

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning 04/01, 2011, and ending 03/31, 20 12

2011

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

▶ See instructions on back.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION,

75-1835298

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

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

1a	Form 990 check here	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>197088455.</u>
2a	Form 990-EZ check here	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶	<input type="checkbox"/>	b	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Mark Hadley 11/30/12
Signature of officer Date

CFO
Title

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

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

ERO's Use Only	ERO's signature	<i>Kathy Davis</i>	Date	11/30/2012	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	P00292940
	Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG U.S. LLP 1901 SIXTH AVE NORTH, STE 1200 BIRMINGHAM AL 35203			EIN	34-6565596		Phone no.	205-254-1608	

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Form **8453-EO** (2011)

2011 990-RET ELF Status for Batch ID 8052147:

Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Fed Form	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Debt
46474L	SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	PARENT		FED				Return Accepted	11/30/2012 4:00:00 PM	11/30/2012 4:26:00 PM	
65795T	Susan G. Komen for the Cure Advocacy Alliance			FED				Return Accepted	11/30/2012 4:00:00 PM	11/30/2012 4:26:00 PM	

2 records returned.

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 2011 calendar year, or tax year beginning 04/01, 2011, and ending 03/31, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC Doing Business As <u>SUSAN G. KOMEN FOR THE CURE</u>			D Employer identification number 75-1835298		
	Number and street (or P.O. box if mail is not delivered to street address) 5005 LBJ FREEWAY		Room/suite 250	E Telephone number (972) 855-1600		
	City or town, state or country, and ZIP + 4 DALLAS, TX 75244-6125			G Gross receipts \$ 299,790,668.		
	F Name and address of principal officer: AMBASSADOR NANCY G. BRINKER 5005 LBJ FREEWAY, STE. 250 DALLAS, TX 75244-6125			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.KOMEN.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982		M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS A WORLD WITHOUT BREAST CANCER; TO SAVE LIVES BY EMPOWERING PEOPLE, ENSURING QUALITY CARE FOR ALL, AND ENERGIZING SCIENCE TO DISCOVER AND DELIVER THE CURES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	9.		
	4	7.		
	5	346.		
	6	9,500.		
	7a	0		
	7b	0		
	Revenue	8	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	174,658,160.	159,779,664.
Program service revenue (Part VIII, line 2g)		34,417,471.	33,193,701.	
Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,372,156.	7,951,630.	
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,491,760.	-3,836,540.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		208,956,027.	197,088,455.	
Expenses		13	76,205,302.	71,697,843.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14	0	0
		Benefits paid to or for members (Part IX, column (A), line 4)		
		15	24,232,513.	26,312,020.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	829,211.	1,160,108.		
Professional fundraising fees (Part IX, column (A), line 11e)				
b	25,743,361.			
Total fundraising expenses (Part IX, column (D), line 25) ▶				
17	91,171,573.	89,188,244.		
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				
18	192,438,599.	188,358,215.		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				
19	16,517,428.	8,730,240.		
Revenue less expenses. Subtract line 18 from line 12				
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year	
	Total assets (Part X, line 16)	319,777,847.	313,104,320.	
	21	205,749,113.	193,001,246.	
Total liabilities (Part X, line 26)				
22	114,028,734.	120,103,074.		
Net assets or fund balances. Subtract line 21 from line 20				

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____				
	MARK NADOLNY CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Kathy Pitts	Preparer's signature <i>Kathy Pitts</i>	Date 12/04/2012	Check if self-employed <input type="checkbox"/>	PTIN P00292940
	Firm's name ▶ ERNST & YOUNG U.S. LLP			EIN ▶ 34-656596	
	Firm's address ▶ 1901 SIXTH AVE NORTH, STE 1200 BIRMINGHAM, AL 35203			Phone no. ▶ 205-254-1608	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

OUR PROMISE: TO SAVE LIVES AND END BREAST CANCER FOREVER 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 70,833,312. including grants of \$ 60,931,021.) (Revenue \$ 33,926,771.)
GRANTS TO OTHER CHARITABLE ORGANIZATIONS TO SUPPORT RESEARCH AND
CLINICAL INVESTIGATION OF BREAST CANCER. SEE SCHEDULE O FOR
ADDITIONAL DETAILS.

4b (Code: _____) (Expenses \$ 71,273,697. including grants of \$ 5,594,191.) (Revenue \$ 0)
PUBLIC HEALTH EDUCATION PROGRAMS TO INCREASE THE PUBLIC'S
AWARENESS OF BREAST CANCER INCLUDING, AMONG OTHER THINGS,
DETECTION AND TREATMENT. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4c (Code: _____) (Expenses \$ 9,482,705. including grants of \$ 5,172,631.) (Revenue \$ 0)
HEALTH TREATMENT AND SCREENING PROGRAMS AND GRANTS. SEE SCHEDULE
O FOR ADDITIONAL DETAILS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 151,589,714.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical answers (e.g., 255, 0, 346, ISRAEL).

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

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

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

Table with 4 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARK NADOLNY 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244-6125 972-855-1600

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. LASALLE D. LEFFALL, JR. CHAIRMAN OF THE BOD(4/11-3/12)	1.00	X					0	0	0	
(2) ERIC BRINKER BOARD MEMBER (ENDING 3/12)	1.00	X					0	0	0	
(3) LINDA CUSTARD BOARD MEMBER (ON LOA EFF 6/11)	1.00	X					0	0	0	
(4) BRENDA LAUDERBACK BOARD MEMBER	1.00	X					0	0	0	
(5) JOHN D. RAFFAELLI BOARD MEMBER	1.00	X					0	0	0	
(6) LINDA LAW BOARD MEMBER & ASST. SECRETARY	1.00	X		X			0	0	0	
(7) CONNIE O'NEILL BOARD MEMBER & TREASURER	1.00	X		X			0	0	0	
(8) ELYSE GELLERMAN BOARD MEMBER	1.00	X					0	0	0	
(9) JANE ABRAHAM TEMP BD MBR FOR L.CUSTARD(6/11)	1.00	X					0	0	0	
(10) NANCY G. BRINKER FOUNDER, BOARD MEMBER & CEO	55.00	X		X			684,717.	0	11,430.	
(11) ELIZABETH THOMPSON PRESIDENT	55.00			X			375,246.	0	16,952.	
(12) KATRINA MCGHEE EXECUTIVE VP, CMO	55.00			X			319,024.	0	12,373.	
(13) MARK NADOLNY CHIEF FINANCIAL OFFICER	55.00			X			337,696.	0	21,119.	
(14) JONATHAN BLUM GEN CONSL & SEC (ENDING 10/11)	55.00			X			364,334.	0	20,373.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LESLEY LURIE ASST SECRETARY (BEGN 11/11)	55.00			X				185,427.	0	14,811.
(16) ERIC WINER CHIEF SCIENTIFIC ADVISOR	20.00				X			210,842.	0	0
(17) JULIE TEER VP, DEVELOPMENT	55.00					X		230,378.	0	0
(18) DAVID DAWSON VP, INFORMATION TECHNOLOGY	55.00					X		220,129.	0	16,220.
(19) MARGO LUCERO VP, BUSINESS DEV & PARTNERSHIPS	55.00					X		173,115.	0	21,187.
(20) CHANDINI PORTEUS VP, RES, EVAL & SCIENTIFIC PRG	55.00					X		171,204.	0	15,006.
(21) NANCY MACGREGOR VP, GLOBAL NETWORKS	55.00					X		198,814.	0	16,787.
1b Sub-total								2,081,017.	0	82,247.
c Total from continuation sheets to Part VII, Section A								1,389,909.	0	84,011.
d Total (add lines 1b and 1c)								3,470,926.	0	166,258.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 52**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 56**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	316,818.				
	b Membership dues	1b					
	c Fundraising events	1c	78,631,238.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	80,831,608.				
	g Noncash contributions included in lines 1a-1f: \$		72,070.				
	h Total. Add lines 1a-1f			159,779,664.			
	Program Service Revenue			Business Code			
2a <u>AFFILIATE PAYMENTS</u>			900099	33,193,701.	33,193,701.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				33,193,701.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,813,804.			3,813,804.
	4 Income from investment of tax-exempt bond proceeds . . .			0			
	5 Royalties			714,346.			714,346.
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			95,380,157.			
	b Less: cost or other basis and sales expenses			91,242,331.			
	c Gain or (loss)			4,137,826.			
	d Net gain or (loss)				4,137,826.		4,137,826.
	8a Gross income from fundraising events (not including \$ <u>78,631,238.</u> of contributions reported on line 1c). See Part IV, line 18	a		4,976,100.			
	b Less: direct expenses	b		10,638,369.			
	c Net income or (loss) from fundraising events				-5,662,269.		-5,662,269.
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a		754,583.				
b Less: cost of goods sold	b		821,513.				
c Net income or (loss) from sales of inventory				-66,930.	-66,930.		
Miscellaneous Revenue			Business Code				
11a <u>SUPPORT SERVICES</u>			900099	800,000.	800,000.		
b <u>OTHER</u>			900099	378,313.		378,313.	
c _____							
d All other revenue							
e Total. Add lines 11a-11d				1,178,313.			
12 Total revenue. See instructions				197,088,455.	33,926,771.		3,382,020.

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).

Check if Schedule O contains a response to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	65,717,515.	65,717,515.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,980,328.	5,980,328.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,477,286.	2,105,693.	247,729.	123,864.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	19,786,428.	13,795,724.	4,107,634.	1,883,070.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	656,005.	445,114.	151,140.	59,751.
9 Other employee benefits	2,108,070.	1,463,039.	446,303.	198,728.
10 Payroll taxes	1,284,231.	896,135.	263,393.	124,703.
11 Fees for services (non-employees):				
a Management	0			
b Legal	270,166.	195,866.	56,209.	18,091.
c Accounting	582,329.	396,810.	121,162.	64,357.
d Lobbying	9,832.	9,832.		
e Professional fundraising services. See Part IV, line 17	1,160,108.			1,160,108.
f Investment management fees	278,468.	189,754.	57,939.	30,775.
g Other	0			
12 Advertising and promotion	19,643,947.	15,068,310.	305,117.	4,270,520.
13 Office expenses	13,167,239.	6,756,535.	225,866.	6,184,838.
14 Information technology	4,011,388.	3,209,111.	240,683.	561,594.
15 Royalties	0			
16 Occupancy	1,967,443.	1,388,010.	404,720.	174,713.
17 Travel	3,990,342.	2,969,674.	685,147.	335,521.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,345,225.	868,673.	322,872.	153,680.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,572,358.	1,158,736.	272,070.	141,552.
23 Insurance	-33,901.	-24,446.	-6,149.	-3,306.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONSULTING AND PROF SERVICES</u>	20,956,279.	16,972,249.	1,659,321.	2,324,709.
b <u>EQUIP RENTAL AND MAINTENANCE</u>	1,129,218.	459,220.	377,380.	292,618.
c <u>EVENT PRODUCTION</u>	8,898,293.	6,834,255.	390,589.	1,673,449.
d <u>BANK FEES</u>	3,519,843.	380,892.	34,500.	3,104,451.
e All other expenses	7,879,775.	4,352,685.	661,515.	2,865,575.
25 Total functional expenses. Add lines 1 through 24e	188,358,215.	151,589,714.	11,025,140.	25,743,361.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	65,800,029.	37,451,525.	6,131,267.	22,217,237.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	50,614,983.	2	56,524,309.
	3 Pledges and grants receivable, net	59,432,769.	3	45,091,699.
	4 Accounts receivable, net	1,923,864.	4	1,158,074.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	3,861,903.	7	4,281,900.
	8 Inventories for sale or use	638,001.	8	508,986.
	9 Prepaid expenses and deferred charges	2,039,706.	9	2,016,583.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,230,333.		
	b Less: accumulated depreciation	10b 9,597,471.	3,701,014.	10c 2,632,862.
	11 Investments - publicly traded securities	197,565,607.	11	200,889,907.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	319,777,847.	16	313,104,320.	
Liabilities	17 Accounts payable and accrued expenses	32,386,936.	17	26,817,905.
	18 Grants payable	173,362,177.	18	166,183,341.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	205,749,113.	26	193,001,246.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	66,987,655.	27	78,174,629.
	28 Temporarily restricted net assets	46,816,079.	28	41,603,445.
	29 Permanently restricted net assets	225,000.	29	325,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	114,028,734.	33	120,103,074.	
34 Total liabilities and net assets/fund balances	319,777,847.	34	313,104,320.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	197,088,455.
2	Total expenses (must equal Part IX, column (A), line 25)	2	188,358,215.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,730,240.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,028,734.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,655,900.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	120,103,074.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	132,775,607.	127,995,868.	134,999,587.	174,658,160.	159,779,664.	730,208,886.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	132,775,607.	127,995,868.	134,999,587.	174,658,160.	159,779,664.	730,208,886.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,749,349.
6 Public support. Subtract line 5 from line 4.						728,459,537.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	132,775,607.	127,995,868.	134,999,587.	174,658,160.	159,779,664.	730,208,886.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,682,291.	6,957,976.	3,548,746.	3,812,083.	4,528,150.	27,529,246.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH-1	81,914.	71,369.	2,589,864.	84,038.	378,313.	3,205,498.
11 Total support. Add lines 7 through 10						760,943,630.
12 Gross receipts from related activities, etc. (see instructions)					12	196,229,303.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	95.73%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	93.42%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME	81,914.	71,369.	2,589,864.	84,038.	378,313.	3,205,498.
TOTALS	<u>81,914.</u>	<u>71,369.</u>	<u>2,589,864.</u>	<u>84,038.</u>	<u>378,313.</u>	<u>3,205,498.</u>

Schedule of Contributors

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

2011

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

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 4,740,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 3,289,902.	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.)

