

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning 04/01, 2012, and ending 03/31, 2013

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>146321937.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Maria Madaly
Signature of officer

12/27/13
Date

CFO
Title

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

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

ERO's Use Only	ERO's signature	<u><i>Maria Madaly</i></u>	Date	<u>11/26/13</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00292940</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST & YOUNG U.S. LLP</u>			EIN		<u>34-6565596</u>			
		<u>1901 SIXTH AVE NORTH, SUITE 1200</u>			Phone no.		<u>205-254-1608</u>			
		<u>BIRMINGHAM</u>			<u>AL 35203</u>					

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

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

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

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 04/01, 2012, and ending 03/31, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC			D Employer identification number 75-1835298
	Doing Business As SUSAN G. KOMEN FOR THE CURE			E Telephone number (972) 855-1600
	Number and street (or P.O. box if mail is not delivered to street address) 5005 LBJ FREEWAY		Room/suite 250	G Gross receipts \$ 182,276,852. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 7164
	City or town, state or country, and ZIP + 4 DALLAS, TX 75244-6125			
	F Name and address of principal officer: DR. JUDITH SALERNO CEO/PRESIDENT 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-6125			
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website: ▶ WWW.KOMEN.ORG				L Year of formation: 1982
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO END BREAST CANCER BY FUNDING RESEARCH AND HEALTH PROGRAMS FOCUSED ON EDUCATION, SCREENING/TREATMENT AND SUPPORT PRIMARILY AIMED AT THE MEDICALLY UNDERSERVED IN THE U.S AND 30 COUNTRIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	320.
	6 Total number of volunteers (estimate if necessary)	6	5,675.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	159,779,664.	118,656,952.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,193,701.	26,281,480.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,951,630.	7,368,340.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,836,540.	-5,984,835.
		197,088,455.	146,321,937.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,697,843.	49,882,918.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,312,020.	25,941,318.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,160,108.	1,598,294.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,118,107.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	89,188,244.	82,440,666.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	188,358,215.	159,863,196.
19 Revenue less expenses. Subtract line 18 from line 12	8,730,240.	-13,541,259.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	313,104,320.	294,589,250.
	22 Net assets or fund balances. Subtract line 21 from line 20.	193,001,246.	175,912,920.
		120,103,074.	118,676,330.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARK NADOLNY CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KATHY PITTS	Preparer's signature <i>Kathy Pitts</i>	Date 12/30/13	Check if self-employed <input type="checkbox"/>	PTIN P00292940
	Firm's name ▶ ERNST & YOUNG U.S. LLP	EIN ▶ 34-656596		Phone no. ▶ 205-254-1608	
	Firm's address ▶ 1901 SIXTH AVE NORTH, STE 1200 BIRMINGHAM, AL 35203				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO END BREAST CANCER BY FUNDING RESEARCH AND HEALTH PROGRAMS FOCUSED ON EDUCATION, SCREENING/TREATMENT AND SUPPORT PRIMARILY AIMED AT THE MEDICALLY UNDERSERVED IN THE U.S AND 30 COUNTRIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 53,120,881. including grants of \$ 41,380,728.) (Revenue \$ 26,281,480.)

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

4b (Code:) (Expenses \$ 64,057,427. including grants of \$ 3,273,047.) (Revenue \$ 274,466.)

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

4c (Code:) (Expenses \$ 13,862,971. including grants of \$ 5,229,143.) (Revenue \$ 0)

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

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

4e Total program service expenses 131,041,279.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT C. TAYLOR CHAIR OF THE BOARD (BEG 4/1/12)	1.00 0	X					0	0	0	
(2) LINDA CUSTARD BM/VICE CHAIR (BEG 11/7/12)	1.00 0	X					0	0	0	
(3) JANE ABRAHAM BOD MEMBER	1.00 0	X					0	0	0	
(4) ELYSE GELLERMAN BOD MEMBER (END 3/31/13)	1.00 0	X					0	0	0	
(5) CONNIE O'NEILL BOD MEMBER & TREASURER	1.00 0	X		X			0	0	0	
(6) JOHN D. RAFFAELLI BOD MEMBER	1.00 0	X					0	0	0	
(7) TRICIA ORY BOD MEMBER (BEG 9/21/12)	1.00 0	X					0	0	0	
(8) DR. LASALLE LEFALL BOD MEMBER (END 9/15/12)	1.00 0	X					0	0	0	
(9) LINDA LAW BOD & ASST SEC'Y (END 8/2/12)	1.00 0	X		X			0	0	0	
(10) ALAN D. FELD BOD MEMBER (BEG 9/21/12)	1.00 0	X					0	0	0	
(11) BRENDA LAUDERBACK BOD MEMBER (END 8/2/12)	1.00 0	X					0	0	0	
(12) DR. OLOFUNMLAYO OLOPADE BOD MEMBER (BEG 2/28/13)	1.00 0	X					0	0	0	
(13) NANCY G. BRINKER FOUNDER, BOD MEMBER & CEO	55.00 0	X		X			560,896.	0	23,739.	
(14) ELLEN WILLMOTT GEN COUNSEL & SECY (BEG 6/12)	55.00 0			X			141,415.	0	4,180.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) LESLEY LURIE ASSISTANT SECRETARY	55.00 0			X				181,205.	0	26,651.
16) ELIZABETH THOMPSON PRESIDENT (END 9/7/12)	55.00 0			X				606,461.	0	26,052.
17) KATRINA MCGHEE EXECUTIVE VP, CMO(END 5/4/12)	55.00 0			X				120,941.	0	13,157.
18) MARK NADOLNY CHIEF FINANCIAL OFFICER	55.00 0			X				307,664.	0	31,464.
19) DAVID DAWSON VP, INFORMATION TECHNOLOGY	55.00 0				X			208,675.	0	29,985.
20) CHANDINI PORTEUS VP,RESRCH EVAL & SCIENCE PROG	55.00 0				X			197,753.	0	32,533.
21) DOROTHY JONES VP, MARKETING	55.00 0				X			167,176.	0	9,572.
22) CAROL CORCORAN SVP, GLOBAL NETWORKS	55.00 0				X			242,753.	0	16,312.
23) MARGO LUCERO VP,BUS DEV & PTPS(END 11/9/12)	55.00 0				X			172,275.	0	31,824.
24) LYNN ERDMAN VP, COMMUNITY HEALTH	55.00 0				X			188,069.	0	20,541.
25) KAY ROHLMAN VP, HUMAN RESOURCES	55.00 0				X			173,784.	0	30,340.
1b Sub-total								702,311.	0	27,919.
c Total from continuation sheets to Part VII, Section A								3,424,223.	0	338,559.
d Total (add lines 1b and 1c)								4,126,534.	0	366,478.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **47**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **39**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) NANCY MACGREGOR VP, GLOBAL NETWKS (END 6/2/12)	55.00 0					X		173,960.	0	13,791.
(27) BRITISH ROBINSON VP, GLOBAL STRATEGY & PROGRAMS	55.00 0					X		202,593.	0	8,948.
(28) LARRY LUNDY DIRECTOR, BUS DEV(END 11/8/12)	55.00 0					X		165,516.	0	16,304.
(29) SAMUEL CHENG CONTROLLER (END 9/17/12)	55.00 0					X		158,506.	0	14,955.
(30) NORA DAVIS SENIOR ATTORNEY	55.00 0					X		156,892.	0	16,130.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **47**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 1,398,689.					
	b Membership dues	1b					
	c Fundraising events	1c 53,942,160.					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f 63,316,103.					
	g Noncash contributions included in lines 1a-1f: \$	101,886.					
	h Total. Add lines 1a-1f		118,656,952.				
Program Service Revenue	Business Code						
	2a AFFILIATE PAYMENTS	900099	26,281,480.	26,281,480.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		26,281,480.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,443,483.			4,443,483.	
	4 Income from investment of tax-exempt bond proceeds . . .		0				
	5 Royalties		367,325.			367,325.	
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)		2,924,857.			2,924,857.	
	8a Gross income from fundraising events (not including \$ 53,942,160. of contributions reported on line 1c). See Part IV, line 18	a	3,622,575.				
		b Less: direct expenses	b	10,600,543.			
c Net income or (loss) from fundraising events			-6,977,968.			-6,977,968.	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a	557,685.					
	b Less: cost of goods sold	b	783,219.				
	c Net income or (loss) from sales of inventory		-225,534.	-225,534.			
Miscellaneous Revenue		Business Code					
11a SUPPORT SERVICES	900099	500,000.	500,000.				
b OTHER	900099	351,342.			351,342.		
c							
d All other revenue							
e Total. Add lines 11a-11d		851,342.					
12 Total revenue. See instructions		146,321,937.	26,555,946.		1,109,039.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	45,152,375.	45,152,375.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	4,730,543.	4,730,543.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,429,061.	2,743,248.	205,744.	480,069.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	18,562,559.	13,442,649.	3,678,669.	1,441,241.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	651,414.	468,719.	129,386.	53,309.
9 Other employee benefits	2,039,813.	1,453,187.	417,840.	168,786.
10 Payroll taxes	1,258,471.	912,176.	243,697.	102,598.
11 Fees for services (non-employees):				
a Management	0			
b Legal	412,333.	277,888.	114,822.	19,623.
c Accounting	684,267.	492,528.	115,568.	76,171.
d Lobbying	4,053.	4,053.		
e Professional fundraising services. See Part IV, line 17	1,598,294.			1,598,294.
f Investment management fees	282,650.	226,120.	16,959.	39,571.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	25,377,706.	19,882,579.	605,439.	4,889,688.
13 Office expenses	9,457,437.	5,280,930.	111,319.	4,065,188.
14 Information technology	3,119,367.	2,494,228.	188,839.	436,300.
15 Royalties	0			
16 Occupancy	1,952,448.	1,450,503.	339,306.	162,639.
17 Travel	2,705,682.	2,157,127.	298,304.	250,251.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,652,775.	1,028,228.	57,632.	566,915.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,379,701.	1,035,451.	195,295.	148,955.
23 Insurance	213,634.	178,144.	18,859.	16,631.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING & PROF SERVICES -----	18,131,846.	15,016,579.	845,184.	2,270,083.
b EQUIP RENTAL & MAINTENANCE -----	1,124,831.	408,827.	315,504.	400,500.
c EVENT PRODUCTION -----	5,586,156.	4,638,852.	252,340.	694,964.
d BANK FEES -----	2,682,871.	733,604.	79,254.	1,870,013.
e All other expenses -----	7,672,909.	6,832,741.	473,850.	366,318.
25 Total functional expenses. Add lines 1 through 24e	159,863,196.	131,041,279.	8,703,810.	20,118,107.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	52,772,485.	31,857,781.	1,619,964.	19,294,740.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	56,524,309.	2	28,421,714.
	3 Pledges and grants receivable, net	45,091,699.	3	41,066,118.
	4 Accounts receivable, net	1,158,074.	4	729,495.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	4,281,900.	7	4,170,597.
	8 Inventories for sale or use	508,986.	8	399,594.
	9 Prepaid expenses and deferred charges	2,016,583.	9	1,812,789.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,491,627.		
	b Less: accumulated depreciation	10b 10,975,607.	2,632,862.	10c 1,516,020.
	11 Investments - publicly traded securities	200,889,907.	11	205,933,377.
	12 Investments - other securities. See Part IV, line 11	0	12	10,539,546.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	313,104,320.	16	294,589,250.	
Liabilities	17 Accounts payable and accrued expenses	24,795,633.	17	17,873,404.
	18 Grants payable	166,183,341.	18	156,557,964.
	19 Deferred revenue	2,022,272.	19	1,481,552.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	193,001,246.	26	175,912,920.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	78,174,629.	27	81,533,610.
	28 Temporarily restricted net assets	41,603,445.	28	36,817,720.
	29 Permanently restricted net assets	325,000.	29	325,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	120,103,074.	33	118,676,330.	
34 Total liabilities and net assets/fund balances	313,104,320.	34	294,589,250.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	146,321,937.
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,863,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,541,259.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,103,074.
5	Net unrealized gains (losses) on investments	5	8,802,998.
6	Donated services and use of facilities	6	-341,038.
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,652,555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	118,676,330.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	127,995,868.	134,999,587.	174,658,160.	159,779,664.	118,656,952.	716,090,231.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	127,995,868.	134,999,587.	174,658,160.	159,779,664.	118,656,952.	716,090,231.
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).						422,210.
6 Public support. Subtract line 5 from line 4.						715,668,021.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	127,995,868.	134,999,587.	174,658,160.	159,779,664.	118,656,952.	716,090,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,957,976.	3,548,746.	3,812,083.	4,528,150.	4,810,808.	23,657,763.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH-1	71,369.	2,589,864.	84,038.	378,313.	351,342.	3,474,926.
11 Total support. Add lines 7 through 10						743,222,920.
12 Gross receipts from related activities, etc. (see instructions)					12	186,603,111.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	96.29%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	95.73%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
OTHER INCOME	71,369.	2,589,864.	84,038.	378,313.	351,342.	3,474,926.
TOTALS	<u>71,369.</u>	<u>2,589,864.</u>	<u>84,038.</u>	<u>378,313.</u>	<u>351,342.</u>	<u>3,474,926.</u>

