISITS DURING FISCAL YEAR 2011.

KOMEN ALSO PRODUCES SCIENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. NEARLY 6.5 MILLION EDUCATIONAL MATERIALS WERE DISTRIBUTED IN FISCAL YEAR 2011. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE THE FOLLOWING:

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- BREAST SELF-AWARENESS CARDS IN 18 LANGUAGES FOR 20 SPECIFIC AUDIENCES

- GENERAL BREAST HEALTH AWARENESS AND BREAST CANCER SPECIFIC BROCHURES

AND FACT SHEETS

- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS

KOMEN'S TRAINED AND CARING BREAST CARE HELPLINE STAFF (1-877 GO KOMEN)

PROVIDE ANSWERS TO QUESTIONS, LOCAL RESOURCES AND MORAL SUPPORT. LAST

FISCAL YEAR, THE SUSAN G. KOMEN FOR THE CURE BREAST CANCER HELPLINE

RESPONDED TO NEARLY 14,000 CALLS.

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

CANCER THAN CAUCASIAN WOMEN, THEY ARE MORE LIKELY TO DIE FROM THE

DISEASE. SUSAN G. KOMEN FOR THE CURE CIRCLE OF PROMISE FURTHER ENGAGES

AFRICAN AMERICAN WOMEN, AND BLACK WOMEN AROUND THE WORLD, IN THE FIGHT

AGAINST BREAST CANCER. AT THE END OF FISCAL YEAR 2011, A TOTAL OF 100,000

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

PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

PART III

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 1.7 MILLION PEOPLE

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PARTICIPATED IN A RACE FOR THE CURE EVENT. A FORMAL EVALUATION SHOWED THAT 82% 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 KOMEN ON THE GO VEHICLES WERE IN MORE THAN 40 COMMUNITIES AND REACHED 30,000 PEOPLE WITH EDUCATIONAL MESSAGES.

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 2011, 244 BREAST CANCER ADVOCATES IN SIX COUNTRIES (BRAZIL, 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 GRANTS FOR OUTREACH PROGRAMS IN BOSNIA AND HERZEGOVINA, COLOMBIA, COSTA RICA, EGYPT, GHANA, HUNGARY, ISRAEL, KENYA, MONTENEGRO, PANAMA, ROMANIA, RUSSIA, AND UKRAINE AND CONFERENCES IN BRAZIL AND EGYPT.

C - SCREENING

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

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 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 SUPPORT THE LINKING A.R.M.S. PROGRAM. THE PROGRAM PROVIDES DIRECT FINANCIAL ASSISTANCE TO APPROXIMATELY 1,200 WOMEN FOR TREATMENT-RELATED EXPENSES FOR 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.

IN ADDITION, KOMEN MADE A \$2 MILLION GRANT TO THE PATIENT ADVOCATE FOUNDATION, A NATIONAL NON-PROFIT ORGANIZATION THAT HANDLES MEDICAL DEBT CRISIS MANAGEMENT. THE GRANT WILL PROVIDE PHARMACEUTICAL CO-PAYMENT HELP TO MORE THAN 850 BREAST CANCER PATIENTS NATIONWIDE AND WILL ALSO ALLOW PAF TO DIRECTLY REACH OUT TO AFRICAN AMERICAN AND HISPANIC/LATINA BREAST

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CANCER PATIENTS, INCREASING AWARENESS ABOUT RESOURCES AVAILABLE TO THEM.

ALL TOLD, KOMEN HAS COMMITTED MORE THAN \$1.3 BILLION TO COMMUNITY PROGRAMS SINCE 1982, AND IN FY 2011 PARTNERED WITH ALMOST 2,000 ORGANIZATIONS TO PROVIDE EDUCATION, SCREENING, TREATMENT SUPPORT AND PSYCHOSOCIAL PROGRAMS.

