

Public Inspection Copy

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2008, or tax year beginning 04/01, 2008, and ending 03/31, 2009

2008

Department of the Treasury Internal Revenue Service

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

See instructions on back.

Name of exempt organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 159218427.
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance due (Form 8868, line 3c) 5b

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer: [Handwritten Signature] Date: 3/16/10

Title: CFO

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

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

ERO's Use Only: ERO's signature [Handwritten Signature], Date 3/16/10, Check if also paid preparer [X], Check if self-employed [ ], ERO's SSN or PTIN EIN 34-6565596, Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG U.S. LLP, 201 MAIN STREET, STE 1100, FORT WORTH, TX 76102-3161, Phone no. 817-335-1900

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

Paid Preparer's Use Only: Preparer's signature [ ], Date [ ], Check if self-employed [ ], Preparer's SSN or PTIN [ ], Firm's name (or yours if self-employed), address, and ZIP code [ ], EIN [ ], Phone no. [ ]

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

Form 8453-EO (2008)

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 04/01, 2008, and ending 03/31, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization, Doing Business As, Number and street, Room/suite, City or town, state or country, and ZIP + 4. D Employer identification number, E Telephone number, G Gross receipts, H(a) Is this a group return for affiliates?, H(b) Are all affiliates included?, I Tax-exempt status, J Website, K Type of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, number of members, revenue, expenses, and net assets.

Part II Signature Block

Sign Here: Signature of officer, Date, Type or print name and title. Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name, EIN, Phone no.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

**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.			<a href="#">FED</a>		REG	Accepted	3/15/2010 10:31:00 PM	3/15/2010 11:22:00 PM			

**1 record returned.**

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

OUR MISSION IS A WORLD WITHOUT BREAST CANCER; TO SAVE LIVES BY  
EMPOWERING PEOPLE, ENSURING QUALITY CARE FOR ALL, AND ENERGIZING  
SCIENCE TO DISCOVER AND DELIVER THE CURES.

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

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

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 73,345,420. including grants of \$ 63,191,615. ) (Revenue \$ 31,202,744. )

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

**4b** (Code: ) (Expenses \$ 51,570,078. including grants of \$ 12,503,509. ) (Revenue \$ 907,118. )

PUBLIC HEALTH EDUCATION PROGRAMS TO INCREASE THE PUBLIC'S  
AWARENESS OF BREAST CANCER INCLUDING, AMONG OTHER THINGS,  
DETECTION AND TREATMENT. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

**4c** (Code: ) (Expenses \$ 1,768,274. including grants of \$ 1,768,274. ) (Revenue \$ 1,768,274. )

HEALTH TREATMENT AND SCREENING PROGRAMS AND GRANTS. SEE SCHEDULE  
O FOR ADDITIONAL DETAILS.

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

**4e Total program service expenses** ▶ \$ 126,683,772. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<input checked="" type="checkbox"/>	
<b>12</b> 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> . . . . .		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	<input checked="" type="checkbox"/>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	<input checked="" type="checkbox"/>	
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> 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> . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	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 VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	X	
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Contains questions 1a through 11 regarding governing body structure and documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Contains questions 12a through 16b regarding conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Contains questions 17 through 20 regarding state disclosure requirements and document availability.







**Part VIII Statement of Revenue**

75-1835298

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 116,060.					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 4,527,226.					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b> 123,352,582.					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	190,506.					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		127,995,868.				
	<b>Program Service Revenue</b>	<b>2a</b>	AFFILIATE PAYMENTS	<b>Business Code</b> 900099	31,202,744.	31,202,744.		
		<b>b</b>						
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		31,202,744.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . STMT. 2 . . . ▶		5,007,976.			5,007,976.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
	<b>5</b>	Royalties . . . . . ▶		1,950,000.			1,950,000.	
			(i) Real (ii) Personal					
	<b>6a</b>	Gross Rents . . . . .						
	<b>b</b>	Less: rental expenses . . . . .						
	<b>c</b>	Rental income or (loss) . . . . .						
	<b>d</b>	Net rental income or (loss) . . . . . ▶			NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
			31,390,062. 1,456.					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	39,250,025.					
	<b>c</b>	Gain or (loss) . . . . .	-7,859,963. 1,456.					
	<b>d</b>	Net gain or (loss) . . . . . ▶		-7,858,507.			-7,858,507.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 4,527,226. of contributions reported on line 1c). See Part IV, line 18. . . . . a	1,526,278.					
	<b>b</b>	Less: direct expenses . . . . . b	3,352,693.					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		-1,826,415.			-1,826,415.	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . . a						
	<b>b</b>	Less: direct expenses . . . . . b						
	<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶			NONE			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . a	3,297,386.					
<b>b</b>	Less: cost of goods sold . . . . . b	2,150,581.						
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶		1,146,805.	1,146,805.				
	Miscellaneous Revenue	<b>Business Code</b>						
<b>11a</b>	SUPPORT SERVICES REVENUE	900099	1,528,587.	1,528,587.				
<b>b</b>	OTHER REVENUE	900099	71,369.			71,369.		
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		1,599,956.					
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		159,218,427.	33,878,136.		-2,655,577.		

**Part IX Statement of Functional Expenses**

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

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

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

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	132,814,833.	<b>2</b>	117,034,815.
	<b>3</b> Pledges and grants receivable, net . . . . .	50,706,899.	<b>3</b>	42,497,442.
	<b>4</b> Accounts receivable, net . . . . .	229,330.	<b>4</b>	780,253.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	12,052,000.	<b>7</b>	9,285,025.
	<b>8</b> Inventories for sales or use . . . . .	853,259.	<b>8</b>	820,916.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,234,479.	<b>9</b>	1,714,930.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 13,099,858.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 7,948,480.	1,784,767.	<b>10c</b> 5,151,378.
	<b>11</b> Investments - publicly traded securities . . . . .	66,516,151.	<b>11</b>	70,994,842.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	122,783.	<b>15</b>	NONE
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	266,314,501.	<b>16</b>	248,279,601.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	14,653,104.	<b>17</b>	15,356,716.
	<b>18</b> Grants payable . . . . .	176,522,995.	<b>18</b>	175,089,971.
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	191,176,099.	<b>26</b>	190,446,687.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	17,348,092.	<b>27</b>	12,411,432.
	<b>28</b> Temporarily restricted net assets . . . . .	57,565,310.	<b>28</b>	45,196,482.
	<b>29</b> Permanently restricted net assets . . . . .	225,000.	<b>29</b>	225,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	75,138,402.	<b>33</b>	57,832,914.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	266,314,501.	<b>34</b>	248,279,601.

