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MAR 08 2010

SBSE-COMPLIANCE-AR
SAN DIEGO, CA

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: SUSAN G. KOMEN BREAST CANCER FDN, INC
Doing Business As: SUSAN G. KOMEN FOR THE CURE
Number and street (or P O box if mail is not delivered to street address): 5005 LBJ FREEWAY
Room/suite: 250
City or town, state or country, and ZIP + 4: DALLAS, TX 75244-6125

D Employer identification number: 75-1835298

E Telephone number: (972) 855-1600

G Gross receipts $: 203,981,726.

F Name and address of principal officer: MARK NADOLNY
5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244-6125

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No" attach a list (see instructions)

H(c) Group exemption number ▶ 7164

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website. ▶ WWW.KOMEN.ORG

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1982 | M State of legal domicile TX

Part I Summary

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 ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	289
6	Total number of volunteers (estimate if necessary)	6	10,797
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	132,775,607.	127,995,868.
9	Program service revenue (Part VIII, line 2g)	33,430,151.	31,202,744.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,547,894.	-2,850,531.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,697,023.	2,870,346.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	178,450,675.	159,218,427.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	109,963,017.	77,463,398.
14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,033,568.	22,090,760.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,957,230.	1,819,908.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 9,042,113.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	52,316,158.	54,334,557.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	182,269,973.	155,708,623.
19	Revenue less expenses Subtract line 18 from line 12	-3,819,298.	3,509,804.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	266,314,501.	248,279,601.
21	Total liabilities (Part X, line 26)	191,176,099.	190,446,687.
22	Net assets or fund balances Subtract line 21 from line 20	75,138,402.	57,832,914.

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: Laura Farmer Sherman — Date: 3/8/10

MARK NADOLNY — Laura Farmer Sherman CFO Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG U.S. LLP
201 MAIN STREET, STE 1100 FORT WORTH, TX 76102-3161

EIN ▶ 34-6565596

Phone no ▶ 817-335-1900

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2008)

JSA
8E1010 2 000

46474L 1385 V08-8.1 PARENT

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

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

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

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

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

4c (Code _____) (Expenses $ 1,768,274 including grants of $ 1,768,274) (Revenue $ 1,768,274)

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 137			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . 1b NONE			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . 2a 289			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ DC, IL, IN, MO, NY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARK NADOLNY 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244-6125
972-855-1600

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								4,363,471.	NONE	309,727.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 37

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 1		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 23

Part VIII Statement of Revenue 75-1835298

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 116,060				
	b Membership dues	1b				
	c Fundraising events	1c 4,527,226.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 123,352,582				
	g Noncash contributions included in lines 1a-1f $ 190,506.					
	h Total. Add lines 1a-1f		127,995,868			
Program Service Revenue		Business Code				
	2a AFFILIATE PAYMENTS	900099	31,202,744	31,202,744		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		31,202,744			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT. 2		5,007,976			5,007,976
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		1,950,000			1,950,000.
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		NONE			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	31,390,062 / 1,456				
	b Less cost or other basis and sales expenses	39,260,025				
	c Gain or (loss)	-7,869,963 / 1,456				
	d Net gain or (loss)		-7,858,507			-7,858,507
	8a Gross income from fundraising events (not including $ 4,527,226 of contributions reported on line 1c) See Part IV, line 18	a 1,526,278				
	b Less direct expenses	b 3,352,693				
	c Net income or (loss) from fundraising events		-1,826,415			-1,826,415
	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		NONE			
	10a Gross sales of inventory, less returns and allowances	a 3,297,386				
	b Less cost of goods sold	b 2,150,581				
	c Net income or (loss) from sales of inventory		1,146,805	1,146,805		
	Miscellaneous Revenue	Business Code				
	11a SUPPORT SERVICES REVENUE	900099	1,528,587	1,528,587		
	b OTHER REVENUE	900099	71,369			71,369.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,599,956			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		159,218,427	33,878,136		-2,655,577

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	132,814,833.	2	117,034,815.
	3	Pledges and grants receivable, net	50,706,899.	3	42,497,442.
	4	Accounts receivable, net	229,330.	4	780,253.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	12,052,000.	7	9,285,025.
	8	Inventories for sales or use	853,259.	8	820,916.
	9	Prepaid expenses and deferred charges	1,234,479.	9	1,714,930.
	10a	Land, buildings, and equipment cost basis 10a 13,099,858.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 7,948,480.	1,784,767.	10c	5,151,378.
	11	Investments - publicly traded securities	66,516,151.	11	70,994,842.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	122,783.	15	NONE
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	266,314,501.	16	248,279,601.
Liabilities	17	Accounts payable and accrued expenses	14,653,104.	17	15,356,716.
	18	Grants payable	176,522,995.	18	175,089,971.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	191,176,099.	26	190,446,687.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	17,348,092.	27	12,411,432.
	28	Temporarily restricted net assets	57,565,310.	28	45,196,482.
	29	Permanently restricted net assets	225,000.	29	225,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	75,138,402.	33	57,832,914.
	34	Total liabilities and net assets/fund balances	266,314,501.	34	248,279,601.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)

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).** (see instructions)

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

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

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

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

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

h Provide the following information about the organizations the organization supports

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	76,987,232	89,077,870	125,004,591	132,775,607	127,995,868	551,841,168
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	NONE	NONE	NONE	NONE	NONE	NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge	NONE	NONE	NONE	NONE	NONE	NONE
4 **Total.** Add lines 1-3	76,987,232	89,077,870.	125,004,591.	132,775,607	127,995,868	551,841,168.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,862,696
6 **Public support.** Subtract line 5 from line 4						533,978,472

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	76,987,232	89,077,870	125,004,591	132,775,607	127,995,868	551,841,168
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,812,250	3,504,503	6,627,304	8,682,291	6,957,976	27,584,324
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	NONE	NONE	NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	NONE	1,358	50,758.	81,914	71,369	205,399.
11 **Total support.** Add lines 7 through 10						579,630,891.
12 Gross receipts from related activities, etc (See instructions)					12	163,480,743.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.12 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.18 %

16a **33 1/3% support test - 2008.** 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 ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** 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 "fact-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 ▶ ☐

b **10%-facts-and-circumstances test - 2007.** 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 organzation meets the "facts-and-circumstances"" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

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

SCHEDULE A, PART II - OTHER INCOME

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ 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 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	318,022				
b Contributions					
c Investment earnings or losses	5,240				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	323,262				

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.0000 %
c Term endowment ▶ _____ %

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		X

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		741,400.	323,170.	418,230.
d Equipment		6,025,887.	3,307,176.	2,718,711.
e Other		6,332,571.	4,318,134.	2,014,437.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,151,378.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

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

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

ENDOWMENTS

SCHEDULE D, PART V

TWO PERMANENT ENDOWMENTS, GOODMAN-BRINKER AND FIRNBERG.

GOODMAN-BRINKER ENDOWMENT TO BE USED FOR BREAST CANCER RESEARCH

FELLOWSHIPS.

FIRNBERG ENDOWMENT TO BE USED FOR BREAST CANCER EDUCATIONAL PROGRAMS AND

RESEARCH AWARDS.