Name of organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC**

Employer identification number
75-1835298

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2011

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		519,831.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	9,832.	136,387.												
c	Total lobbying expenditures (add lines 1a and 1b)	9,832.	656,218.												
d	Other exempt purpose expenditures	177,323,243.	345,691,395.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	177,333,075.	346,347,613.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	269,831.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	375,201.	295,135.	552,301.	656,218.	1,878,855.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	275,601.	219,954.	439,745.	519,831.	1,455,131.

Schedule C (Form 990 or 990-EZ) 2011

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING EXPENSES

SCHEDULE C PART II-A

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

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

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

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

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

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,225,000.	1,225,000.	1,225,000.	1,318,022.	
b Contributions	100,000.		4,284.		
c Net investment earnings, gains, and losses	33.	608.	-4,284.	5,240.	
d Grants or scholarships				98,262.	
e Other expenditures for facilities and programs	33.	608.			
f Administrative expenses					
g End of year balance	1,325,000.	1,225,000.	1,225,000.	1,225,000.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 75.0000 %
- b** Permanent endowment ▶ 25.0000 %
- c** Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		795,374.	563,108.	232,266.
d Equipment		4,100,227.	3,625,214.	475,013.
e Other		7,334,732.	5,409,149.	1,925,583.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,632,862.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

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

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

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

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

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENTS

SCHEDULE D, PART V

TWO PERMANENT ENDOWMENTS, GOODMAN-BRINKER AND FIRNBERG.

GOODMAN-BRINKER ENDOWMENT TO BE USED FOR BREAST CANCER RESEARCH FELLOWSHIPS.

FIRNBERG ENDOWMENT TO BE USED FOR BREAST CANCER EDUCATIONAL PROGRAMS AND RESEARCH AWARDS.

THE PRIOR YEARS ENDOWMENT FUND AMOUNTS WERE RESTATED TO MATCH THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.

DURING FISCAL YEAR 2012, A THIRD PERMANENT ENDOWMENT OF \$100,000 WAS FUNDED, THE EARNINGS OF WHICH ARE RESTRICTED FOR USE IN THE HOUSTON AND SURROUNDING COUNTIES.

FIN 48 (ASC740) FINANCIAL STATEMENT DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO UNCERTAIN TAX POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT MARCH 31, 2012 AND MARCH 31, 2011.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		4.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	17,921.
(2) EAST ASIA AND THE PACIFIC		1.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	250.
(3) EUROPE (INCLUDING ICELAND AND		2.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	31,433.
(4) MIDDLE EAST AND NORTH AFRICA		8.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	68,277.
(5) NORTH AMERICA		5.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	7,519.
(6) RUSSIA/INDEPENDENT STATES		1.	PROGRAM SERVICES	EDUC. & EVENT SUPPORT	7,694.
(7) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	EDUCATION GRANTS	212,465.
(8) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH GRANTS	574,751.
(9) EUROPE (INCLUDING ICELAND AND			GRANTMAKING	EDUCATION GRANTS	383,058.
(10) EUROPE (INCLUDING ICELAND AND			GRANTMAKING	RESEARCH GRANTS	1,498,580.
(11) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	EDUCATION GRANTS	418,980.
(12) NORTH AMERICA			GRANTMAKING	EDUCATION GRANTS	643,163.
(13) NORTH AMERICA			GRANTMAKING	RESEARCH GRANTS	1,551,040.
(14) SOUTH AMERICA			GRANTMAKING	EDUCATION GRANTS	408,598.
(15) SOUTH AMERICA			GRANTMAKING	RESEARCH GRANTS	160,000.
(16) SUB-SAHARAN AFRICA			GRANTMAKING	EDUCATION GRANTS	129,692.
(17)					
3a Sub-total		21.			6,113,421.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		21.			6,113,421.

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

Schedule F (Form 990) 2011

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDUCATION	50,000.	WIRE TRANSF			
(2)			CENT. AMERICA/CARIBBEAN	EDUCATION	135,000.	WIRE TRANSF			
(3)			NORTH AMERICA	EDUCATION	199,308.	WIRE TRANSF			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	232,785.	WIRE TRANSF			
(5)			MIDDLE EAST/NORTH AFRICA	EDUCATION	123,950.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	EDUCATION	35,000.	WIRE TRANSF			
(7)			NORTH AMERICA	RESEARCH	250,000.	WIRE TRANSF			
(8)			NORTH AMERICA	EDUCATION	25,000.	WIRE TRANSF			
(9)			EUROPE/ICELAND/GREENLAND	EDUCATION	28,000.	WIRE TRANSF			
(10)			EUROPE/ICELAND/GREENLAND	EDUCATION	10,000.	WIRE TRANSF			
(11)			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF			
(12)			SOUTH AMERICA	EDUCATION	100,257.	WIRE TRANSF			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	258,782.	WIRE TRANSF			
(14)			CENT. AMERICA/CARIBBEAN	EDUCATION	7,500.	WIRE TRANSF			
(15)			SOUTH AMERICA	EDUCATION	7,500.	WIRE TRANSF			
(16)			CENT. AMERICA/CARIBBEAN	EDUCATION	69,965.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	EDUCATION	218,555.	WIRE TRANSF			
(2)			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	91,954.	WIRE TRANSF			
(4)			SOUTH AMERICA	RESEARCH	160,000.	WIRE TRANSF			
(5)			SOUTH AMERICA	EDUCATION	49,997.	WIRE TRANSF			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	125,000.	WIRE TRANSF			
(7)			EUROPE/ICELAND/GREENLAND	EDUCATION	94,452.	WIRE TRANSF			
(8)			NORTH AMERICA	RESEARCH	154,779.	WIRE TRANSF			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	140,000.	WIRE TRANSF			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	196,012.	WIRE TRANSF			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	122,048.	WIRE TRANSF			
(12)			NORTH AMERICA	RESEARCH	779,936.	WIRE TRANSF			
(13)			MIDDLE EAST/NORTH AFRICA	EDUCATION	20,000.	WIRE TRANSF			
(14)			MIDDLE EAST/NORTH AFRICA	EDUCATION	12,900.	WIRE TRANSF			
(15)			EAST ASIA/PACIFIC	RESEARCH	199,264.	WIRE TRANSF			
(16)			EUROPE/ICELAND/GREENLAND	EDUCATION	64,200.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDUCATION	35,000.	WIRE TRANSF			
(2)			SOUTH AMERICA	EDUCATION	100,844.	WIRE TRANSF			
(3)			NORTH AMERICA	RESEARCH	160,000.	WIRE TRANSF			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	140,000.	WIRE TRANSF			
(5)			EUROPE/ICELAND/GREENLAND	EDUCATION	136,406.	WIRE TRANSF			
(6)			SOUTH AMERICA	EDUCATION	150,000.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	EDUCATION	9,693.	WIRE TRANSF			
(8)			NORTH AMERICA	RESEARCH	161,325.	WIRE TRANSF			
(9)			EAST ASIA/PACIFIC	RESEARCH	335,487.	WIRE TRANSF			
(10)			NORTH AMERICA	EDUCATION	200,300.	WIRE TRANSF			
(11)			NORTH AMERICA	RESEARCH	45,000.	WIRE TRANSF			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	192,000.	WIRE TRANSF			
(13)			EAST ASIA/PACIFIC	RESEARCH	40,000.	WIRE TRANSF			
(14)			MIDDLE EAST/NORTH AFRICA	EDUCATION	247,130.	WIRE TRANSF			
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 46.

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE OF THE UNITED STATES

SCHEDULE F, PART V

ALL RESEARCH, EDUCATION, SCREENING, AND TREATMENT GRANTEEES ARE REQUIRED TO SUBMIT ANNUAL FINANCIAL AND PROGRESS REPORTS AND CHANGE REQUESTS FOR MODIFICATIONS TO THEIR PROJECT. ALL REPORTS AND REQUESTS ARE REVIEWED BY SCIENCE STAFF. SEE SCHEDULE I, PART IV FOR MORE DETAILS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MERKLE, INC.	DIRECT MARKETING		X	26,416,121.	1,158,268.	25,257,853.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				26,416,121.	1,158,268.	25,257,853.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GBL RACE FR CUR (event type)	3 DAY WALK SE (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	5,201,090.	75,691,853.	2,714,395.	83,607,338.
	2 Less: Charitable contributions	3,693,202.	72,388,318.	2,549,718.	78,631,238.
	3 Gross income (line 1 minus line 2)	1,507,888.	3,303,535.	164,677.	4,976,100.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	8,964.	18,729.	9,682.	37,375.
	6 Rent/facility costs		2,357,598.	42,435.	2,400,033.
	7 Food and beverages	20,675.	2,631,330.	221,051.	2,873,056.
	8 Entertainment			13,300.	13,300.
	9 Other direct expenses	151,504.	5,163,101.		5,314,605.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(10,638,369.)
	11 Net income summary. Combine line 3, column (d), and line 10				-5,662,269.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

FUNDRAISING EVENTS

SCHEDULE G, PART II NET INCOME SUMMARY

GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF CONTRIBUTIONS PER IRS

INSTRUCTIONS. THE CONTRIBUTIONS FOR FY 2012 WERE \$78.6 MILLION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ADVENTIST HEALTHCARE, INC. 1801 RESEARCH BLVD ROCKVILLE, MD 20853	52-1532556	501(C)3	343,875.				SCREENING
(2)	AFRICAN WELLNESS CENTER 186903 NATHANS PL, MONTGOMERY, MA 20886	51-0622960	501(C)3	25,000.				SCREENING
(3)	ALBERT EINSTEIN COLLEGE OF MED YESHIVA UNIV 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)3	318,000.				RESEARCH
(4)	ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES 2 EAST GLEBE ROAD ALEXANDRIA, VA 22305	54-1849891	501(C)3	25,000.				EDUCATION
(5)	AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST, PHILADELPHIA, PA 19106	23-6251649	501(C)3	830,000.				EDUCATION
(6)	AMERICAN ASSOCIATION ON HEALTH & DISABIL 110 N. WASHINGTON ST ROCKVILLE, MD 20854	52-1884887	501(C)3	150,000.				EDUCATION
(7)	AMERICAN JEWISH JOINT 711 THIRD AVENUE NEW YORK, NY 10017-4014	13-1656634	501(C)3	388,964.				EDUCATION
(8)	ARLINGTON FREE CLINIC 2921 11TH ST S, ARLINGTON, VI 22204	54-1671883	501(C)3	150,000.				EDUCATION
(9)	AULTMAN HOSPITAL 26210 EMERY RD, CLEVELAND, OH 44128	34-1445390	501(C)3	200,000.				RESEARCH
(10)	BAYLOR COLLEGE MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501(C)3	1,438,930.				RESEARCH
(11)	BECKMAN RESEARCH INST CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)3	20,981.				RESEARCH
(12)	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AV, BOSTON, MA 02215	04-2103881	501(C)3	120,000.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BIOETHICS INTERNATIONAL 420 LEXINGTON AVE NEW YORK, NY 10170	87-0774767	501(C)3	60,000.				EDUCATION
(2)	BOISE STATE UNIVERSITY 1910 UNIVERSITY DR BOISE, ID 83725	82-6010706	501(C)3	200,000.				RESEARCH
(3)	BOSTON UNIVERSITY 580 HARRISON AVE, 3-W BOSTON, MA 02118	04-2103547	501(C)3	59,138.				RESEARCH
(4)	BOSTON UNIVERSITY SCHOOL OF MEDICINE 85 EAST NEWTON ST BOSTON, MA 02118	04-2103547	501(C)3	60,000.				RESEARCH
(5)	BRIGHAM & WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)3	244,788.				RESEARCH
(6)	BROWN UNIVERSITY BOX 1929 164 ANGELL ST PROVIDENCE, RI 02912	05-0390989	501(C)3	200,000.				RESEARCH
(7)	BURNHAM INSTITUTE FOR MEDICAL RESEARCH 10901 N TOERREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)3	210,000.				RESEARCH
(8)	CALIFORNIA PACIFIC MEDICAL CENTER 475 BRANNAN ST SAN FRANCISCO, CA 94107	94-2728423	501(C)3	287,018.				RESEARCH
(9)	CANCER CARE 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)3	634,481.				TREATMENT
(10)	CANCER LEGAL RESOURCE FOUNDATION 919 ALBANY STREET LOS ANGELES, CA 90015	95-2960607	501(C)3	7,500.				EDUCATION
(11)	CAPITAL BREAST CARE CENTER 650 PENNSYLVANIA AVE., WASHINGTON, DC 20003	53-0196603	501(C)3	150,000.				EDUCATION
(12)	CASA OF MARYLAND 734 UNIVERSITY BL SILVER SPRING, MD 20903	52-1372972	501(C)3	186,875.				EDUCATION

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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(1)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)3	216,048.				RESEARCH
(2)	C-CHANGE 1776 I ST, NW WASHINGTON, DC 20006	16-1641769	501(C)3	50,000.				EDUCATION
(3)	CHILDREN'S HOSPITAL, BOSTON PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)3	120,000.				RESEARCH
(4)	CHILDREN'S MEMORIAL HOSPITAL 225 E CHICAGO CHICAGO, IL 60611	36-3357005	501(C)3	48,000.				RESEARCH
(5)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AV CLEVELAND, OH 44195	91-2153073	501(C)3	60,000.				RESEARCH
(6)	COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)3	198,000.				RESEARCH
(7)	COLUMBIA UNIVERSITY MEDICAL CENTER 722 WEST 168TH ST, NEW YORK, NY 10032	13-5598093	501(C)3	417,527.				RESEARCH
(8)	COMMONWEAL PO BOX 316 BOLINAS, CA 94924	94-2366094	501(C)3	68,148.				EDUCATION
(9)	CONQUER CANCER FOUNDATION 2318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501(C)3	250,000.				EDUCATION
(10)	CORNELL UNIVERSITY, WEILL MEDICAL COLLEGE 1300 YORK AV NEW YORK, NY 10065	13-6094042	501(C)3	40,000.				RESEARCH
(11)	CORNELL UNIVERSITY, ITHACA 120 DAY HALL ITHACA, NY 14853	15-0532082	501(C)3	40,000.				RESEARCH
(12)	DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE: BP 412 BOSTON, MA 02215	04-2263040	501(C)3	2,532,935.				RESEARCH