Schedule of Contributors

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

2012

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 8,847,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

75-1835298

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

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

Name of organization SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC	Employer identification number 75-1835298
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions.**

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		83,839.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	4,053.	60,995.												
c	Total lobbying expenditures (add lines 1a and 1b)	4,053.	144,834.												
d	Other exempt purpose expenditures	151,155,333.	302,332,256.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	151,159,386.	302,477,090.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	295,135.	552,301.	656,218.	144,834.	1,648,488.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	219,954.	439,745.	519,831.	83,839.	1,263,369.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, media advertisements, and mailings.

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

Table with 3 rows and 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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

Table with 5 rows and 3 columns: Question, Yes, No. Questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING EXPENSES

SCHEDULE C PART II-A

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?... 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,325,000.	1,225,000.	1,225,000.	1,225,000.	1,318,022.
b Contributions		100,000.		4,284.	
c Net investment earnings, gains, and losses	21.	33.	608.	-4,284.	5,240.
d Grants or scholarships					98,262.
e Other expenditures for facilities and programs	21.	33.	608.		
f Administrative expenses					
g End of year balance	1,325,000.	1,325,000.	1,225,000.	1,225,000.	1,225,000.

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		795,974.	644,387.	151,587.
d Equipment		4,133,812.	3,906,709.	227,103.
e Other		7,561,841.	6,424,511.	1,137,330.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,516,020.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and sub-rows (A) through (I). Total line at the bottom.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered (1) through (10). Total line at the bottom.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (10). Total line at the bottom.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: (1) Federal income taxes. Rows 2-11 are blank. Total line at the bottom.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. [X]

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

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

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

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

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

THERE ARE THREE PERMANENT ENDOWMENTS:

GOODMAN-BRINKER, FIRNBERG AND A GENERAL ENDOWMENT.

GOODMAN-BRINKER ENDOWMENT TO BE USED FOR BREAST CANCER RESEARCH

FELLOWSHIPS.

FIRNBERG ENDOWMENT TO BE USED FOR BREAST CANCER EDUCATIONAL PROGRAMS AND

RESEARCH AWARDS.

THE GENERAL ENDOWMENT'S EARNINGS ARE RESTRICTED FOR ORGANIZATIONAL

MISSION ACTIVITIES.

FIN 48 (ASC740) FINANCIAL STATEMENT DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS SUBJECT TO A RECOGNITION THRESHOLD AND MEASUREMENT

ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO

UNCERTAIN TAX POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS

AT MARCH 31, 2013 OR MARCH 31, 2012.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

75-1835298

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	EDUCATION	230,138.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH	376,299.
(3) EUROPE			GRANTMAKING	EDUCATION	393,765.
(4) EUROPE			GRANTMAKING	RESEARCH	1,622,263.
(5) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	EDUCATION	173,700.
(6) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH	219,000.
(7) NORTH AMERICA			GRANTMAKING	EDUCATION	126,186.
(8) NORTH AMERICA			GRANTMAKING	RESEARCH	1,375,428.
(9) SOUTH AMERICA			GRANTMAKING	EDUCATION	133,764.
(10) SUB-SAHARAN AFRICA			GRANTMAKING	EDUCATION	80,000.
(11) CENTRAL AMERICA/CARIBBEAN		5.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	56,130.
(12) EUROPE		5.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	10,741.
(13) MIDDLE EAST AND NORTH AFRICA		10.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	483,370.
(14) NORTH AMERICA		10.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	189,084.
(15) RUSSIA/INDEPENDENT STATES		1.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	1,234.
(16) SOUTH AMERICA		4.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	43,718.
(17) SUB-SAHARAN AFRICA		1.	PROGRAM SERVICES	EDUC & EVENT SUPPORT	2,015.
3a Sub-total		36.			5,516,835.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		36.			5,516,835.

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

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	EDUCATION	20,015.	WIRE TRANSF			
(2)			CENT. AMERICA/CARIBBEAN	EDUCATION	67,500.	WIRE TRANSF			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	50,000.	WIRE TRANSF			
(4)			MIDDLE EAST/NORTH AFRICA	EDUCATION	37,050.	WIRE TRANSF			
(5)			MIDDLE EAST/NORTH AFRICA	RESEARCH	200,000.	WIRE TRANSF			
(6)			CENT. AMERICA/CARIBBEAN	EDUCATION	25,000.	WIRE TRANSF			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	21,000.	WIRE TRANSF			
(8)			EUROPE/ICELAND/GREENLAND	EDUCATION	9,000.	WIRE TRANSF			
(9)			EUROPE/ICELAND/GREENLAND	EDUCATION	50,000.	WIRE TRANSF			
(10)			EUROPE/ICELAND/GREENLAND	EDUCATION	25,000.	WIRE TRANSF			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	281,820.	WIRE TRANSF			
(12)			SOUTH AMERICA	EDUCATION	7,500.	WIRE TRANSF			
(13)			CENT. AMERICA/CARIBBEAN	EDUCATION	22,000.	WIRE TRANSF			
(14)			CENT. AMERICA/CARIBBEAN	EDUCATION	49,965.	WIRE TRANSF			
(15)			MIDDLE EAST/NORTH AFRICA	EDUCATION	46,650.	WIRE TRANSF			
(16)			NORTH AMERICA	EDUCATION	106,171.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	EDUCATION	20,000.	WIRE TRANSF			
(2)			SOUTH AMERICA	EDUCATION	49,996.	WIRE TRANSF			
(3)			SOUTH AMERICA	EDUCATION	7,500.	WIRE TRANSF			
(4)			SOUTH AMERICA	EDUCATION	48,768.	WIRE TRANSF			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	958,242.	WIRE TRANSF			
(6)			EUROPE/ICELAND/GREENLAND	EDUCATION	30,000.	WIRE TRANSF			
(7)			NORTH AMERICA	RESEARCH	148,778.	WIRE TRANSF			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	175,000.	WIRE TRANSF			
(9)			MIDDLE EAST/NORTH AFRICA	EDUCATION	50,000.	WIRE TRANSF			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	30,000.	WIRE TRANSF			
(11)			EUROPE/ICELAND/GREENLAND	EDUCATION	75,000.	WIRE TRANSF			
(12)			CENT. AMERICA/CARIBBEAN	EDUCATION	51,169.	WIRE TRANSF			
(13)			NORTH AMERICA	RESEARCH	799,579.	WIRE TRANSF			
(14)			MIDDLE EAST/NORTH AFRICA	EDUCATION	10,000.	WIRE TRANSF			
(15)			EAST ASIA/PACIFIC	RESEARCH	198,098.	WIRE TRANSF			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	71,200.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. ▶

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDUCATION	80,000.	WIRE TRANSF			
(2)			NORTH AMERICA	RESEARCH	226,500.	WIRE TRANSF			
(3)			CENT. AMERICA/CARIBBEAN	EDUCATION	14,504.	WIRE TRANSF			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	35,000.	WIRE TRANSF			
(5)			EUROPE/ICELAND/GREENLAND	EDUCATION	34,135.	WIRE TRANSF			
(6)			NORTH AMERICA	RESEARCH	40,331.	WIRE TRANSF			
(7)			EAST ASIA/PACIFIC	RESEARCH	178,201.	WIRE TRANSF			
(8)			NORTH AMERICA	RESEARCH	160,240.	WIRE TRANSF			
(9)			MIDDLE EAST/NORTH AFRICA	RESEARCH	19,000.	WIRE TRANSF			
(10)			EUROPE/ICELAND/GREENLAND	EDUCATION	170,630.	WIRE TRANSF			
(11)			MIDDLE EAST/NORTH AFRICA	EDUCATION	25,000.	WIRE TRANSF			
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 43.