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		



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

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 92.12%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 92.18%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	NONE	1,358.	50,758.	81,914.	71,369.	205,399.
TOTALS	NONE	1,358.	50,758.	81,914.	71,369.	205,399.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule**

For 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 33<sup>1</sup>/<sub>3</sub> % 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).

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

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

<b>Name of organization</b> SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	<b>Employer identification number</b> 75-1835298
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 2,699,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 4,266,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 43,268,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

75-1835298

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

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

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Includes sub-sections a-d with a table 'Held at the End of the Year' and questions 3-9 regarding monitoring, expenses, and reporting.

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

Form with questions 1a-1b regarding reporting of art, historical treasures, or other similar assets, and 2 regarding reporting of revenues and assets for financial gain.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

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

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

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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



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

Table with 10 rows for reconciliation of net assets. Columns include line numbers and descriptions like 'Total revenue', 'Total expenses', 'Excess or (deficit) for the year', etc.

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

Table with 5 main rows for revenue reconciliation, including sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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

Table with 5 main rows for expense reconciliation, including sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

ENDOWMENTS

SCHEDULE D, PART V

TWO PERMANENT ENDOWMENTS, GOODMAN-BRINKER AND FIRNBERG.

GOODMAN-BRINKER ENDOWMENT TO BE USED FOR BREAST CANCER RESEARCH

FELLOWSHIPS.

FIRNBERG ENDOWMENT TO BE USED FOR BREAST CANCER EDUCATIONAL PROGRAMS AND

RESEARCH AWARDS.





**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
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.
<b>Totals . . . . . ▶</b>	NONE	NONE			1,950,726.

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2008**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			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.			
			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF.			
			MIDDLE EAST/NORTH AFRICA	EDUCATION	100,000.	WIRE TRANSF.			
			SUB-SAHARAN AFRICA	EDUCATION	25,000.	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 . . . . .  17

**3** Enter total number of other organizations or entities . . . . .



**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 GRANTEEES ARE REQUIRED TO SUBMIT ANNUAL  
FINANCIAL AND PROGRESS REPORTS AND CHANGE REQUESTS FOR MODIFICATIONS TO  
THEIR PROJECT. ALL REPORTS AND REQUESTS ARE REVIEWED BY SCIENCE STAFF.



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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		5K RACE (event type)	NONE (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	6,053,504.			6,053,504.
	<b>2</b> Less: Charitable contributions . . . . .	4,527,226.			4,527,226.
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	1,526,278.			1,526,278.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .	8,000.			8,000.
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	3,344,693.			3,344,693.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 3,352,693. )
<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . .					-1,826,415.

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

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

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%			
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%			

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

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

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . **17a**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_





**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

FORM 990, SCHEDULE I

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

KOMEN'S POLICIES FOR MANAGING RESEARCH GRANTS FROM THE TIME OF INITIAL

AWARD THROUGH COMPLETION SEEK TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING

THE HIGHEST STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF

THE PEER REVIEW AND FUNDING PROCESS. THROUGHOUT THE TERM OF THE GRANT,

SCIENTIFIC PROGRESS WILL BE MONITORED BY A SCIENCE MANAGER ASSIGNED TO

THE GRANT. GRANTEE IS ENCOURAGED TO COMMUNICATE REGULARLY WITH ITS

SCIENCE MANAGER. GRANTEE IS REQUIRED TO SUBMIT ANNUAL SCIENTIFIC PROGRESS

REPORTS THAT DETAIL RESEARCH PROGRESS, CHALLENGES AND THEIR REMEDY,

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

RESEARCH OUTCOMES, AND INVENTIONS OCCURRING DURING THE REPORTING PERIOD. \_\_\_\_\_

SCIENTIFIC PROGRESS REPORTS MUST BE SUBMITTED ONLINE IN KGMS USING THE \_\_\_\_\_

PROGRESS REPORT ONLINE FORM. AN ANNUAL SCIENTIFIC PROGRESS REPORT IS DUE \_\_\_\_\_

ON EACH ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE \_\_\_\_\_

PROJECT, EXCEPT FOR THE FINAL YEAR OF THE GRANT WHEN A FINAL REPORT IS \_\_\_\_\_

DUE. WITH PRIOR WRITTEN NOTICE TO GRANTEE, KOMEN MAY AT ITS DISCRETION \_\_\_\_\_

REQUIRE ADDITIONAL PROGRESS REPORTS TO MONITOR SCIENTIFIC PROGRESS. AN \_\_\_\_\_

ANNUAL SCIENTIFIC PROGRESS REPORT ALSO IS DUE IF THE GRANTEE IS \_\_\_\_\_

REQUESTING AN EXTENSION TO THE END OF THE GRANT TERM. A RESEARCH FINAL \_\_\_\_\_

REPORT MUST BE PROVIDED WITHIN 90 DAYS AFTER THE COMPLETION OR EARLY \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

TERMINATION OF THE GRANT AND MUST INCLUDE ALL ITEMS SPECIFIED IN THE  
 SCIENTIFIC PROGRESS REPORT. ANY UNEXPENDED FUNDS MUST BE REMITTED WITH  
 THE RESEARCH FINAL REPORT AND FINAL FINANCIAL REPORT TO KOMEN, UNLESS  
 OTHERWISE DIRECTED BY KOMEN. SCIENTIFIC PROGRESS AND RESEARCH FINAL  
 REPORTS MUST INCLUDE THE FOLLOWING:

EXECUTIVE SUMMARY: A LAY SUMMARY OF THE PROGRESS AND RESULTS OF THE  
 RESEARCH DURING THE REPORTING PERIOD.