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**Grants and Other Assistance to Organizations,
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(1)	DARTMOUTH COLLEGE 63 SOUTH MAIN ST HANOVER, NH 03755	02-0222111	501(C)3	207,145.				RESEARCH
(2)	DELTA STATE UNIVERSITY CCED 1417 COLLEGE ST CLEVELAND, MS 38733	64-6026565	501(C)3	20,000.				EDUCATION
(3)	DUKE UNIVERSITY MEDICAL CENTER. 2200 W. MAIN ST, STE 820 DURHAM, NC 27705	56-0532129	501(C)3	2,237,111.				RESEARCH
(4)	ECOG RESEARCH AND EDUCATION FOUNDATION 1818 MARKET ST PHILADELPHIA, PA 19109	39-1723095	501(C)3	171,200.				RESEARCH
(5)	EMORY UNIVERSITY WINSHIP CANCER INST PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)3	60,000.				RESEARCH
(6)	EO LAWRENCE BERKELEY NATIONAL LABORATORY UNIVERSITY OF CALIFORNIA BERKELEY, CA 94701	94-2951741	501(C)3	200,000.				RESEARCH
(7)	FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD TAMPA, FL 33647	65-0927702	501(C)3	100,000.				EDUCATION
(8)	FANNIE LOU HAMER CANCER FOUNDATION 2600 BROWNING ROAD GREENWOOD, MS 38930	86-1118042	501(C)3	20,000.				EDUCATION
(9)	FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	22-3524939	501(C)3	60,000.				RESEARCH
(10)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AV N SEATTLE, WA 98109	56-3744111	501(C)3	600,000.				RESEARCH
(11)	FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DR, ARLINGTON, VA 22202	52-1983273	501(C)3	35,000.				EDUCATION
(12)	GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL ASHBURN, VA 20147	53-0196584	501(C)3	106,927.				RESEARCH

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(1)	GEORGETOWN U BLDG D, NW WASHINGTON, DC 20057-1411	53-0196603	501(C)3	1,429,076.				RESEARCH
(2)	HARVARD MEDICAL SCHOOL 1350 MASSACHUSETTS AV CAMBRIDGE, MA 02138	04-2103580	501(C)3	348,581.				EDUCATION
(3)	HARVARD UNIVERSITY 25 SHATTUCK STREET BOSTON, MA 02115	04-2103580	501(C)3	60,000.				RESEARCH
(4)	HENRY FORD HEALTH SYSTEM 1 FORD PLACE, 5E DETROIT, MI 48202	38-1357020	501(C)3	199,616.				RESEARCH
(5)	HERALD CANCER ASSOCIATION 715 E. MISSION ROAD SAN GABRIEL, CA 91776	13-3156738	501(C)3	70,000.				EDUCATION
(6)	HOLY CROSS HOSPITAL 1500 FOREST GLEN RD SILVER SPRING, MD 20910	59-0791028	501(C)3	250,000.				EDUCATION
(7)	INDIANA U (INDIANAPOLIS) P.O. BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)3	1,771,825.				RESEARCH
(8)	INOVA HEALTH SYSTEM FOUNDATION 2700 PROSPERITY AVENUE FAIRFAX, VA 22031	54-1071867	501(C)3	75,000.				EDUCATION
(9)	INTERNATIONAL BREAST CANCER 660 JOHN NOLAN DR MADISON, WI 53711	39-1766858	501(C)3	146,394.				RESEARCH
(10)	INTERNATIONAL SCHOLARSHIP & TUITION SERV 200 CRUTCHFIELD AVE NASHVILLE, TN 37210	62-1247492	501(C)3	294,251.				EDUCATION
(11)	JOHN WAYNE CANCER INSTITUTE MOLECULAR ONCOL 2200 S MONICA BLVD SANTA MONICA, CA 90404	95-4291515	501(C)3	80,000.				RESEARCH
(12)	JOHNS HOPKINS U. 1101 EAST 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)3	2,511,037.				RESEARCH

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(1)	KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	38-1613280	501(C)3	213,035.				RESEARCH
(2)	KOREAN COMMUNITY SERVICE CENTER OF GREATER 7700 LT RIVER TURNPIKE ANNANDALE, VA 22003	11-3186054	501(C)3	90,000.				EDUCATION
(3)	LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVE WYNNEWOOD, PA 19096	23-2175659	501(C)3	391,460.				RESEARCH
(4)	LAWRENCE BERKELEY NATIONAL LABORATORY PO BOX 528 BERKELEY, CA 94701	94-2951741	501(C)3	57,914.				RESEARCH
(5)	LOYOLA UNIVERSITY 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)3	159,554.				RESEARCH
(6)	MARY'S CENTER FOR MATERNAL & CHILD CARE, IN 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	52-1594116	501(C)3	100,000.				EDUCATION
(7)	MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINTON AVE, STE 3 BOSTON, MA 02199	04-2697983	501(C)3	425,721.				RESEARCH
(8)	MAYO CLINIC AND FOUNDATION 4500 SAN PABLO RD JACKSONVILLE, FL 32224	41-6011702	501(C)3	350,000.				RESEARCH
(9)	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	41-6011702	501(C)3	220,003.				RESEARCH
(10)	MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55903	41-6011702	501(C)3	832,022.				RESEARCH
(11)	MAZZONI CENTER 21 S. 12TH ST PHILADELPHIA, PA 19107	23-2176338	501(C)3	10,000.				RESEARCH
(12)	MEDICAL COLLEGE 8701 WATERTOWN PLK RD. MILWAUKEE, WI 53226	39-0806261	501(C)3	200,000.				RESEARCH

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(1)	MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVE NEW YORK, NY 10021	13-1924236	501(C)3	747,114.				RESEARCH
(2)	MERCY HEALTH FOUNDATION 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-2173656	501(C)3	15,000.				RESEARCH
(3)	MERCY MEDICAL CENTER 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-0591658	501(C)3	348,806.				RESEARCH
(4)	METHODIST HOSPITAL RESEARCH INSTITUTE 6565 FANNIN HOUSTON, TX 77030	87-0721923	501(C)3	59,930.				RESEARCH
(5)	METROPOLITAN CHICAGO BREAST CANCER 1645 JACKSON BLVD CHICAGO, IL 60612	26-2264895	501(C)3	424,999.				SCREENING
(6)	MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501(C)3	150,000.				RESEARCH
(7)	MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 39215	64-6000775	501(C)3	46,239.				EDUCATION
(8)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PL NEW YORK, NY 10029	13-6171197	501(C)3	439,957.				RESEARCH
(9)	MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEWHAMPSHIRE AVE SILVER SPR, MD 20905	52-1072792	501(C)3	24,990.				SCREENING
(10)	NATIONAL ACADEMY OF SCIENCES 730 15TH STREET NW WASHINGTON, DC 20005	53-0196932	501(C)3	8,139.				RESEARCH
(11)	NATIONAL CANCER INSTITUTE BUILDING 31, ROOM 11A-48 BETHESDA, MD 20892	52-1986675	501(C)3	500,000.				RESEARCH
(12)	NEW YORK UNIVERSITY 665 BROADWAY NEW YORK, NY 10012	13-5562308	501(C)3	40,000.				RESEARCH

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(1)	NEW YORK UNIVERSITY SCHOOL OF MED ONE PARK AVE NEW YORK, NY 10016	13-5562308	501(C)3	320,000.				RESEARCH
(2)	NORTHWESTERN UNIV. - EVANSTON 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)3	359,936.				RESEARCH
(3)	NOVA RESEARCH COMPANY 4600 EW HIGHWAY BETHESDA, MD 20814	52-1477125	501(C)3	6,800.				EDUCATION
(4)	NUEVA VIDA 2000 P STREET NW WASHINGTON, DC 20036	25-1410081	501(C)3	100,000.				EDUCATION
(5)	OHIO STATE UNIVERSITY, COLLEGE OF MED 333 WEST 10TH AVE COLUMBUS, OH 43210	31-6025986	501(C)3	120,000.				RESEARCH
(6)	OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST PORTLAND, OR 97239	23-7083114	501(C)3	566,171.				RESEARCH
(7)	PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)3	1,000,000.				TREATMENT
(8)	PENFOLD-PATTERSON RESEARCH INSTITUTE 1700 EL CAMINO REAL MENLO PARK, CA 94025	27-0578063	501(C)3	400,000.				RESEARCH
(9)	PENNSYLVANIA STATE UNIV. COLLEGE OF MEDI H138 500 UNIVERSITY DR HERSHEY, PA 17033	23-6298308	501(C)3	160,344.				RESEARCH
(10)	PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22314	52-1429544	501(C)3	99,950.				EDUCATION
(11)	PRIMARY CARE COALITION-MONTGOMERY CTY INC 8757 GEORGIA AVE SILVER SPRING, MD 20910	52-1847976	501(C)3	561,745.				SCREENING
(12)	PRINCE GEORGE'S COUNTY HEALTH DEPT 1801 MCCORMICK DR LARGO, MD 20774	52-2046026	501(C)3	40,000.				EDUCATION

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(1)	PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501(C)3	256,250.				RESEARCH
(2)	PROTEOGENOMICS RESEARCH INSTITUTE 11107 ROSELLE ST SAN DIEGO, CA 92121	80-0418281	501(C)3	200,000.				RESEARCH
(3)	PROVIDENCE HEALTH FOUNDATION 1150 VARNUM STREET, NE WASHINGTON, DC 20017	52-1275583	501(C)3	500,000.				SCREENING
(4)	PROVIDENCE PORTLAND MEDICAL CENTER P.O. BOX 13993 PORTLAND, OR 97213	93-0386906	501(C)3	197,963.				RESEARCH
(5)	PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673	35-6002041	501(C)3	79,979.				RESEARCH
(6)	QUANTUM LEAP HEALTHCARE COLLABORATIVE 320 FAIRWAY DRIVE HALF MOON BAY, CA 94019	20-4284925	501(C)3	38,000.				EDUCATION
(7)	REAGAN UDALL FOUNDATION 800 I STREET NW WASHINGTON, DC 20001	26-3727917	501(C)3	90,000.				EDUCATION
(8)	RESEARCH ADVOCACY NETWORK 6505 W PARK BLVD PLANO, TX 75093	35-2209499	501(C)3	79,440.				EDUCATION
(9)	RESEARCH FOUNDATION OF SUNY 35 STATE STREET ALBANY, NY 12207	14-1368361	501(C)3	48,000.				RESEARCH
(10)	ROSWELL PARK ALLIANCE FOUNDATION ROSWELL PK CANCER INST BUFFALO, NY 14263	16-1391608	501(C)3	20,000.				RESEARCH
(11)	SANFORD RESEARCH 2301 EAST 60TH ST N SIOUX FALLS, SD 57104	36-3297853	501(C)3	120,000.				RESEARCH
(12)	SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)3	105,000.				RESEARCH

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SMITH FARM CENTER FOR HEALING & THE ARTS 1632 U STREET NW WASHINGTON, DC 20009	52-1977976	501(C)3	233,333.				EDUCATION
(2)	SOCIETY FOR SURGICAL ONCOLOGY 85 W. ALGONQUIN RD ARLINGTON HTS, IL 60005	13-6161070	501(C)3	57,500.				RESEARCH
(3)	SOCIETY FOR WOMEN'S HEALTH RESEARCH 1025 CONNECTICUT AV NW WASHINGTON, DC 20036	52-1694732	501(C)3	755,015.				RESEARCH
(4)	SOUTHERN ILLINOIS UNIVERSITY PO BOX 19616 SPRINGFIELD, IL 62794	37-6005961	501(C)3	11,982.				RESEARCH
(5)	STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	553,082.				RESEARCH
(6)	SUNY AT BUFFALO 402 CROFTS HALL BUFFALO, NY 14260	16-6020461	501(C)3	115,798.				RESEARCH
(7)	SUNY AT STONY BROOK PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)3	467,432.				RESEARCH
(8)	THE ASCO CANCER FOUNDATION 1900 DUKE ST ALEXANDRIA, VA 22314	31-1667995	501(C)3	2,475,000.				EDUCATION
(9)	THE GENERAL HOSPITAL CORP 50 STANIFORD ST BOSTON, MA 02114	04-1564655	501(C)3	983,687.				RESEARCH
(10)	THE HOPE FOUNDATION P.O. BOX 483 ANN ARBOR, MI 48106	74-2655302	501(C)3	683,200.				RESEARCH
(11)	THE MAUTNER PROJECT 1300 19TH STREET NW WASHINGTON, DC 20036	52-1703915	501(C)3	100,000.				EDUCATION
(12)	THE OHIO STATE UNIVERSITY COLLEGE 700 CHILDREN'S DR COLUMBUS, OH 43205	38-1746722	501(C)3	24,868.				RESEARCH

