Public Inspection Copy

Form 84	53-EO			ectronic Fi	ling			OMB No. 1545-1879
Department of Internal Reven		For calend	For use with Forms 99		PF, 1120-POL, an		, 20 0 9	2008
	empt organization	1	<u></u>			E	mploye	r identification number
SUSAN	G. KOM	EN BRE	AST CANCER FDN,	INC			75-3	1835298
Part I			d Return Information (Wh		ly)		-	
If you che was blank then enter 1a Form 2a Form 3a Form 4a Form	eck the box o k, then leave r -0- on the a	on line 1a, a line 1b, 3 pplicable 1 here ▶ [ck here] check here ck here ▶	b Total tax (b Tax based on In	nd the amount of er is applicable, more than one I ny (Form 990, lin , if any (Form 99 (Form 1120-PO nvestment incom	on that line for the blank (do not en ine in Part I. ne 12) 0-EZ, line 9) L, line 22) ne (Form 990-PF, l	O3/31, 2009 and 8868 Employer iden 75–183 e applicable amount from the return for which you t enter -0-). If you entered of the return for which you t enter -0-). If you entered of the organization ke a payment, I must con t (settlement) date. I also e confidential information bart of the IRS Fed/State powing disclosure by the s). on and that I have exan the best of my knowledge bunt shown on the copy ectronic return originator eight or reason for rejection i (d) the date of any refund. CFO Title ee instructions) 8453-EO are complete and t only declare that this for he return. I will give the Pub, 4163, Modernized e- of perjury I declare that I have exan the and belief, they are true, EIN 34–61 G102-3161 Phone no.8: a and statements, and to the er has any knowledge.	h you are filing this form ntered -0- on the return, bb bb	
Part II	Declaratio	on of Offic	cer					
	to the financi on this return, Financial Agen Institutions inv Inquiries and re of a copy of the executed the S90/990-EZ/95	ial institution , and the f nt at 1-888 volved in the esolve issues his return i the electro 90-PF (as s	asury and its designated Fina on account indicated in the financial institution to debit th 3-353-4537 no later than 2 but the processing of the electro is related to the payment. is being filed with a state age onic disclosure consent con pecifically identified in Part I about	tax preparation s is entry to this a isiness days prior inic payment of ency(ies) regulation tained within to ive) to the selected	software for payme ccount. To revoke a to the payment (s taxes to receive c ag charities as part his return allowin d state agency(ies).	nt of the of a payment, ettlement) c onfidential of the IRS g disclosu	organiz I musi late. I inform: Fed/S re by	ation's federal taxes owed t contact the U.S. Treasury also authorize the financial ation necessary to answer tate program, I certify that the IRS of this Form
organizatio true, corre electronic organizatio	on's 2008 ele ect, and comj return. 1 co on's return to	ectronic ret plete. I fu insent to the IRS a	clare that I am an officer of turn and accompanying schee in the declare that the amoun allow my intermediate servi and to receive from the IRS of the reason for any detayin p	dules and statem nt in Part I abo ice provider, tra (a) an acknowled	ents and to the to we is the amount nsmitter, or electr Igement of receipt am or refund, and (d)	est of my shown on onic return or reason the date of a	knowl the origin for rej	edge and bellef, they are copy of the organization's nator (ERO) to send the ection of the transmission,
Part III	Declaratio	n of Elec	tronic Return Originator ((ERO) and Pai	d Preparer (see	instruction	s)	
of my kno the data of forms and for Authoria organizatio	owledge. If I = on the return. Information I zed IRS e-file F on's return and	am only a . The orga to be filed Providers for l accompan	e above organization's return a collector, I am not responsi anization officer will have sign I with the IRS, and have follo r Business Returns. If I am also i hying schedules and statements ed on all information of which I h	ble for reviewing ned this form be owed all other re the Paid Preparer, a, and to the best	the return and or fore f submit the aquirements in Pub, under penalties of p of my knowledge an	ily declare return, I wi 4163, Mo erjury I decli	that the II give dernize are the	his form accurately reflects the officer a copy of all ad e-File (MeF) Information t I have examined the above
ERO's	ERO's signatura	Ken	un RRom	Date 3/16/10	Check if also paid preparer X	if self-		RO'S SSN or PTIN
Use Only	Firm's name (o yours if self-em	pioyed), 🕨	ERNST & YOUNG U.S. 201 MAIN STREET, S	LLP STE 1100			EIN 3	4-6565596
	address, and Zi		FORT WORTH					no.817-335-1900
			that I have examined the above plete. Declaration of preparer is base					o the best of my knowledge
Paid	Prepare	ers 📐			Date	Check if self-		reparer's SSN or PTIN
Prepare	FULLET	ame (or	\				EIN	
Use On	yours if address.	self-employed , and ZIP cod	d), 🕨					
For Privac			duction Act Notice, see back of	form.			Phone	roo. Form 8453-EO (2008)

1.0

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Γ

Forr	n Q	90		Retur	n of Org	anization E	xempt Fro	om Inc	ome T	ax	൭൫ ∩ ๐
			Unc	ler section	501(c), 527,	or 4947(a)(1) of th	e Internal Rev	enue Code	e (except	black lung	
		of the Treasury		The org		benefit trust or pr nave to use a copy o			portina rea	uirements	Open to Public Inspection
			l lendar ye	-	ear beginning		1113 1008, and 1113		-porting roqu		31 , 20 09
	heck if ap					KOMEN BREAS			D Emplo		ation number
	Addre	ess use IF	RS Doing	Business As		KOMEN FOR I				1835298	
	Name	e change print	or Numb	er and street (or P.O. box if mail	is not delivered to street	address)	Room/suite	e E Telepł	none number	
	Initial	return See	5005	LBJ FRE				250	(97)	2)855-1	600
	-	ination Speci	c-	town, state or	country, and ZIP	+ 4					
Х	Amer returr		IDALLA	AS, TX 7	5244-6125				_	receipts \$	203,971,726.
	pendi	°				ARK NADOLNY			affilia		
		empt status:		<u>FREEWAY</u>			<u>X 75244-61</u> 527	.25	- ` '	all affiliates inclu o " attach a list	ided? Yes N (see instructions)
			X 501 W. KOMEN		(insert no.)	4947(a)(1) or	527		_	p exemption nul	
		of organization			Trust Asso	ciation Other	L	_ Year of form	.,		of legal domicile: TX
_	rtl	Summa						• • • • • • • • • • • • • • • • • • • •	190.	2 ••• ••••••	17
	1		-	rganization's	mission or mos	st significant activities:					
~						T_BREAST_CAN					
ance						UALITY CARE					
em						ER_THE_CURES					
Š	2					tinued its operations					
Activities & Governance	3	Number of	voting me	mbers of the	governing body	(Part VI, line 1a)				3	9
ities	4					overning body (Part V					9
ĭť	5			oyees (Part V,							289
Ă	6				te if necessary)	//////////////////////////////////////				6	10,797
						/III, line 12, column ((990-T, line 34					NON
	Q	inet unrelat	ed busines	is taxable inc	ome nom Form	990-1, Illie 34			Prior \		NON Current Year
_	8	Contributio	n and oran	ts (Part VIII_I	ine 1h)				132,775		127,995,868.
nue	9	Program se	ervice rever	ue (Part VIII.	line 2a)			R	33,430		31,202,744
Revenue	10	Investment	income (F	art VIII, colur	mn (A), lines 3,	4, and 7d)	PUBLIC INSPE			7,894.	-2,850,531
R	11					sc, 9c, 10c, and 11e)				7,023.	2,870,346
	12					al Part VIII, column (A			178,450		159,218,427.
	13				Part IX, column (109,963	3,017.	77,463,398
	14	Benefits pa	aid to or for	members (Pa	art IX, column (/	A), line 4)					NON
ses						Part IX, column (A), li			16,033		22,090,760.
Expense	16a	Profession	al fundraisi	ng fees (Part	IX, column (A),	line 11e)			3,95	7,230.	1,819,908
Exp	b	Total fundr	aising expe	enses, Part IX	, column (D), lin	le 25) ▶ _ <u>9, 042</u>	2,113.				
	17	Other expe	nses (Part	IX, COlumn (A	A), lines 11a-110	l, 11f-24f) IX, column (A), line 2				6,158.	54, 334, 557.
						12			182,269		155,708,623
es			So expens			·		••••	-3,819 Beginning		<u>3, 509, 804</u> . End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X. li	ne 16)					266,314		248,279,601.
Ass I Ba	21								<u>191,176</u>		190,446,687.
Fund	22					line 20			75,138		57,832,914
Pa	rt II	Signati	ure Block								
		Under pena	alties of perj	ury, I declare	that I have exam	nined this return, includ	ling accompanying	schedules a	nd statement	ts, and to the	e best of my knowledg
_		and belief,	it is true, c	orrect, and co	mplete. Declarat	ion of preparer (other	than officer) is ba	sed on all in	formation of	which prepa	arer has any knowledge
	ign		ture of office							40	
н	ere	▼ Signa		1					Da	le	
			K NADOI or print nam				CFO				
		, ,,					Date	Check if		Preparer's	identifying number
Paid		Preparer's signature						self- employed	d 🕨 🗌	(see instruc	
	arer's	Firm's name	e (or yours	EBNGT C	YOUNG U.	S T.T.P	1			► 34	-6565596
Jse	Only	if self-emplo address, and	oyed), d ZIP + 4	201 MATN 97	TREET, STE 110	O FORT WORTH, TX	76102-3161		Phone no.	, 51	7-335-1900
Лау	the I					ve? (See instructions					X Yes No
						the separate instruc					Form 990 (2008
SA E10	65 1.00	00									

2008 990-RET ELF Status for Batch ID 4375773:

Locator	Taxpayer Name	Client Code	Alerts Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Debts PIN EIC
3130AF	Susan G. Komen Breast Cancer Foundation, Inc.		FED		REG	Accepted	3/15/2010 10:31:00 PM 3	3/15/2010 11:22:00 PM	I

1 record returned.

Refresh

Cancel

Form	m 990 (2008)	75-1835298	Page 2
Pa	art III Statement of Program Service Accomplishments (see instr		
	Briefly describe the organization's mission:		
-	OUR MISSION IS A WORLD WITHOUT BREAST CANCER;		
	EMPOWERING PEOPLE, ENSURING QUALITY CARE FOR	ALL, AND ENERGIZING	
-	SCIENCE TO DISCOVER AND DELIVER THE CURES.		
	Did the organization undertake any significant program services du	ring the year which were not listed	don
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes" describe these new services on Schedule O. Did the organization cease conducting, or make significant changes	in how it conducts only program	
	services?		Yes X No
I	If "Yes," describe these changes on Schedule O.		
	Describe the exempt purpose achievements for each of the organizati		
	Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ allocations to others, the total expenses, and revenue, if any, for each	· · ·	unt of grants and
•	allocations to others, the total expenses, and revenue, if any, for each	program service reported.	
4a	a (Code:) (Expenses \$ 73,345,420. including grants of	\$ 63,191,615.) (Revenue \$	31,202,744.)
	GRANTS TO OTHER CHARITABLE ORGANIZATIONS TO S		,
-	CLINICAL INVESTIGATION OF BREAST CANCER. SEE		
-	ADDITIONAL DETAILS.		
-			
-			
-			
-			
-			
-			
4b	b (Code:) (Expenses \$ 51, 570, 078. including grants of	\$ 12 503 509) (Revenue \$	907 118)
	PUBLIC HEALTH EDUCATION PROGRAMS TO INCREASE		
	AWARENESS OF BREAST CANCER INCLUDING, AMONG O		
	DETECTION AND TREATMENT. SEE SCHEDULE O FOR	ADDITIONAL DETAILS.	
4c	c (Code:) (Expenses \$1,768,274. including grants of \$	1.768 274)(Revenue \$	1.768.274
	HEALTH TREATMENT AND SCREENING PROGRAMS AND G		<u> </u>
_	O FOR ADDITIONAL DETAILS.		
-			
-			
-			
-			
-			
_			
-			
4 d (d Other program services. (Describe in Schedule O.)		
		(Revenue \$)	
	· · · · · · · · · · · · · · · · · · ·	al Part IX, Line 25, column (B).)	
ISA			Form 990 (2008

Form 9	20 (2008) 75-1835298		F	Page 3
Part				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
F	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		X
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	5		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D</i> ,			
40	Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	4.2		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.2	14a		XX
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
-		14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		21	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
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? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22 23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? <i>If "Yes," complete</i>	22		X
23	Schedula	22	37	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Х	
u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
		24a		Х
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-		
		24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	Ī		
		25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
•	· · · · · · · · · · · · · · · · · · ·	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		37
JSA 8E1021			990	X (2008)

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1990 (2008) 75-1835298 Pi Tt IV Checklist of Required Schedules (continued) Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Yes a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VI, Section A)? If "Yes," complete Schedule L, Part IV 28a x b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV 28a c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule M 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 x Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-3? If "Yes," complete Schedule R, Part II, III, IV, and V, Iine 1 33 <td< th=""><th></th></td<>		
	_	
	Yes	No
28a	X	
28b		Х
28c		Х
29	X	
30		Х
31		Х
e 🗌		
		Х
s 👘		
33		Х
34		Х
35		Х
ed		
36		Х
n 🗌		
37		Х
	28b 28c 29 30 31 31 32 33 34 35 36 36	28a x 28b 28b 28b 28c 29 x 30 31 31 32 33 33 33 33 34 35 36 36 1 1

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 289			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
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: ►			
	See the instructions for exceptions and 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
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
	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	C h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a	37	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		v
	required to file Form 8282?	10		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
-	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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			

Form **990** (2008)

Par	VI Governance, Management, and Disclosure (Sections A, B, and C request information about pol required by the Internal Revenue Code.)	licies	not	
Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent 1b 9			
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		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a		9a	Х	
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?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or 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	11		x
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
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:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a				
		16a		х
b	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			21
	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		
Sect	ion C. Disclosure			I
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{DC, IL, IN, MO, NY}$			
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.	y)	,	
	x Own website x Another's website x Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	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

JSA

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	Posit		chec Q		that app	oly) Fo	Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SEE SCHEDULE J-2										

Form 990 (2008)								75-1835298				Page
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and H	lig	hest Compensat	ed Employ	yees (c	ontinue	d)
(A)	(B)			(0	C)			(D)	(E)			(F)
Name and title	Average hours per week	P or director	institutional trustee	chec Officer	al Key employee	a Highest compensated	<u>)</u> Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099	ation ated tions	amo o comp fro orga and	imated ount of ther ensation m the nization related nizations
						٩						
	-											
	_											
	-											
	-											
	-											
					-							
	-											
	-											
	_											
	_											
	-											
	-											
	_											
1b Total 2 Total number of individuals (including thos organization ► 37	e in 1a) w	vho r	ecei	ived	l m	ore th	nan	\$100,000 in re			ation fr	09,727 om the Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.	cer, directo ule J for suc	or or ch ind	tru ividu	iste ual	e, I • •	key e	mp	loyee, or highes	t compens	ated	3	Σ
For any individual listed on line 1a, is the the organization and related organizations												
<i>individual</i> 5 Did any person listed on line 1a receiv									organization	for	4	X
services rendered to the organization? If "Yes,"	complete S	Sched	ule .	J fo	r su	ch per	son	1			5	Σ
Section B. Independent Contractors		had !	d		ارون (topo that as a t	به محمد ا		0.000	<u></u>
Complete this table for your five highest compensation from the organization.	compensat	ied in	aep	enc	dent	cont	rac	tors that received	a more tha	an \$10	0,000	OT
(A) Name and business add	ress							(B) Description of se	rvices	с	(C) ompens	ation
SEE STATEMENT 1												
2 Total number of independent contractors (i	-	hose	in ´	1) v	vho	rece	iveo	d more than \$10	0,000 in			
compensation from the organization >	23											

rt VII	Statement of Revenu	le		(A)	<u>5-1835298</u> (B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from ta under sections 512, 513, or 51		
1a	Federated campaigns		116,060.						
1a b c d f f	Membership dues								
c	Fundraising events		4,527,226.						
d	Related organizations								
е	Government grants (contribut								
f	All other contributions, gifts, grant	· ·	100 050 500						
	and similar amounts not included Noncash contributions included ir		<u>123, 352, 582.</u> 190, 506						
g h	Total. Add lines 1a-1f			127,995,868.					
			Business Code	, ,					
2a	AFFILIATE PAYMENTS		900099	31,202,744.	31,202,744.				
b									
с									
d									
е									
f	All other program service reve			21 000 744					
g	Total. Add lines 2a-2f			31,202,744.					
3	Investment income (including other similar amounts)		<i>'</i>	5,007,976.			5,007,97		
4	Income from investment of ta			NONE					
5	Royalties	• •		1,950,000.			1,950,00		
		(i) Real	(ii) Personal						
6a	Gross Rents								
b	Less: rental expenses								
с	Rental income or (loss)								
d	Net rental income or (loss) .			NONE					
7a	Gross amount from sales of	(i) Securities	(ii) Other						
	assets other than inventory	31,390,062.	1,456.						
b	Less: cost or other basis	20 260 026							
	and sales expenses	<u> </u>							
c d	Net gain or (loss)			-7,858,507.			-7,858,50		
8a	Gross income from fu			.,					
	events (not including \$ $\frac{4}{2}$	Ũ							
	of contributions reported on l								
	See Part IV, line 18.	a	1,526,278.						
b	Less: direct expenses	b	3,352,693.						
c	Net income or (loss) from fun	draising events .	· · · · · · · · •	-1,826,415.			-1,826,41		
9a	Gross income from gaming a								
	See Part IV, line 19.								
b c	Less: direct expenses Net income or (loss) from ga			NONE					
		-		NONE					
10a	Gross sales of invento returns and allowances		3,297,386.						
b	Less: cost of goods sold								
c		es of inventory.		1,146,805.	1,146,805.				
11a	SUPPORT SERVICES REVENUE		900099	1,528,587.	1,528,587.				
b			900099	71,369.			71,36		
c									
d	All other revenue								
е	Total. Add lines 11a-11d		· · · · · · · • •	1,599,956.					
12	Total Revenue. Add lines 1h,	-							
1	9c, 10c, and 11e			159,218,427.	33,878,136.		-2,655,57		