PROGRESS FOR EACH SPECIFIC AIM: A DETAILED DESCRIPTION OF THE RESEARCH OR  
 TRAINING PROGRESS MADE FOR EACH OF THE STATED SPECIFIC AIMS DETAILED IN

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

THE PROJECT PLAN. -----

RESEARCH FINDINGS AND DISCOVERIES: A LIST OF THE SPECIFIC RESEARCH -----

FINDINGS AND DISCOVERIES DURING THE REPORTING PERIOD. EXAMPLES OF -----

DISCOVERIES INCLUDE CELL LINES, VECTORS, NOVEL THERAPIES, NOVEL -----

THERAPEUTIC TARGETS, BIOMARKERS, RISK ASSESSMENT TOOLS AND/OR ALGORITHMS, -----

NEW TECHNOLOGIES, ETC. THAT MAY BE OF INTEREST TO THE RESEARCH -----

COMMUNITY. -----

PROJECT MODIFICATIONS: A DESCRIPTION OF ALL ADJUSTMENTS TO THE PROJECT -----

PLAN OR ANTICIPATED FUTURE MODIFICATIONS TO THE RESEARCH DESIGN OR -----

SPECIFIC AIMS. FACTORS CONTRIBUTING TO THE NEED FOR MODIFICATIONS TO THE -----

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

PROJECT PLAN SHOULD BE DESCRIBED. JUSTIFICATION AND WRITTEN APPROVAL BY \_\_\_\_\_

KOMEN IS REQUIRED PRIOR TO IMPLEMENTATION OF ANY CHANGES TO THE RESEARCH \_\_\_\_\_

DESIGN OR SPECIFIC AIMS AND MUST BE SUBMITTED FOR APPROVAL USING THE \_\_\_\_\_

CHANGE OF RESEARCH PLAN REQUEST FORM IN KGMS. \_\_\_\_\_

OUTCOMES AND INVENTIONS: A LIST OF ALL MANUSCRIPTS IN PREPARATION, \_\_\_\_\_

SUBMITTED, IN PRESS OR PUBLISHED, PRESENTATIONS, PATENTS OR PATENT \_\_\_\_\_

APPLICATIONS AND DESCRIPTIONS, COPYRIGHTS OR COPYRIGHT APPLICATIONS AND \_\_\_\_\_

DESCRIPTIONS. \_\_\_\_\_

NEW RESEARCH FUNDING: A LIST OF ALL NEW RESEARCH FUNDING, INCLUDING \_\_\_\_\_

TITLE, SUPPORTING AGENCY, NAME AND ADDRESS OF FUNDING AGENCY'S GRANTS \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

OFFICER, PERFORMANCE PERIOD, AMOUNT OF FUNDING, PERCENTAGE OF PI'S TIME,

AND DESCRIPTION OF PROJECT GOALS AND SPECIFIC AIMS.

CAREER ADVANCEMENT: A LIST OF ANY CAREER ADVANCEMENTS FOR ANY OF THE KEY

PERSONNEL, INCLUDING PERSONNEL NAME, DESCRIPTION OF ADVANCEMENT, AND

EFFECTIVE DATE.

AFFIRMATION: PASSWORD SIGNATURE AFFIRMATION FROM THE PI AND

ADMINISTRATIVE OFFICIAL THAT THE REPORT HAS BEEN REVIEWED AND APPROVED.

KOMEN'S POLICIES FOR MANAGING COMMUNITY GRANTS AND OTHER NON-RESEARCH

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST STANDARD OF  
 ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE REVIEW AND FUNDING  
 PROCESS. ALL GRANTEES MUST SIGN A GRANT CONTRACT, WHICH SETS FORTH THE  
 TERMS OF THE GRANT, INCLUDING THE PURPOSE OF THE GRANT, AMOUNT, BUDGETARY  
 RESTRICTIONS, DURATION, PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AND  
 AUDIT AND EARLY TERMINATION RIGHTS FOR KOMEN. THE GRANTEE IS REQUIRED TO  
 SUBMIT REGULAR PROGRESS REPORTS ( TYPICALLY EVERY SIX MONTHS) THAT DETAIL  
 PROGRESS TOWARDS MEETING EACH OF THE OBJECTIVES AND ANY CHALLENGES  
 ENCONTERED. THE REPORT MUST ALSO INCLUDE A FULL ACCOUNTING OF GRANT FUNDS  
 AWARDED ( ACTUAL VERSUS BUDGETED EXPENSES). THE PROGRAM MANAGER CONDUCTS

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

SITE VISITS WITH GRANTEE WHEN APPROPRIATE TO BUILD A STRONGER  
 RELATIONSHIP WITH THE GRANTEE; TO GAIN A BETTER UNDERSTANDING OF ITS  
 WORK; AND TO ADDRESS ANY CHALLENGES OR PROBLEMS THE GRANTEE IS FACING.  
 WITH PRIOR WRITTEN NOTICE TO GRANTEE, KOMEN MAY AT ITS DISCRETION REQUIRE  
 ADDITIONAL PROGRESS REPORTS TO MONITOR PROGRESS. ANY CHANGES TO THE  
 PROJECT MUST BE APPROVED BY KOMEN'S PROGRAM MANAGER IN WRITING IN ADVANCE  
 OF THE CHANGE. A FINAL REPORT MUST BE PROVIDED WITHIN 45 DAYS AFTER THE  
 COMPLETION OR EARLY TERMINATION OF THE GRANT AND MUST INCLUDE EVALUATION  
 OF THE PROGRAM'S ACCOMPLISHMENTS AND IMPACT IN THE COMMUNITY. ANY  
 UNEXPENDED FUNDS MUST BE REMITTED WITH THE FINAL REPORT AND FINAL





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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.</b>	Employer identification number <b>75-1835298</b>
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**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 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 BULCK 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

<b>2</b> Enter total number of Section 501(c)(3) and government organizations . . . . .	▶ 150
<b>3</b> Enter total number of other organizations . . . . .	▶ 1

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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 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
VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE, STE800 NASHVILLE TN 37203	62-0476822	501(C)(3)	600,000.				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST P-211 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	600,000.				RESEARCH
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	501(C)(3)	599,803.				RESEARCH
UNIVERSITY OF MASSACHUSETTS AMHERST BOX 33210 AMHERST, MA 01003-3210	04-3167352	501(C)(3)	236,171.				RESEARCH
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.**

**Schedule I-1 (Form 990) 2008**

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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Internal Revenue Service