3 Enter total number of other organizations or entities.

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE OF THE UNITED STATES

SCHEDULE F, PART IV

ALL RESEARCH, EDUCATION, SCREENING, AND TREATMENT GRANTEEES ARE REQUIRED TO SUBMIT, AT A MINIMUM, ANNUAL FINANCIAL AND PROGRESS REPORTS AND CHANGE REQUESTS TO THEIR PROJECTS. ALL PROGRESS REPORTS AND REQUESTS ARE REVIEWED BY QUALIFIED STAFF. SEE SCHEDULE I, PART IV FOR MORE DETAILS.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MERKLE, INC.	DIRECT MARKETING		X	15,827,944.	1,391,157.	14,436,787.
2 MCKENNA & ASSOCIATES	FUNDRAISING		X		207,137.	
3						
4						
5						
6						
7						
8						
9						
10						
Total				15,827,944.	1,598,294.	14,436,787.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GBL RACE FR CUR (event type)	BRST CANCR 3DY (event type)	2. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	3,371,339.	51,358,064.	2,835,332.	57,564,735.
	2	Less: Contributions	2,411,797.	49,027,676.	2,502,687.	53,942,160.
	3	Gross income (line 1 minus line 2)	959,542.	2,330,388.	332,645.	3,622,575.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	8,417.	1,384.	5,203.	15,004.
	6	Rent/facility costs	78,797.	1,987,897.	116,322.	2,183,016.
	7	Food and beverages	87,016.	1,736,260.	288,203.	2,111,479.
	8	Entertainment				
	9	Other direct expenses	65,737.	6,225,307.		6,291,044.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(10,600,543.)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶				-6,977,968.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART II

NET INCOME SUMMARY

GROSS RECEIPTS ARE REDUCED BY THE AMOUNT OF CONTRIBUTIONS, PER IRS

INSTRUCTIONS. THE CONTRIBUTIONS FOR FISCAL YEAR 2013 WERE \$53.9 MILLION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ADVENTIST HEALTHCARE, INC. 1801 RESEARCH BLVD., ROCKVILLE, MD 20850	52-1532556	501C3	229,250.				SCREENING
(2)	ALBERT EINSTEIN COLLEGE OF MED YESHIVA U 1300 MORRIS PARK AVE BRONX, NY 10461-1975	13-1624225	501C3	413,999.				RESEARCH
(3)	ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES 2 EAST GLEBE ROAD ALEXANDRIA, VA 22305	54-1849891	501C3	25,000.				EDUCATION
(4)	AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST. PHILADELPHIA, PA 19106	23-6251649	501C3	790,000.				RESEARCH
(5)	AMERICAN ASSOCIATION ON HEALTH/DISABILITIES 110 N. WASHINGTON ST, ROCKVILLE, MD 20854	52-1884887	501C3	299,998.				RESEARCH
(6)	AMERICAN JEWISH JOINT 711 THIRD AVENUE NEW YORK, NY 10017-4014	13-1656634	501C3	231,885.				EDUCATION
(7)	AMERICAN SOCIETY OF CLINICAL ONCOLOGY 2318 MILL ROAD, ALEXANDRIA, VA 22314	13-6180880	501C3	600,000.				RESEARCH
(8)	ARAB COMMUNITY CENTER FOR ECONOMIC 6450 MAPLE STREET DEARBORN, MI 48126	23-7444497	501C3	50,000.				EDUCATION
(9)	ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501C3	50,000.				EDUCATION
(10)	BAYLOR COLLEGE MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030-3411	74-1613878	501C3	1,938,700.				RESEARCH
(11)	BECKMAN RESEARCH INST CITY OF HOPE 1500 EAST DUARTE RD, DUARTE, CA 91010-3000	95-3432210	501C3	40,000.				RESEARCH
(12)	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501C3	530,000.				RESEARCH

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BOAT PEOPLE, SOS 6066 LEESBURG PIKE FALLS CHURCH, VA 22041	54-1563619	501C3	450,000.				EDUCATION, SCREENING TREATMENT
(2)	BOISE STATE UNIVERSITY 1910 UNIVERSITY DR. BOISE, ID 83725-1247	82-0290701	501C3	160,000.				RESEARCH
(3)	BOSTON UNIVERSITY SCHOOL OF MEDICINE 580 HARRISON AVENUE, 3-W BOSTON, MA 02118	04-2103547	501C3	391,000.				RESEARCH
(4)	BOSTON VA RESEARCH INSTITUTE 150 S HUNTINGTON AVE., BOSTON, MA 02130	04-3081524	501C3	15,952.				RESEARCH
(5)	BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241-3149	04-2312909	501C3	521,005.				RESEARCH
(6)	BURNHAM INSTITUTE FOR MEDICAL RESEARCH 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501C3	150,000.				RESEARCH
(7)	CALIFORNIA PACIFIC MEDICAL CENTER 475 BRANNAN ST, SAN FRANCISCO, CA 94107	94-0562680	501C3	137,988.				RESEARCH
(8)	CANCER CARE 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501C3	500,000.				TREATMENT
(9)	CANCER SUPPORT COMMUNITY 1050 17TH STREET NW, WASHINGTON, DC 20036	95-4163931	501C3	20,000.				EDUCATION
(10)	CAPITAL BREAST CARE CENTER 650 PENNSYLVANIA AVE, WASHINGTON, DC 20003	53-0196603	501C3	50,000.				EDUCATION
(11)	CAPITOL CITY AREA HEALTH EDUCATION CENTE 1700 E CAPITOL ST, WASHINGTON, DC 20003	26-3301051	501C3	300,000.				EDUCATION, SCREENING TREATMENT
(12)	CASA OF MARYLAND, INC. 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501C3	50,000.				EDUCATION

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AV CLEVELAND, OH 44106	34-1018992	501C3	139,993.				RESEARCH
(2)	C-CHANGE 1776 I STREET, WASHINGTON, DC 20006	16-1641769	501C3	225,000.				EDUCATION
(3)	CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501C3	29,733.				RESEARCH
(4)	CENTER FOR INFECTIOUS DISEASE RESEARCH 5335 WISCONSIN AVE NW, WASHINGTON, DC 20015	98-0514692	501C3	20,300.				EDUCATION
(5)	CHILDREN'S HOSPITAL, BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501C3	96,000.				RESEARCH
(6)	CHILDREN'S MEMORIAL HOSPITAL 225 E CHICAGO, BOX 205 CHICAGO, IL 60611	36-2170833	501C3	12,000.				RESEARCH
(7)	CLEMSON UNIVERSITY 113 RIGGS HALL, CLEMSON, SC 29634-0901	57-6000254	501C3	11,999.				RESEARCH
(8)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE P84 CLEVELAND, OH 44195	34-0714585	501C3	48,000.				RESEARCH
(9)	COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501C3	132,000.				RESEARCH
(10)	COLUMBIA UNIVERSITY MEDICAL CENTER 615 WEST 131ST ST. NEW YORK, NY 10027	13-5598093	501C3	409,727.				RESEARCH
(11)	COMMONWEALTH PO BOX 316 BOLINAS, CA 94924	94-2366094	501C3	22,717.				EDUCATION
(12)	CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501C3	1,172,352.				RESEARCH

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET, BP431C BOSTON, MA 02115	04-2263040	501C3	858,817.				RESEARCH
(2)	DARTMOUTH COLLEGE 63 SOUTH MAIN STREET HANOVER, NH 03755	02-0222111	501C3	150,000.				RESEARCH
(3)	DISTRICT OF COLUMBIA CANCER CONSORTIUM 5225 WISCONSIN AVE NW, WASHINGTON, DC 20015	52-1653537	501C3	37,500.				EDUCATION
(4)	DOCTORS COMMUNITY HOSPITAL 8116 GOOD LUCK RD, LANHAM, MD 20706-3502	52-1638026	501C3	750,000.				EDUCATION, SCREENING TREATMENT
(5)	DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN ST, DURHAM, NC 27705	56-0532129	501C3	1,161,603.				RESEARCH
(6)	EASTERN MICHIGAN UNIVERSITY 324 BLACKWELL ST YPSILANTI, MI 48197	38-6005986	501C3	134,552.				EDUCATION
(7)	EO LAWRENCE BERKELEY NATIONAL LABORATORY 204 HOVER BUILDING BERKELEY, CA 94701	94-2951741	501C3	15,087.				RESEARCH
(8)	FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD. TAMPA, FL 33647	65-0927702	501C3	100,000.				EDUCATION
(9)	FOUNDATION OF THE NIH 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501C3	40,000.				RESEARCH
(10)	FOX CHASE CANCER CENTER 333 COTTMAN AVE, PHILADELPHIA, PA 19111	23-2003072	501C3	272,218.				RESEARCH
(11)	FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024, SEATTLE, WA 98109-1024	56-3744111	501C3	465,000.				EDUCATION, RESEARCH
(12)	FRED HUTCHINSON CANCER RESRCH 1100 FAIRVIEW AVE. SEATTLE, WA 98109-1024	23-7156071	501C3	199,907.				RESEARCH

