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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

2009

Open to Public Inspection

A Fo	r the 2	2009 calend	lar yea	r, or tax year beginning	04-01-2009	and ending 03-31-20	10	D 5		:C 1:
B Ch	eck if a		ase	C Name of organization SUSAN G KOMEN BREAT C	ANCER FDN IN	С		D Employe	rident	ification number
☐ Add	iress ch	ange	IRS el or	Doing Business As				75-183 E Telephon		oor .
∏ Naı	me chai	nge pri i	nt or e. See	SUSAN G KOMEN FOR THE	CURE					
┌ Init	ıal retui	rn Sp e	ecific	Number and street (or P C) box if mail is	not delivered to street addi	ress) Room/s	(972) 8 suite		
┌ Ter	mınated	d tion	truc- ns.	5005 LBJ FREEWAY				G Gross rece	eipts \$ 2	03,232,183
✓ Am	ended i	return		City or town, state or coul	ntry, and ZIP +	4				
Г Арр	olication	n pending		DALLAS, TX 752446125						
			F Nan	ne and address of princi	pal officer		H(a) I	s this a group re	turn fo	\r_
		/	A mbas	sador Nancy G Brinker	F			s tills a group re iffiliates?	tuiii id	∏Yes ▼ No
				BJ FREEWAY S,TX 752446125						
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 ' '	Are all affiliates inc		? Yes No ee instructions)
I Ta	x-exem	npt status	501(c)) (3) ◄ (insert no)	947(a)(1) or \(\big \)	- 527		r No, attach a Group exemption		
1 W	ebsit <i>e</i>	e: ► www.ko	men or	<u> </u>			¬ ''(°)			
				<u> </u>			1 .		T	
		Summaı		ion Trust Association	Other 🟲		L Year	of formation 1982	M St	ate of legal domicile TX
Ра				e organization's mission	or most sig	nificant activities				
	-			orld without breast cand			ople, ensu	rıng qualıty care	for all	, and energizing
3		science to d	discove	er and deliver the cures						
Ē										
E E										
Governance	2	Check this l	box 🛏	f the organization disc	continued its	operations or dispose	d of more t	han 25% of its r	net ass	ets
26	3	Number of v	oting r	nembers of the governin	g body (Part	:VI, line 1a)			3 _	g
Activities	4	Number of I	ndepen	ident voting members of	the governi	ng body (Part VI, line 1	.b)		4 _	7
M.	5	Total numbe	erofen	nployees (Part V , line 2a	a)				_	261
S A	6	Total numbe	erofvo	lunteers (estimate if ne	cessary) .				6_	11,877
				ted business revenue fro					_	(
	b	Net unrelate	ed busi	ness taxable income fro	m Form 990	-T, line 34			7b	(
	_							Prior Year		Current Year
흨	8			d grants (Part VIII, line	•		•	127,995,86		134,999,587
enu	9			revenue (Part VIII, line			•	31,202,74	_	32,672,067
Reveni	10			ne (Part VIII, column (A			. —	-2,850,53		2,399,901
	11 12		•	art VIII, column (A), lın dd lınes 8 through 11 (m			ne	2,870,34	-	1,115,204
	12							159,218,42	7	171,186,759
	13	Grants and	sımıla	ar amounts paid (Part IX	, column (A), lines 1–3)		77,463,39	8	74,580,417
	14			r for members (Part IX,					0	0
ø	15		therco	ompensation, employee	benefits (Pa	rt IX, column (A), lınes	5 –	22,090,76		22,675,770
Expenses	16a	10)	al fund	raising fees (Part IX, co	Jump (A.) Jur	10 110		1,819,90		654,519
Φ ⊕						•		1,819,90	+	054,519
Д	17			enses (Part IX, column (D), lı (Part IX, column (A), lınd				54,334,55	7	70 677 466
	18			Add lines 13–17 (must				155,708,62		79,677,466 177,588,172
	19			penses Subtract line 18				3,509,80		-6,401,413
± 27 3x 60		veilue le		Subtract fille 10			Begi	nning of Current	_	
Not Assets or Fund Balances								Year		End of Year
989 1886	20	Total asse	ts (Par	t X, line 16)				248,279,60	1	298,673,925
4 P	21	Total liabil	ıtıes (F	Part X, line 26)				190,446,68	7	212,403,483
	22			d balances Subtract lin	e 21 from lır	ne 20		57,832,91	4	86,270,442
Pai	rt II	Signatu								
				rgury, I declare that I have excorrect, and complete Declar						
Sign		 						2010-12-20		
Here	2	Signature	of office	er			I	Date		
		MARK NA		CFO e and title						
		F Type of p	init Hdffl	c and tide				T_		<u> </u>
		Preparer's signature				Date	Check If self-	Preparer's id		g number
Paid							empolyed 🕨		•	
•	arer's	Firm's name (if self-employ		ERNST & YOUNG US LLP				EIN 🕨		
Use (צוווע	address, and		1901 SIXTH AVENUE NO	RTH STE 1200					
				BIRMINGHAM, AL 3520	3			Phone no	(205)	254-1608

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Form **990** (2009)

Part III Statement of Program Service Accomplishments

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

	(Expenses \$	inc ervice expenses►\$	luding grants o	f \$) (Revenue \$)
4d		ervices (Describe in Sch	•			
	Health treatment an	d screening programs and grar	nts See schedule (O O for additional details		
4c	(Code) (Expenses \$	3,643,036	including grants of \$	3,643,036) (Revenue \$	667,420)
	Public health educati additional details	ion programs to increase the p	ublic's awareness	of breast cancer including, a	among other things, detection and trea	tment See schedule O for
4b	(Code) (Expenses \$	54,847,021	ıncludıng grants of \$	5,016,595) (Revenue \$	919,062)
	Grants to other chan	itable organizations to support	research and clinic	al investigation of breast Ca	ancer See schedule O for additional de	talis
4a	(Code) (Expenses \$	78,637,773	including grants of \$	65,920,786) (Revenue \$	32,672,067)
	allocations to oth	ers, the total expenses, a	ind revenue, if	any, for each program		
4	Describe the exer	mpt purpose achievement	s for each of th	ne organization's three	largest program services by ex	penses
	If "Yes," describe	these changes on Sched	ule O			
3	Did the organizati	on cease conducting, or i	make significar	nt changes in how it co		Yes 🔽 No
	If "Yes," describe	these new services on S	chedule O			
2	_	on undertake any signific 0 or 990-EZ?			r which were not listed on	Yes 🔽 No

Dart TV	Checklist o	f Deguired	Schadulae
	CHECKHSLU	ı Keuuneu	Scheuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 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 similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,		Yes	
	Parts VI, VIII, VIII, IX, or X as applicable	11	105	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 line 25	24a		No
Ь	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		N o
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		N o
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		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 990	(2009)

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			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			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 115			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
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		Νο
Ь	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? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	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			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b

	below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances,
	processes, or changes in Schedule O. See instructions.
Section	A. Governing Body and Management

			res	NO
1a	Enter the number of voting members of the governing body 1a 9			
Ь	Enter the number of voting members that are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο

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

	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
	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		Νο
	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		

- 17 List the States with which a copy of this Form 990 is required to be filed 🕶 AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , HI , IL , IN , $\mathsf{KS}\,\,,\mathsf{KY}\,\,,\mathsf{ME}\,\,,\mathsf{MD}\,\,,\mathsf{MA}\,\,,\mathsf{MI}\,\,,\mathsf{MN}\,\,,\mathsf{MS}\,\,,\mathsf{MO}\,\,,\mathsf{NH}\,\,,\mathsf{NJ}\,\,,\mathsf{NM}\,\,,$ NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request
- 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. See Additional Data Table
- 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 752446125

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total									-	4,619,1	182	0	254,828

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 43

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
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	Yes	

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 I for such person

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Merkle Inc 100 Jamison Court HAGERSTOWN, MD 21740	Donat process & mkt	4,790,167
Event 360 Inc 205 N Michigan Ave CHICAGO, IL 606015927	Event management	5,461,413
Constella Group LLC 2605 Meridian Parkway DURHAM, NC 27713	Health consult svc	4,601,524
Institute of International Educatio 530 Bush Street SAN FRANCISCO, CA 94180	Int'l Training & Edu	1,638,667
eVerge Group of Texas Ltd 4965 Preston Park Blvd PLANO, TX 75093	Software Consulting	631,024
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►23	who received more than	

Page 8

Νo

Form 99		-						Page 9
Part V	<u>/IIII</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$	1a	Federated camp	paigns 1a	2,938,980				
g E E	Ь		es 1b					
₩	c .		ents 1c	4,010,492				
<u>a</u>	d e	Government grants	eations 1d s (contributions) 1e					
Sin Sin	F	_	ons, gifts, grants, and 1f	128,050,115	i			
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above butions included in					
S E	h	Total. Add lines	s 1a-1f	▶	134,999,587			
<u>•</u>				Business Code				
Program Service Revenue	2a	Affiliate Payments		900,099	32,672,067	32,672,067		
æ	b							
¥.	c d							
<u> 3</u>	e e							
ra E	f	All other progra	am service revenue					
ু ⊁								
	g 3		ome (including dividence		32,672,067			
			ar amounts)	. F	3,372,130			3,372,130
	4		tment of tax-exempt bond p		0			
	5	Royalties			176,616			176,616
			(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	_	expenses Rental income						
	c .	or (loss)						
	d	Net rental incor	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	24,818,342	(II) O thei				
	b	Less cost or other basis and	25,790,994	250				
	c	sales expenses Gain or (loss)	-972,652	423				
	d	Net gaın or (los	s)		-972,229			-972,229
Other Revenue	8a	Gross income fi events (not incl \$ 4,010 of contributions See Part IV, lin	luding ,492 reported on line 1c)					
Ģ		Jee raiciv, iiii	a	1,810,758				
the	ь		penses b	5,048,516				
Ò	С		loss) from fundraising (events 🟲	-3,237,758			-3,237,758
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b		penses b		0			
	10a	Gross sales of returns and allo		ittes				
	_		a	1,392,146				
	b		oods sold b	1,205,664	186,482	186,482		
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code	100,402	100,402		
	11a	Support Service		900,099	1,400,000	1,400,000		
	ь	Intercompany		900,099	29,469			29,469
	С	Other Revenue		900,099	2,560,395			2,560,395
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		3,989,864			
	12	Total revenue.	See Instructions		171,186,759	34,258,549		1,928,623