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

Name of the organization  SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number  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 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
GEORGETOWN UNIV BOX 571164 WASHINGTON, DC 20057	53-0196603	501(C)(3)	449,112.				RESEARCH
OHIO STATE UNIV RESEARCH FOUNDATION 1960 KENNY RD, FL 4 COLUMBUS, OH 43210-1063	31-6401599	501(C)(3)	450,000.				RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501(C)(3)	299,919.				RESEARCH
MEMORIAL SLOAN-KETTERING INSTITUTE P.O. BOX 26338 NEW YORK, NY 10087	13-1624182	501(C)(3)	299,999.				RESEARCH
UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLVD, STE 107 L.A., CA 90024	95-6006143	501(C)(3)	299,912.				RESEARCH
UNIVERSITY MIAMI SCHOOL OF MEDICINE 1611 NW 12TH AVE. R-67 MIAMI, FL 33136	59-0624458	501(C)(3)	450,000.				RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	450,000.				RESEARCH
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA, BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	450,000.				RESEARCH
JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 1101 E. 33ST, EASTERN 220 BALTIMORE, MD 21218	52-0595110	501(C)(3)	450,000.				RESEARCH
SANFORD RESEARCH 1100 E. 21 ST, STE 700 SIOUX FALLS, SD 57105	46-0450378	501(C)(3)	450,000.				RESEARCH
UNIV OF LOUISVILLE RSRCH FOUNDATION INC U. OF LV. BELLKNAP CMP. LOUISVILLE, KY 40292	61-1029626	501(C)(3)	269,937.				RESEARCH
JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 1101 E. 33ST, EASTERN 220 BALTIMORE, MD 21218	52-0595110	501(C)(3)	405,000.				RESEARCH
UT HEALTH SCIENCES CENTER-HOUSTON P.O. BOX 203382 HOUSTON, TX 77216-3382	74-1761309	501(C)(3)	337,426.				RESEARCH
UNIVERSITY OF ARIZONA P.O. BOX 44390 TUCSON, AZ 85733-4390	74-2652689	501(C)(3)	404,709.				RESEARCH
UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR STE2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	450,000.				RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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 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
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 CINCINNATI, 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 1215 WELCH RD, MOD B	94-1156365	501(C)(3)	180,000.				RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-1573968	501(C)(3)	120,000.				RESEARCH
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.

Schedule I-1 (Form 990) 2008

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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 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
STANFORD UNIVERSITY 651 SERRA ST, RM 110 STANFORD, CA 94305	94-1156365	501(C)(3)	180,000.				RESEARCH
WHITEHEAD INSTITUTE 5 CAMBRIDGE CTR. FL 7 CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	180,000.				RESEARCH
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 50 STANIFORD ST, STE 1001 BOSTON, MA 02114	04-2697983	501(C)(3)	180,000.				RESEARCH
THE GENERAL HOSPITAL CORPORATION 101 HUNTINGTON AVE. STE300 BOSTON, MA 02199	04-2697983	501(C)(3)	180,000.				RESEARCH
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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**Schedule I-1 (Form 990) 2008**

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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 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. PHILADELPHIA, 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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Schedule I-1 (Form 990) 2008

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization  SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number  75-1835298
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**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 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) 620 UNION DR RM 618 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	413,806.				RESEARCH
ASIAN & PACIFIC ISLANDER 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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**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2008**



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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
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Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

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 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 615 CHESTNUT ST. FL17 PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	134,500.				EDUCATION
THE MAUTNER PROJECT 1875 CONNECTICUT AVE. WASHINGTON, DC 20009	52-1703915	501(C)(3)	500,000.				EDUCATION
HOPEXCHANGE, INC. 408 N. THIRD AVENUE STAYTON, OR 97383	20-4643206	501(C)(3)	250,000.				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST. FL17 PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	300,000.				EDUCATION
AMERICAN JEWISH JOINT 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 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 219 RIGGS, NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	150,000.				EDUCATION
PROVIDENCE HEALTH FOUNDATION 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

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**Schedule I-1 (Form 990) 2008**

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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Name of the organization  SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number  75-1835298
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**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 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 16057 TAMPA PALMS BLVD #373 TAMPA, FL 33647	65-0927702	501(C)(3)	25,000.				EDUCATION
INSTITUTE OF INT'L EDUCATION 530 BUSH ST. STE 1000 SAN FRANC., CA 94180	13-1624046	501(C)(3)	172,908.				EDUCATION
AMERICAN COLLEGE OF RADIOLOGY 1818 MARKET ST. STE1600 PHILADEL., PA 19103	23-7264438	501(C)(3)	47,500.				EDUCATION

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

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

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Internal Revenue Service

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Name of the organization  SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	Employer identification number  75-1835298
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

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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.				SCREENING
PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	150,000.				SCREENING
AFRICAN WELLNESS CENTER 186903 NATHANS PLACE MONTGOM. VLG, MD 20886	51-0622960	501(C)(3)	150,000.				SCREENING
LA CLINICA DEL PUEBLO 2138 15TH STREET NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	150,000.				SCREENING
MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEWHAMPSHIRE AV. SILVER SPRG, MD 20905	52-1072792	501(C)(3)	149,940.				SCREENING
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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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 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? . . . . .

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 . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008

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

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

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

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

**Part III Supplemental Information**

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1A

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.



**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.

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

**Continuation Sheet for Schedule J (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information  
regarding compensation.**

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
HALA G. MODELMOG	(i)	406,691.	125,212.	20.	10,205.	16,478.	558,607.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KIMBERLY A SIMPSON EARLE	(i)	265,890.	66,625.	20.	8,970.	13,137.	354,642.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EMILY ANN CALLAHAN	(i)	134,903.	19,988.	NONE	7,850.	9,039.	171,780.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DIANA ROWDEN	(i)	155,854.	30,000.	20.	11,098.	9,450.	206,422.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATRINA D MCGHEE	(i)	153,826.	30,750.	20.	10,441.	12,711.	207,748.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUSTIN H. RICKETTS	(i)	184,432.	21,583.	NONE	3,083.	16,208.	225,306.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN CARTER JOHNS	(i)	154,437.	23,063.	9,348.	10,665.	9,247.	206,759.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN BLUM	(i)	162,925.	19,042.	40.	4,377.	15,855.	202,239.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERIC WINER	(i)	162,799.	36,285.	NONE	NONE	NONE	199,083.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SAMUEL CHENG	(i)	135,383.	11,156.	NONE	2,352.	10,064.	158,955.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID A. DAWSON	(i)	138,524.	7,175.	10.	NONE	15,686.	161,395.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KAY E. ROHLMAN	(i)	124,921.	19,083.	NONE	8,919.	12,819.	165,743.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER F. WILLIAMS	(i)	196,004.	39,400.	182,849.	NONE	14,921.	433,174.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIMOTHY J. DOKE	(i)	220,168.	40,000.	125,020.	NONE	12,359.	397,547.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN SPEIRITS	(i)	183,067.	43,242.	NONE	NONE	12,359.	238,668.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DIANE L. BALMA	(i)	166,595.	33,600.	NONE	11,431.	8,744.	220,370.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Schedule J-1 (Form 990) 2008

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information  
regarding compensation.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CYNTHIA A. GEOGHEGAN	(i)	145,639.	18,750.	20.	4,981.	14,463.	183,853.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
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	(i)							
	(ii)							

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

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

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the Organization: **SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.**  
Employer Identification number: **75-1835298**