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(1)	THE RED DEVILS PO BOX 36291 TOWSON, MD 21286	74-3070929	501(C)3	50,000.				TREATMENT
(2)	THE SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-6136024	501(C)3	200,000.				RESEARCH
(3)	THE UNIVERSITY OF CHICAGO 970 EAST 58TH ST CHICAGO, IL 60637	36-2177139	501(C)3	200,000.				RESEARCH
(4)	THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6434390	501(C)3	174,797.				RESEARCH
(5)	THOMAS JEFFERSON UNIVERSITY 201 S 11TH ST. PHILADELPHIA, PA 19107	23-2840151	501(C)3	1,991,793.				RESEARCH
(6)	TOM LANTOS FOUNDATION FOR HUMAN RIGHTS 19 PLEASANT STREET CONCORD, NH 03301	35-2325429	501(C)3	10,000.				EDUCATION
(7)	TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N FIFTH STREET PHOENIX, AZ 85004	75-3065445	501(C)3	88,637.				RESEARCH
(8)	TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BOSTON, MA 02215	04-2103547	501(C)3	158,858.				RESEARCH
(9)	TRUSTEES OF COLUMBIA UNIV. 722 WEST 168 ST, NEW YORK, NY 10032	13-3957095	501(C)3	200,000.				RESEARCH
(10)	TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-3532914	501(C)3	436,760.				RESEARCH
(11)	UNIV OF ARKANSAS FOR MEDICAL SCIENCE 4301 W MARKHAM, LITTLE ROCK, AR 72205	71-6056774	501(C)3	19,531.				EDUCATION
(12)	UNIV OF COLO DENVER HEALTH SCIENCES CTR. PO BOX 910238 DENVER, CO 80291	84-6000555	501(C)3	648,146.				RESEARCH

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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(1)	UNIV OF KENTUCKY RESEARCH FOUNDATION P.O. BOX 931113 CLEVELAND, OH 41193	61-6033693	501(C)3	491,553.				RESEARCH
(2)	UNIV OF LOUISVILLE RSRCH FOUNDATION, INC 521 STEVENSON HALL LOUISVILLE, KY 40292	61-1029626	501(C)3	107,978.				RESEARCH
(3)	UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)3	547,256.				RESEARCH
(4)	UNIV OF NORTH CAROLINA AT CHARLOTTE 9201 UNIV CTY BLVD CHARLOTTE, NC 28223	56-6059417	501(C)3	60,000.				RESEARCH
(5)	UNIV OF SOUTHERN CALIFORNIA 1540 ALCAZAR STREET LOS ANGELES, CA 90033	95-1642394	501(C)3	210,869.				RESEARCH
(6)	UNIV OF TEXAS MD ANDERSON CANCER CENTER P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501(C)3	1,801,398.				RESEARCH
(7)	UNIV. OF PA SCHOOL OF MEDICINE 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)3	120,000.				RESEARCH
(8)	UNIVERSITY MIAMI SCHOOL OF MEDICINE. OFFC OF EXP COMP MIAMI, FL 33136	59-0624458	501(C)3	885,904.				RESEARCH
(9)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S, BIRMINGHAM, AL 35294	63-6005396	501(C)3	1,704,949.				RESEARCH
(10)	UNIVERSITY OF ARIZONA PO BOX 44390 TUCSON, AZ 85733	74-2652689	501(C)3	20,000.				RESEARCH
(11)	UNIVERSITY OF CALIFORNIA - SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501(C)3	60,000.				RESEARCH
(12)	UNIVERSITY OF CALIFORNIA - DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)3	449,157.				RESEARCH

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Department of the Treasury
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(1)	UNIVERSITY OF CALIFORNIA - IRVINE BIOLOGICAL SCIENCE 3 IRVINE, CA 92697	95-2226406	501(C)3	260,000.				RESEARCH
(2)	UNIVERSITY OF CA - SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)3	695,698.				RESEARCH
(3)	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-6036493	501(C)3	3,400,047.				RESEARCH
(4)	UNIVERSITY OF CALIFORNIA - LOS ANGELES 10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501(C)3	535,000.				RESEARCH
(5)	UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PKWY ORLANDO, FL 32828	59-3086453	501(C)3	349,442.				RESEARCH
(6)	UNIVERSITY OF CINCINNATI 51 GOODMAN DR, CINCINNATI, OH 45221	31-6000989	501(C)3	420,582.				RESEARCH
(7)	UNIVERSITY OF COLORADO HEALTH SCIENCES C 13001 E 17TH PL, AURORA, CO 80045	84-6000555	501(C)3	166,085.				RESEARCH
(8)	UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-0974739	501(C)3	160,000.				RESEARCH
(9)	UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU, HI 96822	99-6000354	501(C)3	9,880.				RESEARCH
(10)	UNIVERSITY OF HOUSTON P.O. BOX 988 HOUSTON, TX 77001	74-6001399	501(C)3	264,726.				RESEARCH
(11)	UNIVERSITY OF ILLINOIS AT CHICAGO 809 S. MARSHFIELD AVE, CHICAGO, IL 60608	37-6000511	501(C)3	328,466.				RESEARCH
(12)	UNIVERSITY OF IOWA AT CARVER COLLEGE B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)3	48,000.				RESEARCH

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(1)	UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)3	612,646.				RESEARCH
(2)	UNIVERSITY OF LOUISVILLE 521 STEVENSON HALL LOUISVILLE, KY 40292	61-1029626	501(C)3	467,440.				RESEARCH
(3)	UNIVERSITY OF MARYLAND AT BALTIMORE P.O. BOX 41428 BALTIMORE, MA 20203	31-1678679	501(C)3	770,001.				RESEARCH
(4)	UNIVERSITY OF MASSACHUSETTS AMHERST GODELL BLDG, BOX 33210 AMHERST, MA 01003	54-2084125	501(C)3	6,587.				RESEARCH
(5)	UNIVERSITY OF MICHIGAN WOLVERINE TOWER ANN ARBOR, MI 48109-1274	38-6006309	501(C)3	2,112,387.				RESEARCH
(6)	UNIVERSITY OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 55455	41-6007513	501(C)3	950,279.				RESEARCH
(7)	UNIVERSITY OF MISSOURI 341 WOODS HALL ST. LOUIS, MO 63121	43-6003859	501(C)3	27,194.				RESEARCH
(8)	UNIVERSITY OF NEBRASKA 985100 NEBRASKA MED CTR OMAHA, NE 68198	47-0049123	501(C)3	280,000.				RESEARCH
(9)	UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(C)3	176,232.				RESEARCH
(10)	UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR GRAND FORKS, ND 58202	20-3332779	501(C)3	40,000.				RESEARCH
(11)	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES C 1100 N LINDSAY OKLAHOMA CITY, OK 73104	73-6017987	501(C)3	216,127.				RESEARCH
(12)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST. PHILADELPHIA, PA 19104	23-1352685	501(C)3	260,000.				RESEARCH

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(1)	UNIVERSITY OF PITTSBURGH 139 UNIVERSITY PLACE PITTSBURGH, PA 15260	25-0966691	501(C)3	308,000.				RESEARCH
(2)	UNIVERSITY OF PORTLAND 5000 N. WILLMETTE BLVD PORTLAND, OR 97203	93-0401259	501(C)3	50,000.				EDUCATION
(3)	UNIVERSITY OF ROCHESTER 1325 MT. HOPE AVE ROCHESTER, NY 14620	16-0743209	501(C)3	29,986.				RESEARCH
(4)	UNIVERSITY OF SOUTH DAKOTA 2301 EAST 60TH ST N SIOUX FALLS, SD 57104	46-6018891	501(C)3	197,098.				RESEARCH
(5)	UNIVERSITY OF SOUTHERN CALIFORNIA 1540 ALCAZAR STREET LOS ANGELES, CA 90033	95-1642394	501(C)3	60,000.				RESEARCH
(6)	UNIVERSITY OF TENNESSEE 1924 ALCOA HWY KNOXVILLE, TN 37920	31-1626179	501(C)3	212,608.				RESEARCH
(7)	UNIVERSITY OF TEXAS AT HEALTH SCIENCE CTR 7000 FANNIN STREET HOUSTON, TX 77030	74-1586031	501(C)3	254,820.				RESEARCH
(8)	UNIVERSITY OF TEXAS HEALTH SCIENCE CTR 7703 FLOYD CURL DR, SAN ANTONIO, TX 78229	74-1761309	501(C)3	200,000.				RESEARCH
(9)	UNIVERSITY OF UTAH 75 SOUTH 2000 SALT LAKE CITY, UT 84112	87-6000525	501(C)3	86,179.				RESEARCH
(10)	UNIVERSITY OF VERMONT 85 S PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)3	126,958.				RESEARCH
(11)	UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-1682176	501(C)3	229,920.				RESEARCH
(12)	UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	501(C)3	653,190.				RESEARCH

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(1)	UNIVERSITY OF WISCONSIN - MADISON 21 NORTH PARK ST., MADISON, WI 53715	39-6006492	501(C)3	547,009.				RESEARCH
(2)	UNT HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	75-6064033	501(C)3	60,000.				RESEARCH
(3)	UT HSC - SAN ANTONIO 7703 FLOYD CURL DR SAN ANTONIO, TX 77229	74-1586031	501(C)3	220,000.				RESEARCH
(4)	UT HSC - HOUSTON PO BOX 203382 HOUSTON, TX 77216	74-1761309	501(C)3	31,257.				RESEARCH
(5)	UT SOUTHWESTERN MEDICAL CENTER AT DALLAS P.O. BOX 841753 DALLAS, TX 75284-1753	75-6002868	501(C)3	128,924.				EDUCATION
(6)	UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BLVD, HOUSTON, TX 77030-4009	74-6001118	501(C)3	5,002,462.				RESEARCH
(7)	VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE NASHVILLE, TN 37203-8480	62-0476822	501(C)3	932,235.				RESEARCH
(8)	VIETNAMESE RESETTLEMENT ASSOCIATION 6131 WILLSTON DR., FALLS CHURCH, VA 22044	54-1512549	501(C)3	100,000.				EDUCATION
(9)	WAKE FOREST BAPTIST MED. CENTER MEDICAL CTR BLVD WINSTON-SALEM, NC 27157	56-0552787	501(C)3	11,837.				RESEARCH
(10)	WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501(C)3	200,000.				RESEARCH
(11)	WASHINGTON CANCER INSTITUTE 110 IRVING STREET NW WASHINGTON, DC 20010	52-1791670	501(C)3	150,000.				EDUCATION
(12)	WASHINGTON UNIVERSITY AT ST. LOUIS 660 S. EUCLID AVE., ST. LOUIS, MO 63110	43-0653611	501(C)3	3,371,090.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WAYNE STATE UNIVERSITY 5057 WOODWARD AVE, 13TH FL DETROIT, MI 48202	38-3555142	501(C)3	365,652.				RESEARCH
(2)	WEILL MEDICAL COLLEGE OF CORNELL UNIV 575 LEXINGTON AVENUE NEW YORK, NY 10022	13-6094042	501(C)3	48,000.				RESEARCH
(3)	WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)3	450,000.				RESEARCH
(4)	WHITEHEAD INST FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)3	264,000.				RESEARCH
(5)	YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06510	06-0646973	501(C)3	844,974.				RESEARCH
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 182.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2011)

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

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

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
 SUSAN G. KOMEN FOR THE CURE'S (THE ORGANIZATION) POLICIES FOR MANAGING
 RESEARCH GRANTS FROM THE TIME OF INITIAL AWARD THROUGH COMPLETION SEEK TO
 MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST STANDARD OF
 ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE PEER REVIEW AND
 FUNDING PROCESS. THROUGHOUT THE TERM OF THE GRANT, SCIENTIFIC PROGRESS
 IS MONITORED BY A SCIENCE MANAGER ASSIGNED TO THE GRANT. GRANTEE IS
 REQUIRED TO SUBMIT SCIENTIFIC PROGRESS REPORTS ON EACH ANNIVERSARY OF THE
 GRANT START DATE FOR THE DURATION OF THE PROJECT, EXCEPT FOR THE FINAL

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

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

YEAR OF THE GRANT WHEN A FINAL REPORT IS DUE NO LATER THAN 30 DAYS AFTER THE END DATE OF THE GRANT TERM. AN ANNUAL SCIENTIFIC PROGRESS REPORT ALSO IS DUE IF THE GRANTEE IS REQUESTING AN EXTENSION TO THE END OF THE GRANT TERM OR ACCELERATION OF THE GRANT TERM.

PROGRESS REPORTS MUST INCLUDE THE FOLLOWING SECTIONS: HYPOTHESIS AND SPECIFIC AIMS: A DESCRIPTION OF PROGRESS MADE DURING THE REPORTING PERIOD FOR EACH AIM, DATA SUPPORTING THE DESCRIBED PROGRESS, JUSTIFICATION FOR DELAYS, THE PROJECTED COMPLETION DATE FOR RESEARCH ADDRESSING THE SPECIFIC AIM, AND CURRENT STATUS. RESEARCH OUTCOME

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

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

HIGHLIGHT: A LIST OF THE RESEARCH ACCOMPLISHMENTS DURING THE REPORTING PERIOD.

PUBLICATIONS, PRESENTATIONS & POSTERS: A LIST OF ALL MANUSCRIPTS SUBMITTED DURING THE REPORTING PERIOD THAT ARE RELATED TO THE RESEARCH PROJECT, IN PRESS OR PUBLISHED, WITH FULL CITATION INFORMATION AND A LIST OF ALL POSTERS DISPLAYED OR PRESENTATIONS DELIVERED AT SCIENTIFIC MEETINGS DURING THE REPORTING PERIOD.