Part IX Statement of Functional Expenses

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (C) Management and **(D)** Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 75, 512, 672. 75, 512, 672. Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 NONE Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 1,950,726. 1,950,726. Benefits paid to or for members 4 NONE Compensation of current officers, directors, 5 trustees, and key employees 2,952,972. 2,510,026. 295,297. 147,649. Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE Other salaries and wages 7 15,238,692 8,071,502. 6,745,858. 421,332. Pension plan contributions (include section 401 8 (k) and section 403(b) employer contributions). . 524,427 268,335 246,585 9,507. 2,196,379. 1, 115, 524. 1,031,515. 49,340. 9 Other employee benefits 10 Payroll taxes 1,178,290. 630,674. 515,270. 32,346. 11 Fees for services (non-employees): a Management NONE 515,405. 122,734. 392,671. 809,039. 437,413. 356,776. 14,850. c Accounting d Lobbying NONE 1,819,908. 1,819,908. e Professional fundraising services. See Part IV, line 17 f Investment management fees 213,500. 106,750. 106,750. NONF g Other 6,722,381. 5,135,640. 1,223,468. 363,273. 12 Advertising and promotion 10,999,502. 4,984,918. 812,519. 5,202,065. 13 Office expenses Information technology NONE 14 Royalties 15 NONE Occupancy 1,373,906. 778,528. 572,360. 23,018. 16 17 Travel 3,761,268. 2,455,459. 1,247,934 57,875. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials NONE Conferences, conventions, and meetings 1,887,032. 17,924. 1,411,757. 457,351. 19 20 Interest NONE 21 Payments to affiliates NONE 22 Depreciation, depletion, and amortization 880,649. 642,635. 235,818. 2,196. Insurance 145,080. 53,110. 91,970. 23 expenses. Itemize expenses 24 Other not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a CONSULTING AND PROFESSIONAL 10,290,808. 1,984,685 150,573. 12,426,066. b EQUIPMENT_RENTAL_AND_MAINTEN 1,914,766. 874,663. 1,026,985. 13,118. c CONTRACT_LABOR_____ 3,851,656. 2,268,686. 1,519,002. 63,968. d RACE_PRODUCTION_____ 5,370,948. 4,941,829. 429,119. e BANK_FEES_____ 634,491 279,449. 154,931 200,111. f All other expenses _____ 23,941. 2,828,868. 1,839,934. 964,993 155,708,623. 9,042,113. 25 Total functional expenses. Add lines 1 through 24f 126,683,772. 19,982,738. 26 Joint Costs. Check here 🕨 🛛 If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 31, 339, 154. 17,355,527. 6,729,585. 7,254,042.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

JSA

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	132,814,833.	2	117,034,815.
	3	Pledges and grants receivable, net	50,706,899.	3	42,497,442.
	4	Accounts receivable, net	229,330.	4	780,253.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			
		of Schedule L		6	
Assets	7	Notes and loans receivable, net	12,052,000.	7	9,285,025.
SS	8	Inventories for sales or use	853,259.	8	820,916.
∢	9	Prepaid expenses and deferred charges	1,234,479.	9	1,714,930.
		Land, buildings, and equipment: cost basis 10a 13,099,858.			
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D	1,784,767.		5,151,378.
	11	Investments - publicly traded securities	66,516,151.	11	70,994,842.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11	122,783.	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 34)	266,314,501.	16	248,279,601.
	17	Accounts payable and accrued expenses.	14,653,104.	17	15,356,716.
	18 19	Grants payable	176,522,995.	18 19	175,089,971.
	20	—		20	
		Tax-exempt bond liabilities		20	
Liabilities	21 22	Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees,		21	
bilid	22	highest compensated employees, and disqualified persons. Complete Part II			
Lial		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	23	Unsecured notes and loans payable.		23	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	191,176,099.	26	190,446,687.
	20	Organizations that follow SFAS 117, check here ► 🗶 and complete	191,170,099.	20	190,440,007.
ŝ		lines 27 through 29, and lines 33 and 34.			
uc L	27	Unrestricted net assets	17,348,092.	27	12,411,432.
3ala	28	Temporarily restricted net assets	57,565,310.	28	45,196,482.
Б	29	Permanently restricted net assets	225,000.	29	225,000.
or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.	,		
ţs	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	75,138,402.	33	57,832,914.
	34	Total liabilities and net assets/fund balances	266,314,501.	34	248,279,601.
Pa	rt XI	Financial Statements and Reporting		I	., ,
					Yes No
1	Acco	unting method used to prepare the Form 990: Cash 🔀 Accrual 🗌 Other			
2a	Were	e the organization's financial statements compiled or reviewed by an independent accounta	ant?		2a X
b	Were	e the organization's financial statements audited by an independent accountant?			2b X
С	lf "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility f	or oversight of the		

	audit, review, or compilation of its financial statements and selection of an independent accountant?				
3a	A 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?	3a		Х	
b	If "Yes." did the organization undergo the required audit or audits?	3b			

SCHE	DU	LE	Α	
(Form	990	or	990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047 2 Ы Open to Public

Department of the Treasury Internal Revenue Service			► Attach to Form 990 or Form 990-EZ. ► See separate instructions.							Open to Public Inspection
Name of t	he organizatio	n						Employe	er identifica	ation number
SUSAN	G. KOMEN	BREAST CAN	CER FOUNDATION,	INC.					75-18	35298
					nust comp	lete this	part.) (se	e instru	ctions)	
Part I	Reason for nization is no A church, co A school de A hospital o A medical o hospital's na An organiza section 170 A federal, s An organiza described in A communit An organiza receipts fro support fro acquired by An organiza An organiza purposes of 509(a)(3). C a Typ By checking persons oth 509(a)(1) or	pr Public Chari a private found convention of chu scribed in section r a cooperative research organiz ame, city, and sta ation operated for (b)(1)(A)(iv). (C tate, or local government to that norman section 170(b) y trust described tion that norman m activities relation m gross investit the organization tion organized ation ation organized ation organized if one or more p check the box the e I b [g this box, I ce er than foundat	ity Status (All organ dation because it is: (P rches, or association of on 170(b)(1)(A)(ii). (At hospital service organ zation operated in co ate: or the benefit of a col omplete Part II.) vernment or governme Ily receives a substan (1)(A)(vi). (Complete F d in section 170(b)(1)(Ily receives: (1) more ted to its exempt fun ment income and un after June 30, 1975. Ind operated exclusive and operated exclusive and operated exclusive at describes the type of Type II co ertify that the organiz ion managers and oth	izations m lease check of churches tach Sched ization deso njunction v lege or un ental unit de tial part of Part II.) (A)(vi). (Co than 331/3 ictions - su related bu See sectio ely to test fo ively for th anizations of supportin cation is no er than on	conly one of s described lule E.) cribed in se with a hos iversity ow escribed in s its support omplete Par % of its su bject to ce siness taxa on 509(a)(2 or public saf he benefit described in g organiza be III - Func- ot controlle e or more	ction 170 prial des red or o section 1 t from a t II.) pport fro ertain exc able inco c). (Comp fety. See of, to pe in sectior tion and o ctionally li ed direct publicly	on.) on 170(b)()(b)(1)(A) cribed in perated in perated in 70(b)(1)(governme m contrib ceptions, me (less lete Part I section 5 erform th n 509(a)(complete ntegrated ly or ind supported	(1)(A)(i). (iii). (Atta section by a gove A)(v). ental unit putions, r and (2) r section II.) 09(a)(4). e function 1) or sec lines 11e irectly by d organiz	ach Sched $170(b)(1)$ ernmental ernmental a or from t nembersh no more t 511 tax) (see instructions of, or ethrough d Ty y one or ations de	ule H.) (A)(iii). Enter the unit described in the general public hip fees, and gross than 331/3% of its from businesses fuctions) to carry out the a)(2). See section 11h. ype III - Other more disqualified scribed in section
-	-	, check this box						. , , , , , , , , , , , , , , , , , , ,		
g	-		the organization acce	pted any q	ift or contri	ibution fro	om any of	the		•••••
0	following pe		Ū				,			
h	and (iii) (ii) A family (iii) A 35%	below, the gove y member of a p controlled entity	or indirectly controls erning body of the sup person described in (i) a of a person described ation about the organi	ported orga above? d in (i) or (ii)	anization? above?			is descril	bed in (ii)	Yes No 11g(i)
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	vou notify nization in of your port?			(vii) Amount of support
				Yes	No	Yes	No	Yes	No	

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

Schedule A (Form 990 or 990-EZ) 2008

Total

Part II	Support Sched
Schedule A	(Form 990 or 990-EZ) 2008

Pa	rt II Support Schedule for Org (Complete only if you check	ganizations D cked the box o	escribed in S n line 5, 7, or 8	ections 170(b) B of Part I.))(1)(A)(iv) and	170(b)(1)(A)(vi	i)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,987,232.	89,077,870.	125,004,591.	132,775,607.	127,995,868.	551,841,168.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	NONE	NONE	NONE	NONE	NONE	NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge	NONE	NONE	NONE	NONE	NONE	NONE
4	Total. Add lines 1-3	76,987,232.	89,077,870.	125,004,591.	132,775,607.	127,995,868.	551,841,168.
5	The portion of total contributions by each						
Ū	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)						17,862,696.
6	Public support. Subtract line 5 from line 4.						533,978,472.
	tion B. Total Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	endar year (or fiscal year beginning in) 🕨				. ,		.,
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	76,987,232.	89,077,870. 3,504,503.	125,004,591. 6,627,304.	132,775,607. 8,682,291.	127,995,868. 6,957,976.	551,841,168. 27,584,324.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	NONE	NONE	NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	NONE	1,358.	50,758.	81,914.	71,369.	205,399.
11	Total support. Add lines 7 through 10						579,630,891.
12	Gross receipts from related activities, etc. (S	,				12	163,480,743.
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here				<u></u>	• • • • • • • • • • • • • • • • • • •	<u></u> ▶∟_
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (li	ne 6, column (f)) divided by line	11, column (f))		. 14	92.12 %
15	Public support percentage from 2007	Schedule A, Pa	rt IV-A, line 26f .			15	92.18 %
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif						
b	33 1/3% support test - 2007. If the o						
	box and stop here . The organization q			-			
17a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organizatio					• •	
	in Part IV how the organization meets			0		. ,	
L	organization						
D	10%-facts-and-circumstances test - 2	-					line
	15 is 10% or more, and if the organization Explain in Part IV how the organization						ichy
18	Explain in Part IV now the organization supported organization Private foundation. If the organization						▶∟
	instructions						

Schedule A (Form 990 or 990-EZ) 2008

	(Complete only if you check	ed the box on	line 9 of Part I	.)			
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
	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 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
с	Add lines 10a and 10b						
	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 organizatio	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here						<u></u> ▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8					15	%
16	Public support percentage from 2007 Scho					16	%
Sec	tion D. Computation of Investme					1 1	
17	Investment income percentage for 2008 (li					17	%
18	Investment income percentage from 2007					18	%
19a	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo						
b	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3 %, check thi	is box and stop h	ere. The organiza	tion qualifies as a	publicly supporte	d organization	▶
20	Private foundation. If the organization did	not check a box	on line 14, 19a, o	r 19b, check this l	box and see instru	ctions	

Schedule A	(Form 990 or 990-EZ) 2	2008			75-1835	298		Page 4
Part IV	Supplemental Part II, line 17a	Information. Comp a or 17b; or Part III, I	olete this par ine 12. Provic	t to provide t le any other ac	he explanatio	n required by nation. (see ins	Part II, line structions)	10;
SCHEDULE	A, PART II - OTHE	R_INCOME						
_DESCRIPTI	<u>ON</u>	2004	2005	2006	2007	2008	TOTAL	
_OTHER_INC	COME	NONE	<u> </u>	<u>50,758.</u>	<u> </u>	71,369	205,399.	
_TOTALS		<u>NONE</u>	<u>1,358.</u>	<u>50,758.</u>	81,914	<u>71,369.</u>	<u>205,399.</u>	
			·					

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2008

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations 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 Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number 75-1835298

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$2,699,930	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$4,266,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> </u>		\$43,268,702.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

SCHEDULE	D
(Form 990)	

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

	e of the organization		Employer identification number
	SAN G. KOMEN BREAST CANCER FOUND	ATION, INC.	75-1835298
Ра	rt I Organizations Maintaining Donor the organization answered "Yes" to	Advised Funds or Other Similar Funds o Form 990, Part IV, line 6.	r Accounts. Complete if
		(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 dor		lonor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono		
	used only for charitable purposes and not for		
	impermissible private benefit?		Yes 🗆 No
Ра	rt II Conservation Easements. Comple	ete if the organization answered "Yes" to F	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all that apply).	
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation	of an historically importantly land area
	Protection of natural habitat	. ,	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held	a qualified conservation contribution in the for	m of a conservation easement
	on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	nents	2b
С	Number of conservation easements on a certi	ified historic structure included in (a)	2c
d	Number of conservation easements included	in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termin	nated by the organization during
	the taxable year		
4	Number of states where property subject to c	onservation easement is located 🕨	
5	Does the organization have a written policy re		
	enforcement of the conservation easements it	holds?	Yes 📖 No
6	Staff or volunteer hours devoted to monitoring		-
7	Amount of expenses incurred in monitoring, in		-
8	Does each conservation easement reported of		
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization rep		
	balance sheet, and include, if applicable, the t		cial statements that describes
De	the organization's accounting for conservation		
Pa		tions of Art, Historical Treasures, or Othe ered "Yes" to Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under art, historical treasures, or other similar asset	r SFAS 116, not to report in its revenue stater	nent and balance sheet works of arch in furtherance of public service
	provide, in Part XIV, the text of the footnote to	its financial statements that describes these it	ems.
b	If the organization elected, as permitted under	r SFAS 116, to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets he		in furtherance of public service,
	provide the following amounts relating to these		
	(i) Revenues included in Form 990, Part VIII,		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		tor financial gain, provide the
	following amounts required to be reported und	-	Ν.
а	Revenues included in Form 990, Part VIII, line		
b	Assets included in Form 990, Part X		▶\$

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

Schedule D (Form 990) 2008

Schee	dule D (Form 990) 2008			-	75-183	5298			Page 2
Par	rt III Organizations Maintaini	ng Collections	s of Art, Histo	rical Treasure	s, or Otl	her Similar A	Assets (c	continue	ed)
3	Using the organization's accession	and other recor	ds, check any	of the following t	hat are a	a significant us	se of its c	ollection	
	items (check all that apply):			_					
а	Public exhibition		d	Loan or ex	change p	orograms			
b	Scholarly research		e	Other					
С	Preservation for future ge	nerations							
4	Provide a description of the organize Part XIV.	zation's collectio	ns and explain	how they further	the orga	anization's exe	empt pur	pose in	
5	During the year, did the organization	on solicit or rece	ive donations of	of art, historical t	reasures	, or other simil	ar		
	assets to be sold to raise funds rati							Yes	No
Par	rt IV Trust, Escrow and Custo			0					
	Part IV, line 9, or reporte	ed an amount o	on Form 990,	Part X, line 21.					
1a	Is the organization an agent, truste	e, custodian or o	other intermedi	ary for contributi	ons or o	ther assets no	t_		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in	Part XIV and co	omplete the fol	lowing table:					
						A	mount		
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an am							Yes	No
b	If "Yes," explain the arrangement in	Part XIV.					_		
Par			ization answe	ered "Yes" to Fo	orm 990	, Part IV, line	9 10.		
		(a) Current Year	(b) Prior ye			(d) Three yea		(e) Four	years back
1a	Beginning of year balance	318,022		.,,,					
b	Contributions	510,022	•						
с	Investment earnings or losses	5,240							
d	Grants or scholarships	5,240	•						
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	202.000							
2	Provide the estimated percentage	323, 262						<u>i</u>	
2 a	Board designated or guasi-endown	•	%	•					
h	o		70						
с С	Permanent endowment ▶ <u>100.0</u>	<u>))))</u> /0							
	Term endowment ► Are there endowment funds not in	70 the necession	of the organize	tion that are had	d and ad	Iminiatorod for	the		
Ja		the possession			u anu au		line	Г	
	organization by:							3a(i)	Yes No
	(i) unrelated organizations								X
h	(ii) related organizations							3a(ii)	X
	If "Yes" to 3a(ii), are the related org							3b	Х
4	Describe in Part XIV the intended u	-			mt V line a	10			
Par	t VI Investments - Land, Buil		•	e Form 990, Pa	$\pi \lambda$, line				
	Description of investment		ost or other basis investment)	(b) Cost or other basis (other)	r (c)) Depreciation	(0	d) Book valı	ue
1a	Land								
b	Buildings	• • • • •							
с	Leasehold improvements			741,40	0.	323,170.		41	8,230.
d	Equipment			6,025,88		,307,176.			8,711.
е	Other			6,332,57		,318,134.			4,437.
Tota	I. Add lines 1a-1e. (Column (d) shou	ld equal Form 9	90, Part X, colu						1,378.
	/							,	,

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, lii	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
Financial deri	ivatives and other financial products			
	equity interests			
		_		
		_		
	(b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See			
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets. See Form 990, Part X	line 15.		
	(a	a) Description		(b) Book value
-				
	(b) should equal Form 990, Part X, col. (B) line 15.)		•••••••••••••••••••	
Part X	Other Liabilities. See Form 990, Part (a) Description of liability			
Federal incon		(b) Amount	-	
			-	

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)

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.