Part XIV Supplemental Information *(continued)*

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

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

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

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH	600,000	WIRE TRANSF			
		EUROPE/ICELAND/GREENLAND	RESEARCH	136,500	WIRE TRANSF			
		EUROPE/ICELAND/GREENLAND	RESEARCH	111,000	WIRE TRANSF			
		EUROPE/ICELAND/GREENLAND	RESEARCH	299,800	WIRE TRANSF.			
		EUROPE/ICELAND/GREENLAND	EDUCATION	12,572	WIRE TRANSF			
		MIDDLE EAST/NORTH AFRICA	EDUCATION	50,000	WIRE TRANSF			
		EUROPE/ICELAND/GREENLAND	EDUCATION	50,000	WIRE TRANSF			
		EUROPE/ICELAND/GREENLAND	EDUCATION	330,000	WIRE TRANSF			
		EUROPE/ICELAND/GREENLAND	EDUCATION	88,732	WIRE TRANSF.			
		SOUTH AMERICA	EDUCATION	29,002.	WIRE TRANSF			
		CENT AMERICA/CARIBBEAN	EDUCATION	41,570	WIRE TRANSF			
		SOUTH AMERICA	EDUCATION	30,000	WIRE TRANSF			
		SOUTH AMERICA	EDUCATION	21,550	WIRE TRANSF			
		EUROPE/ICELAND/GREENLAND	EDUCATION	25,000	WIRE TRANSF			
		MIDDLE EAST/NORTH AFRICA	EDUCATION	100,000	WIRE TRANSF			
		SUB-SAHARAN AFRICA	EDUCATION	25,000.	WIRE TRANSF			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 17

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

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

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

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

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

SCHEDULE F, PART IV

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047
2008
Open To Public Inspection

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

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

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

a [X] Mail solicitations
b [X] Email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] 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 activities? [X] 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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
TARGET MARKET TEAM	DIRECT MAIL		X	25,637,888.	1,819,908.	23,817,980.
Total ▶				25,637,888.	1,819,908.	23,817,980.

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

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

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

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

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

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

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

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
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 150

3 Enter total number of other organizations . . . . . ▶ 1

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

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

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

FORM 990, SCHEDULE I

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

KOMEN'S POLICIES FOR MANAGING RESEARCH GRANTS FROM THE TIME OF INITIAL AWARD THROUGH COMPLETION SEEK TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE PEER REVIEW AND FUNDING PROCESS. THROUGHOUT THE TERM OF THE GRANT, SCIENTIFIC PROGRESS WILL BE MONITORED BY A SCIENCE MANAGER ASSIGNED TO THE GRANT. GRANTEE IS ENCOURAGED TO COMMUNICATE REGULARLY WITH ITS SCIENCE MANAGER. GRANTEE IS REQUIRED TO SUBMIT ANNUAL SCIENTIFIC PROGRESS REPORTS THAT DETAIL RESEARCH PROGRESS, CHALLENGES AND THEIR REMEDY,

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

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

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

RESEARCH OUTCOMES, AND INVENTIONS OCCURRING DURING THE REPORTING PERIOD.

SCIENTIFIC PROGRESS REPORTS MUST BE SUBMITTED ONLINE IN KGMS USING THE PROGRESS REPORT ONLINE FORM. AN ANNUAL SCIENTIFIC PROGRESS REPORT IS DUE ON EACH ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE PROJECT, EXCEPT FOR THE FINAL YEAR OF THE GRANT WHEN A FINAL REPORT IS DUE. WITH PRIOR WRITTEN NOTICE TO GRANTEE, KOMEN MAY AT ITS DISCRETION REQUIRE ADDITIONAL PROGRESS REPORTS TO MONITOR SCIENTIFIC PROGRESS. AN ANNUAL SCIENTIFIC PROGRESS REPORT ALSO IS DUE IF THE GRANTEE IS REQUESTING AN EXTENSION TO THE END OF THE GRANT TERM. A RESEARCH FINAL REPORT MUST BE PROVIDED WITHIN 90 DAYS AFTER THE COMPLETION OR EARLY

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

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

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

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

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

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

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

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

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

THE PROJECT PLAN.

RESEARCH FINDINGS AND DISCOVERIES: A LIST OF THE SPECIFIC RESEARCH

FINDINGS AND DISCOVERIES DURING THE REPORTING PERIOD. EXAMPLES OF

DISCOVERIES INCLUDE CELL LINES, VECTORS, NOVEL THERAPIES, NOVEL

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

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

COMMUNITY.

PROJECT MODIFICATIONS: A DESCRIPTION OF ALL ADJUSTMENTS TO THE PROJECT

PLAN OR ANTICIPATED FUTURE MODIFICATIONS TO THE RESEARCH DESIGN OR

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

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

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

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

PROJECT PLAN SHOULD BE DESCRIBED. JUSTIFICATION AND WRITTEN APPROVAL BY KOMEN IS REQUIRED PRIOR TO IMPLEMENTATION OF ANY CHANGES TO THE RESEARCH DESIGN OR SPECIFIC AIMS AND MUST BE SUBMITTED FOR APPROVAL USING THE CHANGE OF RESEARCH PLAN REQUEST FORM IN KGMS.

OUTCOMES AND INVENTIONS: A LIST OF ALL MANUSCRIPTS IN PREPARATION, SUBMITTED, IN PRESS OR PUBLISHED, PRESENTATIONS, PATENTS OR PATENT APPLICATIONS AND DESCRIPTIONS, COPYRIGHTS OR COPYRIGHT APPLICATIONS AND DESCRIPTIONS.

NEW RESEARCH FUNDING: A LIST OF ALL NEW RESEARCH FUNDING, INCLUDING TITLE, SUPPORTING AGENCY, NAME AND ADDRESS OF FUNDING AGENCY'S GRANTS

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

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

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

OFFICER, PERFORMANCE PERIOD, AMOUNT OF FUNDING, PERCENTAGE OF PI'S TIME, AND DESCRIPTION OF PROJECT GOALS AND SPECIFIC AIMS.

CAREER ADVANCEMENT: A LIST OF ANY CAREER ADVANCEMENTS FOR ANY OF THE KEY PERSONNEL, INCLUDING PERSONNEL NAME, DESCRIPTION OF ADVANCEMENT, AND EFFECTIVE DATE.

AFFIRMATION: PASSWORD SIGNATURE AFFIRMATION FROM THE PI AND ADMINISTRATIVE OFFICIAL THAT THE REPORT HAS BEEN REVIEWED AND APPROVED.

KOMEN'S POLICIES FOR MANAGING COMMUNITY GRANTS AND OTHER NON-RESEARCH RELATED GRANTS FROM THE TIME OF INITIAL AWARD THROUGH COMPLETION SEEK TO

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL REPORT TO KOMEN, UNLESS OTHERWISE DIRECTED BY KOMEN.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ 150

3 Enter total number of other organizations . . . . . ▶ 1

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE, STE800 NASHVILLE TN 37203	62-0476822	501(C)(3)	600,000				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST P-211 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	600,000				RESEARCH
THOMAS JEFFERSON UNIVERSITY 201 S 11TH ST., FL 3 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	480,000.				RESEARCH
BRIGHAM & WOMEN'S HOSPITAL P O BOX 3149 BOSTON, MA 02241-3149	04-2312909	501(C)(3)	587,903				RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NE MED CTR OMAHA, NE 68198-5100	47-0049123	501(C)(3)	600,000				RESEARCH
THE GENERAL HOSPITAL CORPORATION 101 HUNTINGTON AVE STE 300 BOSTON, MA 02199	04-2697983	501(C)(3)	599,995				RESEARCH
UNIVERSITY OF CALIFORNIA-DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	600,000				RESEARCH
UT HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MC7828 SAN ANT , TX 78229	74-1586031	501(C)(3)	600,000				RESEARCH
YALE UNIVERSITY SCHOOL OF MEDICINE 155 WHITNEY AVE RM 230 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	600,000				RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 705 BROAD STREET DURHAM, NC 27705	56-0532129	501(C)(3)	600,000				RESEARCH
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	600,000				RESEARCH
UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 1855 FOLSOM ST MCB 425 SAN FRANC CA 94143	94-6036493	501(C)(3)	599,803				RESEARCH
UNIVERSITY OF MASSACHUSETTS AMHERST BOX 33210 AMHERST, MA 01003-3210	04-3167352	501(C)(3)	236,171				RESEARCH
DUKE UNIVERSITY MEDICAL CTR 324 BLACKWELL ST. DURHAM, NC 27708	56-0532129	501(C)(3)	600,000				RESEARCH
STATE UNIVERSITY OF NEW YORK AT ALBANY 1 DISCOVERY DR. RENSSELEAR DR, NY 12144	14-7400260	501(C)(3)	572,065				RESEARCH