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DRIVE, ARLINGTON, VA 22202	52-1983273	501C3	40,000.				EDUCATION
(2)	GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-1603842	501C3	222,310.				RESEARCH
(3)	GEORGE WASHINGTON UNIVERSITY 2300 EYE STREET, WASHINGTON, DC 20052-0011	53-0196584	501C3	750,000.				EDUCATION, SCREENING TREATMENT
(4)	GEORGETOWN UNIVERSITY LCC LL LEVEL ROOM S155 WASHINGTON, DC 20007	53-0196603	501C3	581,671.				RESEARCH
(5)	GREATER BADEN MEDICAL SERVICES, INC. 7450 ALBERT RD. BRANDYWINE, MD 20316	52-0961414	501C3	399,800.				SCREENING, TREATMENT
(6)	HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	04-2103580	501C3	452,182.				RESEARCH
(7)	HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5E DETROIT, MI 48202	38-1357020	501C3	198,037.				RESEARCH
(8)	HOLY CROSS HOSPITAL 1500 FOREST GLEN RD SILVER SPRING, MD 20910	59-7910280	501C3	250,000.				EDUCATION
(9)	HOWARD UNIVERSITY CANCER CENTER 2041 GEORGIA AVE WASHINGTON, DC 20060-0001	53-0204707	501C3	536,472.				EDUCATION, SCREENING TREATMENT
(10)	I AM TOO YOUNG FOR THIS! CANCER FDN 40 WORTH STREET, #808 NEW YORK, NY 10013	20-2027782	501C3	30,000.				EDUCATION
(11)	INDIANA UNIVERSITY, SCHOOL OF MEDICINE P.O. BOX 66057, INDIANAPOLIS, IN 46266-6057	35-6001673	501C3	1,203,299.				RESEARCH
(12)	INTERNATIONAL BREAST CANCER 660 JOHN NOLAN DRIVE MADISON, WI 53711	39-1766858	501C3	117,115.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INTERNATIONAL SCHOLARSHIP & TUITION SERV 1321 MURFREESBORO ROAD NASHVILLE, TN 37217	62-1247492	501C3	65,000.				EDUCATION
(2)	JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST, BALTIMORE, MD 21218	52-5951100	501C3	919,281.				RESEARCH
(3)	KARMANOS CANCER INSTITUTE 4100 JOHN R, VE01FS DETROIT, MI 48201	38-1613280	501C3	166,241.				RESEARCH
(4)	KOREAN COMMUNITY SVC. CTR. OF GREATER WA 7700 LT. RIVER TURNPIKE ANNANDALE, VA 22003	52-1128174	501C3	45,000.				EDUCATION
(5)	LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	23-2175659	501C3	199,628.				RESEARCH
(6)	LAWRENCE BERKELEY NATIONAL LABORATORY P.O. BOX 528 BERKELEY, CA 94701	94-2951741	501C3	11,947.				RESEARCH
(7)	LELAND STANFORD JR UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501C3	503,536.				RESEARCH
(8)	LIVING BEYOND BREAST CANCER 354 W LANCASTER AVE HAVERFORD, PA 19041	23-2734689	501C3	175,000.				EDUCATION
(9)	LOYOLA UNIVERSITY 820 N. MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501C3	39,888.				RESEARCH
(10)	MAASAI WILDERNES CONSERVATION FUND P.O. BOX 1413 SANTA BARBARA, CA 93102	66-0627488	501C3	50,000.				EDUCATION
(11)	MARY'S CTR FOR MATERNAL&CHILD CARE, INC. 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	52-1594116	501C3	50,000.				EDUCATION
(12)	MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE. BOSTON, MA 02199	04-2697983	501C3	453,601.				RESEARCH

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2012

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Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MAYO CLINIC AND FOUNDATION 4500 SAN PABLO RD. JACKSONVILLE, FL 32224	41-6011702	501C3	659,850.				RESEARCH
(2)	MAYO CLINIC ROCHESTER 200 FIRST ST ROCHESTER, MN 55905	41-6011702	501C3	114,044.				RESEARCH
(3)	MEMORIAL SLOAN-KETTERING CANCER CTR 633 3RD AVE NEW YORK, NY 10017	13-1924236	501C3	589,108.				RESEARCH
(4)	MERCY MEDICAL CTR. 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-1495113	501C3	349,875.				RESEARCH
(5)	METHODIST HOSPITAL RESEARCH INSTITUTE P.O. BOX 4805 HOUSTON, TX 77210-4805	87-0721923	501C3	118,863.				RESEARCH
(6)	METROPOLITAN CHICAGO BREAST CANCER 1645 W. JACKSON BLVD, CHICAGO, IL 60612	26-2264895	501C3	633,333.				SCREENING
(7)	MOUNT SINAI SCHOOL OF MEDICINE 633 THIRD AVENUE NEW YORK, NY 10017	13-6171197	501C3	409,991.				RESEARCH
(8)	MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEWHAMPSHIRE, SILVER SPRING, MD 20905	52-1072792	501C3	24,990.				SCREENING
(9)	NATIONAL ACADEMY OF SCIENCES 730 15TH STREET NW WASHINGTON, DC 20005	53-0196932	501C3	111,901.				RESEARCH
(10)	NATIONAL CANCER INSTITUTE 6130 EXECUTIVE BLVD, ROCKVILLE, MD 20852	52-1986675	501C3	225,000.				EDUCATION
(11)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVE, NEW YORK, NY 10016	13-5562308	501C3	308,000.				RESEARCH
(12)	NORTHWESTERN UNIV. - EVANSTON 633 CLARK ST, EVANSTON, IL 60208	36-2167817	501C3	35,563.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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2012

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Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208	36-2167817	501C3	413,902.				RESEARCH
(2)	NUEVA VIDA, INC. 2000 P STREET NW, WASHINGTON, DC 20036	54-1943145	501C3	50,000.				EDUCATION
(3)	ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR PITTSBURGH, PA 15275	25-1410081	501C3	35,000.				RESEARCH
(4)	OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST PORTLAND, OR 97239	23-7083114	501C3	1,975,590.				SCREENING, RESEARCH
(5)	PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM ROAD HAMPTON, VA 23666	54-1806317	501C3	1,375,000.				EDUCATION, TREATMENT
(6)	PENFOLD-PATERSON RESEARCH INSTITUTE 1700 EL CAMINO REAL MENLO PARK, CA 94025	27-0578063	501C3	50,000.				RESEARCH
(7)	PENNSYLVANIA STATE UNIV. COLL OF MEDICINE MCG230, P.O. BOX 850 HERSHEY, PA 17033	24-6000376	501C3	892,256.				RESEARCH
(8)	PREVENT CANCER FOUNDATION 1600 DUKE STREET ALEXANDRIA, VA 22209	52-1429544	501C3	49,975.				EDUCATION
(9)	PRIMARY CARE COALITION-MONTGOMERYCTY INC 8757 GEORGIA AVE, SILVER SPRING, MD 20910	52-1847976	501C3	588,264.				SCREENING, TREATMENT
(10)	PRINCE GEORGE'S COUNTY HEALTH DEPT 1701 MCCORMICK DRIVE LARGO, MD 20774	52-2046026	501C3	153,076.				EDUCATION
(11)	PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-6345010	501C3	256,250.				RESEARCH
(12)	PROGRAM FOR APPROPRIATE P.O. BOX 900922 SEATTLE, WA 98109	91-1157127	501C3	100,000.				EDUCATION

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Schedule I (Form 990) (2012)

**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PROJECT CONCERN INTERNATIONAL 121 E. 31ST STREET NATIONAL CITY, CA 91950	95-2248462	501C3	25,000.				EDUCATION
(2)	PROTEOGENOMICS RESEARCH INSTITUTE 11107 ROSELLE STREET SAN DIEGO, CA 92121	80-0418281	501C3	160,000.				RESEARCH
(3)	PROVIDENCE HEALTH FOUNDATION 1150 VARNUM STREET, NE WASHINGTON, DC 20017	52-1275583	501C3	125,000.				SCREENING
(4)	PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST. PORTLAND, OR 97213	93-0386906	501C3	311,963.				RESEARCH
(5)	RESEARCH ADVOCACY NETWORK 6505 WEST PARK BOULEVARD PLANO, TX 75093	35-2209499	501C3	59,608.				RESEARCH
(6)	RESEARCH FOUNDATION OF SUNY 35 STATE STREET ALBANY, NY 12207	14-1368361	501C3	11,963.				RESEARCH
(7)	RIVERSIDE RESEARCH INSTITUTE 156 WILLIAM ST. NEW YORK, NY 10038	13-2593244	501C3	39,741.				RESEARCH
(8)	ROSWELL PARK ALLIANCE FOUNDATION ELM & CARLTON STREETS BUFFALO, NY 14263	16-1391608	501C3	232,274.				RESEARCH
(9)	RUSH UNIVERSITY 1700 WEST VAN BUREN CHICAGO, IL 60612	36-2174823	501C3	150,000.				RESEARCH
(10)	SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD, LA JOLLA, CA 92037	33-0435954	501C3	48,000.				RESEARCH
(11)	SMITH FARM CENTER FOR HEALING & THE ARTS 1632 U STREET NW WASHINGTON, DC 20009	52-1977976	501C3	25,000.				EDUCATION
(12)	SOCIETY FOR SURGICAL ONCOLOGY 85 W. ALGONQUIN RD ARLINGTON HTS, IL 60005	13-6161070	501C3	77,500.				RESEARCH

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Schedule I (Form 990) (2012)