Schedule	D (Form 990) 2008 75-1835298		Page
Part >	Reconciliation of Change in Net Assets from Form 990 to 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 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part 2			n
1	Total revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	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:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5
Part 2		Retu	ırn
1	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	_	
С	Losses reported on Form 990, Part IX, line 25 2c	_	
d	Other (Describe in Part XIV) 2d	_	
	Add lines 2a through 2d	••	2e
	Subtract line 2e from line 1	•• -	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
	Other (Describe in Part XIV) 4b	_	
	Add lines 4a and 4b	••	4c
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	••	5
	Supplemental Information		
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art I\	/, lines 1b
	; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
ENDOV	IMENTS		
<u>SCHEI</u>	ULE_D, PART_V		
			
<u>TWO</u> F	ERMANENT ENDOWMENTS, GOODMAN-BRINKER AND FIRNBERG.		
GOODI	IAN-BRINKER_ENDOWMENT_TO_BE_USED_FOR_BREAST_CANCER_RESEARCH		
FELLO	WSHIPS.		
F.T KNE	BERG_ENDOWMENT_TO_BE_USED_FOR_BREAST_CANCER_EDUCATIONAL_PROGRAMS_AN		
<u>rese</u> z	RCH_AWARDS.		

JSA

Schedule D (F	Form 990) 2008	
Part XIV	Supplemental Information (contin	nued)

Schedule D (Form 990) 2008

Schedule F	OMB No. 1545-0047						
(Form 990)	2008						
Department of the Treasury Internal Revenue Service							
Name of the organization	Employer identification number						
	REAST CANCER FOUNDATION, INC.	75-1835298					
	nformation on Activities Outside the United States. Complete if the o Form 990, Part IV, line 14b.	rganization answered					
-	Does the organization maintain records to substantiate the amount of the	-					
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH AMERICA	NONE	NONE	GRANTMAKING		680,552.
EUROPE	NONE	NONE	GRANTMAKING		1,053,604.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		150,000.
CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		41,570.
SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		25,000.
Totals	NONE	NONE			1,950,726.

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

Part II	Grants and Other Ass Part IV, line 15, for any	-			•	•			
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 valuation (book, FM\ appraisal, other)
			SOUTH AMERICA	RESEARCH	600,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	RESEARCH	136,500.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	RESEARCH	111,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	RESEARCH	299,800.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	12,572.	WIRE TRANSF.			
			MIDDLE EAST/NORTH AFRICA	EDUCATION	50,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	50,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	330,000.	WIRE TRANSF.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	88,732.	WIRE TRANSF.			
			SOUTH AMERICA	EDUCATION	29,002.	WIRE TRANSF.			
			CENT. AMERICA/CARIBBEAN	EDUCATION	41,570.	WIRE TRANSF.			
			SOUTH AMERICA	EDUCATION	30,000.	WIRE TRANSF.			
			SOUTH AMERICA	EDUCATION	21,550.	WIRE TRANSF.			

2 Enter total number of organizations that are recognized as charities by the foreign country 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

EDUCATION

EUROPE/ICELAND/GREENLAND EDUCATION

MIDDLE EAST/NORTH AFRICA EDUCATION

SUB-SAHARAN AFRICA

Schedule F (Form 990) 2008

17

WIRE TRANSF.

WIRE TRANSF.

WIRE TRANSF.

25,000.

100,000.

25,000.

Page 2

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

Schedule F (Form 990) 2008

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US
SCHEDULE F, PART IV
ALL RESEARCH AND EDUCATIONAL GRANTEES 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.

SCHEDULE G

(Form	990	or	99	0-EZ	.)
Departr	nent	of t	he 1	reas	ury

Internal Revenue Service Name of the organization

b

С

Х

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15.000 on Form 990-EZ. line 6a.

Employer identification number

75-1835298

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	JSAN	G. KOMEN	BREAST	CANCER	FOUNDATION,	INC.	
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

е

g

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

a X Mail solicitations

X Solicitation of non-government grants

- f Solicitation of government grants
 - X Special fundraising events

d X In-person solicitations

Email solicitations

Phone 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 activities?

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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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			
TARGET MARKET TEAM	DIRECT MAIL		x	25,637,888.	1,819,908.	23,817,980.
			· ►	25,637,888.	1,819,908.	23,817,980.
3 List all states in which the organizat registration or licensing.						
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FI	L,GA,HI,ID,IL	<u>_IN</u>				
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS	S, MO, MT, NE, NV	<u>, NH, NJ</u>	NM, NY,			
OK OR PA PR RT SC SD TW TY II	דער בער ביע ביי איי איי	VINT TAT				

Open To Public

No

Ра		Fundraising Events. Comple more than \$15,000 on Form	1 990-EZ, line 6a. Lis	answered res to F	eceipts greater than	\$5,000.
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue						
eve		Gross receipts Less: Charitable	6,053,504.			6,053,504.
œ	2	contributions	4,527,226.			4,527,226.
	3	Gross revenue (line 1	4, 527, 220.			4,527,220.
		minus line 2)	1,526,278.			1,526,278.
	4	Cash prizes				
ses	5	Non-cash prizes	8,000			8,000.
Direct Expenses			0,0000.			
Ex	6	Rent/facility costs				
rect	_					
D	7	Other direct expenses	3,344,693.			3,344,693.
	8	Direct expense summary. Add lines 4	through 7 in column (d)	•	(3 352 693)
	9	Net income summary. Combine lines	3 and 8 in column (d)	,		-1,826,415.
Ра		Gaming. Complete if the org	anization answered "			
		than \$15,000 on Form 990-	EZ, line 6a.	1	-	
ne			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue						
Re	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
Exp	3	Non-cash prizes				
ect	4	Rent/facility costs				
Din						
	5	Other direct expenses				
	_		Yes%		Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)	•	()
	•			,	•••••	
	8	Net gaming income summary. Comb	ine lines 1 and 7 in colur	mn (d)	<u></u>	
						Yes No
9		nter the state(s) in which the organizat				
		the organization licensed to operate g "No," Explain:	gaming activities in each	of these states?		9a
L.	, ,,					
10 a	Ŵ	ere any of the organization's gaming l	icenses revoked, suspe	ended or terminated duri	ng the tax year?	10a
b) If	"Yes," Explain:				
44		oes the organization operate gaming a				
11 12		the organization a grantor, beneficiary				11
		rmed to administer charitable gaming?				12

Schedule G (Form 990 or 990-EZ) 2008

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: 13a 13a % The organization's facility 13b % An outside facility 13b % Provide the name and address of the person who prepares the organization's gaming/special event books and records: Name			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ► \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	► C	Gov	ernments	r Assistance , and Individ nswered "Yes," on Attach to Form 99	uals in the U Form 990, Part IV,	.S.		OMB No. 1545-0047
Name of the organization							Employer identification	ation number
	BREAST CANCER F						75-183529	8
	formation on Grants ation maintain records f			the grante or assist:	ance the grantees'	eliaibility for the grants	or assistance and	
the selection crite	ria used to award the g V the organization's pro	grants or assista	ince?					X Yes No
Form 990,	d Other Assistance Part IV, line 21, for and Schedule I-1 (F	any recipient	that received	I more than \$5,00	0. Check this box		eceived more that	an \$5,000.
1 (a) Name and address of or governmen	organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-		-						
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	er of section 501(c)(3) a er of other organizations						· · · · · · · · · · · · · · · · · · ·	► <u>150</u> 1
	Paperwork Reduction						Sch	nedule I (Form 990) 2008

(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
art IV Supplemental Information. Com	plete this part to	provide the inf	ormation require	d in Part I. line 2. and any	other additional information.
	• • •	·	· · ·	<u> </u>	
ESCRIPTION_OF_ORGANIZATION'S_PR					
SCRIFTION_OF_ORGANIZATION_S_FR					
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MEN'S POLICIES FOR MANAGING RE					
WARD_THROUGH_COMPLETION_SEEK_TC) MAXIMIZE FL	EXIBILITY_W	<u>HILE MAINTAIN</u>	NING	
DMEN'S_POLICIES_FOR_MANAGING_RE WARD_THROUGH_COMPLETION_SEEK_TC HE_HIGHEST_STANDARD_OF_ACCOUNTA HE_PEER_REVIEW_AND_FUNDING_PROC) MAXIMIZE FL	EXIBILITY_W	HILE_MAINTAIN HE_INTEGRITY_	NI NG	
NARD_THROUGH_COMPLETION_SEEK_TC) MAXIMIZE FL ABILITY AND P CESS. THROUGH	EXIBILITY_W RESERVING_TI OUT_THE_TERI	HILE_MAINTAIN HE_INTEGRITY_ M_OF_THE_GRAN	<u>NI NG</u> OF NT,	
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Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Schedule I (Form 990) 2008

Part III

Page 2

Schedule I (Form 990) 2008

(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
t IV Supplemental Information. Comp	lete this part to	provide the inf	ormation required	d in Part I, line 2, and any o	ther additional information.
PROJECT_PLAN.					
EARCH_FINDINGS_AND_DISCOVERIES	: A LIST OF	THE SPECIFI	IC_RESEARCH		
DINGS AND DISCOVERIES DURING T	<u>HE_REPORTIN</u>	<u>g period. Ex</u>	KAMPLES_OF		
DINGS_AND_DISCOVERIES_DURING_T					
COVERIES_INCLUDE_CELL_LINES,_V	ECTORS, NOV	EL THERAPIES	S. NOVEL		
COVERIES_INCLUDE_CELL_LINES,_V RAPEUTIC_TARGETS,_BIOMARKERS,	ECTORS, NOV RISK ASSESS	EL THERAPIES	NOVEL	THMS,	
COVERIES_INCLUDE_CELL_LINES,_V	ECTORS, NOV RISK ASSESS	EL THERAPIES	NOVEL	THMS,	
COVERIES_INCLUDE_CELL_LINES,_V RAPEUTIC_TARGETS,_BIOMARKERS, _TECHNOLOGIES,_ETCTHAT_MAY_B	ECTORS, NOV RISK ASSESS E OF INTERE	EL THERAPIES MENT TOOLS A ST TO THE RE	NOVEL	. <u>THMS</u> ,	
COVERIES_INCLUDE_CELL_LINES,_V RAPEUTIC_TARGETS,_BIOMARKERS, _TECHNOLOGIES,_ETCTHAT_MAY_B	ECTORS, NOV RISK ASSESS E OF INTERE	EL THERAPIES MENT TOOLS A ST TO THE RE	AND/OR_ALGORI	<u></u>	

Schedule I (Form 990) 2008

75-1835298

Page 2

75-1835298

Page 2

Schedule I (Form 990) 2008

Part III

Part III Grants and Other Assistance to	Individuals in tl	he United States	5 -1835298 s. Complete if th	e organization answered '	'Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if add					,,,
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Comp	lete this part to	provide the inf	ormation require	d in Part I, line 2, and any	other additional information.
MAXIMIZE_FLEXIBILITY_WHILE_MAINTA	I <u>NING_THE_H</u>	IGHEST STANI	DARD_OF		
ACCOUNTABILITY_AND_PRESERVING_THE	INTEGRITY	OF THE REVI	EW_AND_FUNDI1	IG	
PROCESSALL_GRANTEES_MUST_SIGN_A	_ GRANT_CONT	RACT, WHICH	<u>SETS FORTH 1</u>	<u>'HE</u>	
TERMS_OF_THE_GRANT, INCLUDING_THE	_PURPOSE_OF	THE GRANT,	AMOUNT, BUDO	GETARY	
RESTRICTIONS, DURATION, PAYMENT_S	CHEDULE, RE	PORTING REQU	<u>jirements, an</u>	ID	
AUDIT_AND_EARLY_TERMINATION_RIGHT	<u>s for komen</u>	. THE GRANTI	<u>e is require</u>	ID TO	
SUBMIT_REGULAR_PROGRESS_REPORTS_(TYPICALLY_E	VERY SIX MOI	NTHS) THAT DE	TAIL	
PROGRESS_TOWARDS_MEETING_EACH_OF_					
ENCONTERED. THE REPORT MUST ALSO					
AWARDED (ACTUAL VERSUS BUDGETED E	XPENSES). T	HE PROGRAM 1	MANAGER_CONDU	JCTS	

Schedule I (Form 990) 2008

75-1835298

(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
rt IV Supplemental Information. Com	plete this part to	provide the inf	 formation require	d in Part I, line 2, and any d	other additional information.
<u>re_visits_with_grantees_when_a</u>	<u>PPROPRIATE T</u>	<u>o build a s</u>	IRONGER		
LATIONSHIP_WITH_THE_GRANTEE;_T	O GAIN A BET	TER UNDERSTA	ANDING OF ITS	3	
RK; AND TO ADDRESS ANY CHALLEN					
TH PRIOR WRITTEN NOTICE TO GRA					
DITIONAL PROGRESS REPORTS TO M	<u>IONITOR_PROGR</u>	<u>ESS. ANY CH</u>	<u>ANGES_TO_THE</u>		
		MANACED TNI	WDTHING TNI AP		
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THE_CHANGE. A FINAL REPORT_MU	ST_BE_PROVID	ED WITHIN 45	5 DAYS AFTER	THE	
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75-1835298

Schedule I (Form 990) 2008

(a) I voe of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
(a) Type of grant or assistance	(b) Number of recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Supplemental Information. Co					- the second of the second for the second second
CIAL REPORT TO KOMEN, UNL	ESS_OINERWISE_				
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75-1835298

Schedule I (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF COLO_DENVER HEALTH SCIENCES CTR							
P.O. BOX 238 DENVER, CO 80291-0238	85-6000555	501(C)(3)	599,696.				RESEARCH
PENN STATE COLLEGE OF MEDICINE							
44 E GRANADA AVE STE 1100 HERSHEY, PA 17033	24-6000376	501(C)(3)	400,000.				RESEARCH
CALIFORNIA PACIFIC MEDICAL CENTER							
475 BRANNAN ST, STE220 SANFRANCISCO CA 94107	94-0562680	501(C)(3)	593,713.				RESEARCH
MAYO CLINIC ROCHESTER							
200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	599,558.				RESEARCH
DANA-FARBER CANCER INSTITUTE.							
44 BINNEY ST. MAILSTP 439C BOSTON, MA 02115	04-2263040	501(C)(3)	600,000.				RESEARCH
UNIVERSITY OF MINNESOTA							
200 OAK ST SE, STE450 MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	600,000.				RESEARCH
UNIVERSITY MIAMI SCHOOL OF MEDICINE.							
1611 NW 12TH AVE, R-67 MIAMI, FL 33136	59-0624458	501(C)(3)	600,000.				RESEARCH
UNIV OF COLO DENVER HEALTH SCIENCES CTR.							
P.O. BOX 238 DENVER, CO 80291-0238	85-6000555	501(C)(3)	600,000.				RESEARCH
TRUSTEES OF BOSTON UNIVERSITY							
25 BUICK STREET BOSTON, MA 02215	04-2103547	501(C)(3)	598,000.				RESEARCH
UNIVERSITY OF VERMONT							
85 SOUTH PROSPECT ST. BURLINGTON, VT 05405	03-0179440	501(C)(3)	382,262.				RESEARCH
ALBANY_MEDICAL_COLLEGE							
47 NEW SCOTLAND AVE MC-165 ALBANY, NY 12208	14-1338310	501(C)(3)	600,000.				RESEARCH
MASSACHUSETTS GENERAL HOSPITAL							
50 STANIFORD ST, STE 1001 BOSTON, MA 02114	04-2697983	501(C)(3)	599,842.				RESEARCH
MASSACHUSETTS GENERAL HOSPITAL							
50 STANIFORD ST, STE 1001 BOSTON, MA 02114	04-2697983	501(C)(3)	600,000.				RESEARCH
GEORGETOWN UNIV]						
BOX 571164 WASHINGTON, DC 20057	53-0196603	501(C)(3)	599,123.				RESEARCH
STANFORD_UNIVERSITY							
651 SERRA ST, ROOM 110 STANFORD, CA 94305	94-1156365	501(C)(3)	600,000.				RESEARCH