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Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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GEORGETOWN UNIV BOX 571164 WASHINGTON, DC 20057	53-0196603	501(C)(3)	449,112				RESEARCH
OHIO STATE UNIV RESEARCH FOUNDATION 1960 KENNY RD, FL 4 COLUMBUS, OH 43210-1063	31-6401599	501(C)(3)	450,000				RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	299,919				RESEARCH
MEMORIAL SLOAN-KETTERING INSTITUTE P O BOX 26338 NEW YORK, NY 10087	13-1624182	501(C)(3)	299,999				RESEARCH
UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLVD, STE 107 L A., CA 90024	95-6006143	501(C)(3)	299,912				RESEARCH
UNIVERSITY MIAMI SCHOOL OF MEDICINE 1611 NW 12TH AVE R-67 MIAMI, FL 33136	59-0624458	501(C)(3)	450,000				RESEARCH
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	450,000				RESEARCH
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA, BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	450,000				RESEARCH
JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 1101 E 33ST, EASTERNC220 BALTIMORE, MD 21218	52-0595110	501(C)(3)	450,000				RESEARCH
SANFORD RESEARCH 1100 E 21 ST, STE 700 SIOUX FALLS, SD 57105	46-0450378	501(C)(3)	450,000				RESEARCH
UNIV OF LOUISVILLE RSRCH FOUNDATION INC U OF LV BELLKNAP CMP LOUISVILLE, KY 40292	61-1029626	501(C)(3)	269,937				RESEARCH
JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 1101 E 33ST, EASTERNC220 BALTIMORE, MD 21218	52-0595110	501(C)(3)	405,000				RESEARCH
UT HEALTH SCIENCES CENTER-HOUSTON P O BOX 203382 HOUSTON, TX 77216-3382	74-1761309	501(C)(3)	337,426				RESEARCH
UNIVERSITY OF ARIZONA P O. BOX 44390 TUCSON, AZ 85733-4390	74-2652689	501(C)(3)	404,709				RESEARCH
UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR STE2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	450,000				RESEARCH

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Department of the Treasury
Internal Revenue Service

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DUKE UNIVERSITY MEDICAL CENTER 705 BROAD ST BOX 90491 DURHAM, NC 27705	56-0532129	501(C)(3)	450,000.				RESEARCH
UNIV OF TEXAS MD ANDERSON CANCER CTR P O BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501(C)(3)	444,043				RESEARCH
UNIV OF TEXAS MD ANDERSON CANCER CTR P O BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501(C)(3)	446,850				RESEARCH
SUNY AT BUFFALO 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	431,395				RESEARCH
UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	296,966				RESEARCH
UNIVERSITY OF CINCINNATI 51 GOODMAN DR. STE 560 CINCINATTI, OH 45221	31-6000989	501(C)(3)	450,000				RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD MSN1039 KS CITY, KS 66160	48-1108830	501(C)(3)	450,000				RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 730 E. BROAD ST RICHMOND, VA 23284	54-6001758	501(C)(3)	449,556				RESEARCH
JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 733 N BROADWAY, STE 11 BALTIMORE, MD 21205	52-0595110	501(C)(3)	450,000				RESEARCH
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	180,000				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST, MAILSTOP439C BOSTON, MA 02115	04-2263040	501(C)(3)	120,000				RESEARCH
STANFORD UNIVERSITY 1215 WELCH RD, MOD B	94-1156365	501(C)(3)	180,000				RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BLVD DALLAS, TX 75390	75-1573968	501(C)(3)	120,000				RESEARCH
ALBERT EINSTEIN COLLEGE OF MED YESHIVA 1300 MORRIS PARK AVE BRONX, NY 10461	13-2937352	501(C)(3)	180,000.				RESEARCH
STANFORD UNIVERSITY 450 SERRA MALL RM 618 STANFORD, CA 94305	94-1156365	501(C)(3)	180,000.				RESEARCH

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Department of the Treasury
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STANFORD UNIVERSITY 651 SERRA ST, RM 110 STANFORD, CA 94305	94-1156365	501(C)(3)	180,000				RESEARCH
WHITEHEAD INSTITUTE 5 CAMBRIDGE CTR FL 7 CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	180,000				RESEARCH
UNIVERSITY OF WISCONSIN 21 N. PARK ST STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	120,000				RESEARCH
PRINCETON UNIVERSITY 5 NEW S BLDG PRINCETON, NJ 08544	21-0634501	501(C)(3)	180,000				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST MAILSTP 439C BOSTON, MA 02115	04-2263040	501(C)(3)	180,000				RESEARCH
ALBERT EINSTEIN COLLEGE OF MED YESHIVA 1300 MORRIS PARK AVE. BRONX, NY 10461	13-2937352	501(C)(3)	180,000				RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER ATTN STEPHEN TODD NASHVILLE, TN 37203-8480	62-0476822	501(C)(3)	180,000				RESEARCH
UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	180,000				RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1034 ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	180,000.				RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVE BOX 305 NEW YORK, NY 10021	13-3376695	501(C)(3)	180,000				RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST BP431C BOSTON, MA 02115	04-2263040	501(C)(3)	180,000				RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 50 STANIFORD ST, STE 1001 BOSTON, MA 02114	04-2697983	501(C)(3)	180,000				RESEARCH
THE GENERAL HOSPITAL CORPORATION 101 HUNTINGTON AVE. STE300 BOSTON, MA 02199	04-2697983	501(C)(3)	180,000				RESEARCH
UMDNJ ROBERT WOOD JOHNSON MC 335 GEORGE STLP FL4 NEW BRUNSWICK, NJ 08901	20-8095340	501(C)(3)	180,000				RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVENUE NEW YORK, NY 10021	13-1624182	501(C)(3)	180,000				RESEARCH

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Internal Revenue Service

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BURNHAM INSTITUTE FOR MEDICAL RESEARCH 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	180,000				RESEARCH
UNIV OF COLO DENVER HEALTH SCIENCES CTR P O BOX 238 DENVER, CO 80291-0238	85-6000555	501(C)(3)	180,000				RESEARCH
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA 600D HOUSTON, TX 77030	74-1613878	501(C)(3)	180,000				RESEARCH
UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	180,000				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILIDELPHIA, PA 19104	23-1352685	501(C)(3)	120,000				RESEARCH
UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(C)(3)	120,000				RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NE MED CTR OMAHA, NE 68198-5100	47-0049123	501(C)(3)	180,000				RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)(3)	180,000				RESEARCH
UNIVERSITY OF LOUISVILLE AT SCHOOL OF MEDIC 580 S PRESTON ST LOUISVILLE, KY 40202	61-1014882	501(C)(3)	180,000				RESEARCH
UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR STE2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	120,000				RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DR RM 618 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	5,825,618				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVE S AB990 BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	6,420,821				RESEARCH
UTMD ANDERSON CANCER CTR 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	6,750,000				RESEARCH
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	6,676,115				RESEARCH
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLED ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	180,000				RESEARCH