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

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

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

PATENTS OR PATENT APPLICATIONS FILED DURING THE REPORTING PERIOD AND A LIST OF SPECIFIC RESEARCH PRODUCTS DEVELOPED DURING THE REPORTING PERIOD. EXAMPLES OF PRODUCTS INCLUDE NOVEL THERAPEUTIC TARGETS, BIOMARKERS, VECTORS, NOVEL THERAPIES, RISK ASSESSMENT TOOLS AND/OR ALGORITHMS, NEW TECHNOLOGIES, EDUCATIONAL MATERIALS, ETC.

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

RESEARCH CONCLUSIONS (FINAL REPORTS ONLY): A BRIEF NARRATIVE FOLLOWED BY

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

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

A BULLETED OR NUMBERED LIST OF THE KEY OUTCOMES, RESEARCH ACCOMPLISHMENTS, AND CONCLUSIONS FOR THE RESEARCH PROJECT; A BRIEF DESCRIPTION OF THE FUTURE PROSPECTS OR NEXT STEPS IN THE LINE OF INQUIRY; A SUMMARY EVALUATING THE IMPACT OF KOMEN FUNDING ON THE RESEARCH, AND FOR TRAINING GRANTS, ON THE CAREER DEVELOPMENT OF THE TRAINEE. SCIENTIFIC PROGRESS REPORTS ARE SUBMITTED ONLINE VIA PROPOSAL CENTRAL USING THE TEMPLATES PROVIDED BY KOMEN. WITH REASONABLE PRIOR NOTICE TO GRANTEE, THE ORGANIZATION MAY REQUIRE ADDITIONAL REPORTING FROM GRANTEE AND ALSO MAY REQUIRE GRANTEE TO PARTICIPATE IN SITE VISITS, TELEPHONE CONFERENCES, PRESENTATIONS OR OTHER

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

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

SPEAKING ENGAGEMENTS.

ALL GRANT FUNDS MUST BE EXPENDED IN ACCORDANCE WITH THE PROJECT'S APPROVED BUDGET. KOMEN WILL DISBURSE THE FIRST YEAR'S BUDGETED GRANT FUNDS WITHIN THIRTY (30) DAYS OF THE EFFECTIVE DATE OF THE GRANT. FOR EACH ADDITIONAL YEAR, EXCLUDING THE FINAL YEAR OF THE GRANT TERM, KOMEN WILL DISBURSE ONE HUNDRED PERCENT (100%) OF THE BUDGETED FUNDS FOR THAT YEAR AFTER REVIEW AND APPROVAL OF A SATISFACTORY AND TIMELY SCIENTIFIC PROGRESS REPORT AND FINANCIAL REPORT FOR THE PRIOR YEAR, UPDATED IACUC/IRB APPROVALS (AS APPLICABLE), AND ANY OTHER DOCUMENTS REQUESTED BY

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

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

KOMEN FOR ITS APPROVAL. FOR THE FINAL YEAR OF THE GRANT, KOMEN WILL DISBURSE EIGHTY PERCENT (80%) OF THE APPROVED BUDGET FUNDS AFTER REVIEW AND APPROVAL OF A SATISFACTORY SCIENTIFIC PROGRESS REPORT AND FINANCIAL REPORT FOR THE PRIOR YEAR, AND THE SUBMISSION OF UPDATED IACUC/IRB (AS APPLICABLE), AND ANY OTHER DOCUMENTS REQUESTED BY KOMEN FOR APPROVAL. THE REMAINING TWENTY PERCENT (20%) OF FUNDS WILL BE DISBURSED UPON RECEIPT OF A SATISFACTORY FINAL RESEARCH REPORT, FINAL FINANCIAL REPORT, AND ANY OTHER DOCUMENTS REQUIRED BY KOMEN. AS PART OF ITS OVERSIGHT OF RESEARCH PROGRESS, KOMEN MAY ADJUST THE PROJECT REPORTING PERIOD AND ASSOCIATED DISBURSEMENT OF GRANT FUNDS AT ANY TIME DURING THE GRANT TERM WITH PRIOR

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

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

WRITTEN NOTICE TO GRANTEE. ANNUAL FINANCIAL REPORTS ARE DUE NO LATER THAN 30 DAYS AFTER EACH ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE GRANT TERM, WITH THE EXCEPTION OF THE FINAL FINANCIAL REPORT, WHICH IS DUE NO LATER THAN 60 DAYS AFTER THE END DATE OF THE GRANT TERM. ALL EXPENDITURES MUST BE REPORTED IN UNITED STATES DOLLARS (\$USD). GRANTEE MUST SUBMIT A REQUEST FOR BUDGET CHANGE FORM IN PC IN THE EVENT GRANTEE WISHES TO MOVE FUNDS ACROSS BUDGET CATEGORIES IN EXCESS OF THE ALLOWABLE LIMITS. ANY UNEXPENDED FUNDS MUST BE REMITTED WITH FINAL FINANCIAL REPORT TO THE ORGANIZATION, UNLESS OTHERWISE DIRECTED BY THE ORGANIZATION.

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

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

KOMEN WILL NOT BE RESPONSIBLE FOR A) ANY EXPENDITURE MADE PRIOR TO THE EFFECTIVE DATE OR AFTER THE TERMINATION OF THE GRANT, B) COMMITMENTS MADE DURING THE GRANT TERM BUT NOT PAID WITHIN SIXTY (60) DAYS FOLLOWING THE EXPIRATION OF THE GRANT AGREEMENT, C) EXPENDITURES THAT ARE NOT PERMITTED AS DESCRIBED WITHIN THE RFA, OR D) ANY EXPENDITURE THAT IS INCONSISTENT WITH THE APPROVED RESEARCH PLAN AND BUDGET OR THAT EXCEEDS THE TOTAL AMOUNT OF THE GRANT.

KOMEN OR ITS DESIGNATED REPRESENTATIVES SHALL HAVE THE RIGHT TO REQUEST

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

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

AND RECEIVE FROM THE GRANTEE INSTITUTION AND PI, CO-PI AND MENTOR, AS WELL AS THE INSTITUTIONS AND PRINCIPAL INVESTIGATORS, CO-PRINCIPAL INVESTIGATORS AND MENTORS INVOLVED IN ANY CONSORTIUM OR SUBCONTRACT, COPIES OF ANY AND ALL DOCUMENTS AND OTHER INFORMATION RELATED TO THE GRANT AT ANY TIME DURING OR AFTER THE TERM OF THE GRANT. THIS RIGHT INCLUDES, BUT IS NOT LIMITED TO, THE RIGHT TO REVIEW ALL FINANCIAL BOOKS AND RECORDS RELATED TO THE GRANT AND TO PERFORM AN AUDIT OR OTHER ACCOUNTING PROCEDURES OF ALL EXPENSES RELATED DIRECTLY OR INDIRECTLY TO THE GRANT.

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

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

THE ORGANIZATION'S POLICIES FOR MANAGING COMMUNITY GRANTS AND OTHER NON-RESEARCH RELATED GRANTS FROM THE TIME OF INITIAL AWARD THROUGH COMPLETION SEEK TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE PEER REVIEW AND FUNDING PROCESS. ALL GRANTEES MUST SIGN A GRANT CONTRACT WHICH SETS FORTH THE TERMS OF THE GRANT, INCLUDING THE PURPOSE OF THE GRANT, AMOUNT, BUDGETARY RESTRICTIONS, DURATION PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AND AUDIT AND EARLY TERMINATION RIGHTS FOR THE ORGANIZATION. THE GRANTEE IS REQUIRED TO SUBMIT PROGRESS REPORTS (TYPICALLY EVERY SIX MONTHS) THAT DETAIL PROGRESS TOWARDS MEETING EACH OF

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

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

THE OBJECTIVES AND ANY CHALLENGES ENCOUNTERED. THE REPORT MUST ALSO INCLUDE A FULL ACCOUNTING OF GRANT FUNDS AWARDED (ACTUAL VERSUS BUDGETED EXPENSES). THE PROGRAM MANAGER CONDUCTS SITE VISITS WITH THE GRANTEE WHEN APPROPRIATE TO BUILD A STRONGER RELATIONSHIP WITH THE GRANTEE; TO GAIN A BETTER UNDERSTANDING OF ITS WORK; AND TO ADDRESS ANY CHALLENGES OR PROBLEMS THE GRANTEE IS FACING. ANY CHANGES TO THE PROJECT MUST BE APPROVED BY THE ORGANIZATION'S PROGRAM MANAGER IN WRITING IN ADVANCE OF 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

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

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

UNEXPENDED FUNDS MUST BE REMITTED WITH THE FINAL REPORT AND FINAL FINANCIAL REPORT TO THE ORGANIZATION UNLESS OTHERWISE DIRECTED BY THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 NANCY G. BRINKER	(i)	548,765.	124,450.	11,502.	10,195.	1,235.	696,147.	0
	(ii)	0	0	0	0	0	0	0
2 ELIZABETH THOMPSON	(i)	321,726.	51,000.	2,520.	9,980.	6,972.	392,198.	0
	(ii)	0	0	0	0	0	0	0
3 KATRINA MCGHEE	(i)	277,068.	39,750.	2,206.	10,056.	2,317.	331,397.	0
	(ii)	0	0	0	0	0	0	0
4 MARK NADOLNY	(i)	289,379.	44,137.	4,180.	13,528.	7,591.	358,815.	0
	(ii)	0	0	0	0	0	0	0
5 JONATHAN BLUM	(i)	200,862.	33,863.	129,609.	10,066.	10,307.	384,707.	0
	(ii)	0	0	0	0	0	0	0
6 LESLEY LURIE	(i)	167,850.	15,445.	2,132.	10,124.	4,687.	200,238.	0
	(ii)	0	0	0	0	0	0	0
7 ERIC WINER	(i)	183,842.	27,000.	0	0	0	210,842.	0
	(ii)	0	0	0	0	0	0	0
8 JULIE TEER	(i)	202,931.	25,450.	1,997.	0	0	230,378.	0
	(ii)	0	0	0	0	0	0	0
9 DAVID DAWSON	(i)	195,759.	22,325.	2,045.	9,248.	6,972.	236,349.	0
	(ii)	0	0	0	0	0	0	0
10 MARGO LUCERO	(i)	153,513.	17,650.	1,952.	10,715.	10,472.	194,302.	0
	(ii)	0	0	0	0	0	0	0
11 CHANDINI PORTEUS	(i)	154,843.	14,670.	1,691.	10,448.	4,558.	186,210.	0
	(ii)	0	0	0	0	0	0	0
12 NANCY MACGREGOR	(i)	173,964.	21,450.	3,400.	12,015.	4,772.	215,601.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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/FOUNDER IS APPROVED FOR FIRST CLASS TRAVEL. WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COST.

SCHEDULE J, PART I, LINE 4A

A SEVERANCE PAYMENT WAS MADE TO JONATHAN BLUM DURING CALENDAR YEAR 2011.

SCHEDULE J, PART I, LINE 6A

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AT BREAKEVEN. THIS SMARTPAY INCENTIVE PLAN IS AN ANNUAL PROGRAM, GIVING
FULL DISCRETION TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR RENEWAL,
SUSPENSION, OR TERMINATION OF THE PLAN. THE SMARTPAY INCENTIVE PLAN IS
AVAILABLE TO ALL EMPLOYEES OF THE PARENT WHO MEET ELIGIBILITY
REQUIREMENTS. \$1,301,999 WAS PAID OUT DURING CALENDAR YEAR 2011.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2011

**Open To Public
Inspection**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3.	43,770.	COST OR SALE PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		1,051.	28,300.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
DESK	X	1.	150.	COST OR SALE PRICE
GOLF PUTTERS, HD COV, POUCH	X	1050.	28,150.	COST OR SALE PRICE
TOTALS		<u>1,051.</u>	<u>28,300.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

75-1835298

VOLUNTEERS

FORM 990, PART I, QUESTION 6

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

PROGRAM SERVICE ACCOMPLISHMENTS

PART III

NANCY G. BRINKER PROMISED HER DYING SISTER, SUSAN G. KOMEN, THAT SHE
WOULD DO EVERYTHING IN HER POWER TO END BREAST CANCER FOREVER. IN 1982,
THAT PROMISE BECAME SUSAN G. KOMEN FOR THE CURE (KOMEN) AND LAUNCHED THE
GLOBAL BREAST CANCER MOVEMENT. TODAY, SUSAN G. 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
RACE FOR THE CURE, KOMEN AND ITS AFFILIATES HAVE INVESTED \$2.2 BILLION TO
FULFILL ITS PROMISE, BECOMING THE LARGEST SOURCE OF NONPROFIT FUNDS
DEDICATED TO THE FIGHT AGAINST BREAST CANCER IN THE WORLD.

A - RESEARCH AND TRAINING

KOMEN HAS CONTRIBUTED TO MAJOR ADVANCES IN BREAST CANCER RESEARCH OVER
THE PAST 30 YEARS. KOMEN'S RESEARCH PROGRAMS ARE DESIGNED TO ADVANCE THE
TRANSLATION OF RESEARCH DISCOVERIES INTO NEW WAYS TO DIAGNOSE, TREAT, AND
PREVENT BREAST CANCER, LEADING TO A REDUCTION OF BREAST CANCER INCIDENCE
AND MORTALITY WITHIN THE NEXT DECADE. TO ENSURE MAXIMUM IMPACT FOR ITS

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RESEARCH DOLLARS, KOMEN IS GUIDED BY A SCIENTIFIC ADVISORY BOARD, A GROUP OF INTERNATIONALLY RECOGNIZED DOCTORS, SCIENTISTS AND ADVOCATES, AND CONSULTS WITH THE KOMEN SCHOLARS, A GROUP COMPRISED OF 68 SCIENTISTS AND ADVOCATES.