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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		·		<u> </u>
2	Grants and other assistance to individuals in the	71,814,633	71,814,633		
	U S See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,755,784	2,755,784		
4	Benefits paid to or for members	0	2,733,731	1	
5	Compensation of current officers, directors, trustees, and	2 020 525	2 262 062	205.642	152.024
6	key employees Compensation not included above, to disqualified persons	3,820,525	3,362,062	305,642	152,821
0	(as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	14,456,016	5,581,045	8,590,366	284,605
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	675,189	359,962	305,566	9,661
9	Other employee benefits	2,313,932	1,113,092	1,147,179	53,661
10	Payroll taxes	1,410,108	678,881	696,042	35,185
11	Fees for services (non-employees)			·	<u> </u>
а	Management	0			
b	Legal	375,537	81,302	294,235	_
С	Accounting	504,773	279,373	206,447	18,953
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	654,519			654,519
f	Investment management fees	272,253		272,253	
g	Other	0			
12	Advertising and promotion	18,521,513	14,443,957	552,031	3,525,525
13	Office expenses	11,687,843	5,466,369	469,186	5,752,288
14	Information technology	8,097,789	1,306,311	6,791,478	
15	Royalties	0			
16	Occupancy	1,620,711	970,002	566,919	83,790
17	Travel	2,586,069	1,729,540	744,495	112,034
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,383,023	1,671,846	701,027	10,150
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	224,615	150,915	43,300	30,400
23	Insurance	86,598	84,313	2,285	
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)				
а	CONSULTING AND PROF SERVICES	18,597,376	14,446,687	1,163,185	2,987,504
b		1,360,059	972,789	235,502	151,768
С	Contract labor	3,402,832	2,538,985	403,659	460,188
d	Race Production	2,060,571	1,530,410	382,355	147,806
е	Bank Fees	712,169	257,785	61,072	393,312
f	All other expenses	7,183,735	5,521,787	1,650,242	11,706
25	Total functional expenses. Add lines 1 through 24f	177,588,172	137,127,830	25,584,466	14,875,876
26	Joint costs. Check here ▶ 				
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational campaign and fundraising solicitation	44,517,718	24,919,861	5,544,098	14,053,759

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year		End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments	•		117,034,815	-	116,301,040
	3	Pledges and grants receivable, net	•		42,497,442	H	63,110,996
	4	Accounts receivable, net			780,253	4	3,227,334
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L			6		
ssets	7	Notes and loans receivable, net		9,285,025	7	2,746,321	
Š	8	Inventories for sale or use			820,916	8	613,072
⋖	9	Prepaid expenses and deferred charges			1,714,930	9	4,052,357
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	14,305,164			
	b	Less accumulated depreciation	10b	9,539,037	5,151,378	10c	4,766,127
	11	Investments—publicly traded securities	-		70,994,842	11	103,856,678
	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		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		248,279,601	16	298,673,925	
	17	Accounts payable and accrued expenses .	15,356,716	17	27,391,172		
	18	Grants payable	175,089,971	18	185,012,311		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
Sə	21	Escrow or custodial account liability Complete Part IV of Schedul	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ėį"		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 to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			190,446,687	26	212,403,483
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
; - 33		through 29, and lines 33 and 34.					
an an	27	Unrestricted net assets			12,411,432	27	37,346,956
89	28	Temporarily restricted net assets			45,196,482	28	48,698,486
돧	29	Permanently restricted net assets		225,000	29	225,000	
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	nplete			
ē		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			57,832,914	33	86,270,442
	34	Total liabilities and net assets/fund balances	248,279,601	34	298,673,925		

Part XI Financial Statements and Reporting

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

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

SUSAN G KOMEN BREAT CANCER FDN INC

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

75-1835298 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the 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) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
			ınstructions))	Yes	No	Yes	No	Yes	No
-									
Total									

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if y	ou checked the	box on line 5,	7, or 8 of Part :	I.)		
	ection A. Public Support			.	1	•	
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	89,077,870	125,004,591	132,775,607	127,995,868	134,999,587	609,853,523
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(0	0	0		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		0		0		0
4	Total. Add lines 1 through 3	89,077,870	125,004,591	132,775,607	127,995,868	134,999,587	609,853,523
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)						16,681,453
6	Public Support. Subtract line 5						593,172,070
	from line 4 ection B. Total Support						
	endar year (or fiscal year	() 2005	(1) 2006	() 2007	/ N 2000	() 2000	(6) T
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4	89,077,870	6,627,304	132,775,607	127,995,868	134,999,587	609,853,523
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,504,503	6,627,304	8,682,291	6,957,976	3,548,746	29,320,820
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,358	50,758	81,914	71,369	2,589,864	2,795,263
11	Total support (Add lines 7 through 10)						641,969,606
12	Gross receipts from related activi	ties, etc (See ins	tructions)	L.		12	188,427,154
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organ	ization, ▶┌
	ection C. Computation of Pu					<u> </u>	
14	Public Support Percentage for 200	•		11 column (f))		14	92 399 %
15	Public Support Percentage for 200					15	92 120 %
16a	33 1/3% support test—2009. If the and stop here. The organization qu	=		•	line 14 is 33 1/39	% or more, check	this box ►✓
17a	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means are supported by the organization organization are supported by the organization are supported by the organization organizat	e organization dic on qualifies as a p t— 2009. If the org ation meets the " eets the "facts an	I not check the bo publicly supported ganization did not facts and circums d circumstances"	x on line 13 or 16 organization check a box on lii tances" test, che test The organiz	ne 13, 16a, or 16 eck this box and s zation qualifies as	b and line 14 top here. Explain a publicly suppo	, check this
18	10%-facts-and-circumstances tes 15 is 10% or more, and if the orga Explain in Part IV how the organiz supported organization Private Foundation If the organizations	anization meets th ation meets the "	ne "facts and circu facts and circums	ımstances" test, tances" test The	check this box ar e organization qua	nd stop here. Ilifies as a public	ly ▶⊏

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. 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 (Form 990 or 990-EZ) 2009

OMB No 1545-0047

2008

Open to Public
Inspection

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.

Name of the organization Employer identification number SUSAN G KOMEN BREAT CANCER FDN INC 75-1835298 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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.

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

- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(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
- Revenues included in Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Par	Organizations Maintaining Co	ollections of Art	, His	<u>tori</u>	<u>cal Tre</u>	easu	res, or C	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th	e foll	owing th	at ar	e a significa	ant u	se of its co	llection	ו	
а	Public exhibition		d	\sqcap	Loan o	rexcl	nange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and expla	ın how	v they	further	the c	rganızatıor	ı's ex	cempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								nılar	Г	Yes	∏ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ar						nızatıon a	nsw	ered "Yes	" to Fo	orm 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	diary	for c	ontributi	ions d	or other ass	ets i	not	Г	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following tab	е				_					
										A mou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?							Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete							_				
		(a)Current Year	(b)	Prior Y	'ear	(c) Tw	o Years Back	(d)	Three Years B	ack (e)Four Ye	ars Back
1a	Beginning of year balance	323,262						<u> </u>				
b	Contributions	4 204						₩				
С	Investment earnings or losses	-4,284						+				
d	Grants or scholarships							-				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	318,978										
2	Provide the estimated percentage of the yea	ar end balance held a	ıs									
а	Board designated or quasi-endowment											
ь	Permanent endowment ► 100 000 %											
c	Term endowment ►											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held	and a	dministere	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•						3a(i)		Νο
_	(ii) related organizations								ļ	3a(ii)		N o
	If "Yes" to 3a(II), are the related organization	•						•	[3b		
4	Describe in Part XIV the intended uses of the					0 0		10				
201	t VI Investments—Land, Building	s, and Equipme	nτ. 5				•			Т		
	Description of investment				Cost or o s (investm		(b)Cost or o		(c) Depreci	ation	(d) Bo	ok value
1a	Land											
	Buildings		•									
С	Leasehold improvements		•				795	5,974	44	10,551		355,423
	Equipment		•					3,546		77,197		606,349
е	Other						9,325	5,644	5,52	21,289		3,804,355

(a) Description of security or category	(b) Book value	(c) Method	l of valuation
(including name of security)	(b)book value	Cost or end-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se		<u> </u>	
			l of valuation
(a) Description of investment type	(b) Book value		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, I (a) Descr			(b) Book value
(a) Descri	iption		(b) book value
「otal. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
		1	
		1	
		1	
		1	
		-	
		_	
		_	
	1	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<u> </u>		

Par	TXI Reconciliation of C	<u>hange in Net Assets from For</u>	<u>m 990</u>	to F	<u>inancial Stateme</u>	<u>nts</u>	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	
2	Total expenses (Form 990, Par	t 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) o					4	
5	Donated services and use of fa					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add III	nes 4 - 8				9	
10		per financial statements. Combine line	se 3 and	١۵		10	
		evenue per Audited Financial			s With Revenue i		
1		er support per audited financial statem				. 1	
2		it not on Form 990, Part VIII, line 12					
а		tments	1	2a			
ь	Donated services and use of f			2b		┪ ┃	
c		s	.	2c		┪ ┃	
d	Other (Describe in Part XIV)			2d		1	
e	Add lines 2a through 2d .					│ 2e	
3	·					3	
4		0, Part VIII, line 12, but not on line 1					
а		uded on Form 990, Part VIII, line 7b	1	4a			
b			-	4b		1	
c	Add lines 4a and 4b					4 _c	
5		d 4c. (This should equal Form 990, Pa	rt I. line	12)		5	
		xpenses per Audited Financia				s per	Return
1		r audited financial statements				1	
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25					
а	Donated services and use of f	acılıtıes		2a			
b	Prior year adjustments			2b			
c	Losses reported on Form 990	, Part IX, line 25		2c		7	
d	Other (Describe in Part XIV)			2d		7	
e	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1 .					3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b		7	
c	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 a	nd 4c. (This should equal Form 990, Pa	art I, lın	e 18)		5	
Par	t XIV Supplemental Inf	ormation				•	
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X				art IV,	lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
∃ndov	vments	Schedule D, Part V	Goodm Resear	an-Bri ch fell	nt endowments, Good nker Endowment to be owships Firnberg End tional programs and re	used fo	or Breast Cancer t to be used for breast

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As Filed Data -

DLN: 93493355011080

OMB No 1545-0047

2009

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Department of the Treasury Internal Revenue Service

Totals.