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COLUMBIA UNIVERSITY MEDICAL CENTER 630 W 168TH ST NEW YORK, NY 10023	13-3948652	501(C)(3)	180,000				RESEARCH
UNIVERSITY OF MINNESOTA AT TWIN CITIES 420 DELAWARE ST. SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	180,000.				RESEARCH
UNIVERSITY OF ILLINOIS AT CHAMPAIGN AND URB 901 WE ILLINOIS ST URBANA, IL 61801	37-6006007	501(C)(3)	180,000.				RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	180,000				RESEARCH
UNIVERSITY OF MICHIGAN 3003 S STATE ST RM3086 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	100,000				RESEARCH
UNIVERSITY MIAMI SCHOOL OF MEDICINE 1611 NW 12TH AVE, R-67 MIAMI, FL 33136	59-0624458	501(C)(3)	125,000.				RESEARCH
FRONTIER SCIENCE AND TECHNOLOGY DANA FARE CANCER INST BOSTON, MA 02115	16-1056814	501(C)(3)	12,500				RESEARCH
FRONTIER SCIENCE AND TECHNOLOGY DANA FARE CANCER INST BOSTON, MA 02115	16-1056814	501(C)(3)	12,500				RESEARCH
LABORATORY OF MOLECULAR PHARMACOLOGY NCI ARC 10B, NCI BETHESDA, MD 20892	52-0858115	501(C)(3)	25,000				RESEARCH
INDIANA U (INDIANAPOLIS) P O BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)(3)	1,000,000				RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	1,500,000.				RESEARCH
SOCIETY OF SURGICAL ONCOLOGY 85 W. ALGONQUIN RD ARLINGTON HTS, IL 60005	13-6161070	501(C)(3)	115,000				RESEARCH
INDIANA UNIVERSITY (INDIANAPOLIS) 620 UNION DR RM 618 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	413,806				RESEARCH
ASIAN & PACIFIC ISLANDER 450 SUTTER ST, STE 600 SAN FRAN , CA 94108	94-3030866	501(C)(3)	15,000				EDUCATION
FRED HUTCHINSON CANCER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	317,967				EDUCATION

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AMERICAN JEWISH JOINT 711 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	35,180				EDUCATION
BAYLOR COLLEGE OF MEDICE ICC 1709 DRYDEN RD HOUSTON, TX 77030	74-16138~8	501(C)(3)	250,000				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST. FL17 PHILADELPHI-, PA 19106	23-6251648	501(C)(3)	100,000				EDUCATION
RESEARCH ADVOCACY NETWORK 6505 W PARK BLVD STE 305 PLANO, TX 75093	35-2209499	501(C)(3)	6,000				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST FL17 PHILADELPHI-, PA 19106	23-6251648	501(C)(3)	134,500				EDUCATION
THE MAUTNER PROJECT 1875 CONNECTICUT AVE WASHINGTON, DC 20009	52-1703915	501(C)(3)	500,000				EDUCATION
HOPEXCHANGE, INC 408 N THIRD AVENUE STAYTON, OR 9~383	20-4643206	501(C)(3)	250,000				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST FL17 PHILADELPHI-, PA 19106	23-6251648	501(C)(3)	300,000				EDUCATION
AMERICAN JEWISH JOINT ~11 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	43,924				EDUCATION
SMITH FARM CENTER FOR HEALING & THE ARTS 1632 U STREET NW WASHINGTON, DC 20009	52-19~79~6	501(C)(3)	700,000				EDUCATION
AMERICAN ASSOCIATION ON HEALTH AND DISABILI 110 N WA ST STE 340A ROCKVILLE, MD 20850	52-1864887	501(C)(3)	150,000				EDUCATION
THE MAUTNER PROJECT 1875 CONNECTICUT AVE WASHINGTON, DC 20009	52-1703915	501(C)(3)	149,040				EDUCATION
BREAST CANCER NETWORK 441-C CARLISLE DR. HERNDON, VA 20170	36-3049954	501(C)(3)	150,000				EDUCATION
FOOD & FRIENDS 219 RIGGS, NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	150,000.				EDUCATION
PROVIDENCE HEALTH FOUNDATION 1150 VARNUM ST, NE WASHINGTON, DC 20017	52-12~5583	501(C)(3)	150,000				EDUCATION

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL 901 S. HIGHLAND ST ARLINGTON, VA 22204	52-1308986	501(C)(3)	150,000				EDUCATION
SOMALI FAMILY CARE NETWORK 2724 DORR AVENUE FAIRFAX, VA 22031	54-1993544	501(C)(3)	149,994				EDUCATION
THE ENERGY INSTITUTE OF THE HEALING ARTS 12911 WOODMORE ROAD MITCHELLVILLE, MD 20721	52-2335587	501(C)(3)	139,974				EDUCATION
AFRICAN WOMEN'S CANCER AWARENESS ASSOC 8701 GEORGIA AVENUE SILVER SPRING, MD 20910	73-1704355	501(C)(3)	148,600				EDUCATION
KOREAN COMMUNITY SVC CTR OF GREATER WA 7700 LITTLE RIVER TPK406 ANNANDALE, VA 22003	52-1005984	501(C)(3)	149,886				EDUCATION
AMERICAN JEWISH JOINT 711 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	61,724				EDUCATION
LIFELINE, HUMANITARIAN ORGANIZATION 525 E. 68TH ST, F053 NEW YORK, NY 10065	20-8695829	501(C)(3)	25,000				EDUCATION
UNIVERSITY OF FLORIDA 340 WEIL HALL P0116550 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	75,000.				EDUCATION
INOVA HEALTH SYSTEM FOUNDATION 2700 PROSPERITY AVE FAIRFAX, VA 22031	54-1071867	501(C)(3)	150,000				EDUCATION
ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES 2 EAST GLEBE ROAD ALEXANDRIA, VA 22305	54-1849891	501(C)(3)	150,000				EDUCATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST FL17 PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	500,000.				EDUCATION
LIVING BEYOND BREAST CANCER 354 W LANCASTER AV STE207 HAVERFORD, PA19041	23-2734689	501(C)(3)	175,000				EDUCATION
FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD #373 TAMPA, FL 33647	65-0927702	501(C)(3)	25,000				EDUCATION
INSTITUTE OF INT'L EDUCATION 530 BUSH ST STE 1000 SAN FRANC , CA 94180	13-1624046	501(C)(3)	172,908				EDUCATION
AMERICAN COLLEGE OF RADIOLOGY 1818 MARKET ST STE1600 PHILADEL , PA 19103	23-7264438	501(C)(3)	47,500				EDUCATION

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

3 Enter total number of other organizations . . . . . ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CANCER INSTITUTE 31 CENTER DR, MSC 2590 BETHESDA, MD 20892	52-0858115	501(C)(3)	275,856.				EDUCATION
SOCIETY OF SURGICAL ONCOLOGY 85 W. ALGONQUIN RD ARLINGTON HTS, VA 60005	13-6161070	501(C)(3)	20,000.				EDUCATION
AMERICAN JEWISH JOINT 711 3RD AVE, FL10 NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	37,500.				EDUCATION
METASTATIC BREAST CANCER NETWORK 211 E 18TH ST NEW YORK CITY, NY 10003	20-5545238	501(C)(3)	17,500.				EDUCATION
MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 39215-1700	64-6000775	501(C)(3)	250,000				SCREENING
PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	150,000				SCREENING
AFRICAN WELLNESS CENTER 186903 NATHANS PLACE MONTGOM. VLG, MD 20886	51-0622960	501(C)(3)	150,000				SCREENING
LA CLINICA DEL PUEBLO 2138 15TH STREET NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	150,000				SCREENING
MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEWHAMPSHIRE AV SILVER SPRG, MD 20905	52-1072792	501(C)(3)	149,940.				SCREENING
THE RED DEVILS 5820 YORK RD, STE 205 BALTIMORE, MD 21212	74-3070929	501(C)(3)	150,000				TREATMENT
CANCER CARE INC 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	435,000				TREATMENT
PATIENT ADVOCATE FOUNDATION 700 THIMBLESHOALS BLVD, NEWPORTNEWS, VA 23606	54-1806317	501(C)(3)	333,334				TREATMENT
SOCIETY OF SURGICAL ONCOLOGY 85 W ALGONQUIN RD ARLINGTON HTS, IL 60005	13-6161070	501(C)(3)	115,000				RESEARCH
SUSAN G KOMEN ADVOCACY ALLIANCE 5005 LBJ FRWY, STE 250 DALLAS, TX 75244	26-0850638	501(C)(4)	4,400,000				EDUCATION
LOS ANGELES COUNTY AFFILIATE OF SGK FOR THE 11845 W OLYMPIC BLVD STE645W L A, CA 90064	95-4582064	501(C)(3)	845,057				EDUCATION

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

3 Enter total number of other organizations . . . . . ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGOLAND AREA AFFILIATE OF SGK FOR THE C 8765 HIGGINS RD STE 401 CHICAGO, IL 60631	36-4111723	501(C)(3)	577,400				EDUCATION