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 RELATIONSHIPS

FORM 990, PART VI, QUESTION 2

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

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

990

FORM 990, PART VI, QUESTION 11B

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 THE 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.

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

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. 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 AND 15B

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD OF SUSAN G. KOMEN FOR THE CURE IN OVERSEEING COMPENSATION POLICIES AND PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE PRESIDENT/ 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 2010.

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 WAS LAST CONDUCTED THIS FISCAL YEAR. SALARY

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

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, CONFLICT OF INTEREST POLICY 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.

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.

OTHER CHANGES IN NET ASSETS

PART XI RECONCILIATION OF NET ASSETS

UNREALIZED GAINS ON INVESTMENTS = \$11,234,103

IN KIND SERVICES REVENUES = \$20,645,021

IN KIND SERVICES EXPENSES = (\$21,593,231)

RESCINDED GRANTS = \$954,975

ROUNDING = (\$4)

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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TOTAL \$11,240,864

ATTACHMENT 1FORM 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 2PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION					COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 KIMBERLY EARLE FORMER COO	0.00					X	269,609.	0.	2,172.
30 ANNETTA HEWKO FORMER VP, GLOBAL STRATEGY	0.00					X	134,483.	0.	0.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EVENT 360, INC. 205 N. MICHIGAN AVE CHICAGO, IL 60601-5927	EVENT MANAGEMENT	12,256,871.
CONVIO, INC. 11921 N. MOPAC EXPWY AUSTIN, TX 75267-1445	DONATION PROCESSING	3,782,356.
CONSTELLA GROUP, LLC 2605 MERIDIAN PARKWAY HAGERSTOWN, NC 27713	HEALTH CONSULT. SVC.	3,634,249.
MERKLE, INC. 100 JAMISON COURT	DONAT. PROCESS & MKT	3,039,994.

Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	75-1835298
ATTACHMENT 3 (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>
SAN FRANCISCO, MD 21740		
RADARWORKS 6100 WILSHIRE BLVD. LOS ANGELES, CA 90048	MARKETING	2,461,302.
TOTAL COMPENSATION		<u>25,174,772.</u>

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 5005 LBJ Freeway, Suite 250, Dallas, Texas 75244					
1 Acadiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #72-1436764	-	-	-	604,032	604,032
2 The Arkansas Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 71-0724439	7,678	-	7,678	2,266,953	2,274,631
3 The Aspen Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 84-1160739	-	7	7	866,528	866,535
4 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	10,334	902	11,236	2,099,959	2,111,195
5 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	2,019	1,942	3,961	859,601	863,562
6 Bayou Region Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854976	-	-	-	286,684	286,684
7 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	546	546	985,146	985,692
8 Central Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854957	2,405	40	2,445	967,261	969,706
9 Central Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 75-2881536	-	108	108	342,401	342,509
10 Central Mississippi Steel Magnolias Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875174	-	621	621	412,911	413,532
11 Central New Mexico Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 85-0462625	2,979	720	3,699	479,749	483,448
12 Central New York Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 16-1389666	-	-	-	821,596	821,596
13 Central Oklahoma Chapter of the Komen Foundation, Inc. EIN# 73-1372249	8	259	267	1,420,260	1,420,527
14 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 43-2052349	12,908	-	12,908	2,843,036	2,855,944
15 Central Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2906528	-	-	-	452,216	452,216
16 Central Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854970	2,917	-	2,917	560,799	563,716