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH BENTSEN CHAIRMAN OF THE BOARD	1.	X					NONE	NONE	NONE	
CONNIE O' NEILL BOARD MEMBER	1.	X					NONE	NONE	NONE	
NORMAN BRINKER BOARD MEMBER	1.	X					NONE	NONE	NONE	
LINDA CUSTARD BOARD MEMBER	1.	X					NONE	NONE	NONE	
AIMEE DICICCO BOARD MEMBER	1.	X					NONE	NONE	NONE	
CHERYL JERNIGAN BOARD MEMBER	1.	X					NONE	NONE	NONE	
CLIFTON LEAF BOARD MEMBER	1.	X					NONE	NONE	NONE	
ROBERT TAYLOR BOARD MEMBER	1.	X					NONE	NONE	NONE	
BRENDA LAUDERBACK BOARD MEMBER	1.	X					NONE	NONE	NONE	
HALA G. MODELMOG PRESIDENT AND CEO	55.			X			531,924.	NONE	26,683.	
KIMBERLY A SIMPSON EARLE CHIEF OPERATING OFFICER	55.			X			332,535.	NONE	22,107.	
EMILY ANN CALLAHAN VP, MARKETING	55.			X			154,891.	NONE	16,889.	
DIANA ROWDEN VP, HEALTH SCIENCES	55.			X			185,874.	NONE	20,548.	
KATRINA D MCGHEE VP, GLOBAL PARTNERSHIPS	55.			X			184,596.	NONE	23,152.	
JUSTIN H. RICKETTS VP, INFORMATION TECHNOLOGY	55.			X			206,015.	NONE	19,291.	
SUSAN CARTER JOHNS VP, CHIEF OF STAFF	55.			X			186,847.	NONE	19,912.	
WENDELIN JONGENBURGER VP, AFFILIATE RELATIONS	55.			X			111,300.	NONE	5,325.	
ANNETTA M. HEWKO VP, GLOBAL STRATEGY AND PROGRA	55.			X			98,878.	NONE	449.	
PETER F. WILLIAMS VP (4/1/08 - 11/08)	55.			X			418,253.	NONE	14,921.	
TIMOTHY J. DOKE CMO (4/1/08 - 9/08)	55.			X			385,188.	NONE	12,359.	
KEVIN SPEIRITS CFO (4/1/08 - 9/08)	55.			X			226,309.	NONE	12,359.	

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

Schedule J-2 (Form 990) 2008





**SCHEDULE M  
(Form 990)**

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

**2008**

**Open To Public  
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Employer identification number

75-1835298

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(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 . . . . .	X	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 . . . . .	X	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 the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** NONE

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

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

Schedule M (Form 990) 2008





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

FORM 990, PART III

SUSAN G. KOMEN FOR THE CURE®

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, DBA SUSAN G. KOMEN FOR THE CURE®, WAS FOUNDED ON A PROMISE MADE BETWEEN TWO SISTERS - NANCY GOODMAN BRINKER AND HER DYING SISTER, SUSAN GOODMAN KOMEN. SUZY WAS DIAGNOSED WITH BREAST CANCER IN 1978 AT A TIME WHEN LITTLE WAS KNOWN ABOUT THE 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 AN END TO BREAST CANCER. NANCY KEPT HER PROMISE BY ESTABLISHING SUSAN G. KOMEN FOR THE CURE IN 1982.

TODAY, KOMEN FOR THE CURE IS THE WORLD'S LARGEST GRASSROOTS NETWORK OF BREAST CANCER SURVIVORS AND ACTIVISTS FIGHTING TO SAVE LIVES, EMPOWER PEOPLE, ENSURE QUALITY CARE FOR ALL AND ENERGIZE SCIENCE TO FIND THE CURES. THANKS TO EVENTS LIKE THE KOMEN RACE FOR THE CURE, WE HAVE INVESTED ALMOST \$1.5 BILLION TO FULFILL OUR PROMISE, BECOMING THE LARGEST SOURCE OF NONPROFIT FUNDS DEDICATED TO THE FIGHT AGAINST BREAST CANCER IN THE WORLD.

OUR RACE FOR THE CURE® SERIES

AS THE ORGANIZATION'S SIGNATURE EVENT, THE SUSAN G. KOMEN RACE FOR 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 DISEASE AND

Name of the organization

Employer identification number

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 PERCENT WHEN WE BEGAN OUR WORK. IN ORDER TO INCREASE BREAST CANCER SURVIVAL AND ENHANCE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH BREAST CANCER, THE ORGANIZATION EMPLOYS THE RACE SERIES TO EDUCATE INDIVIDUALS ABOUT THE IMPORTANCE OF A POSITIVE BREAST HEALTH PROGRAM IN DETECTING BREAST CANCER IN ITS EARLIEST, MOST TREATABLE STAGES.

UP TO 75 PERCENT OF THE NET MONIES RAISED BY MORE THAN 120 U. S. KOMEN AFFILIATES, THROUGH EVENTS LIKE THE RACE SERIES, REMAIN IN THE LOCAL COMMUNITY TO FUND COMMUNITY OUTREACH PROGRAMS THAT ADDRESS THE SPECIFIC UNMET BREAST HEALTH NEEDS OF THE INDIVIDUALS LIVING THERE. IN ORDER 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, AWARENESS AND SUPPORT PROGRAMS. REMAINING NET MONIES (A MINIMUM OF 25 PERCENT) FROM KOMEN AFFILIATE EVENTS LIKE THE RACE SERIES HELP SUPPORT THE KOMEN 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 IN CANCER RESEARCH AND COMMUNITY HEALTH PROGRAMS, PLEDGING ANOTHER \$1 BILLION DURING THE NEXT DECADE.

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 FOR  
 -----  
 APPLICATIONS (RFA) CONTINUES KOMEN'S STRATEGIC FOCUS ON SPEEDING THE  
 -----  
 TRANSLATION OF RESEARCH DISCOVERIES TO REDUCE BREAST CANCER INCIDENCE AND  
 -----  
 MORTALITY WITHIN THE NEXT DECADE AND BRING INCREASED EMPHASIS ON FINDING  
 -----  
 SOLUTIONS FOR DISPARITIES IN BREAST CANCER ACROSS POPULATIONS.  
 -----