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

3 Enter total number of other organizations . . . . . ►

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

Schedule I-1 (Form 990) 2008

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

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I Questions Regarding Compensation

			Yes	No
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			
	[X] First-class or charter travel	[X] Housing allowance or residence for personal use		
	[ ] Travel for companions	[ ] Payments for business use of personal residence		
	[ ] Tax indemnification and gross-up payments	[ ] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[ ] Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	[X] Compensation committee	[ ] Written employment contract		
	[X] Independent compensation consultant	[X] Compensation survey or study		
	[X] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

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

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

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

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1A

FIRST CLASS AND BUSINESS CLASS FARES FOR DOMESTIC TRAVEL, CANADA, THE CARIBBEAN, CENTRAL AMERICA, AND MEXICO ARE NOT REIMBURSABLE. HOWEVER, PERSONAL FREQUENT FLIER MILEAGE AND/OR COUPONS MAY BE USED FOR NO-COST UPGRADES. ONLY THE CEO AND FOUNDER ARE APPROVED FOR FIRST CLASS TRAVEL. WHENEVER POSSIBLE THESE INDIVIDUALS WILL UTILIZE DISCOUNTED FIRST CLASS AND UPGRADES TO MINIMIZE COST.

IN GENERAL, HOUSING ALLOWANCES ARE NOT PROVIDED TO EMPLOYEES. AS AN EXCEPTION, THE VICE PRESIDENT OF HUMAN RESOURCES RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF $19,456.48.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING OFFICERS DURING CALENDAR YEAR 2008: PETER WILLIAMS AND TIMOTHY DOKE.

Part III Supplemental Information

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

SCHEDULE J, PART J-1, COLUMN (II) BONUS & INCENTIVE COMPENSATION

THE BONUS AMOUNTS REPORTED IN PART J-1, COLUMN (II) RELATED TO FYE 3/31/08. THESE BONUSES WERE PAID IN JULY OF 2008.

SCHEDULE J, PART J-2

MARTINA HONE WAS AN OFFICER OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. 100% OF HER COMPENSATION IS BEING REPORTED ON SUSAN G. KOMEN FOR THE CURE ADVOCACY ALLIANCE'S FORM 990, PART VII AND SCHEDULE J.

SCHEDULE J-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

SCHEDULE J-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

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

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

Schedule J-1 (Form 990) 2008

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SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer Identification number

75-1835298

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

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

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer Identification number

75-1835298

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

75-1835298

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
PETER WILLIAMS	VP, PROVIDE CONSULTING SV	23,916	HUMAN RESOURCES CONSULTING		X

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number

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Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	X	7	25,506.	COST OR SELLING PRIC
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	X	1	165,000.	COST OR SELLING PRIC
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . 29 NONE

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

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

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

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III

SUSAN G. KOMEN FOR THE CURE®

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, DBA SUSAN G. KOMEN FOR THE CURE®, WAS FOUNDED ON A PROMISE MADE BETWEEN TWO SISTERS - NANCY GOODMAN BRINKER AND HER DYING SISTER, SUSAN GOODMAN KOMEN. SUZY WAS DIAGNOSED WITH BREAST CANCER IN 1978 AT A TIME WHEN LITTLE WAS KNOWN ABOUT THE DISEASE AND IT WAS RARELY DISCUSSED IN PUBLIC. BEFORE SHE DIED AT THE AGE OF 36, SUZY ASKED HER SISTER TO DO EVERYTHING POSSIBLE TO BRING AN END TO BREAST CANCER. NANCY KEPT HER PROMISE BY ESTABLISHING SUSAN G. KOMEN FOR THE CURE IN 1982.

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

OUR RACE FOR THE CURE® SERIES

AS THE ORGANIZATION'S SIGNATURE EVENT, THE SUSAN G. KOMEN RACE FOR THE CURE® SERIES INVOLVES MORE THAN 1.5 MILLION PEOPLE EACH YEAR AND CONVEYS THE LIFE-SAVING MESSAGE THAT AWARENESS AND EARLY DETECTION SAVES LIVES. EARLY DETECTION REMAINS OUR STRONGEST DEFENSE AGAINST THIS DISEASE AND

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TODAY, THE FIVE-YEAR SURVIVAL RATE IS 98 PERCENT WHEN BREAST CANCER IS DISCOVERED WHILE STILL CONFINED TO THE BREAST, COMPARED WITH 74 PERCENT WHEN WE BEGAN OUR WORK. IN ORDER TO INCREASE BREAST CANCER SURVIVAL AND ENHANCE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH BREAST CANCER, THE ORGANIZATION EMPLOYS THE RACE SERIES TO EDUCATE INDIVIDUALS ABOUT THE IMPORTANCE OF A POSITIVE BREAST HEALTH PROGRAM IN DETECTING BREAST CANCER IN ITS EARLIEST, MOST TREATABLE STAGES.

UP TO 75 PERCENT OF THE NET MONIES RAISED BY MORE THAN 120 U.S. KOMEN AFFILIATES, THROUGH EVENTS LIKE THE RACE SERIES, REMAIN IN THE LOCAL COMMUNITY TO FUND COMMUNITY OUTREACH PROGRAMS THAT ADDRESS THE SPECIFIC UNMET BREAST HEALTH NEEDS OF THE INDIVIDUALS LIVING THERE. IN ORDER TO ENSURE THEIR FUNDS ARE MAKING THE GREATEST IMPACT, KOMEN AFFILIATES WORK WITH LOCAL MEDICAL EXPERTS AND COMMUNITY LEADERS TO CONDUCT COMPREHENSIVE COMMUNITY NEEDS ASSESSMENTS. THESE COMMUNITY PROFILES ARE THEN USED TO GUIDE LOCAL GRANT FUNDING TO MEET THE IDENTIFIED GAPS IN CARE, AWARENESS AND SUPPORT PROGRAMS. REMAINING NET MONIES (A MINIMUM OF 25 PERCENT) FROM KOMEN AFFILIATE EVENTS LIKE THE RACE SERIES HELP SUPPORT THE KOMEN AWARD AND RESEARCH GRANT PROGRAM CONDUCTED BY THE KOMEN PARENT ORGANIZATION, WHICH PROVIDES FUNDING FOR INNOVATIVE BREAST CANCER RESEARCH AND A VARIETY OF MERITORIOUS AWARDS.

IN SUPPORT OF LIFE SAVING RESEARCH AND CLINICAL INVESTIGATIONS

SINCE 1983, KOMEN FOR THE CURE HAS INVESTED NEARLY $1.5 BILLION IN CANCER RESEARCH AND COMMUNITY HEALTH PROGRAMS, PLEDGING ANOTHER $1 BILLION DURING THE NEXT DECADE.

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

PROGRAM SERVICE ACCOMPLISHMENT A- RESEARCH GRANTS FUNDING OPPORTUNITIES:

PROMISE GRANTS (PG) - PROMISE GRANTS PROVIDE UP TO $1.5M PER YEAR FOR A THREE TO FIVE YEAR PERIOD TO SUPPORT INTEGRATED PROGRAMS OF COLLABORATIVE AND CROSS-DISCIPLINARY RESEARCH PROJECTS LEADING TO THE AGGRESSIVE TRANSLATION OF SCIENTIFIC DISCOVERIES INTO CLINICAL TOOLS AND APPLICATIONS THAT HAVE THE GREATEST POTENTIAL TO SIGNIFICANTLY REDUCE BREAST CANCER INCIDENCE AND/OR MORTALITY WITHIN THE NEXT DECADE. INTEGRATED PROGRAMS ADDRESSING POPULATION DISPARITIES IN BREAST CANCER OUTCOMES AND TRIPLE NEGATIVE BREAST CANCER ARE OF SPECIAL INTEREST, AND MAY RECEIVE FUNDING PRIORITY.