KOMEN AWARDS GRANTS TO INDIVIDUAL SCIENTISTS, RESEARCH TEAMS, AND ORGANIZATIONS AROUND THE WORLD THROUGH COMPETITIVE, REVIEW PROCESSES THAT ENSURE MAXIMUM IMPACT FOR OUR RESEARCH DOLLARS.

IN FISCAL YEAR 2012, KOMEN MADE 144 GRANTS THROUGH ITS RESEARCH AND TRAINING GRANTS PROGRAM TO SUPPORT RESEARCH AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, BELGIUM, AND CANADA.

THE FOLLOWING REQUEST FOR APPLICATIONS (RFA) DRIVEN GRANT OPPORTUNITIES WERE OFFERED BY KOMEN DURING FISCAL YEAR 2012:

-PROMISE GRANTS: LARGE-SCALE GRANTS, UP TO \$4.2 MILLION EACH, DURING A THREE-YEAR PERIOD, TARGETED TO RESEARCH THAT SEEKS TO UNDERSTAND AND PREVENT LATE RECURRENCE OF BREAST CANCER.

-POST-DOCTORAL FELLOWSHIPS: GRANTS OF \$60,000 PER YEAR FOR TWO OR THREE YEARS, TO ATTRACT, TRAIN, AND RETAIN PROMISING YOUNG RESEARCHERS INTO THE FIELD OF BREAST CANCER RESEARCH.

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

-INVESTIGATOR INITIATED RESEARCH: GRANTS OF UP TO \$25,000 PER YEAR FOR

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number
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THREE TO FOUR YEARS, TO EXPLORE NEW IDEAS AND APPROACHES WITH SIGNIFICANT POTENTIAL TO LEAD TO REDUCTIONS IN BREAST CANCER MORTALITY AND/OR INCIDENCE WITHIN THE DECADE.

-POST BACCALAUREATE IN DISPARITIES RESEARCH: GRANTS UP TO \$135,000 PER YEAR OVER THREE YEARS, TO SUPPORT TRAINING PROGRAMS FOR GRADUATE STUDENTS IN THE AREA OF BREAST CANCER DISPARITIES IN BREAST CANCER OUTCOMES ACROSS POPULATION GROUPS.

THE GRANT SLATE APPROVED FOR FUNDING THROUGH THE ABOVE-REFERENCED OPPORTUNITIES IS COMPRISED OF THE FOLLOWING:

-THE MAJORITY OF THE GRANTS WILL ADDRESS IMPORTANT QUESTIONS RELATED TO THE BIOLOGY OF BREAST CANCER (46%), INCLUDING UNDERSTANDING CHROMOSOMAL CHANGES IN THE INITIATION OF BREAST CANCER, THE ROLE OF ONCOGENES AND TUMOR SUPPRESSOR GENES.

-OF THE BIOLOGY-BASED PROJECTS, THE MAJOR FOCUS OF THESE PROJECTS IS ON BREAST CANCER PROGRESSION AND METASTASIS.

-GRANTS ADDRESSING METHODS FOR TREATMENT, WITH SIGNIFICANT FOCUS ON DISCOVERY AND DEVELOPMENT OF SYSTEMIC THERAPIES, ARE THE SECOND HIGHEST CONCENTRATION OF GRANTS (27%) .

-GRANTS ADDRESSING EARLY DETECTION, DIAGNOSIS AND PROGNOSIS, WITH SIGNIFICANT FOCUS ON BIOMARKER DISCOVERY, VALIDATION, AND APPLICATION COMPRISE 12% OF THE GRANT SLATE.

-GRANTS ADDRESSING THE EXOGENOUS AND ENDOGENOUS CAUSES OF BREAST CANCER (ETIOLOGY) COMPRISE 5% OF THE GRANT SLATE.

-GRANTS INVESTIGATING ISSUES RELATED TO CANCER CONTROL, SURVIVORSHIP, AND

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OUTCOMES COMPRISE 6% OF THE GRANT SLATE.

-GRANTS FOCUSING ON STRATEGIES TO PREVENT BREAST CANCER, SUCH AS THROUGH THE USE OF VACCINES AND PERSONAL BEHAVIOR INTERVENTIONS, COMPRISE 4% OF THE GRANT SLATE.

BELOW ARE SPECIFIC EXAMPLES OF PROMISING RESEARCH AND TRAINING GRANTS COMMITTED IN FISCAL YEAR 2012:

-A \$4 MILLION PROMISE GRANT TO DRs. MATTHEW ELLIS AND PASCAL MEIER, OF WASHINGTON UNIVERSITY IN ST. LOUIS TO BETTER IDENTIFY WHICH WOMEN WITH ER-POSITIVE DISEASE ARE AT HIGHEST RISK FOR LATE RECURRENCE, AND THEN TARGETING THOSE AT HIGH RISK WITH MORE EFFECTIVE THERAPIES. THE TEAM WILL STUDY CHANGES IN THE DNA STRUCTURE OF BREAST CANCER CELLS VERSUS NORMAL CELLS, AND DEVELOP BETTER WAYS TO KILL THE BREAST CANCER CELLS BEFORE THEY SPREAD.

-A \$4 MILLION PROMISE GRANT TO DRs. BERT O'MALLEY AND KENT OSBORNE, AT BAYLOR COLLEGE OF MEDICINE IN HOUSTON, TO IDENTIFY WOMEN WHO WILL NOT BENEFIT FROM THE MOST COMMONLY USED THERAPIES TODAY - TAMOXIFEN OR AROMATASE INHIBITORS - AND DEVELOP NEW THERAPIES FOR WOMEN WITH THIS FORM OF THE DISEASE. THIS STUDY MAY LEAD TO THE FIRST NEW DRUG IN YEARS TO PREVENT RECURRENCE IN WOMEN WITH ER-POSITIVE BREAST CANCER.

-A \$250,000 SCHOLAR GRANT TO DR. ANNE MCTIERNAN, OF THE FRED HUTCHINSON CANCER RESEARCH CENTER IN SEATTLE, TO INVESTIGATE THE INCREMENTAL EFFECT OF VITAMIN D SUPPLEMENTATION IN OVERWEIGHT AND OBESE POSTMENOPAUSAL WOMEN WITH LOW BLOOD VITAMIN D LEVELS ON RESPONSE TO A WEIGHT LOSS (DIET + EXERCISE) INTERVENTION. THE PROPOSED RESEARCH WILL PROVIDE IMPORTANT

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INFORMATION ABOUT VITAMIN D INSUFFICIENCY AND WEIGHT, TWO POTENTIALLY MODIFIABLE RISK FACTORS FOR BREAST CANCER.

-A \$888,000 INVESTIGATOR-INITIATED RESEARCH GRANT TO DR. MICHELLE COTE, OF WAYNE STATE UNIVERSITY, TO STUDY MARKERS TO IDENTIFY AFRICAN AMERICAN WOMEN AT THE HIGHEST RISK FOR DEVELOPING BREAST CANCER.

-A \$250,000 SCHOLAR GRANT TO DR. MARY-CLAIRE KING, OF THE UNIVERSITY OF WASHINGTON IN SEATTLE, TO IDENTIFY NEW GENES THAT WILL BETTER IDENTIFY WOMEN AT RISK FOR INHERITED BREAST CANCER

-A \$450,000 CAREER CATALYST RESEARCH GRANT TO DR. KEITH BAHJAT, OF PROVIDENCE PORTLAND MEDICAL CENTER, TO DEVELOP A VACCINE AGAINST A GENE COMMONLY SEEN IN HER-2 POSITIVE BREAST CANCER, WHICH REPRESENTS 15 TO 20 PERCENT OF BREAST CANCER CASES. THE HOPE IS TO COMBINE VACCINE THERAPY WITH TREATMENT DRUGS TO PREVENT RECURRENCE.

-A \$450,000 CAREER CATALYST RESEARCH GRANT TO DR. ELISABETH BATTINELLI, OF BRIGHAM AND WOMAN'S HOSPITAL IN BOSTON, TO UNDERSTAND WHY SOME BLOOD-CLOT MEDICINES LIKE HEPARIN ARE LEADING TO PROLONGED SURVIVAL AND LESS METASTATIC DISEASE IN BREAST CANCER PATIENTS.

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

EXAMPLES OF SPECIAL PROJECTS COMMITTED IN FISCAL YEAR 2012 INCLUDE THE FOLLOWING:

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RXPONDER: RX FOR POSITIVE NODE, ENDOCRINE RESPONSIVE BREAST CANCER (SWOG-S1007) - \$250,000 TO PROVIDE FUNDING FOR THE COST OF ONCOTYPE DX® TESTING FOR WOMEN PARTICIPATING IN THE PHASE III CLINICAL TRIAL CALLED RXPONDER (RX FOR POSITIVE NODE, ENDOCRINE RESPONSIVE BREAST CANCER) WHO ARE UNINSURED OR WHOSE INSURANCE COMPANIES WILL NOT REIMBURSE FOR THE TEST. THE RXPONDER TRIAL WILL HELP DETERMINE WHETHER MULTI-GENE TUMOR ASSAYS (ONCOTYPE DX®) CAN BE USED TO IDENTIFY WOMEN WITH NODE-POSITIVE BREAST CANCER WHO COULD FOREGO CHEMOTHERAPY.

INSTITUTE OF MEDICINE (IOM) - IMPROVING THE QUALITY OF CANCER CARE: ADDRESSING THE CHALLENGES OF AN AGING POPULATION - \$50,000 TO SUPPORT AN IOM CONSENSUS STUDY TO EXAMINE ISSUES IN THE QUALITY OF CANCER CARE WITH AN EMPHASIS ON SHIFTING DEMOGRAPHICS IN THE US THAT WILL RAPIDLY ACCELERATE THE NUMBER OF NEW CANCER DIAGNOSES AT A TIME WHEN ONCOLOGY WORKFORCE SHORTAGES ARE PREDICTED. THE STUDY CONSIDERS QUALITY OF CARE FROM THE PERSPECTIVES OF KEY STAKEHOLDERS, INCLUDING PATIENTS, HEALTH CARE PROVIDERS, AND PAYERS; EXAMINES OPPORTUNITIES FOR AND CHALLENGES TO THE DELIVERY OF HIGH QUALITY CANCER CARE TO AN AGING POPULATION, INCLUDING THE IMPACT OF HEALTH CARE REFORM AND DISPARITIES OF CARE; AND FORMULATES RECOMMENDATIONS FOR IMPROVEMENTS.

PROGRAM SERVICE ACCOMPLISHMENTS (CONTD)

B - EDUCATION

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

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WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER. OUR AWARD-WINNING WEBSITE, WWW.KOMEN.ORG, PROVIDES SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER BASED UPON SCIENTIFIC EVIDENCE, AS WELL AS INFORMATION ABOUT OUR RESEARCH PROGRAMS, COMMUNITY PROGRAMS, VOLUNTEER OPPORTUNITIES, AND EVENTS. THE "UNDERSTANDING BREAST CANCER" SECTION OF THE WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER STAFF, RECEIVED OVER 2.5 MILLION VISITS DURING FISCAL YEAR 2012.

KOMEN ALSO PRODUCED EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. KOMEN AND ITS AFFILIATES DISTRIBUTED NEARLY 6 MILLION EDUCATIONAL MATERIALS IN FISCAL YEAR 2012. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE THE FOLLOWING:

- BREAST SELF-AWARENESS CARDS IN 19 LANGUAGES FOR 22 SPECIFIC AUDIENCES
- GENERAL BREAST HEALTH AWARENESS AND BREAST CANCER SPECIFIC BROCHURES AND FACT SHEETS
- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS

KOMEN'S TRAINED AND CARING BREAST CARE HELPLINE STAFF (1-877 GO KOMEN) PROVIDE ANSWERS TO QUESTIONS, LOCAL RESOURCES AND MORAL SUPPORT. LAST FISCAL YEAR, THE SUSAN G. KOMEN FOR THE CURE BREAST CANCER HELPLINE RESPONDED TO OVER 13,000 CALLS AND 1,100 EMAILS.

WHILE OLDER AFRICAN AMERICAN WOMEN ARE LESS LIKELY TO BE DIAGNOSED WITH BREAST CANCER THAN CAUCASIAN WOMEN, THEY ARE MORE LIKELY TO DIE FROM THE DISEASE AT EVERY AGE. SUSAN G. KOMEN FOR THE CURE'S CIRCLE OF PROMISE®

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PROGRAM ENGAGES AFRICAN AMERICAN WOMEN, AND BLACK WOMEN AROUND THE WORLD, IN THE FIGHT AGAINST BREAST CANCER. AT THE END OF FISCAL YEAR 2012, A TOTAL OF 100,000 AMBASSADORS HAD BEEN RECRUITED TO DO THE FOLLOWING:

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

I AM THE CURE® IS AN EDUCATIONAL PROGRAM THAT TEACHES SIMPLE, ACTION-ORIENTED, BREAST HEALTH INFORMATION TO PARTICIPANTS IN THE SUSAN G. KOMEN RACE FOR THE CURE® SERIES. LAST YEAR, NEARLY 1.7 MILLION PEOPLE PARTICIPATED IN A RACE FOR THE CURE EVENT. A FORMAL EVALUATION SHOWED THAT 82% OF PARTICIPANTS RECALLED THE MESSAGE THAT EARLY DETECTION IS KEY TO SURVIVAL.