SCHEDULE F (Form 990)

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ne of the organization					Employer ide	ntification number
SUS	SAN G KOMEN BREAT CA	NCER FDN INC				75 102520	
В	art I General Infor		Himitiaa Ootai	de the United States	- Complete	75-1835298	
P	"Yes" to Form 9			de the officed States	s. Complete	e ii ule orgai	iization answered
1		•		ecords to substantiate	the amount	of the grant	s or
	assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assistan	ce?					. 🔽 Yes 🗌 No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring tl	ne use of gran	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional 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)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
	ope (Including Iceland and enland)	0	0	Grantmakıng			1,182,730
Nor	th America	0	0	Grantmakıng			1,377,054
Sou	th Asia	0	0	Grantmakıng			35,000
Sub	-Saharan Afrıca	0	0	Grantmakıng			10,000
Mıd	dle East and North Africa	0	0	Grantmakıng			151,000

2,755,784

Part IV,	line 15, for any	recipient who rec	nizations or Entiti eived more than \$5, space is needed.	es Outside the Un 000. Check this box	ited States. Composite of the composite	plete if the organization of the contraction of the	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								
	1							
2 Enter total nu tax-exempt l	umber of recipier by the IRS, or foi	nt organizations lis r which the grante	I sted above that are se or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as . ►	26
3 Enter total nu	umber of other o	rganızatıons or er	itities				. ▶	0

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

Schedule F (Form 990) 2009

Identifier	ReturnReference	ured in Part I, line 2, and any additional information. Explanation
rganization's Procedures for	Schedule F, Part IV	All research and educational grantees are required to submit
lonitoring Use of Grant Funds utside the US	Schedule F, Part IV	annual financial and progress reports and change requests for modifications to their project. All reports and requests are reviewed by science staff. See Schedule I, Part IV for more details.
		decuns

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

	ne of the organization SAN G KOMEN BREAT CA	NCER FON INC					Employer iden	tification number
302	AN GROMEN BREAT CA	INCERTON INC					75-1835298	
Pa		activities. Completers are not require					o Form 990, Part IV	, lıne 17.
1	Indicate whether the org	janization raised funds	s through a	any of the	follo	wing activities Che	ck all that apply	
а	Mail solicitations			е	굣	Solicitation of non-	government grants	
Ь	✓ Internet and e-mail	solicitations		f	\vdash	Solicitation of gove	ernment grants	
c	Phone solicitations			g	<u> - </u>	Special fundraising	j events	
d	▼ In-person solicitation	ons						
2a b	or key employees listed If "Yes," list the ten high	in Form 990, Part VII nest paid individuals o	I) or entity r entities	ın conne (fundraıs e	ction ers) p	n with professional fo oursuant to agreeme	undraising activities? nts under which the fun	
	to be compensated at le	ast \$5,000 by the org	(iii)	Dıd	0-EZ	I filers are not requir	·	ole
	(i) Name of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions?		(iv	() Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No	<u> </u>			
Mer	kle Inc	Direct Marketing		No		25,768,259	654,519	25,113,740
Tota	al			.		25,768,259	654,519	25,113,740
3	List all states in which	the organization is re	gıstered o	r licensed	d to s	olicit funds or has b	een notified it is exemp	ot from registration or

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, o 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	(c) O ther Events 0 (total number)	(d) To	tal Eve (a) th	
₽	1	Gross receipts	5,821,250		(total flamber)		5,82	1,250
Revenue	2	Less Charitable	4,010,492	2			4,01	0,492
~	3	Gross income (line 1 minus line 2)	1,810,758	3			1,81	0,758
	4	Cash prizes	76,879)			7	6,879
ဟ	5	Non-cash prizes	1,346	5				1,346
Expenses	6	Rent/facility costs	15,356	j			1	5,356
ă	7	Food and beverages	353,478	3			35	3,478
Direct	8	Entertainment						
ā	9	Other direct expenses .	4,601,457	,			4,60	1,457
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•		5,04	8,516
	11	Net income summary Combine li	nes 3, column d, and line	10			-3,23	7,758
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mo	re thar	ì
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otalgam I (a) th ol (c))	
	1	Gross revenue						
968	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes		•		
		Direct expense summary Add line Net gaming income summary Com						
9	Fnt	er the state(s) in which the organiza	ation operates gaming ac	tivities			Yes	No
а		the organization licensed to operate			 .	. 9a		
b	If"	No," Explain						
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
11		es the organization operate gaming				11	<u> </u>	<u> </u>
12		the organization a grantor, beneficia ned to administer charitable gaming				. 12		
					Schedule G (Form	990 or 990)-EZ) 20	109

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

2009

DLN: 93493355011080

Open to Public Inspection

Employer identification number

SUSAN G KOMEN BREAT CANCER F		75-1835298					
Part I General Informatio	n on Grants and	Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as:	sistance?			•	•	Г Yes ГМ
Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

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Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Education	2	10,000			
See Additional Data Table					

Ident if ier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	Susan G Komen for the Cure's (the Organization) policies for managing research grants from the time of initial award through completion seek to maximize flexibility while maintaining the highest standard of accountability and preserving the integrity of the peer review and funding process. Throughout the term of the grant, scientific progress will be monitored by a Science Manager assigned to the grant Grantee is required to submit annual scientific progress reports that must include the following Hypothesis and Specific Aims. Progress on each specific aim in the research plan, including a description of progress, justification for delays or changes, the projected completion date for research addressing the specific aim, and current status. Justification and approval is required prior to implementation of any changes to the research design or specific aims. Research Outcomes. A list of his research accomplishments during the reporting period Publications, Presentations & Posters. A list of all manuscripts submitted, in press, or published, with full citation information and a list of all posters displayed or presentations delivered at scientific meetings. Patents, Products, Copyrights & Intellectual Property A list of all patents or patent applications filed during the reporting period and a list of specific research products developed during the reporting period and a list of specific research products developed during the reporting period and a list of specific research products developed during the reporting period and a list of specific research products developed during the reporting period and a list of specific research products developed during the reporting period and a list of specific research products developed during the reporting period and a list of specific research products developed during the reporting period and a list of specific research products are seen to a list of all professional awards & Promotions. A list of all professional awards & Promotions. A list of all professional awards and
-		

Software ID: Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAT CANCER FDN INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Par	t 11, Grants and	d Other Assistance	to Governments	and Organizations	s in the United Sta	tes	_
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Roswell Park Cancer Institute BuffaloElm Carlton Streets Department of Immunology Buffalo, NY 14263	16-1391608	501(c)(3)	180,000				Research
Pennsylvania State UnivCollege of Medicine500 University Dr H138 College of Medicine Hershey,PA 17033	24-6000376	501(c)(3)	269,936				Research
Johns Hopkins UniversitySchool of Medicine 733 NBroadwaySte 117 Kimmel Cancer Center Baltimore,MD 21205	52-0595110	501(c)(3)	599,492				Research
Buck Institute for Age Research8001 Redwood Blvd Nancy S Derr Novato,CA 94945	94-3030609	501(c)(3)	600,000				Research
Johns Hopkins UniversitySchool of Medicine 733 NBroadwaySte 117 Kimmel Cancer Center Baltimore,MD 21205	52-0595110	501(c)(3)	180,000				Research
University of Colorado Fitzsimons Bldg 500 Attn George Johnston Aurora, CO 800450508	84-6000555	501(c)(3)	270,000				Research
Wayne State University5057 Woodward AveFl 13 Sponsored Program Admin Detroit, MI 48202	38-6028429	501(c)(3)	180,000				Research
Beth Israel Deaconess Medical Center330 Brookline Ave Research North Rm 216 Boston, MA 02215	04-2103881	501(c)(3)	180,000				Research
University of Illinois at Chicago809 SMarshfield Ave Attn Stephen K Rugg Chicago, IL 60612	37-6000511	501(c)(3)	577,512				Research
Stanford UniversityPO Box 44253 Office of Sponsored Research San Francisco, CA 941444253	94-1156365	501(c)(3)	180,000				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) Northwestern University 36-2167817 501(c)(3) Research Feinberg School750 N Lake 180,000 Shore Dr Feinberg School of Medicine Chicago, IL 60611 University of Alabama at 63-0649108 501(c)(3) Research Birmingham1530 S3rd Ave 600,000 Grants Contracts Accounting Birmingham, AL 352940109 48-1108830 University of Kansas Medical 501(c)(3) Research Center3901 Rainbow Blvd 405,000 Attn Steven Geiger Kansas City, KS 66160 04-2774441 501(c)(3) Children's Hospital Boston Research PO Box 414413 180,000 Research Finance Boston, MA 022414413 UTHSC at Houston7000 74-1761309 501(c)(3) Research Fannın St 180,000 Elizabeth Frantz Houston, TX 77030 Memorial Sloan-Kettering 13-1924236 501(c)(3) Research Cancer Center1275 York 180,000 Ave Attn Gustave Bernhardt New York, NY 10021 91-6001537 501(c)(3) University of Washington Research School of Medicine 3917 180,000 University Way NE Attn Tamı Sadusky Seattle, WA 98105 Karmanos Cancer Institute 38-1613280 501(c)(3) Research 24601 Northwestern Hwy 599,950 24601 Northwestern Highway Southfield, MI 48075 11-2013303 Cold Spring Harbor 501(c)(3) Research Laboratory 1 Bungtown Rd 450,000 Attn Walter Goldschmidts Cold SprHarb, NY 11724 Cleveland Clinic Foundation 34-0714585 501(c)(3) Research 9500 Euclid Avenue P84 180,000 Attn Jacqueline Whatley Cleveland, OH 44195