INVESTIGATOR-INITIATED RESEARCH (IIR) - IIR GRANTS PROVIDE UP TO $600,000 OVER THREE YEARS TO STIMULATE EXPLORATION OF NEW IDEAS AND NOVEL APPROACHES IN BREAST CANCER RESEARCH AND CLINICAL PRACTICE THAT WILL LEAD TO REDUCTIONS IN BREAST CANCER INCIDENCE AND MORTALITY WITHIN THE NEXT DECADE. SPECIAL EMPHASIS WILL BE GIVEN TO STUDIES SEEKING TO UNDERSTAND THE BASIS FOR DIFFERENCE IN BREAST CANCER OUTCOMES AND TRANSLATING RESEARCH DISCOVERIES INTO CLINICAL AND PUBLIC HEALTH PRACTICE TO ELIMINATE BREAST CANCER DISPARITIES.

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

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

POST-BACCALAUREATE FELLOWSHIP IN DISPARITIES RESEARCH (PBF-DR) - PBF-DR GRANTS SEEK TO ATTRACT INDIVIDUALS FROM POPULATIONS AFFECTED BY DISPARITIES IN BREAST CANCER OUTCOMES INTO CAREERS SEEKING TO UNDERSTAND AND ELIMINATE THESE DISPARITIES; PROVIDE THE TOOLS AND ENVIRONMENT IN WHICH STUDENTS VERY EARLY IN THEIR CAREER CAN BEGIN TO DEFINE MEANINGFUL CAREER PATHS FOCUSED ON ADDRESSING DISPARITIES IN BREAST CANCER; AND EMPOWER THESE STUDENTS WITH THE ANALYTIC, RESEARCH, SCIENTIFIC, CLINICAL, AND PUBLIC HEALTH SKILLS CRITICAL TO EFFECTIVELY EXPLORING THE BASIS FOR DIFFERENCES IN BREAST CANCER OUTCOMES AND TRANSLATING RESEARCH DISCOVERIES INTO CLINICAL AND PUBLIC HEALTH PRACTICE TO ELIMINATE DISPARITIES IN BREAST CANCER OUTCOMES.

POSTDOCTORAL FELLOWSHIPS (PDF) - POSTDOCTORAL FELLOWSHIPS SEEK TO ATTRACT

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PRE-FACULTY SCIENTISTS INTO BREAST CANCER BY PROVIDING UP TO $60,000 ANNUALLY OVER THREE YEARS. FELLOWS DEVELOP SKILLS AND EXPERTISE IN ONE OF TWO RESEARCH TRACKS, BASIC AND TRANSLATIONAL RESEARCH LEADING TO REDUCTIONS IN BREAST CANCER INCIDENCE AND/OR MORTALITY.

EXAMPLES OF RESEARCH CURRENTLY BEING FUNDED BY KOMEN:

- A CANCER STEM CELL STUDY THAT COULD LEAD TO AN UNDERSTANDING OF HOW TO IDENTIFY, TRACK AND KILL RESIDUAL TUMOR CELLS, AND THEREBY ELIMINATE OR GREATLY REDUCE CANCER RECURRENCE.
- IDENTIFICATION OF NEW DRUGS THAT TARGET KNOWN GENETIC MUTATIONS, EVENTUALLY LEADING TO THE CURES FOR ALL BREAST CANCERS.
- DETERMINING WHICH DNA CHANGES ARE CRITICAL TO TUMOR DEVELOPMENT, PROVIDING NEW INSIGHTS INTO WHY SOME TUMORS ARE SENSITIVE OR RESISTANT TO TREATMENT.
- DEVELOPMENT OF WAYS TO PREDICT OR DETECT BREAST CANCER IN AFRICAN AMERICANS BEFORE AGGRESSIVE TUMORS DEVELOP IN ORDER TO REDUCE THE DEATH RATE WITHIN THIS ETHNICALLY AT-RISK POPULATION.

SPECIFIC GRANTS FUNDED IN FY08:

- USING GENOMICS AND PROTEOMICS TO DEVELOP EFFECTIVE THERAPIES FOR ER-NEGATIVE BREAST CANCER
- NOVEL TARGETS FOR TREATMENT AND DETECTION OF INFLAMMATORY BREAST CANCER
- STUDY OF MAMMARY STEM CELLS TO EXAMINE MECHANISM OF PARITY-INDUCED PROTECTION AGAINST BREAST CANCER
- A FUNCTIONAL GENOMIC APPROACH TO IDENTIFY POTENTIAL BREAST CANCER THERAPEUTIC TARGETS

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- TARGETING DEATH PATHWAYS BY TUMOR-TARGETING SIRNA-NANOVECTORS AS NOVEL MOLECULAR THERAPY FOR PRIMARY AND METASTATIC BREAST CANCER

- DEVELOPMENT OF A METHYLATION PANEL TO DETERMINE BREAST CANCER RECURRENCE RISK: BREAST CANCER HYPERMETHYLOME TO IDENTIFY HIGHLY PROMISING BIOMARKERS

TO ENSURE MAXIMUM IMPACT FOR OUR RESEARCH DOLLARS, KOMEN FOR THE CURE IS GUIDED BY A SCIENTIFIC ADVISORY BOARD, A GROUP OF INTERNATIONALLY RECOGNIZED DOCTORS, SCIENTISTS AND ADVOCATES.

PROGRAM SERVICE ACCOMPLISHMENT B- AWARENESS AND PUBLIC HEALTH EDUCATION PROGRAMS:

AWARE OF THE GAPS IN INFORMATION AND SERVICES, KOMEN HAS FORMED ADVISORY COUNCILS TO ADDRESS THE BREAST HEALTH AND BREAST CANCER NEEDS OF PEOPLE FROM DIFFERENT CULTURES AND BACKGROUNDS.

TO ADDRESS THESE DISPARITIES, KOMEN FOR THE CURE HAS CREATED A NATIONAL ADVISORY COUNCIL, COMPRISED OF SIX DISTINCT GROUPS SERVING AS ADVISORS, ADVOCATES AND EDUCATORS. THEY ARE AS FOLLOWS:

- AFRICAN AMERICAN NATIONAL ADVISORY COUNCIL
- NATIONAL HISPANIC & LATINA ADVISORY COUNCIL
- ASIAN AMERICAN & PACIFIC ISLANDER NATIONAL ADVISORY COUNCIL
- AMERICAN INDIAN & ALASKA NATIVE NATIONAL ADVISORY COUNCIL
- YOUNG WOMEN'S NATIONAL ADVISORY COUNCIL
- LESBIAN, GAY, BISEXUAL AND TRANSGENDER NATIONAL ADVISORY COUNCIL

EACH GROUP IS CHARGED WITH ASSESSING AND ADDRESSING THE ISSUES UNIQUE TO

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THESE GROUPS AND, ULTIMATELY, TO REDUCE MORTALITY AND INCIDENCE IN UNDER-SERVED COMMUNITIES OF WOMEN.

WE HAVE DEVELOPED A VARIETY OF EDUCATIONAL MATERIALS FOR SPECIFIC AUDIENCES IN ENGLISH AND MOST ARE ALSO AVAILABLE IN SPANISH:

- YOUNG WOMEN
- OLDER WOMEN
- MEN
- LESBIAN, GAY, BISEXUAL AND TRANSGENDER
- SURVIVORS
- CO-SURVIVORS (FAMILY, FRIENDS, HEALTH CARE PROVIDERS OR COLLEAGUES WHO PROVIDE SUPPORT FOR BREAST CANCER SURVIVORS THROUGH DIAGNOSIS, TREATMENT AND BEYOND.)