-----  
 PROGRAM SERVICE ACCOMPLISHMENT A- RESEARCH GRANTS FUNDING OPPORTUNITIES:  
 -----

-----  
 PROMISE GRANTS (PG) - PROMISE GRANTS PROVIDE UP TO \$1.5M PER YEAR FOR A  
 -----  
 THREE TO FIVE YEAR PERIOD TO SUPPORT INTEGRATED PROGRAMS OF COLLABORATIVE  
 -----  
 AND CROSS-DISCIPLINARY RESEARCH PROJECTS LEADING TO THE AGGRESSIVE  
 -----  
 TRANSLATION OF SCIENTIFIC DISCOVERIES INTO CLINICAL TOOLS AND  
 -----  
 APPLICATIONS THAT HAVE THE GREATEST POTENTIAL TO SIGNIFICANTLY REDUCE  
 -----  
 BREAST CANCER INCIDENCE AND/OR MORTALITY WITHIN THE NEXT DECADE.  
 -----

-----  
 INTEGRATED PROGRAMS ADDRESSING POPULATION DISPARITIES IN BREAST CANCER  
 -----  
 OUTCOMES AND TRIPLE NEGATIVE BREAST CANCER ARE OF SPECIAL INTEREST, AND  
 -----  
 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 TRANSLATING  
 -----  
 RESEARCH DISCOVERIES INTO CLINICAL AND PUBLIC HEALTH PRACTICE TO  
 -----  
 ELIMINATE BREAST CANCER DISPARITIES.  
 -----

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

-----  
 CAREER CATALYST RESEARCH (CCR) GRANTS - CCR GRANTS PROVIDE UNIQUE  
 OPPORTUNITIES FOR SCIENTISTS IN THE EARLY STAGES OF THEIR CAREER TO  
 ACHIEVE RESEARCH INDEPENDENCE WITH AN INDEPENDENT AWARD OF UP TO \$450,000  
 OVER THREE YEARS. CCR INVESTIGATORS LEAD A RESEARCH PROJECT ADDRESSING AN  
 IMPORTANT QUESTION IN BREAST CANCER RESEARCH AND COMPLETE A SELF-DEFINED  
 CAREER DEVELOPMENT PLAN WITH SUPPORT FROM A MENTOR COMMITTEE.  
 -----

-----  
 CAREER CATALYST IN DISPARITIES RESEARCH - CC-DR GRANTS SEEK TO FOSTER  
 INDEPENDENT CAREERS IN RESEARCH EXPLORING THE BASIS FOR DIFFERENCES IN  
 BREAST CANCER OUTCOMES AND THE TRANSLATION OF THIS RESEARCH INTO CLINICAL  
 AND PUBLIC HEALTH PRACTICE INTERVENTIONS, PARTICULARLY AMONG JUNIOR  
 SCIENTISTS FROM POPULATIONS AFFECTED BY BREAST CANCER DISPARITIES  
 -----

-----  
 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 UNDERSTAND  
 AND ELIMINATE THESE DISPARITIES; PROVIDE THE TOOLS AND ENVIRONMENT IN  
 WHICH STUDENTS VERY EARLY IN THEIR CAREER CAN BEGIN TO DEFINE MEANINGFUL  
 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 BASIS FOR  
 DIFFERENCES IN BREAST CANCER OUTCOMES AND TRANSLATING RESEARCH  
 DISCOVERIES INTO CLINICAL AND PUBLIC HEALTH PRACTICE TO ELIMINATE  
 DISPARITIES IN BREAST CANCER OUTCOMES.  
 -----

-----  
 POSTDOCTORAL FELLOWSHIPS (PDF) - POSTDOCTORAL FELLOWSHIPS SEEK TO ATTRACT  
 -----

Name of the organization

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 IN 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 OF HOW TO IDENTIFY, TRACK AND KILL RESIDUAL TUMOR CELLS, AND THEREBY ELIMINATE OR GREATLY REDUCE CANCER RECURRENCE.

- IDENTIFICATION OF NEW DRUGS THAT TARGET KNOWN GENETIC MUTATIONS, EVENTUALLY LEADING TO THE CURES FOR ALL BREAST CANCERS.

- DETERMINING WHICH DNA CHANGES ARE CRITICAL TO TUMOR DEVELOPMENT, PROVIDING NEW INSIGHTS INTO WHY SOME TUMORS ARE SENSITIVE OR RESISTANT TO TREATMENT.

- DEVELOPMENT OF WAYS TO PREDICT OR DETECT BREAST CANCER IN AFRICAN 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 FOR ER-NEGATIVE BREAST CANCER

- NOVEL TARGETS FOR TREATMENT AND DETECTION OF INFLAMMATORY BREAST CANCER

- STUDY OF MAMMARY STEM CELLS TO EXAMINE MECHANISM OF PARIITY-INDUCED PROTECTION AGAINST BREAST CANCER

- A FUNCTIONAL GENOMIC APPROACH TO IDENTIFY POTENTIAL BREAST CANCER THERAPEUTIC TARGETS

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- 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.

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PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

FORM 990, PART III

PROGRAM SERVICE ACCOMPLISHMENT B- AWARENESS AND PUBLIC HEALTH EDUCATION

PROGRAMS:

AWARE OF THE GAPS IN INFORMATION AND SERVICES, KOMEN HAS FORMED ADVISORY 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 NATIONAL ADVISORY COUNCIL, COMPRISED OF SIX DISTINCT GROUPS SERVING AS ADVISORS, 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 COUNCIL

EACH GROUP IS CHARGED WITH ASSESSING AND ADDRESSING THE ISSUES UNIQUE TO THESE GROUPS AND, ULTIMATELY, TO REDUCE MORTALITY AND INCIDENCE IN 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

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- LESBIAN, GAY, BISEXUAL AND TRANSGENDER

- SURVIVORS

- CO-SURVIVORS ( FAMILY, FRIENDS, HEALTH CARE PROVIDERS OR COLLEAGUES WHO PROVIDE SUPPORT FOR BREAST CANCER SURVIVORS THROUGH DIAGNOSIS, TREATMENT AND BEYOND. )

EXAMPLES OF OUR EDUCATION MATERIALS INCLUDE:

- BREAST SELF-AWARENESS (BSA) CARDS IN 12 LANGUAGES FOR 14 SPECIFIC AUDIENCES
- GENERAL BREAST HEALTH AND BREAST CANCER BROCHURES AND FACT SHEETS
- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS
- OUTREACH RESOURCES INCLUDING BREAST SELF-AWARENESS INFORMATION IN CD-ROM, DVD OR VHS FORMATS

KOMEN FOR THE CURE IS A TRUSTED SOURCE OF BREAST HEALTH AND BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CONNECTING PEOPLE WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER. KOMEN'S AWARD-WINNING WEBSITE, WWW.KOMEN.ORG, PROVIDES COMPREHENSIVE AND CURRENT INFORMATION ABOUT BASIC BREAST HEALTH/CANCER, RESEARCH FINDINGS, LOCAL OUTREACH PROGRAMS, VOLUNTEER OPPORTUNITIES, EVENTS AND KOMEN PROGRAMS AND PARTNERS. TO DATE, MORE THAN 3 MILLION 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 AND PREVENTION, SCREENING AND EARLY DETECTION, DIAGNOSIS, TREATMENT AND SUPPORT.