THE MOBILE COMMUNITY EDUCATION AND OUTREACH TOUR, KOMEN ON THE GO®, SHARES IMPORTANT INFORMATION ABOUT BREAST CANCER WITH ALL GENERATIONS ACROSS THE COUNTRY. FROM INNER CITIES TO COMMUNITY FESTIVALS, PUBLIC UNIVERSITIES TO NEIGHBORHOOD CENTERS, KOMEN ON THE GO® SIGNATURE BRIGHT PINK VEHICLES ARE TEACHING AMERICANS EVERYWHERE TO TAKE CHARGE OF THEIR BREAST HEALTH AND EMPOWERING PARTICIPANTS TO SHARE INFORMATION WITH FRIENDS AND JOIN THE BREAST CANCER MOVEMENT. DURING FISCAL YEAR 2012, KOMEN ON THE GO® WAS ON EXHIBIT FOR MORE THAN 87 DAYS IN 30 COMMUNITIES

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ACROSS THE UNITED STATES, EDUCATING MORE THAN 62,000 PEOPLE WITH IMPORTANT BREAST HEALTH INFORMATION AND REACHING NEARLY ONE MILLION PEOPLE THROUGH SOCIAL MEDIA ENGAGEMENT.

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

IN FISCAL YEAR 2012, 292 BREAST CANCER ADVOCATES IN SIX COUNTRIES (BRAZIL, COSTA RICA, MEXICO, PANAMA, ROMANIA, AND UKRAINE) WERE TRAINED ON THE COMMUNITY EDUCATORS PROGRAM AND COURSE FOR THE CURE® CURRICULA. THE COMMUNITY EDUCATORS PROGRAM IS A THEORY-BASED TRAINER CURRICULUM TARGETED FOR EDUCATION PROGRAM PLANNERS AND COURSE FOR THE CURE IS A SERIES OF CAPACITY BUILDING MODULES BASED ON KOMEN'S BEST PRACTICES AND EXPERIENCE AIMED AT HELPING LOCAL NON-GOVERNMENT ORGANIZATIONS INCREASE THEIR REACH AND IMPACT.

IN PARTNERSHIP WITH THE CATERPILLAR FOUNDATION, GRANT PROGRAMS IN BRAZIL, PANAMA, AND MEXICO REACHED AN ESTIMATED 4.6 MILLION PEOPLE THROUGH AWARENESS CAMPAIGNS AND TRAINED 2,715 COMMUNITY HEALTH WORKERS, MEDICAL PROVIDERS AND CATERPILLAR EMPLOYEES ON BREAST SELF AWARENESS AND BREAST CANCER. ALSO, THESE GRANTS PROVIDED FOR THE DISTRIBUTION OF 152,774 EDUCATIONAL MATERIALS, 144 CLINICAL BREAST EXAMS, 745 MAMMOGRAM REFERRALS, AND 89 MAMMOGRAMS.

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KOMEN ALSO AWARDED GRANTS FOR OUTREACH PROGRAMS IN BOSNIA AND HERZEGOVINA, BRAZIL, CHINA, EGYPT, GHANA, HEBRON, HUNGARY, ISRAEL, JORDAN, MONTENEGRO, PERU, ROMANIA, RUSSIA, SOUTH AFRICA, SWITZERLAND, TAIWAN, UKRAINE, ZAMBIA AND FOR CONFERENCES IN LITHUANIA AND SPAIN.

PROGRAM SERVICE ACCOMPLISHMENTS (CONTD)

C - SCREENING

GETTING REGULAR SCREENING TESTS IS THE BEST WAY FOR WOMEN TO LOWER THEIR RISK OF DYING FROM BREAST CANCER. SCREENING TESTS CAN FIND BREAST CANCER EARLY, WHEN IT'S MOST TREATABLE. KOMEN SUPPORTS FREE AND LOW-COST MAMMOGRAM PROGRAMS IN COMMUNITIES FOR WOMEN WITHOUT HEALTH INSURANCE OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE GETTING A MAMMOGRAM TOO COSTLY.

IN 2012, KOMEN AWARDED \$4 MILLION IN NEW COMMUNITY GRANTS TO REACH LOW-INCOME, MINORITY AND UNINSURED WOMEN WHO FALL THROUGH THE HEALTHCARE GAPS IN THE WASHINGTON, D.C. METRO AREA, WHERE DEATH RATES FROM BREAST CANCER CONTINUE TO RANK ABOVE NATIONAL AVERAGES. THE NEW KOMEN GRANTS BRING TO 30 THE NUMBER OF KOMEN-FUNDED PROGRAMS IN THE D.C. AREA THAT STRIVE TO IMPROVE ACCESS AND SERVICES TO WOMEN FACING BREAST CANCER, REPRESENTING A TOTAL IN ACTIVE GRANT FUNDING OF \$11 MILLION DURING 2011 AND 2012.

THE FIVE LARGEST GRANTS (\$2,500,000 IN 2012 AND \$1,917,000 IN 2011) IN THE WASHINGTON, D.C. METRO AREA FOCUS ON ADDRESSING BARRIERS TO CARE

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CAUSED BY THE AREA'S OVERLY FRAGMENTED HEALTH CARE SYSTEM. THEY ENCOURAGE PARTNERSHIPS BETWEEN PROVIDERS IN THE REGION THAT ESTABLISH A FRAMEWORK TO ENSURE THAT PATIENTS CAN BE EASILY AND EFFICIENTLY REFERRED AND "NAVIGATED" FROM SCREENING ALL THE WAY THROUGH TO SURVIVORSHIP-WITH PARTICULAR EMPHASIS ON REMOVING OBSTACLES TO TRANSPORTATION AND WORK OBLIGATIONS, WAIT TIMES, AND FINANCIAL ASSISTANCE.

FOURTEEN GRANTS (\$2,779,981-ELEVEN OF WHICH ARE CONTINUED FROM 2011; THREE OF WHICH ARE NEW IN 2012) FOCUS ON PATIENT EDUCATION, INCLUDING TARGETED BREAST HEALTH AWARENESS OUTREACH IN A CULTURALLY SENSITIVE MANNER THAT DEVELOPS A BETTER UNDERSTANDING OF THE IMPORTANCE OF SCREENING, THE EFFECTIVENESS OF MODERN TREATMENTS AND SURVIVORSHIP.

TWO GRANTS (\$400,000-PROGRAMS CONTINUED FROM 2011) FOCUS ON PROVIDER EDUCATION, HELPING DOCTORS AND OTHER BREAST HEALTH PROVIDERS DEVELOP A BETTER UNDERSTANDING OF THE MYTHS, FEARS AND UNIQUE NEEDS OF THE DIFFERENT CULTURAL POPULATIONS OF THE WOMEN THEY SERVE. THE PROGRAMS EDUCATE PROVIDERS ABOUT UPDATED SCREENING GUIDELINES, AND HOW BEST TO HELP REFER PATIENTS THROUGH THE COMPLEX WEB OF SCREENING, DIAGNOSIS, TREATMENT AND FOLLOW-UP CARE.

TWO GRANTS (\$626,476 TOTAL IN 2012) WERE AWARDED AS PART OF THE NATIONAL CAPITAL AREA CONTINUUM OF CARE SPECIAL INITIATIVE. THE PURPOSE OF THIS SPECIAL FUNDING INITIATIVE IS TO DECREASE THE TIME IT TAKES FOR A PERSON TO MOVE FROM EARLY DETECTION AND DIAGNOSIS TO TREATMENT AND RECOVERY; TO

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INCREASE MAMMOGRAPHY RATES; CHANGE ATTITUDES, KNOWLEDGE AND BELIEFS, AND IMPROVE QUALITY OF LIFE FOR PATIENTS GOING THROUGH TREATMENT.

THROUGH KOMEN'S NATIONAL VULNERABLE POPULATIONS GRANTS PROGRAM, KOMEN FUNDS LARGE-SCALE COMMUNITY GRANTS THAT SEEK TO IMPROVE QUALITY OF CARE, CARE COORDINATION, AND ADDRESS UNIQUE BARRIERS TO BREAST CARE FOR DISPARATE POPULATIONS. SINCE THE INITIATION OF THESE GRANTS IN 2008, KOMEN HAS INVESTED OVER \$7 MILLION IN PROGRAMS THAT AIM TO ELIMINATE DISPARITIES IN BREAST CANCER MORTALITY.

THE FOLLOWING ARE SOME EXAMPLES OF THE PROJECTS FUNDED IN FISCAL YEAR 2012 THROUGH KOMEN'S NATIONAL VULNERABLE POPULATION GRANTS PROGRAM:

KOMEN FUNDED AN INITIATIVE WITH FOUR CONSULATES OF MEXICO IN THE UNITED STATES TO INTEGRATE BREAST HEALTH MATERIALS AND EDUCATION INTO THEIR VENTANILLAS DE SALUD (WINDOW OF HEALTH) PROGRAM (VDS PROGRAM). THE INITIATIVE INVOLVES A NEW PILOT PROGRAM THAT AIMS TO ELIMINATE DISPARITIES IN BREAST CANCER MORTALITY AMONG MEXICAN, MEXICAN-AMERICAN AND HISPANIC WOMEN IN THE U.S. AS A PART OF THIS NEW INITIATIVE, KOMEN AWARDED A TOTAL OF \$200,000 TO FOUR SEPARATE FISCAL AGENCIES THAT PARTNER WITH MEXICAN CONSULATES TO OPERATE EACH LOCAL VDS PROGRAM. THE INITIAL PHASE OF THE INITIATIVE WILL HELP BUILD ORGANIZATIONAL CAPACITY IN FOUR SELECT MARKETS TO ADDRESS KEY BREAST HEALTH BARRIERS THAT ARE UNIQUE TO LATINO POPULATIONS. THE INITIATIVE NOT ONLY INTEGRATES BREAST HEALTH MATERIALS INTO THE VDS PROGRAM, BUT ALSO INCREASES THE PROGRAM'S REACH

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number
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INTO THE COMMUNITY.

KOMEN ALSO AWARDED A \$500,000 GRANT TO THE AMERICAN ASSOCIATION ON HEALTH AND DISABILITY TO FUND PROJECT ACCESSIBILITY USA: REMOVING BARRIERS FOR WOMEN WITH DISABILITIES. THE GOAL OF THE PROJECT IS TO WORK TOWARDS REDUCING BREAST CANCER HEALTH DISPARITIES IN WOMEN WITH DISABILITIES BY IMPROVING ACCESSIBILITY OF SCREENING SITES; PROVIDING SITE SPECIFIC RECOMMENDATIONS TO PROVIDERS ON STRATEGIES TO ENSURE ACCESSIBILITY FOR WOMEN WITH DISABILITIES; DEVELOPING A WEB-BASED RESOURCE LEARNING CENTER; AND DEVELOPING EDUCATIONAL TRAINING MODULES ON DISABILITY CULTURE AND SENSITIVITY FOR HEALTHCARE PROFESSIONALS.

KOMEN AWARDED \$225,000 TO THE NATIONAL CANCER INSTITUTE TO SPONSOR THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) BREAST CANCER CONTROL DATA COLLECTION. CHIS IS THE LARGEST AND MOST COMPREHENSIVE STATE HEALTH SURVEY IN THE UNITED STATES. CHIS PROVIDES THE ONLY ROBUST BREAST CANCER SCREENING ESTIMATES FOR ASIAN AMERICANS NATIONALITIES IN THE U.S. AS NO ASIAN WOMEN WERE INTERVIEWED ABOUT MAMMOGRAPHY IN AN ASIAN LANGUAGE IN 2011, FUNDING FROM KOMEN WILL ALLOW ASIAN RESPONDENTS TO BE INTERVIEWED DURING 2012, THEREBY CAPTURING CRITICAL INFORMATION TO INFORM FUTURE RESEARCH AND PROGRAMS TO IMPROVE BREAST HEALTH FOR ASIAN AMERICANS.

KOMEN AWARDED \$134,552 TO EASTERN MICHIGAN UNIVERSITY FOUNDATION TO FUND THE HEALTHY ASIANS AMERICAN PROJECT. THIS PROJECT WILL INCREASE BREAST HEALTH AWARENESS AND ACCESS THROUGH TRAINED LAY HEALTH ADVISORS IN

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number
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UNDERSERVED AREAS THROUGHOUT CHINA AND TAIWAN.

D - TREATMENT

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

IN 2012, KOMEN AWARDED A \$500,000 GRANT TO CANCERCARE TO SUPPORT THE LINKING A.R.M.S.TM (ASSISTANCE & RESOURCES MADE SIMPLE) PROGRAM. LINKING A.R.M.S.TM IS A PROGRAM DEDICATED TO PROVIDING FINANCIAL ASSISTANCE, EDUCATION AND SUPPORT SERVICES TO LOW-INCOME, UNDER- OR UNINSURED BREAST CANCER SURVIVORS. FUNDING FOR LINKING A.R.M.S.TM PROVIDES DIRECT FINANCIAL ASSISTANCE TO APPROXIMATELY 1,336 BREAST CANCER SURVIVORS FOR TREATMENT-RELATED EXPENSES INCLUDING PAIN AND ANTI-NAUSEA MEDICATION, LYMPHEDEMA CARE, ORAL CHEMOTHERAPY, DURABLE MEDICAL EQUIPMENT, CHILDCARE, AND TRANSPORTATION TO AND FROM TREATMENT. CANCERCARE ALSO PROVIDES COUNSELING AND OTHER SUPPORT SERVICES THAT ENABLE BREAST CANCER PATIENTS TO MAKE INFORMED TREATMENT DECISIONS, COPE WITH THE EMOTIONAL EFFECTS OF THE DISEASE, AND EXPERIENCE AN IMPROVED QUALITY OF LIFE.