**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2012

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SOUTHERN ILLINOIS UNIVERSITY P.O. BOX 19616 SPRINGFIELD, IL 62794-9616	37-6005961	501C3	107,000.				RESEARCH
(2)	STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501C3	240,000.				RESEARCH
(3)	SUNY AT STONY BROOK W5510 MELVILLE LIBRARY STONY BRK, NY 11794	14-1368361	501C3	73,998.				RESEARCH
(4)	THE ASCO CANCER FOUNDATION 2318 MILL ROAD ALEXANDRIA, VA 22314	31-1667995	501C3	1,275,000.				RESEARCH
(5)	THE CARING FOUNDATION PO BOX 2266 CHEYENNE, WY 82003	83-0292601	501C3	433,783.				SCREENING
(6)	THE CENTER FOR MIND - BODY MEDICINE 5225 CONNECTICUT AV WASHINGTON, DC 20015	52-1755744	501C3	10,000.				EDUCATION
(7)	THE GENERAL HOSPITAL CORP 50 STANIFORD ST, BOSTON, MA 02114	04-1564655	501C3	140,439.				RESEARCH
(8)	THE HOPE FOUNDATION 24 FRANK LLOYD DR ANN ARBOR, MI 48106	74-2655302	501C3	85,400.				RESEARCH
(9)	THE MAUTNER PROJECT 1300 19TH STREET NW WASHINGTON, DC 20036	52-1703915	501C3	50,000.				EDUCATION
(10)	THE SALK INSTITUTE 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-6136024	501C3	50,000.				RESEARCH
(11)	THE UNIVERSITY OF CHICAGO 970 EAST 58TH ST. CHICAGO, IL 60637	36-2177139	501C3	575,000.				RESEARCH
(12)	THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6434390	501C3	191,416.				RESEARCH

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Department of the Treasury
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▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	23-2829095	501C3	1,559,998.				RESEARCH
(2)	TRUSTEES OF COLUMBIA UNIV. 615 WEST 131ST ST NEW YORK, NY 10027	13-3957095	501C3	29,693.				RESEARCH
(3)	TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-3532914	501C3	170,366.				RESEARCH
(4)	UMDNJ ROBERT WOOD JOHNSON MC 335 GEORGE ST NEW BRUNSWICK, NJ 08901	23-7313160	501C3	44,978.				RESEARCH
(5)	UNIV OF ARKANSAS FOR MEDICAL SCI 4301 W. MARKHAM, LITTLE ROCK, AR 72205-7199	71-6056774	501C3	49,972.				EDUCATION
(6)	UNIV OF COLO DENVER HEALTH SCIENCES CTR. PO BOX 910238 DENVER, CO 80291-0238	85-6000555	501C3	180,000.				RESEARCH
(7)	UNIV OF COLORADO HEALTH SCIENCES CENTER FITZSIMONS BLDG. DENVER, CO 80291	84-6000555	501C3	309,323.				RESEARCH
(8)	UNIV OF KENTUCKY RESEARCH FDN 201 KINKEAD HALL LEXINGTON, KY 40506-0005	61-6033693	501C3	32,361.				RESEARCH
(9)	UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR, CHAPEL HILL, NC 27599	56-6001393	501C3	824,617.				RESEARCH
(10)	UNIV OF NORTH CAROLINA AT CHARLOTTE 9201 UNIVERSITY BLVD CHARLOTTE, NC 28223	56-6001393	501C3	48,000.				RESEARCH
(11)	UNIV OF TEXAS MD ANDERSON CANCER CENTER P.O. BOX 4390 HOUSTON, TX 77210-4390	74-6001118	501C3	382,831.				RESEARCH
(12)	UNIV. OF TX, M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501C3	179,999.				RESEARCH

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY MIAMI SCHOOL OF MEDICINE 1400 NW 10TH AVENUE MIAMI, FL 33136	59-0624458	501C3	438,179.				RESEARCH
(2)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	501C3	200,000.				RESEARCH
(3)	UNIVERSITY OF ARIZONA P.O. BOX 3520 TUCSON, AZ 85722	74-2652689	501C3	40,225.				RESEARCH
(4)	UNIVERSITY OF CA AT SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501C3	529,845.				RESEARCH
(5)	UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-6036493	501C3	1,070,159.				RESEARCH
(6)	UNIVERSITY OF CALIFORNIA AT SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501C3	60,000.				RESEARCH
(7)	UNIVERSITY OF CALIFORNIA-BERKELEY 2195 HEARST AVENUE, BERKELEY, CA 94720	94-6090626	501C3	60,000.				RESEARCH
(8)	UNIVERSITY OF CALIFORNIA-DAVIS 1 SHIELDS AVE DAVIS, CA 95616	94-6036494	501C3	223,485.				RESEARCH
(9)	UNIVERSITY OF CALIFORNIA-IRVINE BIOLOGICAL SCIENCE 3, IRVINE, CA 92697	95-2226406	501C3	248,000.				RESEARCH
(10)	UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501C3	440,000.				RESEARCH
(11)	UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PKWY, ORLANDO, FL 32828	59-3086453	501C3	171,994.				RESEARCH
(12)	UNIVERSITY OF CINCINNATI 51 GOODMAN DR. CINCINNATI, OH 45221-0222	31-6000989	501C3	40,000.				RESEARCH

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501C3	39,974.				RESEARCH
(2)	UNIVERSITY OF HAWAII 2530 DOLE ST, HONOLULU, HI 96822	99-6000354	501C3	11,441.				RESEARCH
(3)	UNIVERSITY OF HOUSTON 4800 CALHOUN RD HOUSTON, TX 77204	74-6001399	501C3	95,660.				EDUCATION
(4)	UNIVERSITY OF ILLINOIS 1901 S. FIRST ST, CHAMPAIGN, IL 61820-7406	37-6006007	501C3	38,549.				RESEARCH
(5)	UNIVERSITY OF ILLINOIS AT CHICAGO 809 S. MARSHFIELD AVE, CHICAGO, IL 60608	37-6000511	501C3	351,007.				RESEARCH
(6)	UNIVERSITY OF IOWA AT CARVER COLLEGE OF B5 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	501C3	12,000.				RESEARCH
(7)	UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501C3	187,965.				RESEARCH
(8)	UNIVERSITY OF LOUISVILLE 521 STEVENSON HALL LOUISVILLE, KY 40292	61-1029626	501C3	74,134.				RESEARCH
(9)	UNIVERSITY OF MARYLAND 660 W. REDWOOD ST BALTIMORE, MD 21201	52-2238893	501C3	70,000.				RESEARCH
(10)	UNIVERSITY OF MARYLAND-BALTIMORE P.O. BOX 41428 BALTIMORE, MD 20203-6428	31-1678679	501C3	208,000.				RESEARCH
(11)	UNIVERSITY OF MICHIGAN 3086 WOLVERINE TOWER ANN ARBOR, MI 48109	38-6006309	501C3	400,000.				RESEARCH
(12)	UNIVERSITY OF MINNESOTA 200 OAK STREET SE, MINNEAPOLIS, MN 55455	41-6007513	501C3	693,428.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	501C3	94,213.				RESEARCH
(2)	UNIVERSITY OF NEBRASKA 985100 NEBRASKA MEDICAL CTR OMAHA, NE 68198	04-7049123	501C3	60,000.				RESEARCH
(3)	UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MED CTR. OMAHA, NE 68198	06-3682242	501C3	52,000.				RESEARCH
(4)	UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, CHAPEL HILL, NC 27599	56-6001393	501C3	31,409.				RESEARCH
(5)	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES 1100 N LINDSAY, OKLAHOMA CITY, OK 73104	73-6017987	501C3	231,705.				RESEARCH
(6)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST, PHILADELPHIA, PA 19104-6205	23-1352685	501C3	732,481.				RESEARCH
(7)	UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251-7220	25-0966691	501C3	69,503.				RESEARCH
(8)	UNIVERSITY OF SOUTH DAKOTA 2301 EAST 60TH ST N SIOUX FALLS, SD 57104	46-6003541	501C3	160,122.				RESEARCH
(9)	UNIVERSITY OF TENNESSEE UT GSM, 1924 ALCOA HWY KNOXVILLE, TN 37920	31-1626179	501C3	147,616.				RESEARCH
(10)	UNIVERSITY OF TEXAS AT HEALTH SCIENCE CTR P.O. BOX 20036 HOUSTON, TX 77030	74-1587488	501C3	210,825.				RESEARCH
(11)	UNIVERSITY OF TEXAS HEALTH SCIENCE CTR 7703 FLOYD CURL DR., SAN ANTONIO, TX 78229	74-1586031	501C3	200,000.				RESEARCH
(12)	UNIVERSITY OF UTAH 201 S PRESIDENT'S SALT LAKE CITY, UT 84112	87-6000525	501C3	197,999.				RESEARCH

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	UNIVERSITY OF VERMONT 85 S PROSPECT ST BURLINGTON, VT 05405	03-1794400	501C3	21,766.				RESEARCH
(2)	UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-1682176	501C3	455,436.				RESEARCH
(3)	UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	501C3	230,000.				RESEARCH
(4)	UNIVERSITY OF WASHINGTON AT SEATTLE 1100 NE 45 ST, SUITE 300 SEATTLE, WA 98105	91-6001537	501C3	40,000.				RESEARCH
(5)	UNIVERSITY OF WISCONSIN - MADISON 21 NORTH PARK ST., MADISON, WI 53715	39-6006492	501C3	363,847.				RESEARCH
(6)	UNT HEALTH SCIENCE CENTER ATT: LEANN FORSBERG FORT WORTH, TX 76107	75-6064033	501C3	48,000.				RESEARCH
(7)	USCD SCHOOL OF MEDICINE 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501C3	12,000.				RESEARCH
(8)	UT HEALTH CENTER AT TYLER 11937 US HIGHWAY 271 TYLER, TX 75708	75-6001354	501C3	132,923.				RESEARCH
(9)	UT HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501C3	298,000.				RESEARCH
(10)	UT SOUTHWESTERN MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD., DALLAS, TX 75390	75-6002868	501C3	98,000.				RESEARCH, EDUCATION
(11)	UTMD ANDERSON CANCER CTR. 1515 HOLCOMBE BLVD, HOUSTON, TX 77030	74-6001118	501C3	532,710.				RESEARCH
(12)	VANDERBILT UNIVERSITY MEDICAL CENTER 2200 PIERCE AVENUE NASHVILLE, TN 37232	62-0476822	501C3	800,562.				RESEARCH