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- DOWNLOAD ALL PRINT MATERIALS IN USER-FRIENDLY PDF FORMAT.
- USE AN ONLINE GUIDE, THE ANATOMY OF BREAST CANCER WITH ANIMATION 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 - IN ENGLISH, SPANISH OR HINDI.
- TAKE AN ONLINE NET QUIZ TO TEST YOUR KNOWLEDGE OF BREAST CANCER.
- 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 ONLINE 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 STAFF THAT PROVIDES RESPONSE TO QUESTIONS, LOCAL RESOURCE INFORMATION AND MORAL SUPPORT.

LAST YEAR, THE HELPLINE RESPONDED TO OVER 12,000 CALLS. MOST CALLERS 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 GENERAL ISSUES CONCERNING SUSAN G. KOMEN FOR THE CURE. IN ADDITION, WE HAVE

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RESPONDED TO MORE THAN 900 EMAILS THIS YEAR.

PROGRAM SERVICE ACCOMPLISHMENT C-SUPPORT MAJOR INITIATIVES IN SCREENING

AND EDUCATION:

SUSAN G. KOMEN FOR THE CURE® SUPPORTS HIGH-IMPACT BREAST CANCER PROGRAMS

IN THOUSANDS OF COMMUNITIES AROUND THE WORLD. IN FISCAL YEAR 2009, KOMEN

MADE GRANTS TO OVER 1,900 COMMUNITY ORGANIZATIONS TOTALING MORE THAN \$93

MILLION. GRANTS ARE MADE THROUGH A HIGHLY-COMPETITIVE APPLICATION

PROCESS DURING WHICH AN INDEPENDENT PANEL OF LOCAL EXPERTS REVIEWS THE

APPLICATIONS FOR IMPACT, FEASIBILITY, SUSTAINABILITY AND OTHER SELECTION

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 YEAR 2009:

- THE NONPROFIT ORGANIZATIONS THAT RECEIVE KOMEN GRANTS HELP SPREAD THE

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 LOWER

THEIR RISK OF DYING FROM BREAST CANCER. LAST YEAR, KOMEN PROVIDED FUNDING

FOR APPROXIMATELY 198,000 CLINICAL BREAST EXAMS AND 263,000 MAMMOGRAMS.

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- 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 SUSPICIOUS 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 LAST YEAR THROUGH A KOMEN-FUNDED COMMUNITY GRANT. EARLY DETECTION AND EFFECTIVE TREATMENT HAVE BEEN SHOWN TO IMPROVE SURVIVAL. IN OTHER WORDS, KOMEN IS SAVING LIVES.

PROGRAM SERVICE ACCOMPLISHMENT D-HEALTH TREATMENT PROGRAMS AND GRANTS FUNDED LAST YEAR RESULTED IN THE FOLLOWING:

KOMEN FOR THE CURE SUPPORTS PROGRAMS THAT AIM TO REDUCE THE PERCENTAGE OF BREAST CANCER PATIENTS WHO DELAY OR FORGO TREATMENT AND IMPROVE THE 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 SUPPORT OFTEN MEANS THE DIFFERENCE BETWEEN THEM GETTING TREATMENT AND NOT GETTING TREATMENT. LAST YEAR, OVER 59,000 PEOPLE BENEFITED FROM PSYCHOSOCIAL SERVICES AND 50,000 RECEIVED OTHER KINDS OF TREATMENT ASSISTANCE SUCH AS FOOD, TRANSPORTATION, AND EMERGENCY FINANCIAL ASSISTANCE FOR RENT,

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MORTGAGE PAYMENTS, UTILITY BILLS, AND OTHER ESSENTIALS. THESE GRANTS WERE AWARDED BY KOMEN AFFILIATES TO LOCAL NONPROFIT ORGANIZATIONS DEDICATED TO SUPPORTING BREAST CANCER PATIENTS.

IN ADDITION, KOMEN FOR THE CURE MADE TWO MAJOR GRANTS FOR NATIONAL TREATMENT ASSISTANCE PROGRAM. FIRST, THE PATIENT ADVOCATE FOUNDATION WAS AWARDED A GRANT TO PROVIDE CASH CO-PAYMENT ASSISTANCE TO INSURED PATIENTS WHO QUALIFY MEDICALLY AND FINANCIALLY. BREAST CANCER PATIENTS ARE PROVIDED WITH \$1,750 TO ASSIST IN THEIR CO-PAYS FOR THEIR PRESCRIPTIONS AND/OR PHARMACEUTICAL TREATMENTS. PATIENTS RECEIVE PERSONALIZED ASSISTANCE AND THE CO-PAY IS PAID TO THE PROVIDER, PHARMACY OR TO THE PATIENT WITH PROOF OF EXPENDITURE. THE FUNDS PROVIDED BY KOMEN PROVIDED ASSISTANCE TO 164 BREAST CANCER PATIENTS IN 2008.

KOMEN FOR THE CURE ALSO MADE A GRANT TO CANCERCARE TO PROVIDE DIRECT FINANCIAL ASSISTANCE GRANTS TO APPROXIMATELY 1,500 WOMEN WITH BREAST 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.

OVER THE PAST 20 YEARS, TREATMENT OF BREAST CANCER HAS GREATLY IMPROVED DUE TO LESSONS LEARNED THROUGH LARGE CLINICAL TRIALS. WHETHER A NEW THERAPY OR TEST BECOMES PART OF STANDARD TREATMENT, DIAGNOSIS OR SCREENING FOR BREAST CANCER DEPENDS LARGELY ON CLINICAL TRIAL RESULTS.

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PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

FORM 990, PART III

WITH FUNDING FROM KOMEN, 1,600 PEOPLE WERE ENROLLED IN BREAST CANCER

CLINICAL TRIALS LAST YEAR AND 27,000 PEOPLE WERE EDUCATED ABOUT CLINICAL

TRIALS.