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

1

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. 75-1835298 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990). Part II.) Part I (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC Code section (e) Amount of non-cash (g) Description of (d) Amount of cash grant (h) Purpose of grant or government if applicable non-cash assistance or assistance assistance VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE, STE800 NASHVILLE TN 37203 62-0476822 501(C)(3) 600,000. RESEARCH UNIVERSITY OF PENNSYLVANIA 23-1352685 501(C)(3) 600,000. RESEARCH 3451 WALNUT ST P-211 PHILADELPHIA, PA 19104 THOMAS JEFFERSON UNIVERSITY 201 S 11TH ST., FL.3 PHILADELPHIA, PA 19107 23-1352651 501(C)(3) 480,000. RESEARCH BRIGHAM & WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149 04-2312909 501(C)(3) 587,903. RESEARCH UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NE. MED. CTR. OMAHA, NE 68198-5100 47-0049123 501(C)(3) 600,000. RESEARCH THE GENERAL HOSPITAL CORPORATION 101 HUNTINGTON AVE.STE 300 BOSTON, MA 02199 04-2697983 501(C)(3) 599,995. RESEARCH UNIVERSITY OF CALIFORNIA-DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616 94-6036494 501(C)(3) 600,000. RESEARCH UT HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MC7828 SAN ANT., TX 78229 74-1586031 501(C)(3) 600,000 RESEARCH YALE UNIVERSITY SCHOOL OF MEDICINE 155 WHITNEY AVE. RM 230 NEW HAVEN, CT 06520 06-0646973 501(C)(3) 600,000. RESEARCH DUKE UNIVERSITY MEDICAL CENTER 705 BROAD STREET DURHAM, NC 27705 56-0532129 501(C)(3) 600,000. RESEARCH WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408 43-0653611 501(C)(3) 600,000. RESEARCH UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1855 FOLSOM ST. MCB 425 SAN FRANC. CA 94143 94-6036493 RESEARCH 501(C)(3) 599,803. UNIVERSITY OF MASSACHUSETTS AMHERST BOX 33210 AMHERST, MA 01003-3210 04-3167352 236,171. RESEARCH 501(C)(3) DUKE UNIVERSITY MEDICAL CTR 324 BLACKWELL ST. DURHAM, NC 27708 56-0532129 501(C)(3) 600,000. RESEARCH STATE UNIVERSITY OF NEW YORK AT ALBANY 1 DISCOVERY DR. RENSSELEAR DR, NY 12144 14-7400260 501(C)(3) 572,065. RESEARCH

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

3 Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service

					Employer identificati	on number
NC.					75-1835298	
Other Assist	tance to Gover	nments and Orgai	nizations in the U.	S. (Schedule I (Forr	m 990), Part II.)	
(b) EIN	(c) IRC Code 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
_						
53-0196603	501(C)(3)	449,112.				RESEARCH
31-6401599	501(C)(3)	450,000.				RESEARCH
_						
95-1644600	501(C)(3)	299,919.				RESEARCH
13-1624182	501(C)(3)	299,999.				RESEARCH
95-6006143	501(C)(3)	299,912.				RESEARCH
59-0624458	501(C)(3)	450,000.				RESEARCH
43-0653611	501(C)(3)	450,000.				RESEARCH
74-1613878	501(C)(3)	450,000.				RESEARCH
52-0595110	501(C)(3)	450,000.				RESEARCH
		,				
46-0450378	501(C)(3)	450,000.				RESEARCH
		,				
61-1029626	501(C)(3)	269,937.				RESEARCH
		,				
52-0595110	501(C)(3)	405,000.				RESEARCH
02 0000110		100,000				
74-1761309	501(C)(3)	337,426.				RESEARCH
74-2652689	501(C)(3)	404.709				RESEARCH
, 1 2002000	001(0)(0)	101,700.				
T 56-6001393	501(C)(3)	450 000				RESEARCH
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2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury

Internal Revenue Service

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. 75-1835298 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990). Part II.) Part I (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC Code section (e) Amount of non-cash (g) Description of (d) Amount of cash grant (h) Purpose of grant or government if applicable non-cash assistance or assistance assistance DUKE UNIVERSITY MEDICAL CENTER 705 BROAD ST. BOX 90491 DURHAM, NC 27705 56-0532129 501(C)(3) 450,000. RESEARCH UNIV OF TEXAS MD ANDERSON CANCER CTR P.O. BOX 4390 HOUSTON, TX 77210-4390 74-6001118 501(C)(3) 444,043. RESEARCH UNIV OF TEXAS MD ANDERSON CANCER CTR P.O. BOX 4390 HOUSTON, TX 77210-4390 74-6001118 501(C)(3) 446,850. RESEARCH SUNY AT BUFFALO 402 CROFTS HALL BUFFALO, NY 14260 14-1368361 501(C)(3) 431,395. RESEARCH UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD. HOUSTON, TX 77030 74-6001118 501(C)(3) 296,966. RESEARCH UNIVERSITY OF CINCINNATI 51 GOODMAN DR. STE 560 CINCINATTI, OH 45221 31-6000989 501(C)(3) 450,000. RESEARCH UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD MSN1039 KS.CITY, KS 66160 48-1108830 501(C)(3) 450,000. RESEARCH VIRGINIA COMMONWEALTH UNIVERSITY 730 E. BROAD ST. RICHMOND, VA 23284 54-6001758 501(C)(3) 449,556 RESEARCH JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 733 N BROADWAY, STE 117 BALTIMORE, MD 21205 52-0595110 501(C)(3) 450,000. RESEARCH COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD. COLD SPRING HARBOR, NY 11724 11-2013303 501(C)(3) 180,000. RESEARCH DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, MAILSTOP439C BOSTON, MA 02115 04-2263040 501(C)(3) 120,000. RESEARCH STANFORD UNIVERSITY 94-1156365 RESEARCH 1215 WELCH RD, MOD B 501(C)(3) 180,000. UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BLVD. DALLAS, TX 75390 75-1573968 RESEARCH 501(C)(3) 120,000. ALBERT EINSTEIN COLLEGE OF MED YESHIVA 1300 MORRIS PARK AVE BRONX, NY 10461 13-2937352 501(C)(3) 180,000. RESEARCH STANFORD UNIVERSITY 450 SERRA MALL RM 618 STANFORD, CA 94305 94-1156365 501(C)(3) 180,000. RESEARCH

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

3 Enter total number of other organizations

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. 75-1835298 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990). Part II.) Part I (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC Code section (e) Amount of non-cash (g) Description of (d) Amount of cash grant (h) Purpose of grant or government if applicable non-cash assistance or assistance assistance STANFORD UNIVERSITY 651 SERRA ST, RM 110 STANFORD, CA 94305 94-1156365 501(C)(3) 180,000. RESEARCH WHITEHEAD INSTITUTE 501(C)(3) 180,000. RESEARCH 5 CAMBRIDGE CTR. FL 7 CAMBRIDGE, MA 02142 06-1043412 UNIVERSITY OF WISCONSIN 21 N. PARK ST. STE 6401 MADISON, WI 53715 39-6006492 501(C)(3) 120,000. RESEARCH PRINCETON UNIVERSITY 5 NEW S. BLDG PRINCETON, NJ 08544 21-0634501 501(C)(3) 180,000. RESEARCH DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. MAILSTP 439C BOSTON, MA 02115 04-2263040 501(C)(3) 180,000. RESEARCH ALBERT EINSTEIN COLLEGE OF MED YESHIVA 1300 MORRIS PARK AVE. BRONX, NY 10461 13-2937352 501(C)(3) 180,000. RESEARCH VANDERBILT UNIVERSITY MEDICAL CENTER ATTN: STEPHEN TODD NASHVILLE, TN 37203-8480 62-0476822 501(C)(3) 180,000. RESEARCH UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD. HOUSTON, TX 77030 74-6001118 501(C)(3) 180,000 RESEARCH WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408 43-0653611 501(C)(3) 180,000. RESEARCH WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVE. BOX 305 NEW YORK, NY 10021 13-3376695 501(C)(3) 180,000. RESEARCH DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. BP431C BOSTON, MA 02115 04-2263040 501(C)(3) 180,000. RESEARCH MASSACHUSETTS GENERAL HOSPITAL 04-2697983 RESEARCH 50 STANIFORD ST, STE 1001 BOSTON, MA 02114 501(C)(3) 180,000. THE GENERAL HOSPITAL CORPORATION 101 HUNTINGTON AVE. STE300 BOSTON, MA 02199 04-2697983 RESEARCH 501(C)(3) 180,000. UMDNJ ROBERT WOOD JOHNSON MC 335 GEORGE STLP FL4 NEW BRUNSWICK, NJ 08901 20-8095340 501(C)(3) 180,000. RESEARCH MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVENUE NEW YORK, NY 10021 13-1624182 501(C)(3) 180,000. RESEARCH

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

3 Enter total number of other organizations

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Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Name of the organization						Employer Identificati	on number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, IN						75-1835298	
Part I Continuation of Grants and C	Other Assist	ance to Gover	ments and Organ	nizations in the U.	S. (Schedule I (For	m 990), Part II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BURNHAM INSTITUTE FOR MEDICAL RESEARCH							
10901 N.TORREY PINES RD. LA JOLLA, CA 92037	51-0197108	501(C)(3)	180,000.				RESEARCH
UNIV OF COLO DENVER HEALTH SCIENCES CTR							
P.O. BOX 238 DENVER, CO 80291-0238	85-6000555	501(C)(3)	180,000.				RESEARCH
BAYLOR_COLLEGE_OF_MEDICINE							
1 BAYLOR PLAZA 600D HOUSTON, TX 77030	74-1613878	501(C)(3)	180,000.				RESEARCH
UTMD ANDERSON CANCER CTR							
1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	180,000.				RESEARCH
UNIVERSITY OF PENNSYLVANIA							
3451 WALNUT ST. PHILIDELPHIA, PA 19104	23-1352685	501(C)(3)	120,000.				RESEARCH
UTMD ANDERSON CANCER CTR							
1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501(C)(3)	120,000.				RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER							
985100 NE. MED. CTR. OMAHA, NE 68198-5100	47-0049123	501(C)(3)	180,000.				RESEARCH
NORTHWESTERN_UNIVERSITY							
633 CLARK ST. EVANSTON, IL 60208	36-2167817	501(C)(3)	180,000.				RESEARCH
UNIVERSITY OF LOUISVILLE AT SCHOOL OF MEDIC							
580 S. PRESTON ST. LOUISVILLE, KY 40202	61-1014882	501(C)(3)	180,000.				RESEARCH
UNIV OF NORTH CAROLINA AT CHAPEL HILL							
104 AIRPORT DR STE2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	120,000.				RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS)							
620 UNION DR RM 618 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	5,825,618.				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM							
1530 3RD AVE S. AB990 BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	6,420,821.				RESEARCH
UTMD ANDERSON CANCER CTR							
1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	6,750,000.				RESEARCH
THOMAS JEFFERSON UNIVERSITY							
1020 WALNUT ST. PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	6,676,115.				RESEARCH
JOHNS HOPKINS UNIVERSITY							
3400 N. CHARLED ST. BALTIMORE, MD 21218	52-0595110	501(C)(3)	180,000.				RESEARCH

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

3 Enter total number of other organizations

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Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Name of the organization						Employer identificati	on number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, IN						75-1835298	
Part I Continuation of Grants and	Other Assist	tance to Gover	nments and Organ	nizations in the U.		n 990), Part II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLUMBIA_UNIVERSITY_MEDICAL_CENTER							
630 W. 168TH ST. NEW YORK, NY 10023	13-3948652	501(C)(3)	180,000.				RESEARCH
UNIVERSITY OF MINNESOTA AT TWIN CITIES							
420 DELAWARE ST. SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	180,000.				RESEARCH
UNIVERSITY OF ILLINOIS AT CHAMPAIGN AND URB							
901 WE. ILLINOIS ST. URBANA, IL 61801	37-6006007	501(C)(3)	180,000.				RESEARCH
BAYLOR COLLEGE OF MEDICINE	_						
ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	180,000.				RESEARCH
UNIVERSITY OF MICHIGAN							
3003 S.STATE ST RM3086 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	100,000.				RESEARCH
UNIVERSITY MIAMI SCHOOL OF MEDICINE							
1611 NW 12TH AVE, R-67 MIAMI, FL 33136	59-0624458	501(C)(3)	125,000.				RESEARCH
FRONTIER SCIENCE AND TECHNOLOGY							
DANA FARB. CANCER INST. BOSTON, MA 02115	16-1056814	501(C)(3)	12,500.				RESEARCH
FRONTIER SCIENCE AND TECHNOLOGY							
DANA FARB. CANCER INST. BOSTON, MA 02115	16-1056814	501(C)(3)	12,500.				RESEARCH
LABORATORY OF MOLECULAR PHARMACOLOGY NCI	-						
ARC 10B, NCI BETHESDA, MD 20892	52-0858115	501(C)(3)	25,000.				RESEARCH
INDIANA U (INDIANAPOLIS)	-						
P.O. BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)(3)	1,000,000.				RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER	-						
1100 FAIRVIEW AVE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	1,500,000.				RESEARCH
SOCIETY OF SURGICAL ONCOLOGY	-						
85 W. ALGONQUIN RD. ARLINGTON HTS, IL 60005	13-6161070	501(C)(3)	115,000.				RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS)	4						
620 UNION DR RM 618 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	413,806.				RESEARCH
ASIAN & PACIFIC_ISLANDER	4						
450 SUTTER ST, STE 600 SAN FRAN., CA 94108	94-3030866	501(C)(3)	15,000.				EDUCATION
FRED HUTCHINSON CANCER	-						
1100 FAIRVIEW AVE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	317,967.				EDUCATION

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

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Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)



Department of the Treasury

Internal Revenue Service

Name of the organization

Employer identification number

Name of the organization						Employer identificat	ion number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, IN						75-1835298	
Part I Continuation of Grants and	Other Assis	tance to Gover	nments and Orga	nizations in the U.		m 990), Part II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN JEWISH JOINT							
711 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	35,180.				EDUCATION
BAYLOR_COLLEGE_OF_MEDICE_ICC							
1709 DRYDEN RD HOUSTON, TX 77030	74-1613878	501(C)(3)	250,000.				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH							
615 CHESTNUT ST. FL17 PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	100,000.				EDUCATION
RESEARCH ADVOCACY NETWORK	_						
6505 W PARK BLVD STE 305 PLANO, TX 75093	35-2209499	501(C)(3)	6,000.				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH	4						
615 CHESTNUT ST. FL17 PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	134,500.				EDUCATION
THE MAUTNER PROJECT	4						
1875 CONNECTICUT AVE. WASHINGTON, DC 20009	52-1703915	501(C)(3)	500,000.				EDUCATION
HOPEXCHANGE, INC.	4						
408 N. THIRD AVENUE STAYTON, OR 97383	20-4643206	501(C)(3)	250,000.				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH	4						
615 CHESTNUT ST. FL17 PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	300,000.				EDUCATION
AMERICAN JEWISH JOINT	4						
711 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	43,924.				EDUCATION
SMITH FARM CENTER FOR HEALING & THE ARTS	-						
1632 U STREET NW WASHINGTON, DC 20009	52-1977976	501(C)(3)	700,000.				EDUCATION
AMERICAN ASSOCIATION ON HEALTH AND DISABILI	4						
110 N.WA. ST. STE 340A ROCKVILLE, MD 20850	52-1864887	501(C)(3)	150,000.				EDUCATION
THE MAUTNER PROJECT	-						
1875 CONNECTICUT AVE. WASHINGTON, DC 20009	52-1703915	501(C)(3)	149,040.				EDUCATION
BREAST_CANCER_NETWORK	-						
441-C CARLISLE DR. HERNDON, VA 20170	36-3049954	501(C)(3)	150,000.				EDUCATION
FOOD & FRIENDS	4						
219 RIGGS, NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	150,000.				EDUCATION
PROVIDENCE HEALTH FOUNDATION	4						
1150 VARNUM ST, NE WASHINGTON, DC 20017	52-1275583	501(C)(3)	150,000.				EDUCATION