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VIETNAMESE RESETTLEMENT ASSOCIATION, INC 7297 LEE HIGHWAY, FALLS CHURCH, VA 22042	54-1512549	501C3	50,000.				EDUCATION
(2)	VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284-3038	54-6001758	501C3	344,815.				RESEARCH
(3)	WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CTR BLVD. WINSTON-SALEM, NC 27157	22-3849199	501C3	210,973.				RESEARCH
(4)	WASHINGTON CANCER INSTITUTE 110 IRVING ST. NW WASHINGTON, DC 20010	52-1791670	501C3	50,000.				EDUCATION
(5)	WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE SAINT LOUIS, MO 63112	43-0653611	501C3	2,478,026.				RESEARCH
(6)	WAYNE STATE UNIVERSITY 5057 WOODWARD AVE DETROIT, MI 48202	38-3555142	501C3	539,979.				RESEARCH
(7)	WEILL MEDICAL COLLEGE OF CORNELL UNIV 575 LEXINGTON AV NEW YORK, NY 10022	15-0532082	501C3	12,000.				RESEARCH
(8)	WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501C3	270,000.				RESEARCH
(9)	WHITEHEAD INST FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CTR CAMBRIDGE, MA 02142	06-1043412	501C3	224,000.				RESEARCH
(10)	WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	23-1386178	501C3	231,771.				RESEARCH
(11)	WYOMING FOUNDATION FOR CANCER CARE, LLC 6501 E 2ND STREET CASPER, WY 82609	20-4190331	501C3	166,217.				SCREENING
(12)	YALE UNIVERSITY SCHOOL OF MEDICINE 47 COLLEGE ST, STE. 216 NEW HAVEN, CT 06510	06-0646973	501C3	217,750.				RESEARCH

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

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YWCA OF SAN ANTONIO 314 N. HACKBERRY, SAN ANTONIO, TX 78202	74-1143135	501C3	49,715.				EDUCATION
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table▶ 179.

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

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I

PROCEDURES FOR MONITORING THE USE OF GRANTS

SUSAN G. KOMEN'S (KOMEN) 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 REVIEW AND FUNDING PROCESS. THROUGHOUT THE TERM OF THE GRANT, SCIENTIFIC PROGRESS IS MONITORED BY A PH.D.-LEVEL SCIENCE MANAGER. GRANTEE IS REQUIRED TO SUBMIT SCIENTIFIC PROGRESS REPORTS ON EACH ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE PROJECT, EXCEPT FOR THE FINAL YEAR OF THE GRANT WHEN A FINAL REPORT IS DUE NO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

LATER THAN 30 DAYS AFTER THE END DATE OF THE GRANT TERM. A SCIENTIFIC
 PROGRESS REPORT ALSO IS DUE IF THE GRANTEE IS REQUESTING AN EXTENSION TO
 THE END OF THE GRANT TERM OR ACCELERATION OF THE GRANT TERM.

WITH REASONABLE PRIOR NOTICE TO GRANTEE, KOMEN MAY REQUIRE ADDITIONAL
 REPORTING FROM GRANTEE AND ALSO MAY REQUIRE GRANTEE TO PARTICIPATE IN
 SITE VISITS, TELEPHONE CONFERENCES, PRESENTATIONS OR OTHER SPEAKING
 ENGAGEMENTS.

ALL GRANT FUNDS MUST BE EXPENDED IN ACCORDANCE WITH THE PROJECT'S

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

APPROVED BUDGET. KOMEN WILL DISBURSE THE FIRST YEAR'S BUDGETED GRANT FUNDS WITHIN THIRTY (30) DAYS OF THE EFFECTIVE DATE OF THE GRANT. FOR EACH ADDITIONAL YEAR, EXCLUDING THE FINAL YEAR OF THE GRANT TERM, KOMEN WILL DISBURSE ONE HUNDRED PERCENT (100%) OF THE BUDGETED FUNDS FOR THAT YEAR AFTER REVIEW AND APPROVAL OF A SATISFACTORY AND TIMELY SCIENTIFIC PROGRESS REPORT AND FINANCIAL REPORT FOR THE PRIOR YEAR AND ANY OTHER DOCUMENTS REQUESTED BY KOMEN FOR ITS APPROVAL. FOR THE FINAL YEAR OF THE GRANT, KOMEN WILL DISBURSE EIGHTY PERCENT (80%) OF THE APPROVED BUDGET FUNDS AFTER REVIEW AND APPROVAL OF A SATISFACTORY SCIENTIFIC PROGRESS REPORT AND FINANCIAL REPORT FOR THE PRIOR YEAR AND ANY OTHER DOCUMENTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
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6					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

REQUESTED BY KOMEN FOR APPROVAL. THE REMAINING TWENTY PERCENT (20%) OF FUNDS WILL BE DISBURSED UPON RECEIPT OF A SATISFACTORY FINAL RESEARCH REPORT, FINAL FINANCIAL REPORT, AND ANY OTHER DOCUMENTS REQUIRED BY KOMEN. AS PART OF ITS OVERSIGHT OF RESEARCH PROGRESS, KOMEN MAY ADJUST THE PROJECT REPORTING PERIOD AND ASSOCIATED DISBURSEMENT OF GRANT FUNDS AT ANY TIME DURING THE GRANT TERM WITH PRIOR WRITTEN NOTICE TO GRANTEE. ANNUAL FINANCIAL REPORTS ARE DUE NO LATER THAN 30 DAYS AFTER EACH ANNIVERSARY OF THE GRANT START DATE FOR THE DURATION OF THE GRANT TERM, WITH THE EXCEPTION OF THE FINAL FINANCIAL REPORT, WHICH IS DUE NO LATER THAN 60 DAYS AFTER THE END DATE OF THE GRANT TERM. ALL EXPENDITURES MUST

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

BE REPORTED IN UNITED STATES DOLLARS (\$USD). GRANTEE MUST SUBMIT A REQUEST FOR A BUDGET CHANGE IN THE EVENT GRANTEE WISHES TO MOVE FUNDS ACROSS BUDGET CATEGORIES IN EXCESS OF THE ALLOWABLE LIMITS. THE UNEXPENDED FUNDS MUST BE REMITTED WITH THE FINAL FINANCIAL REPORT TO KOMEN, UNLESS OTHERWISE SPECIFIED.

KOMEN WILL NOT BE RESPONSIBLE FOR A) ANY EXPENDITURE MADE PRIOR TO THE EFFECTIVE DATE OR AFTER THE TERMINATION OF THE GRANT, B) COMMITMENTS MADE DURING THE GRANT TERM BUT NOT PAID WITHIN SIXTY (60) DAYS FOLLOWING THE EXPIRATION OF THE GRANT AGREEMENT, C) EXPENDITURES THAT ARE NOT PERMITTED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AS DESCRIBED WITHIN THE RFA, OR D) ANY EXPENDITURE THAT IS INCONSISTENT WITH THE APPROVED RESEARCH PLAN AND BUDGET OR THAT EXCEEDS THE TOTAL AMOUNT OF THE GRANT.

KOMEN OR ITS DESIGNATED REPRESENTATIVES SHALL HAVE THE RIGHT TO REQUEST AND RECEIVE FROM A GRANTEE, OR ANY OF ITS SUBCONTRACTORS, COPIES OF ANY AND ALL DOCUMENTS AND OTHER INFORMATION RELATED TO THE GRANT AT ANY TIME DURING OR AFTER THE TERM OF THE GRANT. THIS RIGHT INCLUDES, BUT IS NOT LIMITED TO, THE RIGHT TO REVIEW ALL FINANCIAL BOOKS AND RECORDS RELATED TO THE GRANT AND TO PERFORM AN AUDIT OF ALL EXPENSES RELATED DIRECTLY OR

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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3					
4					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

INDIRECTLY TO THE GRANT.

KOMEN'S POLICIES FOR MANAGING COMMUNITY GRANTS AND OTHER NON-RESEARCH RELATED GRANTS FROM THE TIME OF INITIAL AWARD THROUGH COMPLETION SEEK TO MAXIMIZE FLEXIBILITY WHILE MAINTAINING THE HIGHEST STANDARD OF ACCOUNTABILITY AND PRESERVING THE INTEGRITY OF THE FUNDING PROCESS. ALL GRANTEES MUST SIGN A GRANT CONTRACT WHICH SETS FORTH THE TERMS OF THE GRANT, INCLUDING THE PURPOSE OF THE GRANT, AMOUNT, BUDGETARY RESTRICTIONS, DURATION, PAYMENT SCHEDULE, REPORTING REQUIREMENTS, AND AUDIT AND EARLY TERMINATION RIGHTS FOR KOMEN. THE GRANTEE IS REQUIRED TO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SUBMIT PROGRESS REPORTS (TYPICALLY EVERY SIX MONTHS) THAT DETAIL PROGRESS TOWARDS MEETING EACH OF THE OBJECTIVES AND ANY CHALLENGES ENCOUNTERED. THE REPORT MUST ALSO INCLUDE A FULL ACCOUNTING OF GRANT FUNDS EXPENDED (ACTUAL VERSUS BUDGETED EXPENSES). THE PROGRAM MANAGER MAY CONDUCT SITE VISITS WITH THE GRANTEES, WHEN APPROPRIATE, TO BUILD A STRONGER RELATIONSHIP WITH THE GRANTEE; TO GAIN A BETTER UNDERSTANDING OF ITS WORK; AND TO ADDRESS ANY CHALLENGES OR PROBLEMS THE GRANTEE IS FACING. ANY CHANGES TO THE PROJECT MUST BE APPROVED BY KOMEN'S PROGRAM MANAGER IN WRITING IN ADVANCE OF THE CHANGE. A FINAL REPORT MUST BE PROVIDED AT THE COMPLETION OR EARLY TERMINATION OF THE GRANT AND MUST INCLUDE, AMONG