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
University of Kansas Medical Center3901 Rainbow Blvd Attn Steven Geiger Kansas City, KS 66160	48-1108830	501(c)(3)	4,500,047				Research			
UTHSC at Houston7000 Fannin Street Elizabeth Frantz Houston,TX 77030	74-1761309	501(c)(3)	178,801				Research			
Dana-Farber Cancer Institute44 Binney St BP333 Attn Matthew Meyer Boston, MA 02115	04-2263040	501(c)(3)	120,000				Research			
Boston University School of Medicine580 Harrison Ave 3-W 580 Harrison Avenue 3-W Boston, MA 02118	04-2103547	501(c)(3)	405,000				Research			
University of Maryland School of MedicinePO Box 41428 HH 102 - Epidem Preventive Baltimore, MD 202036428	52-6002033	501(c)(3)	180,000				Research			
Baylor College of Medicine One Baylor Plaza Office of Grants Contracts Houston, TX 77030	74-1613878	501(c)(3)	599,994				Research			
University of North Carolina at Chapel Hill104 Airport Dr2200 Chapel Hill, NC 27599	56-6001393	501(c)(3)	180,000				Research			
Dana-Farber Cancer Institute44 Binney St BP333 Attn Matthew Meyer Boston, MA 02115	04-2263040	501(c)(3)	4,999,953				Research			
University of Miami - School of Medicine1400 NW 10th AveFl 10 Attn Aurora Candelaria Miami, FL 33136	59-0624458	501(c)(3)	600,000				Research			
University of California at San Francisco1855 Folsom St MCB 425 Box 0897 San Francisco, CA 94143	94-6036493	501(c)(3)	600,000				Research			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 95-2226406 University of California at 501(c)(3) Research Irvine1655 Grant StBldg A 180,000 BoAGCS CA4-701-10-57 Concord, CA 945202445 Dana-Farber Cancer Institute 04-2263040 501(c)(3) Research 44 Binney St BP333 180,000 Attn Matthew Meyer Boston, MA 02115 Dana-Farber Cancer Institute 04-2263040 501(c)(3) Research 44 Binney St BP333 437,998 Attn Matthew Meyer Boston, MA 02115 Mayo Clinic and Foundation 41-6011702 501(c)(3) Research Rochester200 First Street 450,000 SW 200 First Street SW Rochester, MN 55905 36-2170833 Children's Memorial Hospital 501(c)(3) Research 2300 Childrens Plaza 120,000 Chicago, IL 60614 Indiana University620 Union 35-6001673 501(c)(3) Research Dr Rm 518 600,000 Indianapolis, IN 46202 Research Columbia University Medical 13-3948652 501(c)(3) Center630 W 168th St 120,000 630 West 168th Street New York, NY 10032 Mount Sinai School of 13-6171197 501(c)(3) Research Medicine1 Gustave Levy PI 399,912 Sponsored Proj Actg New York, NY 10029 84-6000555 University of Colorado Health 501(c)(3) Research Sciences CtrFitzsimons Bldg 180,000 500 Attn George Johnston Aurora, CO 800450508 Washington Univ at StLouis-43-0653611 501(c)(3) Research School of MedCampus Box 180,000 1034 Sponsored Projects Accounting St Louis, MO 631121408

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıfapplıcable non-cash assistance organization grant cash valuation or assistance (book, FMV, appraisal, or government assistance other) Memorial Sloan-Kettering 13-1924236 501(c)(3) Research Cancer Center 1275 York 120,000 Ave Attn Gustave Bernhardt New York, NY 10021 56-6001393 501(c)(3) University of North Carolina Research at Chapel Hill104 Airport 449,714 Dr2200 Chapel Hill, NC 27599 Memorial Sloan-Kettering 13-1924236 501(c)(3) Research Cancer Center 1275 York 178,242 Ave Attn Gustave Bernhardt New York, NY 10021 Boise State University 1910 82-0290701 501(c)(3) Research University Dr 600,000 Campus Recreation Boise, ID 837251711 Mayo Clinic and Foundation 41-6011702 501(c)(3) Research Rochester200 First Street 600,000 SW 200 First Street SW Rochester, MN 55905 13-1624225 Albert Einstein College of 501(c)(3) Research MedYeshiva Univ1300 450,000 Morris Park Ave at Yeshiva University Bronx, NY 10461 University of Tennessee 62-6001636 501(c)(3) Research Health Science Ctr210 575,983 StudServBldg Office of the Treasurer Knoxville, TN 37996 74-6001118 MD Anderson Cancer Ctr 501(c)(3) Research Univ of Texas PO Box 4390 600,000 **Grants Contracts** Houston, TX 772104390 MD Anderson Cancer Ctr 74-6001118 501(c)(3) Research Univ of Texas PO Box 4390 600,000 **Grants Contracts** Houston, TX 772104390 Northwestern University 750 36-2167817 501(c)(3) Research N Lake Shore Dr 600,000 Feinberg School of Medicine Chicago, IL 60611

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Dartmouth Medical School63 02-0222111 501(c)(3) Research South Main St 600,000 Bank Of America Hanover, NH 03755 06-0646973 Yale UniversityPO Box 501(c)(3) Research 208250 180,000 155 Whitney Ave Room 230 New Haven, CT 065208250 Mayo Clinic and Foundation 41-6011702 501(c)(3) Research Rochester200 First Street 587,315 SW 200 First Street SW Rochester, MN 55905 University of Chicago 970 E 36-2177139 501(c)(3) Research 58th St FI3 120,000 Research Administration Chicago, IL 60637 95-1642394 501(c)(3) Research University of Southern California1540 Alcazar St 180,000 Dept of Contracts Grants Los Angeles, CA 90033 25-0965591 501(c)(3) University of PittsburghPO Research Box 371220 120,000 497 Scarfe Hall - Surgery Pittsburgh, PA 152517220 University of Washington 91-6001537 501(c)(3) Research School of Medicine 3917 599,954 University Way NE Attn Tamı Sadusky Seattle, WA 98105 41-6011702 Mayo Clinic and Foundation 501(c)(3) Research Rochester200 First Street 450,000 SW 200 First Street SW Rochester, MN 55905 Thomas Jefferson University 23-1352651 501(c)(3) Research 1020 Walnut Street 600,000 Scott Bldg Room 525 Philadelphia, PA 19107 Wayne State University 5057 38-6028429 501(c)(3) Research Woodward AveFI 13 450,000 Sponsored Program Admin Detroit, MI 48202

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University Winship Cancer Institute 1365-C Clifton Road NE 1365-C Clifton Road NE Atlanta, GA 30322	58-0566256	501(c)(3)	180,000				Research
University of California at Berkeley2195 Hearst AveRm 130 Attn Cynthia Kane Berkeley, CA 94720	94-6002123	501(c)(3)	180,000				Research
University of Maryland School of MedicinePO Box 41428 HH 102 - Epidem Preventive Baltimore, MD 202036428	52-6002033	501(c)(3)	600,000				Research
MD Anderson Cancer Ctr Univ of TexasPO Box 4390 Grants Contracts Houston, TX 772104390	74-6001118	501(c)(3)	180,000				Research
Sanford ResearchUSD1100 E21 St700 Sioux Falls,SD 57105	46-0450378	501(c)(3)	590,497				Research
Southern Illinois Univ - School of MedicinePO Box 19616 Attn Linda Toth Springfield, IL 627949616	37-6005961	501(c)(3)	599,264				Research
University of North Carolina at Charlotte104 Airport Dr2200 Chapel Hill, NC 27599	56-6001393	501(c)(3)	180,000				Research
Vanderbilt University School of Medicine3319 W End AveSte 100 Attn Melinda Cotten Nashville,TN 37203	62-0476822	501(c)(3)	450,000				Research
Ohio State University College of Medicine333 West 10th Ave B-030 Graves Hall Columbus, OH 43210	31-6025986	501(c)(3)	180,000				Research
Case Western Reserve Univ- School of Med10900 Euclid Ave Controllers Office Cleveland, OH 441067006	34-1018992	501(c)(3)	449,984				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Columbia University Medical 13-3948652 501(c)(3) Research Center630 West 168th St 180,000 630 West 168th Street New York, NY 10032 Dana-Farber Cancer Institute 04-2263040 501(c)(3) Research 44 Binney St BP333 180,000 Attn Matthew Meyer Boston, MA 02115 University of California at San 95-6006144 501(c)(3) Research Diego9500 Gilman Dr 599,935 Mark E Cooper La Jolla, CA 920930009 Dana-Farber Cancer Institute 04-2263040 501(c)(3) Research 44 Binney St BP333 180,000 Attn Matthew Meyer Boston, MA 02115 55-0665758 West Virginia University 3120 501(c)(3) Research University Ave 450,000 Margaret Saliga Morgantown, WV 26505 Beth Israel Deaconess 04-2103881 501(c)(3) Research Medical Center330 Brookline 180,000 Ave Research North Rm 216 Boston, MA 02215 Harvard University School of 04-2103580 501(c)(3) Research Public Health1350 600,000 Massachusetts Ave Holyoke Center Room 600 Cambridge, MA 02138 University of California at San 95-6006144 501(c)(3) Research Diego9500 Gilman Dr 180,000 Mark E Cooper La Jolla, CA 920930009 Fox Chase Cancer Center333 23-2003072 501(c)(3) Research Cottman Ave 500,000 Attn Michael Seiden Philadelphia, PA 19111 University of Maryland School 52-6002033 501(c)(3) Research of MedicinePO Box 41428 449,999 HH 102 - Epidem Preventive Baltimore, MD 202036428