AROUND THE WORLD

WITH AN EMPHASIS ON PARTNERSHIPS AND COLLABORATION, KOMEN LAUNCHED THE

GLOBAL INITIATIVE FOR BREAST CANCER IN 2007, WORKING WITH GOVERNMENTS AND

ADVOCACY GROUPS AROUND THE WORLD ON OUTREACH, EDUCATION AND SCREENING

PROGRAMS. TODAY, KOMEN IS ACTIVELY ENGAGED IN BREAST CANCER EDUCATION AND

OUTREACH ACTIVITIES IN 25 COUNTRIES AROUND THE GLOBE. WE ARE SHARING BEST

PRACTICES THROUGH OUR COURSE FOR THE CURE™ CURRICULUM THAT IS BEING

IMPLEMENTED IN TEN COUNTRIES IN THE MIDDLE EAST, EASTERN EUROPE, AFRICA

AND LATIN AMERICA. THIS CURRICULUM HELPS LOCAL ADVOCATES BUILD CULTURALLY

SENSITIVE, SUSTAINABLE BREAST HEALTH PROGRAMS IN THEIR OWN COUNTRIES AND

EXPANDS KOMEN'S GLOBAL NETWORK OF BREAST CANCER ADVOCATES. KOMEN HAS

RECENTLY AWARDED 45 COMMUNITY GRANTS TOTALING \$300,000 TO NGOS THAT

PARTICIPATED IN THE COURSE AND DESIGNED BREAST HEALTH COMMUNITY

PROGRAMS.

IN 2008, WE LAUNCHED THE SUSAN G. KOMEN FOR THE CURE GLOBAL PROMISE FUND

TO ADDRESS BREAST CANCER INCIDENCE AND MORTALITY RATES OUTSIDE THE UNITED

STATES. WE EXPANDED PARTNERSHIPS IN GHANA, THE BAHAMAS AND PANAMA AND

ADDED NEW INTERNATIONAL RACE FOR THE CURE EVENTS IN BOSNIA & HERZEGOVINA

AND TANZANIA. IN 2009, KOMEN CO-SPONSORED AN INTERNATIONAL BREAST CANCER

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CONFERENCE IN CAIRO, EGYPT AND LED A TRAINING SESSION ON SUPPORT GROUPS FOR 30 MIDDLE EASTERN BREAST CANCER ADVOCATES IN ALEXANDRIA, EGYPT. A SMALL DELEGATION VISIT TO ISRAEL ROUNDED OUT KOMEN'S INTERNATIONAL 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 14 RACES AS THE SERIES EXPANDED TO BELGIUM, EGYPT, GEORGIA, GREECE AND SWITZERLAND.

FOR MORE INFORMATION ABOUT SUSAN G. KOMEN FOR THE CURE, OUR GRANTS AND FUNDING, AFFILIATES, OR BREAST HEALTH AND BREAST CANCER, PLEASE VISIT WWW.KOMEN.ORG OR CALL 1-877 GO KOMEN (1-877-465-6636).

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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 CONSOLIDATED

AUDITED FINANCIAL STATEMENT WITH ALL 122 AFFILIATES AND THE SUSAN G.

KOMEN FOR THE CURE ADVOCACY ALLIANCE. THEREFORE, SCHEDULE D, PARTS XI,

XII AND XIII HAVE NOT BEEN COMPLETED PER THE IRS INSTRUCTIONS.

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DESCRIPTION OF 990 REVIEW PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY

FORM 990, PART VI, QUESTION 10

THE AUDIT COMMITTEE OF THE BOARD OF THE DIRECTORS REVIEWS AND APPROVES

THE FORM 990 PRIOR TO BEING FILED. THEREAFTER, EACH MEMBER OF THE BOARD

OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 VIA EMAIL PRIOR

TO THE FORM BEING FILED.



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DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

THE ORGANIZATION PRODUCES AN ANNUAL SURVEY REQUIRING ALL EMPLOYEES, BOARD MEMBERS, COMMITTEE MEMBERS AND ADVISORY BOARDS TO INFORM ON CONFLICTS.

ANY CONFLICTS ARE THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND

APPROPRIATE MEASURES ARE TAKEN. IN ADDITION, THOSE SAME PEOPLE HAVE THE

OBLIGATION TO UPDATE THE CONFLICT OF INTEREST STATEMENTS DURING THE YEAR.

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OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTION 15A & 15B

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD OF SUSAN G. KOMEN FOR THE CURE IN OVERSEEING COMPENSATION POLICIES AND PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE PRESIDENT/ CHIEF EXECUTIVE OFFICER, OTHER OFFICERS AND DISQUALIFIED 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, ALL POSITIONS IN THE ORGANIZATION ARE REVIEWED AGAINST EXTERNAL MARKET DATA, ENGAGING INDEPENDENT EXPERTS TO CONDUCT THE BENCHMARKING PROCESS. COMPENSATION IS THEN BASED UPON COMPARABLE MARKET RATES OF PAY WITH CONSIDERATION FOR INTERNAL EQUITY AND THE FINANCIAL POSITION OF THE ORGANIZATION. THE PROCESS WAS LAST CONDUCTED THIS FISCAL YEAR. SALARY INCREASES, PROMOTIONS OR OTHER FORMS OF COMPENSATION ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.

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AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC  
 FORM 990, PART VI, QUESTION 19  
 THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE 990 ARE PUBLICLY  
 AVAILABLE ON OUR WEBSITE. THE ARTICLES OF INCORPORATION ARE AVAILABLE  
 FROM THE TEXAS SECRETARY OF STATE AND OTHER GOVERNING DOCUMENTS ARE MADE  
 AVAILABLE AS REQUIRED BY STATE LAW. FORM 1023 IS NOT ONLINE BUT AVAILABLE  
 TO THE PUBLIC UPON REQUEST.

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ADDITIONAL DETAIL ON RACE PRODUCTION EXPENSES INCLUDED ON OTHER EXP LINE  
 FORM 990, PART IX, LINE 24  
 THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. PURCHASES ALL T-SHIRTS  
 FOR THE 100 PLUS RACES HELD BY THE KOMEN AFFILIATES DURING THE YEAR.

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REASON FOR AMENDING FORM 990

FORM 990, PAGE 1, LINE B

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.'S 2008 FORM 990 IS

BEING AMENDED DUE TO A TYPOGRAPHICAL ERROR ON FORM 990, PART VIII, LINE

7B(I) AND 7C(I).

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 COMPENSATION		8,164,354.

FORM 990, PART VIII - INVESTMENT INCOME

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DESCRIPTION	( A ) TOTAL REVENUE	( B ) RELATED OR EXEMPT REVENUE	( C ) UNRELATED BUSINESS REV.	( D ) EXCLUDED REVENUE
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DIVIDENDS	2,815,109.			2,815,109.
INTEREST	2,192,867.			2,192,867.
TOTALS	5,007,976.			5,007,976.
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