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations

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Continuation Sheet for Schedule I (Form 990)

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Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Name of the organization						Employer identificati	ion number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, IN						75-1835298	
Part I Continuation of Grants and	Other Assist	tance to Gover	nments and Orga	nizations in the U.		m 990), Part II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ETHIOPIAN_COMMUNITY_DEVELOPMENT_COUNCIL							
901 S. HIGHLAND ST. ARLINGTON, VA 22204	52-1308986	501(C)(3)	150,000.				EDUCATION
SOMALI FAMILY CARE NETWORK							
2724 DORR AVENUE FAIRFAX, VA 22031	54-1993544	501(C)(3)	149,994.				EDUCATION
THE ENERGY INSTITUTE OF THE HEALING ARTS							
12911 WOODMORE ROAD MITCHELLVILLE, MD 20721	52-2335587	501(C)(3)	139,974.				EDUCATION
AFRICAN WOMEN'S CANCER AWARENESS ASSOC	_						
8701 GEORGIA AVENUE SILVER SPRING, MD 20910	73-1704355	501(C)(3)	148,600.				EDUCATION
KOREAN COMMUNITY SVC. CTR. OF GREATER WA							
7700 LITTLE RIVER TPK406 ANNANDALE, VA 22003	52-1005984	501(C)(3)	149,886.				EDUCATION
AMERICAN JEWISH JOINT	_						
711 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	61,724.				EDUCATION
LIFELINE, HUMANITARIAN ORGANIZATION	_						
525 E. 68TH ST, FO53 NEW YORK, NY 10065	20-8695829	501(C)(3)	25,000.				EDUCATION
UNIVERSITY OF FLORIDA	_						
340 WEIL HALL PO116550 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	75,000.				EDUCATION
INOVA HEALTH SYSTEM FOUNDATION	_						
2700 PROSPERITY AVE. FAIRFAX, VA 22031	54-1071867	501(C)(3)	150,000.				EDUCATION
ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES	_						
2 EAST GLEBE ROAD ALEXANDRIA, VA 22305	54-1849891	501(C)(3)	150,000.				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH	_						
615 CHESTNUT ST. FL17 PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	500,000.				EDUCATION
LIVING BEYOND BREAST CANCER	_						
354 W. LANCASTER AV STE207 HAVERFORD, PA19041	23-2734689	501(C)(3)	175,000.				EDUCATION
FACING OUR RISK OF CANCER EMPOWERED	4						
16057 TAMPA PALMS BLVD #373 TAMPA, FL 33647	65-0927702	501(C)(3)	25,000.				EDUCATION
INSTITUTE OF INT'L EDUCATION	4						
530 BUSH ST. STE 1000 SAN FRANC., CA 94180	13-1624046	501(C)(3)	172,908.				EDUCATION
AMERICAN COLLEGE OF RADIOLOGY	4						
1818 MARKET ST. STE1600 PHILADEL., PA 19103	23-7264438	501(C)(3)	47,500.				EDUCATION

Enter total number of Section 501(c)(3) and government organizations 2

Enter total number of other organizations 3

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Continuation Sheet for Schedule I (Form 990)

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Department of the Treasury

Internal Revenue Service

Name of the organization

Employer identification number

Name of the organization						Employer identificat	ion number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, IN						75-1835298	
Part I Continuation of Grants and	Other Assist	tance to Gover	nments and Orga	nizations in the U.		m 990), Part II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NATIONAL CANCER INSTITUTE	_						
31 CENTER DR, MSC 2590 BETHESDA, MD 20892	52-0858115	501(C)(3)	275,856.				EDUCATION
SOCIETY OF SURGICAL ONCOLOGY							
85 W. ALGONQUIN RD ARLINGTON HTS, VA 60005	13-6161070	501(C)(3)	20,000.				EDUCATION
AMERICAN JEWISH JOINT							
711 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	37,500.				EDUCATION
METASTATIC BREAST CANCER NETWORK							
211 E. 18TH ST. NEW YORK CITY, NY 10003	20-5545238	501(C)(3)	17,500.				EDUCATION
MISSISSIPPI_STATE_DEPARTMENT_OF_HEALTH							
570 E. WOODROW WILSON JACKSON, MS 39215-1700	64-6000775	501(C)(3)	250,000.				SCREENI NG
PREVENT CANCER FOUNDATION							
1600 DUKE STREET ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	150,000.				SCREENI NG
AFRICAN WELLNESS CENTER							
186903 NATHANS PLACE MONTGOM. VLG, MD 20886	51-0622960	501(C)(3)	150,000.				SCREENI NG
LA CLINICA DEL PUEBLO							
2138 15TH STREET NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	150,000.				SCREENI NG
MUSLIM_COMMUNITY_CENTER_MEDICAL_CLINIC							
15200 NEWHAMPSHIRE AV.SILVER SPRG, MD 20905	52-1072792	501(C)(3)	149,940.				SCREENI NG
THE RED DEVILS							
5820 YORK RD, STE 205 BALTIMORE, MD 21212	74-3070929	501(C)(3)	150,000.				TREATMENT
CANCER_CARE_INC							
275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	435,000.				TREATMENT
PATIENT ADVOCATE FOUNDATION							
700 THIMBLESHOALS BLVD, NEWPORTNEWS, VA 23606	54-1806317	501(C)(3)	333, 334.				TREATMENT
SOCIETY OF SURGICAL ONCOLOGY							
85 W. ALGONQUIN RD. ARLINGTON HTS, IL 60005	13-6161070	501(C)(3)	115,000.				RESEARCH
SUSAN G. KOMEN ADVOCACY ALLIANCE							
5005 LBJ FRWY, STE 250 DALLAS, TX 75244	26-0850638	501(C)(4)	4,400,000.				EDUCATION
LOS_ANGELES_COUNTY_AFFILIATE_OF_SGK_FOR_THE							
11845 W.OLYMPIC BLVD.STE645W L.A., CA 90064	95-4582064	501(C)(3)	845,057.				EDUCATION

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

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Continuation Sheet for Schedule I (Form 990)

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Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, IN	NC.					75-1835298				
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (a) Name and address of organization (b) EIN (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (book EMV anoraisal (g) Description of (h) Purpose of grant										
			-		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
CHICAGOLAND AREA AFFILIATE OF SGK FOR THE C 8765 HIGGINS RD. STE 401 CHICAGO, IL 60631		501(C)(3)	577,400.				EDUCATION			
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2 Enter total number of Section 501(c)(3) and government organizations
 3 Enter total number of other organizations

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chedule I-1 (Form 990) 2008 Part III Continuation of Grants and O)ther Assistance to Inc	75-1835298 r Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)							
(a) Type of grant or assistance	(b) Number of recipents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
					Schedule I-1 (Form 990) 20				

Form 990) For contain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Attach to Form 990, To the completed by organizations that answered **es' to Form 990, Pert VI, the 23. Control of all of the expenses described approximate or residence for personal residence Payments for business use of personal residence Payments for business Witten employment contract Witten employment contract Compensation committee Writen enginyment for the residence for the apyment person is stabilish the compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Payment fore, accelute any only less 4a-c, list the persons a	SCHI	EDULE J	Compensation Information		OMB No.	1545-0	047
Compensated Employee Open to Public inspection Description Attach form 390. Part IV. Ine 23. Description Manae of the arganization Employer identification number 75-18.352.98 SISEAN G. KOMEN BREAST CANCER FOUNDATION, INC. 75-18.352.98 76.18.352.98 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 390. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes Yes 2 First-class or charter travel Yes information Yes, information Yes Yes 3 Indicate which, if any, of the following account Personal services (e.g., maid, chauffeur, chef) 1b X 3 Indicate which, if any, of the following the organization provide apply. Writte employment contract X X 2 During the year, did any person listed in Form 390. Part VII, Section A, line 1a: Yes Yes Xe 3 Indicate which, if any, of the following the organization survey or study Xerperved precent contract Yes Yes 3 Indicate which, if any of the following the organization survey or study Xerperved precent contract Yes Yes 4 During the year, did any person listed in Form 390. Part VII, Sec			•		୬ଜ	ng	2
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Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 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? b Any related organization? b 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? compensation contingent on the net earnings of:	С				. <u>4</u> c		Х
 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? c a The organization? b Any related organization? c b Any related organization? c c a The organization? c b Any related organization? c c a The organization? c b Any related organization? c c a the organization? c a The organization? c a The organization? c b Any related organization? c a The organization? d a The organization?<		If "Yes" to an	y of lines 4a-c, list the persons and provide the applicable amounts for each item	in Part III.			
 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? c a The organization? b Any related organization? c b Any related organization? c c a The organization? c b Any related organization? c c a The organization? c b Any related organization? c c a the organization? c a The organization? c a The organization? c b Any related organization? c a The organization? d a The organization?<							
compensation contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 5b 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: 6a a The organization? 6a b Any related organization? 6b compensition contingent on the net earnings of: 6b a The organization? 6b b Any related organization? 6b f "Yes" to line 6a or 6b, describe in Part III. 7 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.	_	• • • •					
a The organization? 5a x b Any related organization? 5b x If "Yes" to line 5a or 5b, describe in Part III. 5b x 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: 6a x a The organization? 6a x b Any related organization? 6b x If "Yes" to line 6a or 6b, describe in Part III. 6b x 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 x	5	-		any			
b Any related organization? 5b × If "Yes" to line 5a or 5b, describe in Part III. 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 Image: Compensition Contingent on the net earnings of: Image: Compensition Contingent on the net earnings on the net earnin	_		-		_		
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	a	i ne organizat					
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: 6a × a The organization? 6a × b Any related organization? 6b × If "Yes" to line 6a or 6b, describe in Part III. 6b × 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 × 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 ×	a	Any related o	rganization?		50		X
compensation contingent on the net earnings of: Image: Compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	c			0.DV			
a The organization? 6a x b Any related organization? 6b x lf "Yes" to line 6a or 6b, describe in Part III. 6b x 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 x 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 x	ø			any			
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	-				0-		
If "Yes" to line 6a or 6b, describe in Part III. Image: Constraint of the second s		Any related a	1011: ragnization?		<u>ba</u>		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 X	D	If "Voo" to line	a 6a or 6b. decoribe in Part III				X
payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	7			on fixed			
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	'				7		
subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 X	Q				•• '		X
in Part III	0						
					l g		v
	Ear P						

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

Schedule J (Form 990) 2008

75-1835298

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	axable (E) Total of columns (F) Compensation fits (B)(i)-(D) reported in prior			
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ		
	(i)									
<u>SEE SCHEDULE J-1</u>	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(i)									
	(ii)									
	(i)									
	(ii)									

Schedule J (Form 990) 2008

Page **2**

Schedule J (Form 990) 2008 75-1835298 Page 3 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 <u>SCHEDULE J, PART I, LINE 1A</u> 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_THESE_INDIVIDUALS_WILL_UTILIZE_DISCOUNTED FIRST CLASS AND UPGRADES TO MINIMIZE COST. IN GENERAL, HOUSING ALLOWANCES ARE NOT PROVIDED TO EMPLOYEES. AS AN EXCEPTION, THE VICE PRESIDENT OF HUMAN RESOURCES RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF \$19,456.48. SCHEDULE_J, PART_I, LINE_4A_____ SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING OFFICERS DURING CALENDAR YEAR 2008: PETER WILLIAMS AND TIMOTHY DOKE.

Schedule J (Form 990) 2008

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. _SCHEDULE_J__PART_J-1, COLUMN (II)_BONUS_& INCENTIVE_COMPENSATION THE BONUS AMOUNTS REPORTED IN PART J-1, COLUMN (II) RELATED TO FYE 3/31/08. THESE BONUSES WERE PAID IN JULY OF 2008. SCHEDULE_J, PART_J-2_____ MARTINA HONE 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.

Department of the Treasury				n 990 to list additional	information			⊘UUO Open to Public
Internal Revenue Service Name of the organization			re	garding compensation.			Employer identificati	Inspection
C C	NOD							
SUSAN G. KOMEN BREAST CA				and Highest Comr	pensated Employe	s (Schedule J. P	75-18352	.98
	13, D		of W-2 and/or 1099-MIS			•	,	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	406,691.	125,212.	20.	10,205.	16,478.	<u>558,607.</u>	NONE
HALA G. MODDELMOG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	265,890.	66 , 625.	20.	8 , 970.	13,137.	354,642.	NONE
KIMBERLY A SIMPSON EARLE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	134,903.	<u> </u>	NONE	7,850.	<u> </u>	<u> </u>	NONE
EMILY ANN CALLAHAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	155,854.	30,000.	20.	11,098.	9,450.	206,422.	NONE
DIANA ROWDEN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	153,826.	<u>30,750.</u>	20.	<u>10,441.</u>	12,711.	207,748.	NONE
KATRINA D MCGHEE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	184,432.	21 , 583.	NONE	<u>3,083.</u>	16,208.	225,306.	NONE
JUSTIN H. RICKETTS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	154,437.	23,063.	9 , 348.	10 <u>,665.</u>		206,759.	NONE
SUSAN CARTER JOHNS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	162,925.	<u>19,042.</u>	40.	4 <u>,377.</u>	15,855.	202,239.	NONE
JONATHAN BLUM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	162,799.	<u>36,285.</u>	NONE	NONE	NONE	199,083.	NONE
ERIC WINER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	135,383.	<u>11,156.</u>	NONE	2 <u>, 352.</u>	10,064.	158,955.	NONE
SAMUEL CHENG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	138,524.	7 <u>,175.</u>	10.	NONE	15,686.	<u> </u>	NONE
DAVID A. DAWSON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	124,921.	<u> </u>	NONE	8,919.	12,819.	<u> </u>	NONE
KAY E. ROHLMAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	196,004.	<u> </u>	182,849.	NONE	14,921.	433,174.	NONE
PETER F. WILLIAMS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	220,168.	40,000.	125,020.	NONE	12,359.	<u> </u>	NONE
TIMOTHY J. DOKE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	183,067.	43,242.	NONE	NONE	12,359.	238,668.	NONE
KEVIN SPEIRITS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	166,595.	33,600.	NONE	<u>11,431.</u>	8,744.	220,370.	NONE
DIANE L. BALMA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Continuation Sheet for Schedule J (Form 990)

SCHEDULE J-1 (Form 990)



SCHEDULE J-1									OMB No. 1545-0047			
(Form 990)			Cont	Continuation Sheet for Schedule J (Form 990)								
Department of the Treasur Internal Revenue Service	у				n 990 to list additiona garding compensation				Open to Public Inspection			
Name of the organization	•							Employer identific				
SUSAN G. KOMEN	N BREAST C.	ANCE	R FOUNDATION,	INC.				75-1835	5298			
Part I Continua	ation of Office	ers, D	irectors, Trustees			pensated Employ	ees (Schedule J, Pa	art II)				
				of W-2 and/or 1099-MISC (ii) Bonus & incentive		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior			
(A) 1	Name		(i) Base compensation	compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	Form 990 or Form 990-EZ			
		(i)	145,639.	<u>18,750.</u>	20.	4 <u>,981.</u>	14,463.	<u> </u>	NONE			
CYNTHIA A. GEO	OGHEGAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONI	e none			
		(i)										
		(ii)										
		(i) (ii)										
		(i)										
		(ii)										
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		(ii) (i)										
		(ii)			+							
		(i)										
		(ii)										

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

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

ion A, line 1a. Open to Public Inspection

Name of the Organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I Employees (A) (C) (F) (B) (D) (E) Name and Title Average hours Position (check all that apply) Reportable Reportable Estimated compensation per week compensation amount of Officer Former Individual trustee or director Highest compensate Institutional trustee Key employee employee from from related other compensation the organizations organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations

KIMBERLY A SIMPSON EARLE CHIEF OPERATING OFFICER55.X3EMILY ANN CALLAHAN VP, MARKETING55.X1DIANA ROWDEN VP, HEALTH SCIENCES55.X1	NONE NONE NONE NONE NONE NONE NONE NONE	NONE NONE NONE NONE NONE	NONE NONE NONE NONE NONE NONE
CHAIRMAN OF THE BOARD1.XCONNIE_O'NEILL	NONE NONE NONE NONE NONE	NONE NONE NONE NONE	NONE NONE NONE NONE NONE
BOARDMEMBER1.XNORMAN_BRINKERBOARDMEMBERLINDA_CUSTARDBOARDMEMBER.AI MEE_DICICCOBOARDMEMBER.AI MEE_DICICCOBOARDMEMBER.CHERYL_JERNIGAN.BOARDBOARDBOARDBOARDBOARD MEMBERCLIFTON_LEAFBOARDBOARD MEMBERBOARD MEMBER <t< td=""><td>NONE NONE NONE NONE</td><td>NONE NONE NONE</td><td>NONE NONE NONE NONE</td></t<>	NONE NONE NONE NONE	NONE NONE NONE	NONE NONE NONE NONE
NORMAN_BRINKERBOARD MEMBER1.XLINDA_CUSTARDBOARD MEMBERBOARD MEMBER1.XAIMEE_DICICCOBOARD MEMBER1.XCHERYL_JERNIGANBOARD MEMBER1.CLIFTON_LEAFBOARD MEMBER1.XCLIFTON_LEAFBOARD MEMBER1.XROBERT_TAYLORBOARD MEMBER1.XROBERT_TAYLORBOARD MEMBER1.XROBERT_TAYLORBOARD MEMBER1.XYBOARD MEMBER1.XYBOARD MEMBER1.XYBOARD MEMBER1.YYMALA G. MODDELMOGPRESIDENT AND CEO55.X1VP, MARKETING55.YP, MARKETING55.YP, HEALTH SCIENCES55.YP, GLOBAL PARTNERSHIPS55.YP, GLOBAL PARTNERSHIPS55.X1	NONE NONE NONE NONE	NONE NONE NONE	NONE NONE NONE NONE
BOARD MEMBER1.XImage: Second	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE
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BOARD MEMBER1.XIAIMEE_DICICCOBOARD MEMBERIXBOARD MEMBER1.XIBOARD MEMBER1.XIHALAGMODDELMOG55.X1PRESIDENT AND CALLAHANVP, MARKETING55.XIVP, MARKETING55.XIIVP, HEALTH SCIENCES55.XIVP, GLOBAL PARTNERSHIPS55.XI	NONE NONE NONE	NONE	<u>NONE</u> NONE
BOARD MEMBER1.XCHERYL JERNIGANI.XBOARD MEMBER1.XCLIFTON LEAFI.BOARD MEMBER1.BOARD MEMBER1.ROBERT TAYLORBOARD MEMBERBOARD MEMBER1.BOARD MEMBER1.BOARD MEMBER1.BOARD MEMBER1.BOARD MEMBER1.BOARD MEMBER1.BOARD MEMBER1.WALA G. MODDELMOGS5.PRESIDENT AND CEOS5.KIMBERLY A SIMPSON EARLECHIEF OPERATING OFFICERCHIEF OPERATING OFFICER55.X1DI ANA ROWDENYP, MARKETINGVP, HEALTH SCIENCES55.XATRINA D MCGHEEYP, GLOBAL PARTNERSHIPSVP, GLOBAL PARTNERSHIPS55.X1	NONE	NONE	NONE
CHERYL JERNIGANBOARD MEMBER1.CLIFTON LEAFBOARD MEMBERBOARD MEMBERBOARD MEMBERBOARD MEMBERBOARD MEMBERBOARD MEMBERBOARD MEMBERBOARD MEMBERBOARD MEMBERBOARD MEMBERI.XBRENDA LAUDERBACKBOARD MEMBERI.XPRESIDENT AND CEOSTAND CALLAHANVP, MARKETINGVP, MARKETINGVP, HEALTH SCIENCESS5.XVP, GLOBAL PARTNERSHIPSS5.X1	NONE	NONE	NONE
BOARD MEMBER1.XCLIFTON_LEAFI.XBOARD MEMBER1.XBOARD MEMBER1.XBOARD MEMBER1.XBOARD MEMBER1.XBRENDA_LAUDERBACKBOARD MEMBER1.BOARD MEMBER1.XHALA GMODDELMOG55.XPRESIDENT AND CEO55.XCHIEF OPERATING OFFICER55.XEMILY_ANN_CALLAHANVP, MARKETING55.VP, HEALTH SCIENCES55.XVP, GLOBAL PARTNERSHIPS55.X	NONE		
BOARD MEMBER1.XCLIFTON_LEAFI.XBOARD MEMBER1.XBOARD MEMBER1.XBOARD MEMBER1.XBOARD MEMBER1.XBRENDA_LAUDERBACKBOARD MEMBERI.BOARD MEMBER1.XHALA GMODDELMOG55.XPRESIDENT AND CEO55.XCHIEF OPERATING OFFICER55.XEMILY_ANN_CALLAHANVP, MARKETING55.VP, HEALTH SCIENCES55.XVP, GLOBAL PARTNERSHIPS55.X	NONE		
BOARD MEMBER1.XROBERT_TAYLOR1.XBOARD MEMBER1.XBRENDA_LAUDERBACK1.XBOARD MEMBER1.XHALA G. MODDELMOG55.XPRESIDENT AND CEO55.XKIMBERLY_A_SIMPSON_EARLE4CHIEF OPERATING OFFICER55.XEMILY_ANN_CALLAHAN4VP, MARKETING55.XVP, HEALTH SCIENCES55.XVP, GLOBAL PARTNERSHIPS55.X		NONE	NONE
ROBERT_TAYLOR1.XBOARD MEMBER1.XBRENDA_LAUDERBACK1.XBOARD MEMBER1.XHALA_GMODDELMOG1.XPRESIDENT AND CEO55.XKIMBERLY_A_SIMPSON_EARLE55.XCHIEF OPERATING OFFICER55.XEMILY_ANN_CALLAHAN55.XVP, MARKETING55.XUI ANA_ROWDEN55.XVP, HEALTH SCIENCES55.XVP, GLOBAL PARTNERSHIPS55.X		NONE	NONE
BOARD MEMBER1.XImage: Constraint of the state of the	NONE		1.01.0
BOARD MEMBER1.XImage: Constraint of the state of the	NONE		
BOARDMEMBER1.XHALA_GMODDELMOGPRESIDENT AND CEO55.XPRESIDENT AND CEO55.X5KIMBERLY_A_SIMPSON_EARLECHIEF OPERATING OFFICER55.XCHIEF OPERATING OFFICER55.X3EMILY_ANN_CALLAHANVP, MARKETING55.X1VP, MARKETING55.X1DIANA_ROWDENVP, HEALTH SCIENCES55.X1VP, GLOBAL PARTNERSHIPS55.X1		NONE	NONE
HALA_GMODDELMOG_ PRESIDENT AND CEO55.X5KIMBERLY_A_SIMPSON_EARLE_ CHIEF OPERATING OFFICER55.X3EMILY_ANN_CALLAHAN_ VP, MARKETING55.X1DIANA_ROWDEN VP, HEALTH SCIENCES55.X1VP, GLOBAL PARTNERSHIPS55.X1			
PRESIDENT AND CEO55.X5KIMBERLY_A_SIMPSON_EARLE	NONE	NONE	NONE
KIMBERLY A SIMPSON EARLE CHIEF OPERATING OFFICER55.X3EMILY ANN CALLAHAN VP, MARKETING55.X1DIANA ROWDEN VP, HEALTH SCIENCES55.X1KATRINA_D_MCGHEE VP, GLOBAL PARTNERSHIPS55.X1			
CHIEF OPERATING OFFICER55.X3EMILY_ANN_CALLAHANVP, MARKETING55.X1VP, MARKETING55.X1DIANA_ROWDENVP, HEALTH SCIENCES55.X1VP, HEALTH SCIENCES55.X1KATRINA_D_MCGHEEVP, GLOBAL PARTNERSHIPS55.X1	31,924.	NONE	26,683.
EMILY_ANN_CALLAHAN55.X1VP, MARKETING55.X1DIANA_ROWDEN55.X1VP, HEALTH SCIENCES55.X1KATRINA_D_MCGHEE55.X1VP, GLOBAL PARTNERSHIPS55.X1			
VP, MARKETING55.X1DIANA_ROWDEN	32,535.	NONE	22,107.
DI ANA_ROWDENVP, HEALTH SCIENCES55.X1KATRI NA_D_MCGHEEVP, GLOBAL PARTNERSHIPS55.X1			
VP, HEALTH SCIENCES55.X1KATRINA_D_MCGHEE	54,891.	NONE	16,889.
KATRINA_D_MCGHEE 55. X 1			
VP, GLOBAL PARTNERSHIPS55.X1	85,874.	NONE	20,548.
JUSTIN H. RICKETTS	84,596.	NONE	23,152.
VP, INFORMATION TECHNOLOGY 55. X 2	06,015.	NONE	19,291.
SUSAN CARTER JOHNS			
VP, CHIEF OF STAFF 55. X 1	86,847.	NONE	19,912.
WENDELINE JONGENBURGER			
VP, AFFILIATE RELATIONS 55. X 1	11,300.	NONE	5,325.
ANNETTA M. HEWKO			
VP, GLOBAL STRATEGY AND PROGRA 55. X	98,878.	NONE	449.
PETER F. WILLIAMS			
<u>VP (4/1/08 - 11/08)</u> 55. X 4	18,253.	NONE	14,921.
TIMOTHY_JDOKE			
<u>CMO (4/1/08 - 9/08)</u> 55. X 3	85,188.	NONE	12,359.
KEVIN SPEIRITS			
<u>CFO (4/1/08 - 9/08)</u> 55. X 2	1	NONE	12,359.
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\mbox{\scriptsize JSA}}$	26,309.	Schedule J-2 (F	⁻ orm 990) 2008

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Continuation Sheet for Form 990

OMB No. 1545-0047

80

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

20

Name of the Organization

	SUSAN	G.	KOMEN	BREAST	CANCER	FOUNDATION,	INC.	
--	-------	----	-------	--------	--------	-------------	------	--

Employer Identification number

Employees (A)	(B) (C) (D)						(E)	(F)		
Name and Title	Average hours	Position (check all that apply)					ply)	Reportable	Reportable	Estimated
	per ⁻ week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DIANE_LBALMA										
VP (4/1/08 - 11/08)	55.			X				200,195.	NONE	20,175.
GAIL MARCUS										
CFO (10/08 - 1/09)	55.			Х				63,623.	NONE	3,295.
MARTINA HONE										
VP, PUBLIC POLICY (11/08-3/09)	5.			X				NONE	NONE	NONE
GARY_DICOVITSKY										
VP, DEVELOPMENT (10/08 - 3/09)	55.			X				95,291.	NONE	2,746.
ERIC WINER										,
CHIEF SCIENTIFIC ADVISOR	20.				X			199,083.	NONE	NONE
JONATHAN BLUM										
ASSOCIATE GENERAL COUNSEL	55.					X		182,007.	NONE	20,232.
SAMUEL_CHENG								101,000,0		
CONTROLLER	55.					x		146,539.	NONE	12,416.
DAVID A. DAWSON								110,000.		
SOLUTION DELIVERY DIRECTOR	55.					x		145,709.	NONE	15,686.
KAY_EROHLMAN								110,703.	HOILE	10,000.
HUMAN RESOURCES DIRECTOR	55.					x		144,005.	NONE	21,738.
CYNTHIA_A. GEOGHEGAN								111,000.	HOILE	21,700.
SENIOR ADVISOR (4/08 - 11/08)	55.					x		164,409.	NONE	19,444.
								101/1031	HOILE	

SCHE	DUL	.E	L	
(Form	990	or	aan	-F7

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

 Attach to Form 990 or Form 990-EZ.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

2008 Open To Public Inspection

OMB No. 1545-0047

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75	1025200

SUSAN G. KOMEN BREAST CANCER	FOUNI	DATIO	N, INC.		75-	1835	5298			
Part I Excess Benefit Transacations								Dent) (line	404
To be completed by organizations	inat ar	iswered				51111 93	90-EZ	, Part	V , III IE (C) Cor	
1 (a) Name of disqualified person			(b) Description of transac	tion				Yes	No
Part II Loans to and/or From Intere To be completed by organization				Part IV, line 26, or Fo	orm 990-	-EZ, F	Part V,	line 3	8a.	
(a) Name of interested person and purpose		to or from inization?	(c) Original principal amount	(d) Balance due	(e) In (default?	(f) Ap by bo comm	ard or	(g) W agreer	
	То	From			Yes	No	Yes	No	Yes	No

Total

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

▶\$

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi rever	zation's
				Yes	No
PETER WILLIAMS	VP, PROVIDE CONSULTING SV	23,916.	HUMAN RESOURCES CONSULTING		Х

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

Schedule L (Form 990 or 990-EZ) 2008

Department of the Treasury Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047 2 8 Open To Public

Inspection

Employer identification number

75-1835298

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Par	t Types of Property				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	Х	7	25,506.	COST OR SELLING PRIC
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	Х	1	165,000.	COST OR SELLING PRIC
20	Drugs and medical supplies				
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	v the organiz	zation during the tax year f	or contributions for	
	which the organization completed F				29 NONE
		,			Yes No
30 a	During the year, did the organization	tion receive	by contribution any prop	erty reported in Part I, lir	le 1-28 that
	it must hold for at least three year				
	used for exempt purposes for the en				-
b	If "Yes," describe the arrangement i				
	contributions?				
32 a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash				
	contributions?				
b	b If "Yes," describe in Part II.				
33					
	describe in Part II.				,
For F	Privacy Act and Paperwork Reduction A	Act Notice, se	e the Instructions for Form 99	0.	Schedule M (Form 990) 2008

Schedule M (F	Form 990) 2008		75-1835	5298	Page 2
Part II	Supplemental Information. 32b, and 33. Also complete	Complete this part to this part to this part for any addition	provide the informatio onal information.	n required by Part I, line	s 30b,

Schedule O (Form 990) 2008		Page 2
Name of the organization	Employer identification number	
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298	
PROGRAM_SERVICE_ACCOMPLISHMENTS		
FORM 990, PART III		
SUSAN G. KOMEN FOR THE CURE®		
THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, DBA SUSAN G. KOMEN F	OR_THE	
CURE®, WAS FOUNDED ON A PROMISE MADE BETWEEN TWO SISTERS - NANCY	GOODMAN	
BRINKER AND HER DYING SISTER, SUSAN GOODMAN KOMEN. SUZY WAS DIAGN	OSED	
WITH BREAST CANCER IN 1978 AT A TIME WHEN LITTLE WAS KNOWN ABOUT	<u>THE</u>	
DISEASE AND IT WAS RARELY DISCUSSED IN PUBLIC. BEFORE SHE DIED AT	THE AGE	
_OF_36, SUZY_ASKED_HER_SISTER_TO_DO_EVERYTHING_POSSIBLE_TO_BRING_A	N_END_TO	
_BREAST_CANCER. NANCY_KEPT_HER_PROMISE_BY_ESTABLISHING_SUSAN_G. KO	MEN_FOR	
_THE_CURE_IN_1982		
TODAY, KOMEN FOR THE CURE IS THE WORLD'S LARGEST GRASSROOTS NETWO	RK_OF	
BREAST_CANCER_SURVIVORS_AND_ACTIVISTS_FIGHTING_TO_SAVE_LIVES, EMP	OWER	
_PEOPLE, ENSURE QUALITY CARE FOR ALL AND ENERGIZE SCIENCE TO FIND	THE	
CURES. THANKS TO EVENTS LIKE THE KOMEN RACE FOR THE CURE, WE HAVE		
INVESTED ALMOST \$1.5 BILLION TO FULFILL OUR PROMISE, BECOMING THE	LARGEST	
SOURCE OF NONPROFIT FUNDS DEDICATED TO THE FIGHT AGAINST BREAST C	ANCER_IN	
_THE_WORLD.		
OUR RACE FOR THE CURE® SERIES		
AS THE ORGANIZATION'S SIGNATURE EVENT, THE SUSAN G. KOMEN RACE FO	R_THE	
CURE® SERIES INVOLVES MORE THAN 1.5 MILLION PEOPLE EACH YEAR AND	CONVEYS	
THE LIFE-SAVING MESSAGE THAT AWARENESS AND EARLY DETECTION SAVES	LIVES.	
EARLY DETECTION REMAINS OUR STRONGEST DEFENSE AGAINST THIS DISEAS	E_AND	