Form 990,Schedule I, Pai	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sidney Kimmel Cancer Center11107 Roselle St 11107 Roselle Street San Diego, CA 92121	80-0418281	501(c)(3)	600,000				Research
University of North Carolina at Chapel Hill104 Airport Dr2200 Chapel Hill, NC 27599	56-6001393	501(c)(3)	599,119				Research
Boston University School of Medicine580 Harrison Ave 3-W 580 Harrison Avenue 3-W Boston,MA 02118	04-2103547	501(c)(3)	180,000				Research
Johns Hopkins Univ - Kimmel Cancer Ctr733 N BroadwaySte 117 Kimmel Cancer Center Baltimore, MD 21205	52-0595110	501(c)(3)	120,000				Research
University of Colorado Fitzsimons Bldg 500 Attn George Johnston Aurora, CO 800450508	84-6000555	501(c)(3)	600,000				Research
Beth Israel Deaconess Medical Center330 Brookline Ave Research North Rm 216 Boston, MA 02215	04-2103881	501(c)(3)	180,000				Research
University of California at Irvine1655 Grant St Bldg A BoAGCS CA4-701-10-57 Concord,CA 94520	95-2226406	501(c)(3)	180,000				Research
Oregon Health and Sciences University2525 SW 1st AveSte 220 Sponsored Program Admin Portland,OR 97201	23-7083114	501(c)(3)	449,850				Research
University of Colorado Health Sciences CtrFitzsimons Bldg 500 Attn George Johnston Aurora, CO 800450508	84-6000555	501(c)(3)	180,000				Research
Duke University2424 Erwin Rd Ste 1103 Attn R Sanders Williams Durham, NC 27705	56-0532129	501(c)(3)	120,000				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable non-cash assistance organization grant cash valuation or assistance (book, FMV, appraisal, or government assistance other) UT Southwestern Medical 75-6002868 501(c)(3) Research Center at Dallas 5323 Harry 180,000 Hines Blvd 5323 Harry Hines Blvd Dallas, TX 75390 MD Anderson Cancer Ctr -74-6001118 501(c)(3) Research Univ of Texas PO Box 4390 179,303 **Grants Contracts** Houston, TX 772104390 Oregon Health and Sciences 93-1176109 501(c)(3) Research University2525 SW 1st 599,996 AveSte 220 Sponsored Program Admin Portland, OR 97201 Tufts University 136 Harrison 04-2103634 501(c)(3) Research 593,631 Attn Susan Roudebush Boston, MA 02111 University of Minnesota at 41-6007513 501(c)(3) Research Twin Cities 200 Oak 180,000 StSE450 McNamara Alumni Center Minneapolis, MN 55455 41-6007513 University of Minnesota at 501(c)(3) Research Twin Cities 200 Oak 180,000 StSE450 McNamara Alumnı Center Minneapolis, MN 55455 University of Pennsylvania 23-1352685 501(c)(3) Research 3451 Walnut St 180,000 Philadelphia, PA 191046205 Georgetown University 53-0196603 501(c)(3) Research Lombardi3300 Whitehaven 599,985 StNW Washington, DC 20007 Yale UniversityPO Box 06-0646973 501(c)(3) Research 208250 600,000 155 Whitney Ave Room 230 New Haven, CT 065208250 Beth Israel Deaconess 04-2103881 501(c)(3) Research Medical Center330 Brookline 600,000 Ave Research North Rm 216 Boston, MA 02215

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Tulane University6823 St 72-0423889 501(c)(3) Research Charles Ave 180,000 6823 St Charles Ave New Orleans, LA 70119 UTMD Anderson1515 74-6001118 501(c)(3) Research Holcombe Blvd 180,000 1515 Holcombe Boulevard Houston, TX 77030 UTMD Anderson1515 74-6001118 501(c)(3) Research Holcombe Blvd 120,000 1515 Holcombe Boulevard Houston, TX 77030 University of Tennessee 62-6001636 501(c)(3) Research Health Science Ctr210 180,000 StudServBlda Office of the Treasurer Knoxville, TN 37996 Univ of Utah at Huntsman 87-6000525 501(c)(3) Research Cancer Institute 201 180,000 Presidents Cir Salt Lake C, UT 84112 Cornell University Ithaca341 15-0532082 501(c)(3) Research Pine Tree Rd 180,000 341 Pine Tree Road Ithaca, NY 14850 Children's Hospital Boston 04-2774441 501(c)(3) Research PO Box 414413 180,000 Research Finance Boston, MA 022414413 University of Colorado at 85-6000555 501(c)(3) Research DenverPO Box 238 180,000 Fitzsimons Campus Denver, CO 802910238 University of California at 94-2829914 501(c)(3) Research San Francisco220 180,000 Montgomery St 220 Montgomery St San Francisco, CA 94104 Northwestern University 750 36-2167817 501(c)(3) Research N Lake Shore Dr 180,000 Feinberg School of Medicine Chicago, IL 60611

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 52-0595110 Johns Hopkins University 501(c)(3) Research School of Med733 450,000 NBroadway Ste 117 Kımmel Cancer Center Baltimore, MD 21205 Temple University1938 23-1365971 501(c)(3) Research Liacouras Walk 450,000 Philadelphia, PA 19122 Providence Portland Medical 93-1231494 501(c)(3) Research Center4805 NE Glisan St 450,000 4805 NE Glisan St Portland, OR 972132933 University of California at 94-6036494 501(c)(3) Research DavisOne Shield Ave 450,000 One Shield Ave Davis, CA 95616 23-2003072 Research Fox Chase Cancer Center 501(c)(3) 333 Cottman Ave 450,000 Attn Michael Seiden Philadelphia, PA 19111 52-6002033 University of Maryland 501(c)(3) Research School of MedicinePO Box 250,000 41428 HH 102 - Epidem Preventive Baltimore, MD 202036428 University of California San 94-6036493 501(c)(3) Research Francisco185 Berry St100 250,000 San Francisco, CA 94107 Duke University324 56-0532129 501(c)(3) Research Blackwell St 250,000 Washington Bldg Box 104135 Durham, NC 27708 Vanderbilt University School 62-0476822 501(c)(3) Research of Medicine 3319 WEnd 250,000 Ave800 Attn Stephen Todd Nashville, TN 37203 UTMD Anderson Cancer Ctr 74-6001118 501(c)(3) Research 1515 Holcombe Blvd 250,000 1515 Holcombe Boulevard Houston, TX 77030

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Dana-Farber Cancer Institute 04-2263040 501(c)(3) Research 44 Binney St MS 439C 500.000 44 Binney Street Mail Stop 439C Boston, MA 02115 Indiana University 35-6001673 501(c)(3) Research (Indianapolis)620 Union Dr 250,000 Indianapolis, IN 462025220 52-0595110 Johns Hopkins University 501(c)(3) Research Kımmel Cancer733 N 250,000 BroadwaySte 117 Gayle Walters Baltimore, MD 21205 UT Health Science Center at 74-1586031 501(c)(3) Research San Antonio7703 Floyd Curl 250,000 Dr Office of Sponsored Programs San Antonio, TX 78229 UTMD Anderson Cancer Ctr 74-6001118 501(c)(3) Research 1515 Holcombe Blvd 250,000 1515 Holcombe Boulevard Houston, TX 77030 74-6001118 UTMD Anderson Cancer Ctr 501(c)(3) Research 1515 Holcombe Blvd 250,000 1515 Holcombe Boulevard Houston, TX 77030 35-6001673 501(c)(3) Research Indiana University (Indianapolis)620 Union Dr 3,000,000 Indianapolis, IN 462025220 Johns Hopkins University 52-0595110 501(c)(3) Research 1101 E 33rd St 3,750,000 1101 East 33rd Street Eastern C220 Baltimore, MD 21218 56-0532129 Duke University 705 Broad St 501(c)(3) Research Attn Mary Johnson Assoc Dir 175,000 Durham, NC 27705 Duke University 705 Broad St 56-0532129 501(c)(3) Research Attn Mary Johnson Assoc Dir 175,000 Durham, NC 27705

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) University of Pennsylvania 23-1352685 501(c)(3) Research 3451 Walnut St 175,000 Philadelphia, PA 19104 MD Anderson Cancer Ctr -74-6001118 501(c)(3) Research Univ of Texas PO Box 4390 175,000 **Grants Contracts** Houston, TX 772104390 04-2263040 501(c)(3) Dana-Farber Cancer Institute Research 44 Binney St MSC 439C 175,000 44 Binney Street Mail Stop 439C Boston, MA 02115 MD Anderson Cancer Ctr -74-6001118 501(c)(3) Research Univ of Texas PO Box 4390 175,000 **Grants Contracts** Houston, TX 772104390 Indiana Univ Melvin&Bren 35-6001673 501(c)(3) Research Simon Cancer CtrPO Box 175,000 66057 Financial Mgmt Svcs Indianapolis, IN 462666057 Dana-Farber Cancer Institute 04-2263040 501(c)(3) Research 44 Binney St MSC 439C 175,000 44 Binney Street Mail Stop 439C Boston, MA 02115 Georgetown University 53-0196603 501(c)(3) Research LombardiBox 571164 250,000 Attn Helen Mourat Washington, DC 20057 National Academy of 53-0196932 501(c)(3) Research Sciences 730 15th St NW 289,838 730 15th Street NW Washington, DC 20005 National Cancer Institute31 52-0858115 501(c)(3) Research Center Dr MSC 2590 1,000,000 Building 31 Room 11A-48 Bethesda, MD 20892 Oncology Nursing Society 25-1410081 501(c)(3) Research 125 Enterprise Dr 100,000 **ATTN Education Team** Pittsburgh, PA 15275

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 35-6001673 Indiana University 501(c)(3) Research (Indianapolis)620 Union Dr 676,000 Indianapolis, IN 462025220 Prevent Cancer Foundation 52-1429544 501(c)(3) Research 1600 Duke St Ste 500 25,000 1600 Duke Street Alexandria, VA 22314 Dana-Farber Cancer Institute 04-2263040 501(c)(3) Research 44 Binney St BP431C 75,000 Attn Wilma Ruffen Boston, MA 02115 Society of Surgical Oncology 13-6161070 501(c)(3) Research 85 WAlgonguin Rd550 115,000 85 W Algonquin Road ArlingtHts, IL 60005 52-1694732 Society for Women's Health 501(c)(3) Research Research1025 Connecticut 1,000,000 AVNW Washington, DC 20036 25-1410081 ONCOLOGY NURSING 501(c)(3) Research SOCIETY125 Enterprise Dr 75,000 ATTN Education Team Pittsburgh, PA 15275 36-2177139 501(c)(3) Research University of Chicago 970 East 58th St Fl 3 25,000 Research Administration Chicago, IL 60637 37-6000511 501(c)(3) University of Illinois--Research Urbana-ChampaignPO Box 25,000 4610 Grants Contracts-Post Award Springfield, IL 627084610 Smith Farm Center for 52-1977976 501(c)(3) Education Healing & the Arts1632 U St 73,750 NW 1632 U Street NW Washington, DC 20009 Sibley Memorial Hospital 53-0196602 501(c)(3) Education 5255 Loughboro Rd NW 73,750 Hayes Hall Room 603 Washington, DC 20016