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
17 Central Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2613151	-	60	60	230,224	230,284
18 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	189	841	1,030	2,187,341	2,188,371
19 Chattanooga Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875175	862	606	1,468	529,650	531,118
20 The Chicagoland Area Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 36-4111723	1,197	1,749	2,946	2,504,529	2,507,475
21 Coeur d'Alene Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875176	-	-	-	357,461	357,461
22 Colorado Springs Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844654	-	-	-	819,222	819,222
23 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844651	13,861	-	13,861	3,263,952	3,277,813
24 Connecticut Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844629	14,362	269	14,631	1,715,662	1,730,293
25 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2444724	-	373	373	3,239,810	3,240,183
26 The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 84-1199858	2,065	473	2,538	5,589,936	5,592,474
27 The Des Moines Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	1,171	17,125	18,296	1,243,279	1,261,575
28 Eastern Washington Affiliate of the Susan G. Komen Foundation, Inc. EIN# 81-0578449	515	-	515	696,448	696,963
29 Elmira Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844630	-	-	-	228,333	228,333
30 El Paso Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2723408	-	-	-	629,992	629,992
31 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2870702	211	-	211	1,674,746	1,674,957
32 The Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 58-1959763	-	-	-	3,512,883	3,512,883
33 Grand Rapids Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844631	227	792	1,019	703,856	704,875

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
34 Greater Amarillo Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	589	589	529,599	530,188
35 Greater Cincinnati Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	111	1,930	2,041	1,766,524	1,768,565
36 Greater Evansville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	4,669	2,272	6,941	953,207	960,148
37 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	18,277	39	18,316	1,732,597	1,750,913
38 Greater Lansing Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2915870	3,287	353	3,640	863,893	867,533
39 The Greater Nashville Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 62-1671774	205	-	205	1,355,043	1,355,248
40 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	52,291	-	52,291	7,172,525	7,224,816
41 Greater Richmond, Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844659	-	-	-	1,260,316	1,260,316
42 Greater Roanoke Valley Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2619425	-	227	227	455,483	455,710
43 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	984	-	984	560,949	561,933
44 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 76-0360372	2,140	35,627	37,767	5,682,273	5,720,040
45 Indianapolis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2941627	-	-	-	2,924,889	2,924,889
46 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0802964	607	1,087	1,694	1,107,934	1,109,628
47 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	1,139	1,139	1,059,241	1,060,380
48 The Las Vegas Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 88-0372386	6,886	1,468	8,354	1,294,882	1,303,236
49 Lexington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854969	2,363	137	2,500	626,208	628,708
50 The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 95-4582064	11,418	1,357	12,775	1,689,585	1,702,360

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
51 Louisville, Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	1,033,309	1,033,309
52 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844655	-	423	423	1,103,989	1,104,412
53 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2509762	105	1,940	2,045	684,441	686,486
54 Madison Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855043	65	-	65	1,300,409	1,300,474
55 Maine Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #75-2844637	913	162	1,075	581,626	582,701
56 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 52-2053491	-	-	-	4,785,476	4,785,476
57 Massachusetts Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854961	25,858	-	25,858	1,994,488	2,020,346
58 McLean County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 37-1379371	122	-	122	137,018	137,140
59 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	381	381	1,152,072	1,152,453
60 Miami Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	-	-	-	1,854,088	1,854,088
61 Mid-Kansas Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 48-1120492	7,032	-	7,032	810,477	817,509
62 Mid-Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2583638	-	-	-	553,678	553,678
63 Milwaukee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844639	200	-	200	2,025,709	2,025,909
64 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 41-1924790	23,336	615	23,951	3,170,054	3,194,005
65 Montana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845067	2,765	-	2,765	395,608	398,373
66 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-0056671	-	794	794	1,133,034	1,133,828
67 New Orleans Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 72-1222127	-	1,645	1,645	845,602	847,247