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

OTHER THINGS, A FINANCIAL REPORT AND AN EVALUATION OF THE PROGRAM'S ACCOMPLISHMENTS AND IMPACT IN THE COMMUNITY. ANY UNEXPENDED FUNDS MUST BE REMITTED WITH THE FINAL REPORT TO KOMEN UNLESS OTHERWISE DIRECTED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LESLEY LURIE ASSISTANT SECRETARY	(i)	178,972.	0	2,233.	10,267.	16,384.	207,856.	0
	(ii)	0	0	0	0	0	0	0
2 ELIZABETH THOMPSON PRESIDENT (END 9/7/12)	(i)	336,839.	0	269,622.	10,560.	15,492.	632,513.	0
	(ii)	0	0	0	0	0	0	0
3 DAVID DAWSON VP, INFORMATION TECHNOLOGY	(i)	206,296.	0	2,379.	9,347.	20,638.	238,660.	0
	(ii)	0	0	0	0	0	0	0
4 CHANDINI PORTTEUS VP, RESRCH EVAL & SCIENCE PROG	(i)	195,788.	0	1,965.	11,993.	20,540.	230,286.	0
	(ii)	0	0	0	0	0	0	0
5 DOROTHY JONES VP, MARKETING	(i)	165,684.	0	1,492.	0	9,572.	176,748.	0
	(ii)	0	0	0	0	0	0	0
6 CAROL CORCORAN SVP, GLOBAL NETWORKS	(i)	237,396.	0	5,357.	5,387.	10,925.	259,065.	0
	(ii)	0	0	0	0	0	0	0
7 NANCY MACGREGOR VP, GLOBAL NETWKS (END 6/2/12)	(i)	89,431.	0	84,529.	5,512.	8,279.	187,751.	0
	(ii)	0	0	0	0	0	0	0
8 MARGO LUCERO VP, BUS DEV & PTPS (END 11/9/12)	(i)	170,381.	0	1,894.	10,630.	21,194.	204,099.	0
	(ii)	0	0	0	0	0	0	0
9 BRITISH ROBINSON VP, GLOBAL STRATEGY & PROGRAMS	(i)	197,684.	0	4,909.	0	8,948.	211,541.	0
	(ii)	0	0	0	0	0	0	0
10 LYNN ERDMAN VP, COMMUNITY HEALTH	(i)	184,151.	0	3,918.	0	20,541.	208,610.	0
	(ii)	0	0	0	0	0	0	0
11 LARRY LUNDY DIRECTOR, BUS DEV (END 11/8/12)	(i)	141,494.	0	24,022.	8,497.	7,807.	181,820.	0
	(ii)	0	0	0	0	0	0	0
12 SAMUEL CHENG CONTROLLER (END 9/17/12)	(i)	134,759.	0	23,747.	8,134.	6,821.	173,461.	0
	(ii)	0	0	0	0	0	0	0
13 NORA DAVIS SENIOR ATTORNEY	(i)	155,572.	0	1,320.	7,308.	8,822.	173,022.	0
	(ii)	0	0	0	0	0	0	0
14 KAY ROHLMAN VP, HUMAN RESOURCES	(i)	170,384.	0	3,400.	10,563.	19,777.	204,124.	0
	(ii)	0	0	0	0	0	0	0
15 MARK NADOLNY CHIEF FINANCIAL OFFICER	(i)	302,952.	0	4,712.	13,543.	17,921.	339,128.	0
	(ii)	0	0	0	0	0	0	0
16 NANCY G. BRINKER FOUNDER, BOD MEMBER & CEO	(i)	549,380.	0	11,516.	14,978.	8,761.	584,635.	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 1A

SUPPLEMENTAL COMPENSATION INFORMATION

FIRST CLASS AND BUSINESS CLASS FARES FOR DOMESTIC TRAVEL, CANADA, THE CARIBBEAN, CENTRAL AMERICA, AND MEXICO ARE NOT REIMBURSABLE. HOWEVER, PERSONAL FREQUENT FLIER MILEAGE AND/OR COUPONS MAY BE USED FOR NO-COST UPGRADES. ONLY THE CEO/FOUNDER IS APPROVED FOR FIRST CLASS TRAVEL. BUSINESS CLASS WAS APPROVED FOR ONE INDIVIDUAL ON AN OCCASIONAL BASIS DUE TO MEDICAL NECESSITY SURROUNDING FLIGHTS OF GREATER THAN 4 HOURS. WHENEVER POSSIBLE, DISCOUNTED FIRST CLASS AND UPGRADES ARE USED TO MINIMIZE COST.

SCHEDULE J, PART I, LINE 4A

DURING CALENDAR YEAR 2012 THE FOLLOWING SEVERANCE PAYMENTS WERE MADE:

ELIZABETH THOMPSON - \$266,900

NANCY MACGREGOR - \$82,793

LARRY LUNDY - \$21,486

SAMUEL CHENG - \$18,739

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		99,578.	COST OR SALE PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2.	2,308.	COST OR SALE PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC

Employer identification number

75-1835298

VOLUNTEERS

FORM 990, PART I, QUESTION 6

VOLUNTEERS SERVE IN A VARIETY OF WAYS BUT THE GREATEST NUMBERS OF
VOLUNTEERS ASSIST WITH THE SUSAN G. KOMEN 3 DAY® SERIES.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINES

NANCY G. BRINKER PROMISED HER DYING SISTER, SUZY, SHE WOULD DO EVERYTHING
IN HER POWER TO END BREAST CANCER. SUSAN G. KOMEN®(KOMEN) WORKS TO END
BREAST CANCER IN THE U.S. AND THROUGHOUT THE WORLD BY INVESTING IN BREAST
CANCER RESEARCH AND COMMUNITY OUTREACH PROGRAMS; PROVIDING FUNDING TO
HELP LOW-INCOME AND UNINSURED WOMEN GET SCREENED AND GET TREATMENT;
ADVOCATING FOR CANCER RESEARCH AND OUTREACH PROGRAMS; AND WORKING
GLOBALLY IN MORE THAN 30 COUNTRIES.

A - RESEARCH AND TRAINING

KOMEN HAS CONTRIBUTED TO MAJOR ADVANCES IN BREAST CANCER RESEARCH OVER
THE PAST 30 YEARS. KOMEN'S RESEARCH AND TRAINING GRANT PROGRAM IS
DESIGNED TO ADVANCE THE TRANSLATION OF RESEARCH DISCOVERIES INTO NEW WAYS
TO DIAGNOSE, TREAT, AND PREVENT BREAST CANCER, LEADING TO A REDUCTION OF
BREAST CANCER INCIDENCE AND MORTALITY WITHIN THE NEXT DECADE. TO ENSURE
MAXIMUM IMPACT FOR ITS RESEARCH DOLLARS, KOMEN IS GUIDED BY A SCIENTIFIC
ADVISORY BOARD, A GROUP OF INTERNATIONALLY RECOGNIZED DOCTORS, SCIENTISTS

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

AND ADVOCATES, AND CONSULTS WITH THE KOMEN SCHOLARS, A GROUP COMPRISED OF 70 SCIENTISTS AND ADVOCATES.

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

IN FISCAL YEAR 2013, KOMEN AWARDED 124 GRANTS THROUGH ITS RESEARCH AND TRAINING GRANTS PROGRAM TO SUPPORT RESEARCH AND TRAINING IN THE UNITED STATES AND OTHER COUNTRIES, INCLUDING AUSTRALIA, BELGIUM, CANADA, ENGLAND, FRANCE, ITALY, SPAIN, AND SWITZERLAND.

THE FOLLOWING REQUEST-FOR-APPLICATIONS-DRIVEN GRANT OPPORTUNITIES WERE OFFERED BY KOMEN DURING FISCAL YEAR 2013:

CHALLENGE GRANTS: BREAST CANCER AND THE ENVIRONMENT

GRANTS TO ADDRESS KEY RESEARCH NEEDS IN THE FIELD OF ENVIRONMENTAL CONTRIBUTIONS TO BREAST CANCER RISK. KOMEN AND ITS SCIENTIFIC ADVISORY BOARD REQUESTED THAT THE INSTITUTE OF MEDICINE (IOM) REVIEW THE CURRENT EVIDENCE ON ENVIRONMENTAL RISK FACTORS FOR BREAST CANCER, CONSIDER GENE-ENVIRONMENT INTERACTIONS IN BREAST CANCER, EXPLORE EVIDENCE-BASED ACTIONS THAT MIGHT REDUCE THE RISK OF BREAST CANCER, AND RECOMMEND RESEARCH NEEDED IN THESE AREAS. AT THE CONCLUSION OF ITS GRANT, IOM ISSUED 13 RECOMMENDATIONS FOR FURTHER RESEARCH, OF WHICH THE FOLLOWING THREE HAVE BEEN CHOSEN BY THE KOMEN SCIENTIFIC ADVISORY BOARD AS THE SUBJECT OF CHALLENGE GRANTS AWARDED IN FISCAL YEAR 2013:

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

*STUDIES OF OCCUPATIONAL COHORTS AND OTHER HIGHLY EXPOSED POPULATIONS

*NEW EXPOSURE ASSESSMENT TOOLS

*MINIMIZING EXPOSURE TO IONIZING RADIATION

INVESTIGATOR INITIATED RESEARCH:

GRANTS TO EXPLORE NEW IDEAS AND APPROACHES WITH SIGNIFICANT POTENTIAL TO LEAD TO REDUCTIONS IN BREAST CANCER MORTALITY AND/OR INCIDENCE WITHIN THE DECADE, WITH A FOCUS ON THE FOLLOWING:

*PREVENTION/EARLY DETECTION: NEW STRATEGIES FOR EARLY DETECTION

*NOVEL THERAPEUTICS AND/OR RESISTANCE: THERAPEUTIC IMPLICATIONS OF TUMOR GENOMICS

*BIOLOGY OF BREAST CANCER: IMPLICATIONS OF THE IMMUNE SYSTEM IN BREAST CANCER BIOLOGY

*DISPARITIES IN BREAST CANCER OUTCOMES: OUTCOMES OF SPECIFIC POPULATIONS AFTER DIAGNOSIS

CAREER CATALYST RESEARCH:

GRANTS TO FILL A CRITICAL GAP IN SUPPORT AND STIMULATE THE TRANSITION FROM TRAINING TO INDEPENDENCE AMONG PROMISING CANCER INVESTIGATORS.