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash (a) Name and address of **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Mary's Ctr for Maternal&Child 52-1594116 501(c)(3) Education Care Inc2333 Ontario Rd NW 73,750 2333 Ontario Road NW Washington, DC 20009 23-2818395 501(c)(3) The National Comprehensive Education 275 Commerce Dr 160,000 Cancer Network Foundation ation atıon ation ation ation ation

C-Changel 776 St NW	Fort Washington, PA 19034					
Attn Tara Dwyer Washington, DC 20006	Attn Tara Dwyer	16-1641769	501(c)(3)			Education
2231 Crystal Dr200 Attn Jeff Allen Executive Directo Arlington, VA 22202 American Association for Cancer Research615 Chestnut St Philadelphia, PA 19106 Oncology Nursing Society 125 Enterprise Dr ATTN Education Team Pittsburgh, PA 15275 Living Beyond Breast Cancer 354 W Lancaster Ave Attn Jean Sachs CEO Haverford, PA 19041 Harvard Medical School1350 Massachusetts Ave Holyoke Center Room 600	Attn Tara Dwyer	16-1641769	501(c)(3)			Education
Cancer Research615 Chestnut St Philadelphia, PA 19106 Oncology Nursing Society 125 Enterprise Dr ATTN Education Team Pittsburgh, PA 15275 Living Beyond Breast Cancer 354 W Lancaster Ave Attn Jean Sachs CEO Haverford, PA 19041 Harvard Medical School1350 Massachusetts Ave Holyoke Center Room 600	2231 Crystal Dr200 Attn Jeff Allen Executive Directo	52-1983273	501(c)(3)			Education
125 Enterprise Dr ATTN Education Team Pittsburgh, PA 15275 Living Beyond Breast Cancer 354 W Lancaster Ave Attn Jean Sachs CEO Haverford, PA 19041 Harvard Medical School1350 Massachusetts Ave Holyoke Center Room 600 100,000 150,000 Education 501(c)(3) 5,032	Cancer Research615 Chestnut St	23-6251648	501(c)(3)			Education
354 W Lancaster Ave Attn Jean Sachs CEO Haverford, PA 19041 Harvard Medical School1350 Massachusetts Ave Holyoke Center Room 600 150,000 150,000 501(c)(3) 5,032	125 Enterprise Dr ATTN Education Team	25-1410081	501(c)(3)			Education
Massachusetts Ave Holyoke Center Room 600	354 W Lancaster Ave Attn Jean Sachs CEO	23-2734689	501(c)(3)			Education
	Massachusetts Ave Holyoke Center Room 600	04-2103580	501(c)(3)			Education

27,600

Education

The Wellness Community919

Mark Meinke Sr Dir Finance Washington, DC 20006

18th St NW

95-4163931

501(c)(3)

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Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) C-Change1776 I St NW 16-1641769 501(c)(3) Education Attn Tara Dwyer 250,000 Washington, DC 20006 C-Change1776 I St NW 16-1641769 501(c)(3) Education Attn Tara Dwyer 50,000 Washington, DC 20006 Research Advocacy Network 35-2209499 501(c)(3) Education Ste 305 PMB 220 8,500 6505 West Park Boulevard Plano, TX 75093 35-2209499 Research Advocacy Network 501(c)(3) Education Ste 305 PMB 220 78,225 6505 West Park Boulevard Plano, TX 75093 Fred Hutchinson Cancer 23-7156071 501(c)(3) Education Research Center8750 N 100,000 Mercer Way 8750 North Mercer Way Mercer Island, WA 98040 Holy Cross Hospital1500 52-0738041 501(c)(3) Education Forest Glen Rd 73,750 Attn Wendy Friar SilvSpr, MD 20910 Holy Cross Hospital 1500 52-0738041 501(c)(3) Education Forest Glen Rd 750,000 Attn Wendy Friar SilvSpr, MD 20910 International Scholarship & 62-1247492 501(c)(3) Education Tuition Serv200 Crutchfield 40,000 Ave 200 Crutchfield Ave Nashville, TN 37210 501(c)(3) International Scholarship & 62-1247492 Education Tuition Serv201 Crutchfield 40,000 Ave 200 Crutchfield Ave Nashville, TN 37210 62-1247492 501(c)(3) Education International Scholarship & Tuition Serv202 Crutchfield 40,000 Ave 200 Crutchfield Ave Nashville, TN 37210

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (a) Name and address of (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 62-1247492 International Scholarship & 501(c)(3) Education Tuition Serv203 Crutchfield 40.000 Ave 200 Crutchfield Ave Nashville.TN 37210 American Jewish Joint711 13-1656634 501(c)(3) Education Third Ave 52,741 Attn Itai Shamir New York, NY 100174014 Fred Hutchinson Cancer 23-7156071 501(c)(3) Education Research Center8750 N 100,000 Mercer Way 8750 North Mercer Way Mercer Island, WA 98040 American Jewish Joint711 13-1656634 501(c)(3) Education Third Ave 81,091 Attn Itaı Shamır New York, NY 100174014 University of Portland726 NW 93-0401259 501(c)(3) Education 11th Ave 508 50,000 Attn Marie Dahlstrom Portland, OR 97209 American Jewish Joint711 13-1656634 501(c)(3) Education Third Ave 70,007 Attn Itaı Shamır New York, NY 100174014 Life's Door3145 Coney 04-3589944 Education 501(c)(3) Island Ave 15,000 Attn Phyllis Corn Brooklyn, NY 11235 04-2103580 Harvard Medical School1350 501(c)(3) Education Massachusetts Ave 5,032 Holyoke Center Room 600 Cambridge, MA 02138 American Jewish Joint711 13-1656634 501(c)(3) Education Third Ave 38,412 Attn Itai Shamir New York, NY 100174014 Fred Hutchinson Cancer1100 23-7156071 501(c)(3) Education Fairview Ave N 221,249 Research BHGI Seattle, WA 98109

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant valuation non-cash assistance organization ıf applıcable arant cash or assistance or government assistance (book, FMV, appraisal, other) American Jewish Joint711 13-1656634 501(c)(3) Education Third Ave 100,000 Attn Itai Shamir New York, NY 100174014 University of Washington' 91-6001537 501(c)(3) Education 12455 Collections Dr 10,000 Grants Contracts Accounting Chicago, IL 60693 ICF Consulting IncPO Box 52-0893615 501(c)(3) Education 7777-W510501 6,000 ICF Incorporated LLC Philadelphia, PA 19175 Whitman-Walker Clinic 1407 52-1122122 501(c)(3) Screening S St NW 73,750 Attn Mary Bahr Washington, DC 20009 Nueva Vida Inc2000 P St NW 54-1943145 501(c)(3) Screening Ste 620 73,750 Attn Larisa Caicedo Washington, DC 20036 Primary Care Coalition-52-1847976 501(c)(3) Screening MontgomeryCty Inc8757 1,000,000 Georgia Ave 8757 Georgia Ave SilvSpr, MD 20910 Primary Care Coalition-52-1847976 501(c)(3) Screening MontgomeryCty Inc8757 423,465 Georgia Ave SilvSpr, MD 20910 North Colorado Medical 84-0718355 501(c)(3) Screening Center2001 70th Ave 15,000 2001 70th Avenue Greeley, CO 80634 Weld County Department of 84-6000813 501(c)(3) Screening Public1555 N 17th Ave 9,870 1555 N 17th Avenue Greeley, CO 80631 North Colorado Medical 84-0718355 501(c)(3) Screening Center2001 70th Ave 20,169 2001 70th Avenue Greeley, CO 80634

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Knight Cancer Institute 3181 93-1176109 501(c)(3) Screening SE Sam Jackson Pk 500,000 3181 SE Sam Jackson Park Road Portland, OR 97239 Metropolitan Chicago Breast 26-2264895 501(c)(3) Screening Cancer1645 WJackson Blvd 500,000 Task Force Chicago, IL 60612 CASA of Maryland Inc734 52-1372972 501(c)(3) Treatment UnivBlvd E 73,750 Attn Elisa Jaramillo Silver Spring, MD 20903 Arlington Free Clinic 3833 54-1671883 501(c)(3) Treatment N Fairfax Dr 73,750 Attn Martha Ware Arlington, VA 22203 Georgetown University 3800 52-2218584 501(c)(3) Treatment Reservoir RdNW 73,750 Ourisman Breast Health Center Washington, DC 20007 American Cancer Society250 13-1788491 501(c)(3) Treatment Williams St NW 10,000 250 Williams St Atlanta, GA 30303 84-6044833 Treatment University of Northern 501(c)(3) Colorado1280 Ben 10,000 NightCampCtr 1280 Ben Nighthorse Campbell Ctr Greeley, CO 80639 Patient Advocate Foundation 54-1806317 501(c)(3) Treatment 700 Thimble Shoals Bd 333,334 NewpNew, VA 23606 Cancer Care Inc275 Seventh 13-1825919 501(c)(3) Treatment Ave 435,000 275 Seventh Avenue New York, NY 10001 American Jewish Joint711 13-1656634 501(c)(3) Treatment Third Ave 8,735 Attn Itaı Shamır New York, NY 100174014

Form 990,Schedule I, Pai	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Indiana University (Indianapolis)620 Union Dr Indianapolis,IN 462025220	35-6001673			324,000			Research				

DLN: 93493355011080

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

505	AN G KOMEN BREAT CANCER FDN INC	75-1835298			
Pa	rt I Questions Regarding Compensation	1			
		_		Yes	Νo
1a		ded any of the following to or for a person listed in Form o provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ		1b	Yes	
2	Did the organization require substantiation prior to reli officers, directors, trustees, and the CEO/Executive D		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations				
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ay ment?	4a	Yes	
ь	Participate in, or receive payment from, a supplementa	al nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov				
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des		7		Νo
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the r	ebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) 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 (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp									
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns		
See Additional Data Table		(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or	
	See Additional Data Table								

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

Ident if ier	Ret urn Ref erence	Explanation
	Part III	First class and business class fares for domestic travel, Canada, the Caribbean, Central America, and Mexico are not reimbursable. However, personal frequent flier mileage and/or coupons may be used for no-cost upgrades. Only the CEO and Founder are approved for first class travel. Whenever possible discounted first class and upgrades are used to minimize cost. Schedule J, Part I, Line 4a Severance Payments were made to the following officers during calendar year. 2009. Hala Moddelmog, Wendeline Jongenburger, and Gary Dicovitsky. Schedule J, Part J-2 Jennifer Luray was an officer of the Susan G. Komen Breast Cancer. Foundation, Inc. 100% of her compensation is being reported on Susan G. Komen for the Cure Advocacy Alliance's form 990, Part VII and Schedule J.