Schedule O (Form 990) 2008 Name of the organization	Page 2	
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298	
TODAY, THE FIVE-YEAR SURVIVAL RATE IS 98 PERCENT WHEN BREAST CANCER IS		
DISCOVERED WHILE STILL CONFINED TO THE BREAST, COMPARED WITH 74 P	ERCENT	
_WHEN_WE_BEGAN_OUR_WORKIN_ORDER_TO_INCREASE_BREAST_CANCER_SURVI	VAL AND	
ENHANCE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH BREAST CANCER,	<u>THE</u>	
ORGANIZATION EMPLOYS THE RACE SERIES TO EDUCATE INDIVIDUALS ABOUT		
IMPORTANCE OF A POSITIVE BREAST HEALTH PROGRAM IN DETECTING BREAS	T_CANCER	
IN ITS EARLIEST, MOST TREATABLE STAGES.		
UP TO 75 PERCENT OF THE NET MONIES RAISED BY MORE THAN 120 U.S. K	COMEN	
AFFILIATES, THROUGH EVENTS LIKE THE RACE SERIES, REMAIN IN THE LC	DCAL	
COMMUNITY TO FUND COMMUNITY OUTREACH PROGRAMS THAT ADDRESS THE SP	PECIFIC	
UNMET BREAST HEALTH NEEDS OF THE INDIVIDUALS LIVING THERE. IN ORD	DER_TO	
_ENSURE_THEIR_FUNDS_ARE_MAKING_THE_GREATEST_IMPACT, KOMEN_AFFILIATES_WORK		
WITH LOCAL MEDICAL EXPERTS AND COMMUNITY LEADERS TO CONDUCT COMPREHENSIVE		
COMMUNITY NEEDS ASSESSMENTS. THESE COMMUNITY PROFILES ARE THEN USED TO		
GUIDE LOCAL GRANT FUNDING TO MEET THE IDENTIFIED GAPS IN CARE, AW	IARENESS	
AND SUPPORT PROGRAMS. REMAINING NET MONIES (A MINIMUM OF 25 PERCE	ENT)_FROM	
KOMEN AFFILIATE EVENTS LIKE THE RACE SERIES HELP SUPPORT THE KOME	N AWARD	
AND RESEARCH GRANT PROGRAM CONDUCTED BY THE KOMEN PARENT ORGANIZATION,		
WHICH PROVIDES FUNDING FOR INNOVATIVE BREAST CANCER RESEARCH AND	A	
VARIETY OF MERITORIOUS AWARDS.		
IN_SUPPORT_OF_LIFE_SAVING_RESEARCH_AND_CLINICAL_INVESTIGATIONS		
_SINCE_1983, KOMEN_FOR_THE_CURE_HAS_INVESTED_NEARLY_\$1.5_BILLION_I	N_CANCER	
RESEARCH AND COMMUNITY HEALTH PROGRAMS, PLEDGING ANOTHER \$1 BILLION		
_DURING_THE_NEXT_DECADE		

JSA

Schedule O (Form 990) 2008	Page 2	
Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298	
	, , , , , , , , , , , , , , , , , , , ,	
THE KOMEN FOR THE CURE GRANTS PROGRAM AND PORTFOLIO OF REQUESTS F	<u>OR</u>	
APPLICATIONS (RFA) CONTINUES KOMEN'S STRATEGIC FOCUS ON SPEEDING	THE	
TRANSLATION OF RESEARCH DISCOVERIES TO REDUCE BREAST CANCER INCID	ENCE_AND	
MORTALITY WITHIN THE NEXT DECADE AND BRING INCREASED EMPHASIS ON	FINDING	
_SOLUTIONS_FOR_DISPARITIES_IN_BREAST_CANCER_ACROSS_POPULATIONS.		
_PROGRAM_SERVICE_ACCOMPLISHMENT_ARESEARCH_GRANTS_FUNDING_OPPORTU	NITIES:	
_PROMISE_GRANTS (PG) - PROMISE_GRANTS_PROVIDE_UP_TO \$1.5M PER_YEAR	FOR A	
THREE TO FIVE YEAR PERIOD TO SUPPORT INTEGRATED PROGRAMS OF COLLA	BORATIVE	
_AND_CROSS-DISCIPLINARY_RESEARCH_PROJECTS_LEADING_TO_THE_AGGRESSIV	E	
TRANSLATION OF SCIENTIFIC DISCOVERIES INTO CLINICAL TOOLS AND		
APPLICATIONS THAT HAVE THE GREATEST POTENTIAL TO SIGNIFICANTLY RE	DUCE	
BREAST CANCER INCIDENCE AND/OR MORTALITY WITHIN THE NEXT DECADE.		
INTEGRATED PROGRAMS ADDRESSING POPULATION DISPARITIES IN BREAST C	ANCER	
OUTCOMES AND TRIPLE NEGATIVE BREAST CANCER ARE OF SPECIAL INTERES	TAND	
MAY_RECEIVE_FUNDING_PRIORITY.		
INVESTIGATOR-INITIATED_RESEARCH (IIR) - IIR_GRANTS_PROVIDE_UP_TO_	\$600,000	
OVER THREE YEARS TO STIMULATE EXPLORATION OF NEW IDEAS AND NOVEL		
APPROACHES IN BREAST CANCER RESEARCH AND CLINICAL PRACTICE THAT WILL LEAD		
TO REDUCTIONS IN BREAST CANCER INCIDENCE AND MORTALITY WITHIN THE NEXT		
DECADE. SPECIAL EMPHASIS WILL BE GIVEN TO STUDIES SEEKING TO UNDERSTAND		
THE BASIS FOR DIFFERENCE IN BREAST CANCER OUTCOMES AND TRANSLATIN	<u>IG</u>	
_RESEARCH_DISCOVERIES_INTO_CLINICAL_AND_PUBLIC_HEALTH_PRACTICE_TO_		
_ELIMINATE_BREAST_CANCER_DISPARITIES		

Schedule O (Form 990) 2008 Name of the organization	Page 2 Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
CAREER CATALYST RESEARCH (CCR) GRANTS - CCR GRANTS PROVIDE UNIQU	JE
OPPORTUNITIES FOR SCIENTISTS IN THE EARLY STAGES OF THEIR CAREER	<u>R_TO</u>
ACHIEVE RESEARCH INDEPENDENCE WITH AN INDEPENDENT AWARD OF UP TO	<u>2 \$450,000</u>
OVER THREE YEARS. CCR INVESTIGATORS LEAD A RESEARCH PROJECT ADDR	RESSING AN
_IMPORTANT_QUESTION_IN_BREAST_CANCER_RESEARCH_AND_COMPLETE_A_SELE	E-DEFINED
CAREER DEVELOPMENT PLAN WITH SUPPORT FROM A MENTOR COMMITTEE.	
_CAREER_CATALYST_IN_DISPARITIES_RESEARCH - CC-DR_GRANTS_SEEK_TO_E	TOSTER
INDEPENDENT CAREERS IN RESEARCH EXPLORING THE BASIS FOR DIFFEREN	
BREAST CANCER OUTCOMES AND THE TRANSLATION OF THIS RESEARCH INTO	O_CLINICAL
AND PUBLIC HEALTH PRACTICE INTERVENTIONS, PARTICULARLY AMONG JUN	NIOR
_SCIENTISTS_FROM_POPULATIONS_AFFECTED_BY_BREAST_CANCER_DISPARITIE	ES
_POST-BACCALAUREATE_FELLOWSHIP_IN_DISPARITIES_RESEARCH (PBF-DR) -	PBF-DR
_GRANTS_SEEK_TO_ATTRACT_INDIVIDUALS_FROM_POPULATIONS_AFFECTED_BY	
DISPARITIES IN BREAST CANCER OUTCOMES INTO CAREERS SEEKING TO UN	NDERSTAND
AND ELIMINATE THESE DISPARITIES; PROVIDE THE TOOLS AND ENVIRONME	ENT IN
WHICH STUDENTS VERY EARLY IN THEIR CAREER CAN BEGIN TO DEFINE ME	EANINGFUL
CAREER PATHS FOCUSED ON ADDRESSING DISPARITIES IN BREAST CANCER;	AND
_EMPOWER_THESE_STUDENTS_WITH_THE_ANALYTIC, RESEARCH, SCIENTIFIC,	CLINICAL,
AND PUBLIC HEALTH SKILLS CRITICAL TO EFFECTIVELY EXPLORING THE F	
DIFFERENCES IN BREAST CANCER OUTCOMES AND TRANSLATING RESEARCH	
DISCOVERIES INTO CLINICAL AND PUBLIC HEALTH PRACTICE TO ELIMINAT	<u> </u>
DISPARITIES IN BREAST CANCER OUTCOMES.	
_POSTDOCTORAL_FELLOWSHIPS (PDF) - POSTDOCTORAL_FELLOWSHIPS_SEEK_7	TO_ATTRACT

JSA

Schedule O (Form 990) 2008	Page 2	
	Employer identification number	
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298	
_PRE-FACULTY_SCIENTISTS_INTO_BREAST_CANCER_BY_PROVIDING_UP_TO_\$60,	000	
ANNUALLY OVER THREE YEARS. FELLOWS DEVELOP SKILLS AND EXPERTISE I	N_ONE_OF	
TWO RESEARCH TRACKS, BASIC AND TRANSLATIONAL RESEARCH LEADING TO		
_REDUCTIONS_IN_BREAST_CANCER_INCIDENCE_AND/OR_MORTALITY.		
EXAMPLES_OF_RESEARCH_CURRENTLY_BEING_FUNDED_BY_KOMEN:		
A_CANCER_STEM_CELL_STUDY_THAT_COULD_LEAD_TO_AN_UNDERSTANDING_O	F_HOW_TO	
IDENTIFY, TRACK AND KILL RESIDUAL TUMOR CELLS, AND THEREBY ELIMIN		
GREATLY REDUCE CANCER RECURRENCE.		
- IDENTIFICATION OF NEW DRUGS THAT TARGET KNOWN GENETIC MUTATION	<u>S</u>	
EVENTUALLY LEADING TO THE CURES FOR ALL BREAST CANCERS.		
DETERMINING_WHICH_DNA_CHANGES_ARE_CRITICAL_TO_TUMOR_DEVELOPMEN	Ξζ	
_PROVIDING_NEW_INSIGHTS_INTO_WHY_SOME_TUMORS_ARE_SENSITIVE_OR_RESI	STANT_TO	
TREATMENT.		
- DEVELOPMENT OF WAYS TO PREDICT OR DETECT BREAST CANCER IN AFRI	CAN	
AMERICANS BEFORE AGGRESSIVE TUMORS DEVELOP IN ORDER TO REDUCE THE	_DEATH	
RATE WITHIN THIS ETHNICALLY AT-RISK POPULATION.		
SPECIFIC GRANTS FUNDED IN FY08:		
USING_GENOMICS_AND_PROTEOMICS_TO_DEVELOP_EFFECTIVE_THERAPIES_F	<u>OR</u>	
ER-NEGATIVE_BREAST_CANCER		
NOVEL_TARGETS_FOR_TREATMENT_AND_DETECTION_OF_INFLAMMATORY_BREA	<u>ST</u>	
CANCER		
- STUDY OF MAMMARY STEM CELLS TO EXAMINE MECHANISM OF PARITY-IND	UCED	
PROTECTION AGAINST BREAST CANCER		
- A FUNCTIONAL GENOMIC APPROACH TO IDENTIFY POTENTIAL BREAST CAN	CER	
THERAPEUTIC_TARGETS		

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
TARGETING_DEATH_PATHWAYS_BY_TUMOR-TARGETING_SIRNA-NANOVECTORS	AS_NOVEL
MOLECULAR THERAPY FOR PRIMARY AND METASTATIC BREAST CANCER	
- DEVELOPMENT OF A METHYLATION PANEL TO DETERMINE BREAST CANCER	
RECURRENCE RISK: BREAST CANCER HYPERMETHYLOME TO IDENTIFY HIGHLY	
PROMISING BIOMARKERS	
TO ENSURE MAXIMUM IMPACT FOR OUR RESEARCH DOLLARS, KOMEN FOR THE	CURE_IS
_GUIDED_BY_A_SCIENTIFIC_ADVISORY_BOARD, A_GROUP_OF_INTERNATIONALLY	,
RECOGNIZED DOCTORS, SCIENTISTS AND ADVOCATES.	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
PROGRAM_SERVICE_ACCOMPLISHMENTS (CONTINUED)	
FORM 990, PART III	
PROGRAM SERVICE ACCOMPLISHMENT B- AWARENESS AND PUBLIC HEALTH EDU	CATION
PROGRAMS:	
AWARE OF THE GAPS IN INFORMATION AND SERVICES, KOMEN HAS FORMED A	DVISORY
COUNCILS TO ADDRESS THE BREAST HEALTH AND BREAST CANCER NEEDS OF	PEOPLE
FROM DIFFERENT CULTURES AND BACKGROUNDS.	
_TO_ADDRESS_THESE_DISPARITIES, KOMEN_FOR_THE_CURE_HAS_CREATED_A_NA	TIONAL
ADVISORY COUNCIL, COMPRISED OF SIX DISTINCT GROUPS SERVING AS ADV	ISORS,
ADVOCATES AND EDUCATORS. THEY ARE AS FOLLOWS:	
- AFRICAN AMERICAN NATIONAL ADVISORY COUNCIL	
- NATIONAL HISPANIC & LATINA ADVISORY COUNCIL	
- ASIAN AMERICAN & PACIFIC ISLANDER NATIONAL ADVISORY COUNCIL	
- AMERICAN INDIAN & ALASKA NATIVE NATIONAL ADVISORY COUNCIL	
- YOUNG WOMEN'S NATIONAL ADVISORY COUNCIL	
- LESBIAN, GAY, BISEXUAL AND TRANSGENDER NATIONAL ADVISORY COUNC	IL
EACH GROUP IS CHARGED WITH ASSESSING AND ADDRESSING THE ISSUES UN	IQUE TO
THESE GROUPS AND, ULTIMATELY, TO REDUCE MORTALITY AND INCIDENCE I	<u>N</u>
_UNDER-SERVED_COMMUNITIES_OF_WOMEN	
_WE_HAVE_DEVELOPED_A_VARIETY_OF_EDUCATIONAL_MATERIALS_FOR_SPECIFIC	
_AUDIENCES_IN_ENGLISH_AND_MOST_ARE_ALSO_AVAILABLE_IN_SPANISH:	
YOUNG_WOMEN	
OLDER_WOMEN	
MEN	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
- LESBIAN, GAY, BISEXUAL AND TRANSGENDER	
- SURVI VORS	
CO-SURVIVORS (FAMILY, FRIENDS, HEALTH CARE PROVIDERS OR COLLEA	GUES_WHO
PROVIDE SUPPORT FOR BREAST CANCER SURVIVORS THROUGH DIAGNOSIS, TR	EATMENT
AND BEYOND.)	
_EXAMPLES_OF_OUR_EDUCATION_MATERIALS_INCLUDE:	
- BREAST SELF-AWARENESS (BSA) CARDS IN 12 LANGUAGES FOR 14 SPECI	FIC
AUDIENCES	
GENERAL_BREAST_HEALTH_AND_BREAST_CANCER_BROCHURES_AND_FACT_SHE	<u>ETS</u>
- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVO	RS
OUTREACH_RESOURCES_INCLUDING_BREAST_SELF-AWARENESS_INFORMATION	<u>_IN</u>
CD-ROM, DVD OR VHS FORMATS	
KOMEN FOR THE CURE IS A TRUSTED SOURCE OF BREAST HEALTH AND BREAS	T_CANCER
INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN	
CONNECTING PEOPLE WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGA	I <u>NS</u> T
BREAST CANCER. KOMEN'S AWARD-WINNING WEBSITE, WWW.KOMEN.ORG, PROV	IDES
_COMPREHENSIVE_AND_CURRENT_INFORMATION_ABOUT_BASIC_BREAST_HEALTH/C	ANCER,
_RESEARCH_FINDINGS,_LOCAL_OUTREACH_PROGRAMS,_VOLUNTEER_OPPORTUNITI	<u>ES</u>
EVENTS AND KOMEN PROGRAMS AND PARTNERS. TO DATE, MORE THAN 3 MILL	ION
INDIVIDUALS VISITED KOMEN.ORG THIS YEAR AND WERE ABLE TO:	
FIND_USER-FRIENDLY,_RELIABLE,_COMPREHENSIVE_AND_CURRENT_BREAST	_CANCER
_INFORMATION_COVERING_TOPICS_FROM_BASIC_BREAST_CANCER_FACTS, RISK_	<u>AND</u>
PREVENTION, SCREENING AND EARLY DETECTION, DIAGNOSIS, TREATMENT A	ND
_SUPPORT	

Schedule O (Form 990) 2008	Page 2
Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298
SUSAN G. ROMEN DREAST CANCER FOUNDATION, INC.	/3 1033290
- DOWNLOAD ALL PRINT MATERIALS IN USER-FRIENDLY PDF FORMAT.	
USE AN ONLINE GUIDE, THE ANATOMY OF BREAST CANCER WITH ANIMATI	ON_AND
_ VOICEOVER, TO LEARN ALL ABOUT BREAST CANCER.	
WATCH_OUR_ONLINE_INTERACTIVE_VIDEO_TO_LEARN_ABOUT_BREAST	
_SELF-AWARENESS_AND_HOW_TO_PERFORM_BREAST_SELF-EXAM_THE_RIGHT_WAY_	<u>IN</u>
ENGLISH, SPANISH OR HINDI.	
- TAKE AN ONLINE NET QUIZ TO TEST YOUR KNOWLEDGE OF BREAST CANCE	R
DISCOVER MANY RESOURCES TO HELP EMPOWER YOU TO TAKE CHARGE OF	YOUR
_HEALTH	
- FIND OTHER WOMEN OR MEN TO TALK TO 24 HOURS A DAY THROUGH ONLI	NE
MESSAGE BOARDS.	
- KEEP UP WITH THE LATEST ADVANCES IN RESEARCH.	
- LEARN WHAT IT MEANS TO BE A CO-SURVIVOR AND USE TOOLS THAT CAN	MAKE
YOU_MORE_COMFORTABLE_AND_EFFECTIVE_IN_THAT_ROLE.	
IN ADDITION TO KOMEN.ORG, KOMEN OPERATES A BREAST CARE HELPLINE,	1-877_GO
KOMEN (1-877-465-6636) THAT IS ANSWERED BY A TRAINED AND CARING S	TAFF
THAT PROVIDES RESPONSE TO QUESTIONS, LOCAL RESOURCE INFORMATION AND MORAL	
SUPPORT.	
LAST_YEAR, THE HELPLINE RESPONDED TO OVER 12,000 CALLS. MOST CAL	LERS
WERE WOMEN CALLING ON THEIR OWN BEHALF, SEEKING INFORMATION ON BREAST	
HEALTH OR FREE/LOW-COST MAMMOGRAMS. THE SECOND MOST TYPICAL CALLER	
INQUIRED ABOUT FINANCIAL ASSISTANCE. OTHER CALLERS TENDED TO ASK	
QUESTIONS ABOUT BREAST CANCER WITH REGARD TO TREATMENT, BIOPSY,	
SUPPORTIVE SERVICES, HOW TO PAY FOR RECONSTRUCTIVE SURGERY OR GEN	ERAL
_ISSUES_CONCERNING_SUSAN_GKOMEN FOR THE CURE. IN ADDITION, WE HA	VE