EXAMPLES OF OUR EDUCATION MATERIALS INCLUDE:

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

KOMEN FOR THE CURE IS A TRUSTED SOURCE OF BREAST HEALTH AND BREAST CANCER INFORMATION FOR PEOPLE ALL OVER THE WORLD AND IS INSTRUMENTAL IN CONNECTING PEOPLE WITH THE RESOURCES THEY NEED IN THEIR FIGHT AGAINST BREAST CANCER. KOMEN'S AWARD-WINNING WEBSITE, WWW.KOMEN.ORG, PROVIDES COMPREHENSIVE AND CURRENT INFORMATION ABOUT BASIC BREAST HEALTH/CANCER,

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RESEARCH FINDINGS, LOCAL OUTREACH PROGRAMS, VOLUNTEER OPPORTUNITIES, EVENTS AND KOMEN PROGRAMS AND PARTNERS. TO DATE, MORE THAN 3 MILLION INDIVIDUALS VISITED KOMEN.ORG THIS YEAR AND WERE ABLE TO:

- FIND USER-FRIENDLY, RELIABLE, COMPREHENSIVE AND CURRENT BREAST CANCER INFORMATION COVERING TOPICS FROM BASIC BREAST CANCER FACTS, RISK AND PREVENTION, SCREENING AND EARLY DETECTION, DIAGNOSIS, TREATMENT AND SUPPORT.
- DOWNLOAD ALL PRINT MATERIALS IN USER-FRIENDLY PDF FORMAT.
- USE AN ONLINE GUIDE, THE ANATOMY OF BREAST CANCER WITH ANIMATION AND VOICEOVER, TO LEARN ALL ABOUT BREAST CANCER.
- WATCH OUR ONLINE INTERACTIVE VIDEO TO LEARN ABOUT BREAST SELF-AWARENESS AND HOW TO PERFORM BREAST SELF-EXAM THE RIGHT WAY - IN ENGLISH, SPANISH OR HINDI.
- TAKE AN ONLINE NET QUIZ TO TEST YOUR KNOWLEDGE OF BREAST CANCER.
- DISCOVER MANY RESOURCES TO HELP EMPOWER YOU TO TAKE CHARGE OF YOUR HEALTH.
- FIND OTHER WOMEN OR MEN TO TALK TO 24 HOURS A DAY THROUGH ONLINE MESSAGE BOARDS.
- KEEP UP WITH THE LATEST ADVANCES IN RESEARCH.
- LEARN WHAT IT MEANS TO BE A CO-SURVIVOR AND USE TOOLS THAT CAN MAKE YOU MORE COMFORTABLE AND EFFECTIVE IN THAT ROLE.

IN ADDITION TO KOMEN.ORG, KOMEN OPERATES A BREAST CARE HELPLINE, 1-877 GO KOMEN (1-877-465-6636) THAT IS ANSWERED BY A TRAINED AND CARING STAFF THAT PROVIDES RESPONSE TO QUESTIONS, LOCAL RESOURCE INFORMATION AND MORAL SUPPORT.

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LAST YEAR, THE HELPLINE RESPONDED TO OVER 12,000 CALLS. MOST CALLERS WERE WOMEN CALLING ON THEIR OWN BEHALF, SEEKING INFORMATION ON BREAST HEALTH OR FREE/LOW-COST MAMMOGRAMS. THE SECOND MOST TYPICAL CALLER INQUIRED ABOUT FINANCIAL ASSISTANCE. OTHER CALLERS TENDED TO ASK QUESTIONS ABOUT BREAST CANCER WITH REGARD TO TREATMENT, BIOPSY, SUPPORTIVE SERVICES, HOW TO PAY FOR RECONSTRUCTIVE SURGERY OR GENERAL ISSUES CONCERNING SUSAN G. KOMEN FOR THE CURE. IN ADDITION, WE HAVE RESPONDED TO MORE THAN 900 EMAILS THIS YEAR.

PROGRAM SERVICE ACCOMPLISHMENT C-SUPPORT MAJOR INITIATIVES IN SCREENING AND EDUCATION:

SUSAN G. KOMEN FOR THE CURE® SUPPORTS HIGH-IMPACT BREAST CANCER PROGRAMS IN THOUSANDS OF COMMUNITIES AROUND THE WORLD. IN FISCAL YEAR 2009, KOMEN MADE GRANTS TO OVER 1,900 COMMUNITY ORGANIZATIONS TOTALING MORE THAN $93 MILLION. GRANTS ARE MADE THROUGH A HIGHLY-COMPETITIVE APPLICATION PROCESS DURING WHICH AN INDEPENDENT PANEL OF LOCAL EXPERTS REVIEWS THE APPLICATIONS FOR IMPACT, FEASIBILITY, SUSTAINABILITY AND OTHER SELECTION CRITERIA DESIGNED TO ENSURE THAT ONLY THE BEST PROGRAMS ARE FUNDED. ONCE THE GRANTS ARE MADE, THEY ARE CAREFULLY MANAGED BY STAFF AND VOLUNTEERS TO ENSURE THAT FUNDS ARE APPLIED EFFECTIVELY AND LEVERAGED FOR MAXIMUM COMMUNITY IMPACT.

BELOW ARE THE RESULTS OF GRANTS THAT WERE COMPLETED IN FISCAL YEAR 2009:

- THE NONPROFIT ORGANIZATIONS THAT RECEIVE KOMEN GRANTS HELP SPREAD THE

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WORD THAT BREAST CANCER KNOWS NO BOUNDARIES - BE IT AGE, GENDER, SOCIOECONOMIC STATUS, OR GEOGRAPHIC LOCATION. OVER 3.9 MILLION PEOPLE RECEIVED BREAST CANCER EDUCATION AS PART OF A KOMEN-FUNDED GRANT.

- GETTING REGULAR SCREENING TESTS IS THE BEST WAY FOR WOMEN TO LOWER THEIR RISK OF DYING FROM BREAST CANCER. LAST YEAR, KOMEN PROVIDED FUNDING FOR APPROXIMATELY 198,000 CLINICAL BREAST EXAMS AND 263,000 MAMMOGRAMS.

- BREAST CANCER IS OFTEN FIRST SUSPECTED WHEN A LUMP IS FELT OR WHEN AN ABNORMAL AREA IS FOUND ON A MAMMOGRAM. MOST OF THE TIME, THESE SUSPICIOUS AREAS DO NOT TURN OUT TO BE CANCER. BUT THE ONLY WAY TO KNOW FOR SURE IS THROUGH FOLLOW-UP TESTS. LAST YEAR, GRANTS MADE BY KOMEN MADE IT POSSIBLE FOR MORE THAN 85,000 PEOPLE TO OBTAIN THESE IMPORTANT DIAGNOSTIC TESTS.

- APPROXIMATELY 5,000 PEOPLE WERE DIAGNOSED WITH BREAST CANCER LAST YEAR THROUGH A KOMEN-FUNDED COMMUNITY GRANT. EARLY DETECTION AND EFFECTIVE TREATMENT HAVE BEEN SHOWN TO IMPROVE SURVIVAL. IN OTHER WORDS, KOMEN IS SAVING LIVES.

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

KOMEN FOR THE CURE SUPPORTS PROGRAMS THAT AIM TO REDUCE THE PERCENTAGE OF BREAST CANCER PATIENTS WHO DELAY OR FORGO TREATMENT AND IMPROVE THE QUALITY OF LIFE FOR BREAST CANCER PATIENTS DURING AND AFTER TREATMENT. THESE TREATMENT ASSISTANCE PROGRAMS INCREASE PATIENTS' KNOWLEDGE OF AVAILABLE RESOURCES, REDUCE FINANCIAL AND LOGISTICAL BARRIERS TO

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TREATMENT AND SUPPORT SERVICES, DECREASE EMOTIONAL DISTRESS, AND MINIMIZE THE WORKLOAD ON PATIENTS TO COORDINATE THEIR CARE.

WHEN SOMEONE RECEIVES A DIAGNOSIS OF BREAST CANCER, ADEQUATE SUPPORT OFTEN MEANS THE DIFFERENCE BETWEEN THEM GETTING TREATMENT AND NOT GETTING TREATMENT. LAST YEAR, OVER 59,000 PEOPLE BENEFITED FROM PSYCHOSOCIAL SERVICES AND 50,000 RECEIVED OTHER KINDS OF TREATMENT ASSISTANCE SUCH AS FOOD, TRANSPORTATION, AND EMERGENCY FINANCIAL ASSISTANCE FOR RENT, MORTGAGE PAYMENTS, UTILITY BILLS, AND OTHER ESSENTIALS. THESE GRANTS WERE AWARDED BY KOMEN AFFILIATES TO LOCAL NONPROFIT ORGANIZATIONS DEDICATED TO SUPPORTING BREAST CANCER PATIENTS.