Schedule J (Form 990) 2009

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DLN: 93493355011080

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

SUSAN G KOMEN BREAT CANCER FDN INC 75-1835298 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).	
Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b	
1 (a) Name of disqualified person (b) Description of transaction (c) Co	rected?
Yes	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.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a	
(f)	
(a) Name of interested person and or from the (c)Original (e) In Approved (g)Writte	
purpose organization? principal amount (d)Balance due default? by board or agreemen	:7
To From Yes No Yes No Yes	No
TO FIGURE	NO
Total	
Part III Grants or Assistance Benefitting Interested Persons.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.	
(a) Name of interested person (b)Relationship between interested person (c)A mount of grant or type of assist	2000
and the organization	ance
Part IV Business Transactions Involving Interested Persons.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	
	aring of
(a) Name of interested person '' (d) Description of transaction	ration's nues?
person and the transaction reve organization Yes	No
NO TRANSACTIONS MEET THE FILING THRESHOLD FOR 0 N/A	140

SCHEDL

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DLN: 93493355011080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization SUSAN G KOMEN BREAT CANCER FDN INC

Employer identification number

Pa	rtI Types of Property				75-1835298			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art	аррисавіс						
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	2	210,278	Cost or Sale Price			
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Computer Other ► (<u>Servers</u>)	×	1	123,000	Cost or Sale Price			
26	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29		l	0
20-	Dumps the year did the sur-		a hu aantuhutus ===========	why was a shad on Dank T. Irran	1 20 that :		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
_	for exempt purposes for the entire					30a		No_
	If "Yes," describe the arrangeme			,				
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

DLN: 93493355011080

2009

Open to Public Inspection

Name of the organization SUSAN G KOMEN BREAT CANCER FDN INC Employer identification number

75-1835298

ldenti	fier	Return Reference	Explanation
ldentifier	Return Reference	Explanation	
Program Service Accomplishments	Form 990, Part III	Nancy G Brinker promised her dying sister, Susan G Komen, that end breast cancer forever In 1982, that promise became Susan G global breast cancer movement Today, Komen for the Cure is the breast cancer survivors and activists fighting to save lives, empowenergize science to find the cures. Thanks to events like the Kome mearly \$1.5 billion to fulfill its promise, becoming the largest source against breast cancer in the world a - Research and Training Kom advance in breast cancer research over the past 30 years. By fun Komen is speeding the translation of research discoveries to reduce within the next decade. To ensure maximum impact for its research Scientific Advisory Board, a group of internationally recognized do supports research and training through several different types of gopicitives. The following grant opportunities were offered by Kom Grants Large-scale grants, up to \$5 million each, during a five-year science to the bedside quicker than ever before. Post-Doctoral Risto or three years to attract and retain promising young researche \$150,000 per year for two to three years to foll a critical gap in suptraining to independence among promising cancer investigators. Carants up to \$450,000 over three years to foster independent care investigation into breast cancer disparities. Investigation intiated Risy year for two to three years to explore new ideas and approaches mortality and/or incidence within the decade. Post Baccalaureate \$135,000 per student over three years to support training early in the begin to define a meaningful career path in the area of breast cancer scal year 2010 through the above granting programs to support and 4 countries. More than one third of these grants are exploring cancer starts, grows and spreads. One quarter are supporting reactives and inflammatory Breast Cancer. The next largest group of grants ways to detect cancer earlier. Komen also funded grants that examinate and the series of the sease and language sincer of partnerships a understanding of breast cancer. The nex	Komen for the Cure and launched the world's largest grassroots network of ver people, ensure quality care for all and nace for the Cure, Komen has invested of nonprofit funds dedicated to the fight ten has touched virtually every major iding the best scientists around the world, be breast cancer incidence and mortality in dollars, Komen for the Cure is guided by a cors, scientists and advocates. Komen grants, each designed to meet specific en during fiscal year 2010 - Promise in period, targeted to research that brings esearch. Grants of \$60,000 per year for ers Career Catalyst Research Grants of portion and stimulate the transition from Career Catalyst in Disparities Research ers in disparities research and support esearch Grants of up to \$200,000 per leading to reductions in breast cancer in Disparities Research are disparities. Komen made 114 grants in esearch and training in 29 different states the biology of breast cancer, including how search into new breast cancer treatments, see such as Triple Negative Breast Cancer is for the research of new and improved mine the causes of breast cancer and sing research grants funded in fiscal year are together investigating whether flax or eliminate the risk for breast cancer. The omen ages 25-49 at moderate to high risk entireduction in cell grow th and er Cancer Institute researchers are testing by genetic mutations that increase their ons are included in the project, such as the elifornia at San Francisco, Dartmouth and Beth Israel Deaconess Medical Center after drug-coated metallic crystals that can be search growth and growth and er Cancer Institute researchers are testing by genetic mutations that increase their ons are included in fiscal year 2010 include to the disease are especially helpful because the disease are especially helpful because the disease are especially helpful because that the of Medicine (IOM) Breast Cancer and scientific commutited in fiscal year 2010 include to lead to a better understanding of the disease are especially helpful because

Program Service Accomplishments Form 990, Part III b - Education Komen is a trusted source of breast health and breast cancer information for people all over the world and is instrumental in connecting people with the resources they need in their fight against breast cancer. Our award-winning website, www komen org, provides comprehensive and current information about breast cancer, research findings, community programs, volunteer opportunities, and events. The "Understanding Breast Cancer" section of the website, co-developed with Harvard Medical School, received nearly 2.5 million visits during fiscal year 2010 Komen also produces science-based, easy-to-read educational materials. Over 7 million educational materials were distributed in fiscal year 2010 Examples of Komen educational materials include the following - Breast Self-Awareness cards in 15 languages for 17 specific audiences - General breast health awareness and breast cancer specific 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 When written materials are not sufficient, Komen's trained breast care helpline staff (1-877 GO KOMEN) are available to provide answers to questions, local resources and moral support Last year, the Susan G Komen for the Cure Breast Cancer Helpline responded to nearly 15,000 calls While African American women are less likely to be diagnosed with breast cancer, they are more likely to die of the disease. The Susan G. Komen for the Cure Circle of Promise engages African American women in the fight against breast cancer. At the end of fiscal year 2010, a total of 56,000 ambassadors had been recruited to do the following - Mobilize the community to ensure that women everywhere have access to the care they need - Empower women to make a promise to reclaim their lives, their health and to be strong advocates in their communities Dispel myths in the African American community that prevent women from getting early treatment for breast cancer I AM THE CURE is an educational program that teaches simple, action-oriented, breast health information to participants in the Susan G. Komen Race for the Cure series. Last year, nearly 1.6 million people participated in a Race for the Cure event. A formal evaluation showed that 80% of participants recalled the message that early detection is key to survival. The mobile community education and outreach tour, Komen On the Go shares important information about breast cancer with all generations. This nationwide initiative is a fun, hands-on learning experience that engages people at community locations such as health fairs, shopping malls, churches colleges and university campuses Last year, the two "Komen On the Go" vehicles were on exhibit in more than 43 communities and reached nearly 30,000 people with important breast cancer education. Cancer kills more people, worldwide, than TB, HIV/AIDS and Malaria combined. Komen is waging the global fight against breast cancer by building and strengthening grassroots programs through networking, training, capacity building and financial support. In fiscal year 2010, 182 breast cancer advocates in seven countries (Brazil, Costa Rica, Egypt, Mexico, Panama, Romania, and Ukraine) were trained through the Course for the Cure, which is the cornerstone of the Komen's Global Initiative for Breast Cancer Awareness Course for the Cure is a series of easily adaptable training modules that are based on Komen's best practices and experience in breast cancer awareness and advocacy Additionally, Komen awarded 22 community grant projects in countries aimed at increasing breast cancer awareness in order to reduce rates of late stage of diagnosis and mortality. This is in addition more than a dozen grants awarded for outreach programs in Bosnia and Herzegovina, Colombia, Egypt, Hungary, Israel, Montenegro, Russia, and South Africa and conferences in India, Belgium, Kyrgyzstan, Norway, and Russia Program Service Accomplishments Form 990, Part III c - Screening Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable Komen supports free and low-cost mammogram programs in communities for women without health insurance or those with high co-pays and deductibles that make getting a mammogram too costly d - Treatment Countless numbers of patients delay or forgo breast cancer treatment each year and as a result, these women are less likely to survive. For this reason, Komen supports programs that connect people with local resources, provide emergency financial assistance, and help coordinate care. Komen also supports two national patient assistance programs. One grant was awarded to the national cancer support organization, CancerCare, to provide direct financial assistance for treatment-related expenses for approximately 1,500 women, including pain and anti-nausea medication, lymphedema care, oral chemotherapy, and durable medical equipment. CancerCare also provides counseling and other support services that enable breast cancer patients to make informed treatment decisions, cope with the emotional effects of the disease, and experience an improved quality of life. Another grant for patient assistance was made to the Patient Advocate Foundation to provide cash co-payment assistance to insured patients who qualify medically and financially. About 160 breast cancer patients will be provided assistance with 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. Patient navigation has been shown to be a successful strategy to prevent women from falling through the cracks of the healthcare system. Patient navigators provide one-on-one support and guidance to ensure that women get care in a timely fashion, helping them overcome any barriers they experience. Last year, Komen supported more than 160 patient navigation programs around the United States. One such program was funded by the Puget Sound Affiliate. Mason General Hospital, with support from Komen Puget Sound, is working to improve survival rates of rural women. Their patient navigation service is being directly offered to about 560 women who had an abnormal screening test, have been recently diagnosed, or are longer-term survivors of breast cancer. For more information about any of the accomplishments described here or to learn more about Susan G Komen for the Cure, visit www komen org or call 1-877 GO KOMEN Description of Board Member Relationship Form 990, Part VI, Question 2 Eric Brinker, Board Member, is the son of Ambassador Nancy G Brinker, CEO and Board Member Explanation of Significant Changes Made to the Bylaws in FY2010 Form 990, Part VI, Question 4 Susan G Komen for the Cure made the following significant changes to its Bylaws and Certificate of Formation in FY2010 1 Section 1 04 Purposes Section 1 04 of the Bylaws was revised to change "breast cancer" to "women's cancer" to reflect the expansion of Komen's mission internationally where breast cancer is integrated into the larger discussion of women's cancers and women's health platforms, but such expansion in mission activities will only occur to the extent such activities further the Organization's mission to end breast cancer This change was also made to Article IV of the Certificate of Formation for Susan G Komen for the Cure 2 Section 4 01 Number and Term Section 4 01 of the Bylaws was revised to reflect the separation of the office of President/Chief Executive Officer into two offices (President and Chief Executive Officer) Due to this separation of office, the number of Executive Committee members was increased from four to a maximum of five to allow for both the President and Chief Executive Officer to serve on the committee 3 In addition to the foregoing changes, the following universal changes were made to the Bylaws a All references to the Texas Non Profit Corporation Act were revised to reflect the Texas Business Organizations Code, the state statute now applicable to Komen b All references to the former office of President/Chief Executive Officer were revised to reflect the separation and creation of the offices of President and Chief Executive Officer Describe the Process used by Management &/or Governing Body to Review 990 Form 990, Part VI, Question 11 Management prepares the materials for the Form 990, with the assistance and review by external accountants Senior levels of management review and comment on the final draft of the Form 990 for presentation to the audit committee of the Board of Directors. The audit committee of the Board of 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 with an opportunity to review and comment 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, such as recusal from decisions impacted by a conflict of interest. In addition, those same people have the obligation to update the conflict of interest statements during the year Offices & Positions for Which Process was Used, & Year Process was Begun Form 990, Part VI, Question 15a & 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 Chief Executive Officer, the range of compensation levels for the organization's other officers, disqualified persons, and other employees, granting the CEO authority to determine actual compensation levels within an approved range, and incentive/bonus compensation programs. The current policy was adopted in 2009. 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 of reviewing all positions was last conducted in the prior fiscal year. Salary increases, promotions or other forms of compensation are provided without regard to race, color, religion,