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Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
RESPONDED TO MORE THAN 900 EMAILS THIS YEAR.	
_PROGRAM_SERVICE_ACCOMPLISHMENT_C-SUPPORT_MAJOR_INITIATIVES_IN_SCR	EENING
AND EDUCATION:	
SUSAN G. KOMEN FOR THE CURE® SUPPORTS HIGH-IMPACT BREAST CANCER P	ROGRAMS
IN THOUSANDS OF COMMUNITIES AROUND THE WORLD. IN FISCAL YEAR 2009	, KOMEN
_MADE_GRANTS_TO_OVER_1,900_COMMUNITY_ORGANIZATIONS_TOTALING_MORE_T	<u>HAN_\$93</u>
_MILLIONGRANTS_ARE_MADE_THROUGH_A_HIGHLY-COMPETITIVE_APPLICATIO	<u>N</u>
PROCESS DURING WHICH AN INDEPENDENT PANEL OF LOCAL EXPERTS REVIEW	S_THE
_APPLICATIONS_FOR_IMPACT, FEASIBILITY, SUSTAINABILITY_AND_OTHER_SE	LECTION
CRITERIA DESIGNED TO ENSURE THAT ONLY THE BEST PROGRAMS ARE FUNDED. ONCE	
THE GRANTS ARE MADE, THEY ARE CAREFULLY MANAGED BY STAFF AND VOLUNTEERS	
TO ENSURE THAT FUNDS ARE APPLIED EFFECTIVELY AND LEVERAGED FOR MAXIMUM	
COMMUNITY IMPACT.	
BELOW ARE THE RESULTS OF GRANTS THAT WERE COMPLETED IN FISCAL YEA	R 2009:
	<u></u>
- THE NONPROFIT ORGANIZATIONS THAT RECEIVE KOMEN GRANTS HELP SPR	<u>EAD_THE</u>
WORD THAT BREAST CANCER KNOWS NO BOUNDARIES - BE IT AGE, GENDER,	
SOCIOECONOMIC STATUS, OR GEOGRAPHIC LOCATION. OVER 3.9 MILLION PEOPLE	
RECEIVED BREAST CANCER EDUCATION AS PART OF A KOMEN-FUNDED GRANT.	
- GETTING REGULAR SCREENING TESTS IS THE BEST WAY FOR WOMEN TO L	 Ower
THEIR RISK OF DYING FROM BREAST CANCER. LAST YEAR, KOMEN PROVIDED	FUNDING
FOR APPROXIMATELY 198,000 CLINICAL BREAST EXAMS AND 263,000 MAMMO	GRAMD

Schedule O (Form 990) 2008	Page 2	
Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number 75-1835298	
SUSAN G. ROMEN BREAST CANCER FOUNDATION, INC.	75-1055290	
- BREAST CANCER IS OFTEN FIRST SUSPECTED WHEN A LUMP IS FELT OR	WHEN AN	
ABNORMAL AREA IS FOUND ON A MAMMOGRAM. MOST OF THE TIME, THESE SU	SPICIOUS	
AREAS DO NOT TURN OUT TO BE CANCER. BUT THE ONLY WAY TO KNOW FOR	SURE IS	
THROUGH FOLLOW-UP TESTS. LAST YEAR, GRANTS MADE BY KOMEN MADE IT	POSSIBLE	
FOR MORE THAN 85,000 PEOPLE TO OBTAIN THESE IMPORTANT DIAGNOSTIC	TESTS.	
APPROXIMATELY_5,000_PEOPLE_WERE_DIAGNOSED_WITH_BREAST_CANCER_L	AST_YEAR	
THROUGH A KOMEN-FUNDED COMMUNITY GRANT. EARLY DETECTION AND EFFEC	TIVE	
TREATMENT HAVE BEEN SHOWN TO IMPROVE SURVIVAL. IN OTHER WORDS, KC	MEN_IS	
SAVING LIVES.		
PROGRAM SERVICE ACCOMPLISHMENT D-HEALTH TREATMENT PROGRAMS AND G	RANTS	
_FUNDED_LAST_YEAR_RESULTED_IN_THE_FOLLOWING:		
KOMEN FOR THE CURE SUPPORTS PROGRAMS THAT AIM TO REDUCE THE PERCE	NTAGE_OF	
BREAST CANCER PATIENTS WHO DELAY OR FORGO TREATMENT AND IMPROVE T	'HE	
QUALITY OF LIFE FOR BREAST CANCER PATIENTS DURING AND AFTER TREATMENT.		
THESE TREATMENT ASSISTANCE PROGRAMS INCREASE PATIENTS' KNOWLEDGE OF		
AVAILABLE RESOURCES, REDUCE FINANCIAL AND LOGISTICAL BARRIERS TO		
TREATMENT AND SUPPORT SERVICES, DECREASE EMOTIONAL DISTRESS, AND MINIMIZE		
THE WORKLOAD ON PATIENTS TO COORDINATE THEIR CARE.		
WHEN SOMEONE RECEIVES A DIAGNOSIS OF BREAST CANCER, ADEQUATE SUPP	ORT	
OFTEN MEANS THE DIFFERENCE BETWEEN THEM GETTING TREATMENT AND NOT GETTING		
TREATMENT. LAST YEAR, OVER 59,000 PEOPLE BENEFITED FROM PSYCHOSC	QCIAL	
_SERVICES_AND_50,000_RECEIVED_OTHER_KINDS_OF_TREATMENT_ASSISTANCE_	SUCH AS	
FOOD, TRANSPORTATION, AND EMERGENCY FINANCIAL ASSISTANCE FOR RENT	'	

Schedule O (Form 990) 2008

Employer identification number	
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<u>ST</u>	
CANCER ANNUALLY FOR UNMET NEEDS SUCH AS PAIN AND ANTI-NAUSEA MEDICATION,	
LYMPHEDEMA CARE, ORAL CHEMOTHERAPY, AND DURABLE MEDICAL EQUIPMENT.	
CANCERCARE ALSO PROVIDES COUNSELING AND OTHER SUPPORT SERVICES THAT WILL	
ENABLE BREAST CANCER PATIENTS TO MAKE INFORMED TREATMENT DECISIONS, COPE	
_WITH_THE_EMOTIONAL_EFFECTS_OF_THE_DISEASE, AND_EXPERIENCE_AN_IMPROVED	
_QUALITY_OF_LIFE	
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Schedule O (Form 990) 2008

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Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
PROGRAM_SERVICE_ACCOMPLISHMENTS (CONTINUED)	
FORM 990, PART III	
_WITH_FUNDING_FROM_KOMEN, 1,600_PEOPLE_WERE_ENROLLED_IN_BREAST_CAN	<u>CER</u>
_CLINICAL TRIALS_LAST_YEAR_AND_27,000 PEOPLE_WERE_EDUCATED_ABOUT_C	LINICAL
TRIALS	
_AROUND_THE_WORLD	
WITH AN EMPHASIS ON PARTNERSHIPS AND COLLABORATION, KOMEN LAUNCHE	 D тне
GLOBAL INITIATIVE FOR BREAST CANCER IN 2007, WORKING WITH GOVERNM	ENTS_AND
_ADVOCACY_GROUPS_AROUND_THE_WORLD_ON_OUTREACH, EDUCATION_AND_SCREE	NING
PROGRAMS. TODAY, KOMEN IS ACTIVELY ENGAGED IN BREAST CANCER EDUCA	TION_AND
OUTREACH ACTIVITIES IN 25 COUNTRIES AROUND THE GLOBE. WE ARE SHAR	ING_BEST
_PRACTICES_THROUGH_OUR_COURSE_FOR_THE_CURE™_CURRICULUM_THAT_IS_BEI	<u>NG</u>
IMPLEMENTED IN TEN COUNTRIES IN THE MIDDLE EAST, EASTERN EUROPE,	AFRICA
AND LATIN AMERICA. THIS CURRICULUM HELPS LOCAL ADVOCATES BUILD CU	LTURALLY
SENSITIVE, SUSTAINABLE BREAST HEALTH PROGRAMS IN THEIR OWN COUNTR	IES_AND
_EXPANDS_KOMEN'S_GLOBAL_NETWORK_OF_BREAST_CANCER_ADVOCATESKOMEN	HAS
RECENTLY AWARDED 45 COMMUNITY GRANTS TOTALING \$300,000 TO NGOS TH	AT
PARTICIPATED IN THE COURSE AND DESIGNED BREAST HEALTH COMMUNITY	
PROGRAMS.	
IN 2008, WE LAUNCHED THE SUSAN G. KOMEN FOR THE CURE GLOBAL PROMI	SE_FUND
TO ADDRESS BREAST CANCER INCIDENCE AND MORTALITY RATES OUTSIDE TH	
STATES. WE EXPANDED PARTNERSHIPS IN GHANA, THE BAHAMAS AND PANAMA	_AND
ADDED NEW INTERNATIONAL RACE FOR THE CURE EVENTS IN BOSNIA & HERZ	EGOVINA
AND TANZANIA. IN 2009, KOMEN CO-SPONSORED AN INTERNATIONAL BREAS	T_CANCER

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
CONFERENCE IN CAIRO, EGYPT AND LED A TRAINING SESSION ON SUPPORT	GROUPS
_FOR_30_MIDDLE_EASTERN_BREAST_CANCER_ADVOCATES_IN_ALEXANDRIA, EGYP	<u>TA</u>
SMALL DELEGATION_VISIT_TO_ISRAEL_ROUNDED_OUT_KOMEN'S_INTERNATIONA	L
OUTREACH_EFFORTS_IN_OCTOBER, 2009	
KOMEN'S INTERNATIONAL RACE FOR THE CURE EVENTS HAVE GROWN QUICKLY	THROUGH
PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND CORPORATE PARTNERS THAT	SHARE
OUR GOAL OF A WORLD WITHOUT BREAST CANCER. IN 2009, THERE WERE 1	4 RACES
AS THE SERIES EXPANDED TO BELGIUM, EGYPT, GEORGIA, GREECE AND	
SWITZERLAND.	
_FOR_MORE_INFORMATION_ABOUT_SUSAN_GKOMEN_FOR_THE_CURE, OUR_GRANT	<u>S_AND</u>
_FUNDING, AFFILIATES, OR BREAST HEALTH AND BREAST CANCER, PLEASE V	ISIT
_WWW.KOMEN.ORG_OR_CALL_1-877_GO_KOMEN (1-877-465-6636)	

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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
EXPLANATION_FOR_AUDITED_FINANCIAL_STATEMENTS	
FORM 990, PART IV LINE 12 AND PART XI LINE 2B	
THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. FILES A CONSOLI	DATED
AUDITED FINANCIAL STATEMENT WITH ALL 122 AFFILIATES AND THE SUSAN	
KOMEN_FOR_THE_CURE_ADVOCACY_ALLIANCETHEREFORE, SCHEDULE D, PAR	TS_XI,
XII AND XIII HAVE NOT BEEN COMPLETED PER THE IRS INSTRUCTIONS.	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
_DESCRIPTION_OF_990_REVIEW_PROCESS_USED_BY_MANAGEMENT_&/OR_GOVERNI	NG_BODY
FORM 990, PART VI, QUESTION 10	
THE AUDIT COMMITTEE OF THE BOARD OF THE DIRECTORS REVIEWS AND APP	ROVES
THE FORM 990 PRIOR TO BEING FILED. THEREAFTER, EACH MEMBER OF TH	E_BOARD
OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 VIA EMAI	L_PRIOR
TO THE FORM BEING FILED.	

Schedule O (Form 990) 2008	Page 2	
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_I	NTEREST	
FORM 990, PART VI, QUESTION 12C		
THE ORGANIZATION PRODUCES AN ANNUAL SURVEY REQUIRING ALL EMPLOYEE	S, BOARD	
MEMBERS, COMMITTEE MEMBERS AND ADVISORY BOARDS TO INFORM ON CONFLICTS.		
ANY CONFLICTS ARE THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMI	TTEE AND	
APPROPRIATE MEASURES ARE TAKEN. IN ADDITION, THOSE SAME PEOPLE H	AVE_THE	
OBLIGATION TO UPDATE THE CONFLICT OF INTEREST STATEMENTS DURING T	HE YEAR.	

Schedule O (Form 990) 2008	Page 2
	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WA	S_BEGUN
FORM 990, PART VI, QUESTION 15A & 15B	
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE	BOARD_OF
SUSAN G. KOMEN FOR THE CURE IN OVERSEEING COMPENSATION POLICIES A	ND
PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATIO	N_OF_THE
_PRESIDENT/_CHIEF_EXECUTIVE_OFFICER, OTHER_OFFICERS_AND_DISQUALIFI	ED
_PERSONS, THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S	
EMPLOYEES, AND INCENTIVE/BONUS COMPENSATION PROGRAMS. THE CURRENT	POLICY
WAS ADOPTED IN 2008.	
A FORMAL COMPENSATION POLICY GOVERNS PAY PRACTICES. PERIODICALLY	, <u>ALL</u>
POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKE	T_DATA,
ENGAGING INDEPENDENT EXPERTS TO CONDUCT THE BENCHMARKING PROCESS.	
COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WI	<u>TH</u>
CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF T	HE
ORGANIZATION. THE PROCESS WAS LAST CONDUCTED THIS FISCAL YEAR.	SALARY
_INCREASES, PROMOTIONS OR OTHER FORMS OF COMPENSATION ARE PROVIDED	_WITHOUT
_REGARD_TO_RACE,_COLOR,_RELIGION,_GENDER,_NATIONAL_ORIGIN,_DISABIL	ITY
_VETERAN_STATUS_OR_SEXUAL_ORIENTATION.	

Schedule O (Form 990) 2008	Page 2	
Name of the organization	Employer identification number	
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298	
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GE	N_PUBLIC	
FORM 990, PART VI, QUESTION 19		
THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE 990 ARE PUBLICLY		
AVAILABLE ON OUR WEBSITE. THE ARTICLES OF INCORPORATION ARE AVAI	LABLE	
FROM THE TEXAS SECRETARY OF STATE AND OTHER GOVERNING DOCUMENTS ARE MADE		
AVAILABLE AS REQUIRED BY STATE LAW. FORM 1023 IS NOT ONLINE BUT A	VAILABLE	
TO THE PUBLIC UPON REQUEST.		

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
_ADDITIONAL_DETAIL_ON_RACE_PRODUCTION_EXPENSES_INCLUDED_ON_OTHER_EX	
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 YEA	AR

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	75-1835298
REASON FOR AMENDING FORM 990	
_FORM_990, PAGE_1, LINE_B	
THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.'S 2008 FORM 990	_ <u>IS</u>
BEING AMENDED DUE TO A TYPOGRAPHICAL ERROR ON FORM 990, PART VIII	,_LINE
_7B(I)_AND_7C(I)	

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONSTELLA GROUP, LLC 2605 MERIDIAN PARKWAY DURHAM, NC 27713	HEALTH CONSULTING SV	4,190,600.
EVENT 360, INC. 205 N. MICHIGAN AVE. CHICAGO, IL 60601-5927	EVENT MGMT & CONSULT	1,299,193.
INSTITUTE OF INT'L EDUCATION 530 BUSH STREET SAN FRANCISCO, CA 94180	INTL TRAINING & EDUC	1,025,011.
POWERPACT 2909 polo parkway Midlothian, va 23113	MKGT & PROMO DEVELOP	920,821.
WEBER SHANDWICK 6555 SIERRA DRIVE DALLAS, TX 75039	INT'L COMMUNICATIONS	728,729.
TOTAL COMPENSA:	TION	8,164,354.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DI VI DENDS I NTEREST	2,815,109. 2,192,867.			2,815,109. 2,192,867.
TOTALS	5,007,976.			5,007,976.