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

	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
68 North Carolina Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875177	-	-	-	229,779	229,779
69 North Carolina Triad Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	9	-	9	1,072,884	1,072,893
70 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845066	10,712	791	11,503	1,945,394	1,956,897
71 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844656	4,592	-	4,592	1,296,087	1,300,679
72 Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854968	132	-	132	439,492	439,624
73 The Northeastern Pennsylvania Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 23-2657570	545	-	545	653,030	653,575
74 The Northeast Louisiana Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 93-1225877	-	1,219	1,219	401,085	402,304
75 The Northeast Ohio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 34-1793460	24,874	-	24,874	2,138,945	2,163,819
76 Northern Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 56-2583682	-	-	-	133,179	133,179
77 Northern Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855035	3,917	-	3,917	549,717	553,634
78 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844636	3,257	-	3,257	338,517	341,774
79 The North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 22-3528454	-	-	-	2,333,180	2,333,180
80 North Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844621	-	-	-	273,626	273,626
81 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2356437	3,799	-	3,799	1,420,945	1,424,744
82 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845063	994	-	994	1,273,356	1,274,350
83 The Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0487943	753	3,043	3,796	3,870,252	3,874,048
84 The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 93-1068897	2,537	1,341	3,878	3,706,563	3,710,441

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85 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845062	8,455	-	8,455	1,436,785	1,445,240
86 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2949264	7,540	991	8,531	4,872,208	4,880,739
87 Phoenix Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845061	17,488	292	17,780	2,854,463	2,872,243
88 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0665396	9,785	-	9,785	2,652,606	2,662,391
89 The Puget Sound Chapter of the Susan G. Komen Foundation, Inc. EIN# 91-1624040	68	241	309	4,080,803	4,081,112
90 Quad Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844660	-	-	-	568,600	568,600
91 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3169358	28,404	2,937	31,341	2,045,722	2,077,063
92 Siouxland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 86-1102587	-	151	151	196,161	196,312
93 St. Louis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844650	46	621	667	4,527,597	4,528,264
94 The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3047626	29,379	9,711	39,090	2,316,899	2,355,989
95 Salt Lake City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	1,103	1,723	2,826	1,121,533	1,124,359
96 The San Antonio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2856696	7,510	814	8,324	1,746,890	1,755,214
97 The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0638911	3,088	2,207	5,295	1,980,971	1,986,266
98 Shreveport Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844653	-	-	-	385,544	385,544
99 Southeast Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	1,592	1,592	433,496	435,088
100 Southeast Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854980	-	-	-	179,260	179,260
101 Southern Arizona Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844652	5,142	-	5,142	1,250,340	1,255,482

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	Grassroots Expenditures	Direct Lobbying Expenditures	Total Lobbying Expenditures	Other Exempt Expenditures	Total Exempt Purpose Expenditures
102 South Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-1114233	625	-	625	265,134	265,759
103 The South Florida Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 65-0254225	224	986	1,210	2,756,741	2,757,951
104 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 68-0523074	84	21	105	1,620,719	1,620,824
105 The Southwest Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 38-3437505	5,993	452	6,445	373,769	380,214
106 The Peoria Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 37-1286285	-	-	-	1,515,049	1,515,049
107 Tarrant County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2445070	30	-	30	2,480,621	2,480,651
108 Texarkana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844649	-	-	-	594,640	594,640
109 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	7,570	-	7,570	926,782	934,352
110 Tri-Cities Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 84-1689067	149	-	149	580,710	580,859
111 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854974	10,252	414	10,666	1,008,716	1,019,382
112 Tyler Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2764235	-	-	-	372,374	372,374
113 Upper Cumberland Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 20-5956855	-	-	-	213,010	213,010
114 Upstate South Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854973	468	560	1,028	788,784	789,812
115 Vermont-New Hampshire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844657	-	144	144	633,314	633,458
116 Wabash Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844615	258	-	258	211,615	211,873
117 The Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	180	180	854,903	855,083
118 West Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2885304	-	-	-	540,519	540,519

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119 Wichita Falls Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844658	421	-	421	230,602	231,023
120 Wyoming Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 84-1387410	-	7	7	449,158	449,165
121 North Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-4810260	-	-	-	92,410	92,410
Totals - Affiliates	439,745	110,056	549,801	171,228,161	171,777,962
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	-	2,500	2,500	178,483,685	178,486,185
Totals for Parent and Affiliates	439,745	112,556	552,301	349,711,846	350,264,147