ldentifier	Return Reference	Explanation
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.

gender, national origin, disability, veteran status or sexual orientation

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 Reason for Amending Form 990 Form 990, PAGE 1, LINE B THE SUSAN G KOMEN BREAST CANCER FOUNDATION, INC 'S 2009 FORM 990 IS BEING AMENDED DUE TO A TYPO GRAPHICAL ERROR ON FORM 990, PART IX, LINE 19, COLUMN (C) AND LINE 25, COLUMN (C)

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

Cat No 51056K

Schedule O (Form 990) 2009

Software ID: Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAT CANCER FDN INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(C tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Alexine Clement Jackson Chairperson of the Board	1 0	Х						0	0	0
Nancy G Brinker Board Member and CEO	55 0	X		X				0	0	0
Eric Brinker Board Member & Asst Secretary	1 0	X		X				0	0	0
Lında Custard Board Member	1 0	X						0	0	0
Brenda Lauderback Board Member	1 0	X						0	0	0
Lında Law Board Member & Asst Secretary	1 0	X		X				0	0	0
Connie O'Neill Board Member/Treasurer	1 0	X		Х				0	0	0
Dorothy Paterson Board Member	1 0	X						0	0	0
Robert Taylor Board Member	1 0	X						0	0	0
Norman Brinker Board Member (4/1/09-6/7/09)	1 0	X						0	0	0
A imee DiCicco Board Member (4/1/09-11/16/09)	1 0	X						0	0	0
Mark Nadolny Chief Financial Officer	55 0			X				205,174	0	7,331
Jonathan Blum General Counsel & Secretary	55 0			Χ				200,797	0	17,108
Katrına McGhee SVP,Glob Busn Dvpt & Prtrships	55 0			Χ				178,507	0	13,022
Elizabeth Thompson SVP, Med & Scientific Affairs	55 0			Χ				169,706	0	10,854
Emily Callahan SVP,GLOBAL MARKETING & NETWORK	55 0			X				167,814	0	14,979
Jennifer Luray SVP,Govt Affairs & Public Pol	55 0			Χ					0	0
Nancy MacGregor VP, Global Networks	55 0			Χ				138,750	0	16,441
Diana Rowden Survivorship & Outcomes VP	55 0			Χ				179,951	0	12,718
Justin Ricketts CIO	55 0			X				219,711	0	17,893
Susan Carter-Johns Strategic Relationships VP	55 0			X				202,273	0	22,532
Marianne Alciati Research&Scientific Affairs VP	55 0			X				240,248	0	12,217
Hala Moddelmog CEO & Pres (4/1/09-11/25/09)	55 0			X				456,437	0	11,818
Kımberly Earle COO & Secret (4/1/09-1/26/10)	55 0			X				327,754	0	17,603
A nnetta Hewko V P,Glbl Strat&Prog(4/09-12/09)	55 0			Х				343,013	0	973

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

VP, Development (10/08-3/09)

Compensated Employees, a	ia inacpeni	uciic c		<u> </u>							
(A) Name and Title	(B) Average hours	Average Posi			cka ')	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Отпо	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Wendeline Jongenburger VP,Affil Rels (4/1/09-9/23/09)	55 0	55 0 X			182,734	0	2,362				
Eric Winer Chief Scientific Advisor	20 0	20 0		X		190,548		0			
Pamela Stevens Director, DC Comm & Ext Rel	55 0	55 0		X		178,106	0	7,554			
David Dawson Director, Solution Delivery	55 0	55 0		X		154,972	0	17,564			
Samuel Cheng Controller	55 0	ı		X			161,785	0	9,288		
Andrea Rader Director, Marketing Comm	55 0			X			152,708	0	8,919		
Kay E Rohlman Director, Human Resources	55 0	x			151,085	0	15,561				
Gary Dicovitsky VP. Development (10/08-3/09)	55 0				Χ	417,109	0	18,091			

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONSULTING AND PROF SERVICES	18,597,376	14,446,687	1,163,185	2,987,504
EQUIP RENTAL AND MAINTENANCE	1,360,059	972,789	235,502	151,768
Contract labor	3,402,832	2,538,985	403,659	460,188
Race Production	2,060,571	1,530,410	382,355	147,806
Bank Fees	712,169	257,785	61,072	393,312

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Name: SUSAN G KOMEN BREAT CANCER FDN INC

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research 82X2C6	599,904	WIRE TRANSF			
		North America	Research	180,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Research	179,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Research	568,329	WIRE TRANSF			
		North America	Research	597,150	WIRE TRANSF			
		Europe/Iceland/Greenland	Research	25,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	30,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	13,200	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	48,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	50,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	10,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	48,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	24,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	24,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	13,000	WIRE TRANSF			
		South Asia	Education	10,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	100,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	10,000	WIRE TRANSF			
		Middle East/North Africa	Education	50,000	WIRE TRANSF			
		Sub-Saharan Africa	Education	10,000	WIRE TRANSF			
		Middle East/North Africa	Education	76,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	25,000	WIRE TRANSF			
		Middle East/North Africa	Education	25,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	7,500	WIRE TRANSF			
		South Asia	Education	25,000	WIRE TRANSF			
		Europe/Iceland/Greenland	Education	7,701	WIRE TRANSF			

Software ID: Software Version:

EIN: 75-1835298

Name: SUSAN G KOMEN BREAT CANCER FDN INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	•	f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(ii) Bonus &		compensation		(B)(i)-(D)	reported in prior Form
	(i) Base Compensation		(iii) Other compensation	•			990 or Form 990-EZ
		compensation	rompensation	,		1	
	(i) 169,379 (ii) 0	34,775 0	1,020 0	0 0	7,331 0	212,505 0	0
	(ı) 178,681 (ı) 0	20,200 0	1,916 0	9,907 0	7,201 0	217,905 0	0
	(i) 159,779 (ii) 0	16,780 0	1,948 0	10,819 0	2,203	191,529 0	0
	(i) 150,189 (ii) 0	17,400 0	2,117 0	6,386 0	4,468 0	180,560	0
	(i) 148,848 (ii) 0	17,400 0	1,566	8,254 0	6,725	182,793	0
	(i) 125,108 (ii) 0	10,713	2,929	8,707	7,734	155,191	0
	(i) 159,826 (ii) 0	16,900 0	3,225	10,807	1,911	192,669	0
	(i) 196,719 (ii) 0	21,000	1,992	13,425	4,468	237,604	0
	(i) 179,548 ii) 0	19,825	2,900	12,263	10,269	224,805	0
	(i) 186,796 (ii) 0	50,900 0	2,552 0	5,715 0	6,502	252,465 0	0
	(i) 401,772 (ii) 0	0	54,665 0	7,350 0	4,468	468,255	0
	(i) 287,886 (ii) 0	37,650 0	2,218 0	14,700 0	2,903	345,357 0	0
	(i) 275,044 (ii) 0	65,400 0	2,569 0	0	973 0	343,986 0	0
	(i) 99,781 ii) 0	0	82,953 0	0	2,362	185,096 0	0
	(i) 168,810 (ii) 0	21,738 0	0	0	0	190,548 0	0
Gary Dicovitsky ((i) 91,253 (ii) 0	81,250 0	244,606 0	16,213 0	1,878 0		0 0
	(ı) 160,899 (ı) 0	15,100 0	2,107 0	0	7,55 4 0	185,660 0	0
	(ı) 140,938 ıı) 0	12,153 0	1,881 0	9,247 0	8,317 0	172,536 0	0
	(i) 148,092 (ii) 0	11,601 0	2,092 0	9,288 0	0	171,073 0	0
	(i) 139,109 (ii) 0	11,249 0	2,350 0	4,724 0	4,195 0	161,627 0	0
	(ı) 136,657 (ı) 0	11,381 0	3,047 0	9,349 0	6,212 0	166,646	0