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

KOMEN FOR THE CURE ALSO MADE A GRANT TO CANCERCARE TO PROVIDE DIRECT FINANCIAL ASSISTANCE GRANTS TO APPROXIMATELY 1,500 WOMEN WITH BREAST CANCER ANNUALLY FOR UNMET NEEDS SUCH AS PAIN AND ANTI-NAUSEA MEDICATION, LYMPHEDEMA CARE, ORAL CHEMOTHERAPY, AND DURABLE MEDICAL EQUIPMENT. CANCERCARE ALSO PROVIDES COUNSELING AND OTHER SUPPORT SERVICES THAT WILL

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ENABLE BREAST CANCER PATIENTS TO MAKE INFORMED TREATMENT DECISIONS, COPE WITH THE EMOTIONAL EFFECTS OF THE DISEASE, AND EXPERIENCE AN IMPROVED QUALITY OF LIFE.

OVER THE PAST 20 YEARS, TREATMENT OF BREAST CANCER HAS GREATLY IMPROVED DUE TO LESSONS LEARNED THROUGH LARGE CLINICAL TRIALS. WHETHER A NEW THERAPY OR TEST BECOMES PART OF STANDARD TREATMENT, DIAGNOSIS OR SCREENING FOR BREAST CANCER DEPENDS LARGELY ON CLINICAL TRIAL RESULTS. WITH FUNDING FROM KOMEN, 1,600 PEOPLE WERE ENROLLED IN BREAST CANCER CLINICAL TRIALS LAST YEAR AND 27,000 PEOPLE WERE EDUCATED ABOUT CLINICAL TRIALS.

AROUND THE WORLD

WITH AN EMPHASIS ON PARTNERSHIPS AND COLLABORATION, KOMEN LAUNCHED THE GLOBAL INITIATIVE FOR BREAST CANCER IN 2007, WORKING WITH GOVERNMENTS AND ADVOCACY GROUPS AROUND THE WORLD ON OUTREACH, EDUCATION AND SCREENING PROGRAMS. TODAY, KOMEN IS ACTIVELY ENGAGED IN BREAST CANCER EDUCATION AND OUTREACH ACTIVITIES IN 25 COUNTRIES AROUND THE GLOBE. WE ARE SHARING BEST PRACTICES THROUGH OUR COURSE FOR THE CURE™ CURRICULUM THAT IS BEING IMPLEMENTED IN TEN COUNTRIES IN THE MIDDLE EAST, EASTERN EUROPE, AFRICA AND LATIN AMERICA. THIS CURRICULUM HELPS LOCAL ADVOCATES BUILD CULTURALLY SENSITIVE, SUSTAINABLE BREAST HEALTH PROGRAMS IN THEIR OWN COUNTRIES AND EXPANDS KOMEN'S GLOBAL NETWORK OF BREAST CANCER ADVOCATES. KOMEN HAS RECENTLY AWARDED 45 COMMUNITY GRANTS TOTALING $300,000 TO NGOS THAT PARTICIPATED IN THE COURSE AND DESIGNED BREAST HEALTH COMMUNITY PROGRAMS.

Name of the organization: SUSAN G. KOMEN BREAST CANCER FDN, INC

Employer identification number: 75-1835298

IN 2008, WE LAUNCHED THE SUSAN G. KOMEN FOR THE CURE GLOBAL PROMISE FUND TO ADDRESS BREAST CANCER INCIDENCE AND MORTALITY RATES OUTSIDE THE UNITED STATES. WE EXPANDED PARTNERSHIPS IN GHANA, THE BAHAMAS AND PANAMA AND ADDED NEW INTERNATIONAL RACE FOR THE CURE EVENTS IN BOSNIA & HERZEGOVINA AND TANZANIA. IN 2009, KOMEN CO-SPONSORED AN INTERNATIONAL BREAST CANCER CONFERENCE IN CAIRO, EGYPT AND LED A TRAINING SESSION ON SUPPORT GROUPS FOR 30 MIDDLE EASTERN BREAST CANCER ADVOCATES IN ALEXANDRIA, EGYPT. A SMALL DELEGATION VISIT TO ISRAEL ROUNDED OUT KOMEN'S INTERNATIONAL OUTREACH EFFORTS IN OCTOBER, 2009.

KOMEN'S INTERNATIONAL RACE FOR THE CURE EVENTS HAVE GROWN QUICKLY THROUGH PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND CORPORATE PARTNERS THAT SHARE OUR GOAL OF A WORLD WITHOUT BREAST CANCER. IN 2009, THERE WERE 14 RACES AS THE SERIES EXPANDED TO BELGIUM, EGYPT, GEORGIA, GREECE AND SWITZERLAND.

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

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

EXPLANATION FOR AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV LINE 12 AND PART XI LINE 2B

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH ALL 122 AFFILIATES AND THE SUSAN G. KOMEN FOR THE CURE ADVOCACY ALLIANCE. THEREFORE, SCHEDULE D, PARTS XI, XII AND XIII HAVE NOT BEEN COMPLETED PER THE IRS INSTRUCTIONS.

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

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

FORM 990, PART VI, QUESTION 10

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

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

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

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

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

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

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ASSISTS THE BOARD OF SUSAN G. KOMEN FOR THE CURE IN OVERSEEING COMPENSATION POLICIES AND PRACTICES. RESPONSIBILITIES INCLUDE OVERSIGHT OF THE COMPENSATION OF THE PRESIDENT/ CHIEF EXECUTIVE OFFICER, OTHER OFFICERS AND DISQUALIFIED PERSONS, THE RANGE OF COMPENSATION LEVELS FOR THE ORGANIZATION'S EMPLOYEES, AND INCENTIVE/BONUS COMPENSATION PROGRAMS. THE CURRENT POLICY WAS ADOPTED IN 2008.

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

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

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

FORM 990, PART VI, QUESTION 19

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

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

ADDITIONAL DETAIL ON RACE PRODUCTION EXPENSES INCLUDED ON OTHER EXP LINE

FORM 990, PART IX, LINE 24

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. PURCHASES ALL T-SHIRTS

FOR THE 100 PLUS RACES HELD BY THE KOMEN AFFILIATES DURING THE YEAR.

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

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

FORM 990, PART VIII - INVESTMENT INCOME

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

TAXPAYERS COPY
ERNST & YOUNG LLP

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

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

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

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

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ MARK NADOLNY, CFO

Telephone No ▶ 972 855-1600 FAX No ▶ 972 855-4302

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15 , 2009 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or
▶ [X] tax year beginning 04/01 , 2008 , and ending 03/31 , 2009

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$	NONE
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$	NONE
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$	NONE

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2008)

JSA
8F8054 2 000
46474L 1385 V08-7 3 PARENT

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

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

Type or print	Name of Exempt Organization		Employer Identification number
File by the extended due date for filing the return See instructions	SUSAN G. KOMEN BREAST CANCER FDN INC., DBA SUSAN G. KOMEN FOR THE CURE		75-1835298
	Number street, and room or suite no If a P O box, see instructions 5005 LBJ FREEWAY, SUITE 250		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions DALLAS, TX 75244		

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

[X]	Form 990	[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 6069
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 4720	[ ]	Form 8870
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 5227		

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

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

4 I request an additional 3-month extension of time until 02/16/2010

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

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

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

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ NONE
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

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

Signature ▶ Kenneth R Yarn Title ▶ CPA Date ▶ 11/7/09

ERNST & YOUNG U.S. LLP
201 MAIN STREET, STE 1100
FORT WORTH, TX 76102-3161