IN ADDITION, KOMEN AWARDED A \$1,500,000 GRANT TO THE PATIENT ADVOCATE FOUNDATION, A NATIONAL NON-PROFIT ORGANIZATION THAT HANDLES MEDICAL DEBT CRISIS MANAGEMENT, FOR ITS CO-PAY RELIEF (CPR) PROGRAM. THE CPR PROGRAM

Name of the organization

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WAS LAUNCHED IN APRIL 2004, PROVIDING DIRECT FINANCIAL ASSISTANCE FOR PHARMACEUTICAL CO-PAYMENTS TO PATIENTS WITH BREAST CANCER, LUNG CANCER AND PROSTATE CANCER. KOMEN'S FUNDING, ALONG WITH THAT OF OTHER KEY PARTNERS, WILL TOUCH MORE THAN 10,000 BREAST CANCER PATIENTS SERVED THROUGH THE PROGRAM OVER THE NEXT TWO YEARS.

ALL TOLD, KOMEN AND ITS AFFILIATES HAVE COMMITTED MORE THAN \$1.8 BILLION TO COMMUNITY PROGRAMS SINCE 1982, AND IN FISCAL YEAR 2012 PARTNERED WITH ALMOST 2,000 ORGANIZATIONS TO PROVIDE EDUCATION, SCREENING, TREATMENT SUPPORT AND PSYCHOSOCIAL PROGRAMS.

FOR MORE INFORMATION ABOUT ANY OF THE ACCOMPLISHMENTS DESCRIBED HERE OR TO LEARN MORE ABOUT SUSAN G. KOMEN FOR THE CURE®, VISIT WWW.KOMEN.ORG OR CALL 1-877 GO KOMEN (1-877-465-6636).

DESCRIPTION OF RELATIONSHIPS

FORM 990, PART VI, QUESTION 2

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

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW
990

FORM 990, PART VI, QUESTION 11B

MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVELS OF MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR PRESENTATION TO THE

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE OF THE BOARD OF THE DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO BEING FILED. THEREAFTER, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 VIA EMAIL PRIOR TO THE FORM BEING FILED.

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

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

ANY CONFLICTS ARE THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND APPROPRIATE MEASURES ARE TAKEN. IN ADDITION, THOSE SAME PEOPLE HAVE THE OBLIGATION TO UPDATE THE CONFLICT OF INTEREST STATEMENTS DURING THE YEAR.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD OF SUSAN G. KOMEN FOR THE CURE IN OVERSEEING COMPENSATION POLICIES AND PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE PRESIDENT/ CHIEF EXECUTIVE OFFICER, THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S OTHER OFFICERS, DISQUALIFIED PERSONS, AND OTHER EMPLOYEES, GRANTING THE CEO AUTHORITY TO DETERMINE ACTUAL COMPENSATION LEVELS WITHIN AN APPROVED RANGE, AND INCENTIVE/BONUS COMPENSATION PROGRAMS. THE CURRENT POLICY WAS ADOPTED IN 2010.

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number
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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. FOR THE CEO AND OFFICERS OF THE ORGANIZATION, EXTERNAL BENCHMARKING WAS CONDUCTED AGAIN THIS FISCAL YEAR TO ENSURE MARKET ALIGNMENT. SALARY INCREASES, PROMOTIONS OR OTHER FORMS OF COMPENSATION ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, QUESTION 19

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

ADDITIONAL DETAIL ON RACE PRODUCTION EXPENSES INCLUDED ON OTHER EXP LINE FORM 990, PART IX, LINE 24

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. PURCHASES ALL T-SHIRTS FOR THE 133 RACES HELD BY THE KOMEN AFFILIATES DURING THE YEAR.

Name of the organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number
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RECONCILIATION OF NET ASSETS

PART XI, LINE 5

UNREALIZED LOSSES ON INVESTMENTS = (\$3,580,874)

IN KIND SERVICES REVENUES = \$13,250,636

IN KIND SERVICES EXPENSES = (\$14,060,197)

RESCINDED GRANTS = \$1,734,535

TOTAL (\$2,655,900)

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EVENT 360, INC. 205 N. MICHIGAN AVENUE CHICAGO, IL 60601-5927	EVENT MANAGEMENT	10,901,943.
MERKLE RESPONSE SERVICES, INC. P.O. BOX 64897 BALTIMORE, MD 21264	DONAT. PROCESS & MKT	6,243,836.
CONVIO, INC P.O. BOX 671445 DALLAS, TX 75267-1445	DONATION PROCESSING	4,032,972.
RADARWORKS 6100 WILSHIRE BOULEVARD LOS ANGELES,, CA 90048	MARKETING	2,747,791.

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

ATTACHMENT 2 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ADECCO EMPLOYMENT SERVICES 175 BROADHOLLOW ROAD MELVILLE, NY 11747	TEMP STAFFING SVCS	1,958,688.
	TOTAL COMPENSATION	<u>25,885,230.</u>

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 5005 LBJ Freeway, Suite 250, Dallas, Texas 75244					
1 Acadiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #72-1436764	-	-	-	174,790	174,790
2 The Arkansas Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 71-0724439	17,612	-	17,612	2,302,534	2,320,146
3 The Aspen Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 84-1160739	222	120	342	640,601	640,943
4 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	8,352	717	9,069	1,952,513	1,961,582
5 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	832	359	1,191	656,598	657,789
6 Bayou Region Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854976	-	-	-	154,252	154,252
7 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	42	42	799,534	799,576
8 Central Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854957	28,539	1,339	29,878	875,912	905,790
9 Central Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 75-1835298	900	-	900	366,267	367,167
10 Central Mississippi Steel Magnolias Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875174	-	-	-	338,103	338,103
11 Central New Mexico Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 85-0462625	13,781	1,257	15,038	414,419	429,457
12 Central New York Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 16-1389666	-	-	-	975,780	975,780
13 Central Oklahoma Chapter of the Komen Foundation, Inc. EIN# 73-1372249	8,010	-	8,010	1,270,321	1,278,331
14 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 43-2052349	12,547	42	12,589	2,708,893	2,721,482
15 Central Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2906528	-	-	-	363,581	363,581
16 Central Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854970	3,568	332	3,900	477,268	481,168

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
17 Central Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2613151	-	-	-	401,891	401,891
18 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	808	808	835,298	836,106
19 Chattanooga Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875175	7,553	7,394	14,947	556,733	571,680
20 The Chicagoland Area Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 36-4111723	468	696	1,164	2,877,872	2,879,036
21 Coeur d'Alene Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875176	-	-	-	182,201	182,201
22 Colorado Springs Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844654	-	-	-	710,539	710,539
23 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844651	28,624	-	28,624	3,503,614	3,532,238
24 Connecticut Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844629	-	-	-	709,790	709,790
25 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2444724	-	1,192	1,192	3,466,214	3,467,406
26 The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 84-1199858	974	453	1,427	5,195,201	5,196,628
27 The Des Moines Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	-	15,561	15,561	1,332,128	1,347,689
28 Eastern Washington Affiliate of the Susan G. Komen Foundation, Inc. EIN# 81-0578449	-	-	-	609,268	609,268
29 Elmira Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844630	-	-	-	193,357	193,357
30 El Paso Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2723408	2,601	2,601	5,202	551,604	556,806
31 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2870702	-	-	-	1,888,876	1,888,876
32 The Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 58-1959763	-	-	-	3,414,414	3,414,414
33 Grand Rapids Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844631	532	47	579	612,608	613,187

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
34 Greater Amarillo Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	30	30	408,430	408,460
35 Greater Cincinnati Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	11,547	3,132	14,679	2,011,340	2,026,019
36 Greater Evansville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	4,999	629	5,628	914,982	920,610
37 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	6,174	947	7,121	1,821,485	1,828,606
38 Greater Lansing Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2915870	1,821	88	1,909	921,571	923,480
39 The Greater Nashville Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 62-1671774	-	758	758	1,478,230	1,478,988
40 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	41,293	-	41,293	6,571,465	6,612,758
41 Greater Richmond, Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844659	-	-	-	1,131,839	1,131,839
42 Greater Roanoke Valley Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2619425	1,375	58	1,433	552,878	554,311
43 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	683	683	613,869	614,552
44 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 76-0360372	118	40,452	40,570	5,590,349	5,630,919
45 Indianapolis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2941627	-	-	-	3,050,642	3,050,642
46 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0802964	19,283	2,611	21,894	1,252,403	1,274,297
47 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	605	605	1,105,226	1,105,831
48 The Las Vegas Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 88-0372386	6,322	-	6,322	1,519,613	1,525,935
49 Lexington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854969	2,566	-	2,566	596,987	599,553
50 The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 95-4582064	8,791	947	9,738	1,423,157	1,432,895

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
51 Louisville, Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	1,045,763	1,045,763
52 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844655	14,233	503	14,736	1,288,617	1,303,353
53 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2509762	-	639	639	642,068	642,707
54 Madison Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855043	57	-	57	1,258,886	1,258,943
55 Maine Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #75-2844637	175	-	175	626,889	627,064
56 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 52-2053491	-	-	-	3,574,179	3,574,179
57 Massachusetts Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854961	42,637	97	42,734	2,012,047	2,054,781
58 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	1,279,009	1,279,009
59 Miami Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	15,187	586	15,773	2,168,916	2,184,689
60 Mid-Kansas Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 48-1120492	7,136	-	7,136	1,032,524	1,039,660
61 Mid-Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2583638	-	783	783	472,617	473,400
62 Milwaukee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844639	83	-	83	2,362,901	2,362,984
63 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 41-1924790	25,016	659	25,675	3,162,905	3,188,580
64 Montana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845067	-	-	-	360,906	360,906
65 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-0056671	-	-	-	1,413,743	1,413,743
66 New Orleans Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 72-1222127	-	233	233	815,965	816,198
67 North Carolina Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875177	-	1	1	240,587	240,588

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
68 North Carolina Triad Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	-	205	205	1,018,385	1,018,590
69 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845066	5,336	-	5,336	2,537,203	2,542,539
70 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844656	3,626	-	3,626	1,376,766	1,380,392
71 Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854968	24	-	24	512,007	512,031
72 The Northeastern Pennsylvania Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 23-2657570	135	-	135	514,623	514,758
73 The Northeast Louisiana Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 93-1225877	-	1,196	1,196	593,087	594,283
74 The Northeast Ohio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 34-1793460	42,131	956	43,087	2,105,613	2,148,700
75 Northern Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 56-2583682	-	-	-	347,297	347,297
76 Northern Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855035	6,860	-	6,860	348,839	355,699
77 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844636	-	-	-	542,100	542,100
78 The North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 22-3528454	-	-	-	2,296,219	2,296,219
79 North Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844621	-	-	-	282,635	282,635
80 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2356437	4,343	1,969	6,312	1,449,099	1,455,411
81 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845063	5,836	2,997	8,833	1,345,231	1,354,064
82 The Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0487943	9,980	6,198	16,178	4,012,807	4,028,985
83 The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 93-1068897	3,416	-	3,416	3,742,596	3,746,012
84 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845062	10,757	-	10,757	1,523,201	1,533,958

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
85 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc EIN# 75-2949264	78	1,383	1,461	5,224,700	5,226,161
86 Phoenix Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845061	-	-	-	3,144,394	3,144,394
87 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0665396	5,057	204	5,261	2,945,718	2,950,979
88 The Puget Sound Chapter of the Susan G. Komen Foundation, Inc. EIN# 91-1624040	202	-	202	4,327,377	4,327,579
89 Quad Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844660	-	-	-	408,716	408,716
90 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3169358	24,678	9,504	34,182	1,739,026	1,773,208
91 Siouland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 86-1102587	524	188	712	271,466	272,178
92 St. Louis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844650	-	904	904	4,510,731	4,511,635
93 The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3047626	2,140	7,679	9,819	1,881,028	1,890,847
94 Salt Lake City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	-	-	-	1,061,485	1,061,485
95 The San Antonio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2856696	6,531	-	6,531	1,679,350	1,685,881
96 The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0638911	9,476	-	9,476	2,320,720	2,330,196
97 Shreveport Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844653	-	-	-	468,093	468,093
98 Southeast Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	872	872	489,250	490,122
99 Southeast Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854980	-	-	-	107,242	107,242
100 Southern Arizona Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844652	4,074	273	4,347	1,636,688	1,641,035
101 South Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-1114233	-	-	-	293,126	293,126

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	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
102 The South Florida Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 65-0254225	-	1,368	1,368	2,522,514	2,523,882
103 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 68-0523074	53	-	53	1,383,612	1,383,665
104 The Southwest Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 38-3437505	475	-	475	492,807	493,282
105 The Peoria Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 37-1286285	3,286	-	3,286	1,468,160	1,471,446
106 Tarrant County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2445070	-	188	188	1,982,517	1,982,705
107 Texarkana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844649	-	-	-	580,089	580,089
108 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	18,783	2,453	21,236	1,043,867	1,065,103
109 Tri-Cities Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 84-1689067	-	-	-	653,619	653,619
110 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854974	4,036	617	4,653	1,047,437	1,052,090
111 Tyler Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2764235	-	-	-	419,702	419,702
112 Upper Cumberland Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 20-5956855	4,066	-	4,066	204,076	208,142
113 Upstate South Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854973	-	-	-	635,924	635,924
114 Vermont-New Hampshire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844657	-	-	-	738,981	738,981
115 Wabash Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844615	-	-	-	98,162	98,162
116 The Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	-	-	843,357	843,357
117 West Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2885304	-	-	-	546,717	546,717
118 Wichita Falls Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844658	-	-	-	239,684	239,684

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	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
119 Wyoming Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 84-1387410	-	-	-	162,380	162,380
120 North Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-4810260	-	-	-	11,767	11,767
Totals - Affiliates	<u>519,831</u>	<u>126,555</u>	<u>646,386</u>	<u>168,368,152</u>	<u>169,014,538</u>
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	-	9,832	9,832	177,323,243	177,333,075
Totals for Parent and Affiliates	<u><u>519,831</u></u>	<u><u>136,387</u></u>	<u><u>656,218</u></u>	<u><u>345,691,395</u></u>	<u><u>346,347,613</u></u>