KOMEN'S RESEARCH INVESTMENT THROUGH THE ABOVE GRANT MECHANISMS WILL SUPPORT PROJECTS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING GOALS:

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

*IDENTIFY THE TRUE DRIVERS OF RESISTANCE IN HER2+ BREAST CANCER, WHICH CAN SUBSEQUENTLY BE TARGETED IN COMBINATION THERAPY, THUS CIRCUMVENTING RESISTANCE.

*IDENTIFY MOLECULAR MARKERS TO PREDICT AND TRACK RESPONSE TO TREATMENT TARGETED TO ER+ BREAST CANCER, AND UNDERSTAND PATHWAYS OF RESISTANCE THAT CAN INFORM AND CHANGE THE TREATMENT REGIMEN.

*SEEK TO DEVELOP NEW MOLECULAR MARKERS FOR PROGRESSION FROM IN SITU TO INVASIVE BREAST CANCER.

*USE IMPROVED DIGITAL IMAGING TO BETTER CAPTURE BREAST CALCIFICATIONS AND REDUCE SECONDARY SCREENINGS.

*SEEK TO UNDERSTAND HOW BREAST CANCER ESCAPES THE IMMUNE SYSTEM.

*DEVELOP A VACCINE TO TREAT METASTATIC BREAST CANCER.

*UNDERSTAND HOW GENES INVOLVED IN NORMAL BREAST DEVELOPMENT ARE ALSO INVOLVED IN BREAST CANCER PROGRESSION.

*DEVELOP NEW TREATMENTS FOR TRIPLE NEGATIVE AND OTHER AGGRESSIVE, TREATMENT-RESISTANT DISEASE.

*IDENTIFY DETERMINANTS OF SURVIVAL THAT ARE MODIFIABLE, TO SAVE WOMEN FROM SUB-SAHARAN AFRICA OF DEATH FROM BREAST CANCER.

*SEEK TO IMPROVE OUTCOMES AMONG MINORITY AND LOW-INCOME WOMEN THROUGH STRESS AND FATIGUE MANAGEMENT.

OPPORTUNITY GRANTS / SPONSORED PROGRAMS AND PARTNERSHIP GRANTS:

GRANTS TO SUPPORT SPECIAL RESEARCH PROJECTS, PROGRAMS, AND COLLABORATIONS THAT LEVERAGE RESEARCH AND COMMUNITY RESOURCES TO FACILITATE THE DEVELOPMENT OF THE INFRASTRUCTURE, TOOLS, AND OTHER MEANS TO ACCELERATE

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THE TRANSLATION OF SCIENTIFIC DISCOVERIES FROM BENCH TO BEDSIDE TO CURBSIDE.

EXAMPLES OF OPPORTUNITY GRANTS COMMITTED IN FISCAL YEAR 2013 INCLUDE:

*THE SUSAN G. KOMEN FOR THE CURE® TISSUE BANK AT THE IU SIMON CANCER CENTER ("KOMEN TISSUE BANK," "TISSUE BANK" OR "KTB"), A BIOREPOSITORY OF WHOLE BLOOD, DNA, SERUM, PLASMA, FROZEN HUMAN BREAST, FORMALIN-FIXED, PARAFFIN-EMBEDDED BREAST TISSUE, AND CELL LINES DERIVED FROM THE BREAST TISSUE, AND THE FIRST AND ONLY BIOREPOSITORY OF NORMAL BREAST TISSUE IN THE WORLD. THE MISSION OF THE KOMEN TISSUE BANK IS TO FACILITATE PROGRESS IN BREAST CANCER RESEARCH BY PROVIDING RESEARCHERS ACROSS THE GLOBE WITH RICHLY ANNOTATED BIOSPECIMENS OF THE HIGHEST QUALITY AND THE EXPERIMENTAL DATA DERIVED FROM THESE SPECIMENS. THE KOMEN TISSUE BANK, A MODEL FOR BIOREPOSITORIES, REPRESENTS A MAJOR CHANGE IN RESEARCH OF BREAST BIOLOGY AND WILL HOPEFULLY HAVE A HUGE IMPACT IN OUR COMMUNITY AND THE WORLD. IT HAS THE POTENTIAL TO HELP IDENTIFY PEOPLE AT RISK FOR BREAST CANCER AS WELL AS THOSE NOT AT RISK FOR THE DEVELOPMENT OF THE DISEASE.

*THE INTERNATIONAL PROGRAM ON MALE BREAST CANCER (INTERNATIONAL REGISTRATION AND BIOLOGIC CHARACTERIZATION PROGRAM) ORGANIZED BY THE EUROPEAN ORGANIZATION FOR RESEARCH AND TREATMENT OF CANCER (EORTC), THE BREAST INTERNATIONAL GROUP (BIG), AND THE NORTH AMERICAN BREAST CANCER GROUPS (NABCG, FORMER TBCI) AIMS TO BETTER CHARACTERIZE THE CLINICAL FEATURES, BIOLOGY, AND OUTCOMES FOR MEN DIAGNOSED WITH BREAST CANCER.

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EXAMPLES OF SPONSORED PROGRAMS AND PARTNERSHIP GRANTS COMMITTED IN FISCAL YEAR 2013 INCLUDE:

*SUPPORT FOR THE ACCELERATING ANTI-CANCER DRUG DEVELOPMENT WORKSHOP, WHICH IS DESIGNED FOR SCIENTISTS AND CONSUMER ADVOCATES WITH CLINICAL TRIAL EXPERIENCE WHO HAVE AN INTEREST IN NEW APPROACHES TO DEVELOPING OR ENHANCING AGENTS OR COMBINATIONS OF AGENTS FOR THE DIAGNOSIS, TREATMENT OR PREVENTION OF CANCER. THIS GROUNDBREAKING WORKSHOP IS DESIGNED TO BRING TOGETHER LEADERS IN CLINICAL AND TRANSLATIONAL CANCER RESEARCH FROM ACADEMIA, INDUSTRY, NCI AND FDA TO ASSIST INVESTIGATORS IN UNDERSTANDING AND IMPROVING THE PROCESS OF CANCER DRUG DEVELOPMENT. THE GOAL IS TO EXPEDITE THE DEVELOPMENT AND VALIDATION PROCESSES FOR NEW ANTICANCER AND CANCER PREVENTION AGENTS SO THEY CAN BE MADE AVAILABLE TO PATIENTS AT AN ACCELERATED RATE.

*SUPPORT FOR THE FRIENDS OF CANCER RESEARCH 2013 CONFERENCE ON CLINICAL CANCER RESEARCH, WHICH FOCUSES ON ADDRESSING CRITICAL ISSUES IN THE DEVELOPMENT OF NEW ONCOLOGY DRUGS. FRIENDS OF CANCER RESEARCH AND THE ENGELBERG CENTER FOR HEALTH CARE REFORM AT BROOKINGS WILL CO-HOST THE SIXTH ANNUAL CONFERENCE ON CLINICAL CANCER RESEARCH. THIS ANNUAL CONFERENCE BRINGS TOGETHER LEADERS IN CANCER DRUG DEVELOPMENT FROM FEDERAL HEALTH AND REGULATORY AGENCIES, ACADEMIC RESEARCH, AND THE PRIVATE SECTOR FOR FOCUSED DISCUSSIONS ON KEY ISSUES SURROUNDING THE DEVELOPMENT AND REGULATION OF CANCER DRUGS AND THERAPIES.

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B - EDUCATION

KOMEN IS A TRUSTED SOURCE OF 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 SAFE, ACCURATE, COMPREHENSIVE, AND UNBIASED INFORMATION ABOUT BREAST CANCER BASED UPON SCIENTIFIC EVIDENCE, AS WELL AS INFORMATION ABOUT OUR RESEARCH PROGRAMS, COMMUNITY PROGRAMS, VOLUNTEER OPPORTUNITIES, AND EVENTS. THE "UNDERSTANDING BREAST CANCER" SECTION OF THE WEBSITE, CO-DEVELOPED WITH HARVARD MEDICAL SCHOOL FACULTY AND DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER STAFF, RECEIVED OVER 3.3 MILLION VISITS DURING FISCAL YEAR 2013.

KOMEN ALSO PRODUCES EVIDENCE-BASED, EASY-TO-READ EDUCATIONAL MATERIALS. KOMEN AND ITS AFFILIATES DISTRIBUTED OVER 5 MILLION EDUCATIONAL MATERIALS IN FISCAL YEAR 2013. EXAMPLES OF KOMEN EDUCATIONAL MATERIALS INCLUDE THE FOLLOWING:

- BREAST SELF-AWARENESS CARDS IN 21 LANGUAGES AND FOR 22 SPECIFIC AUDIENCES
- BREAST CANCER AWARENESS AND BREAST CANCER SPECIFIC BROCHURES AND FACT SHEETS
- BOOKLETS WITH SUPPORT INFORMATION FOR SURVIVORS AND CO-SURVIVORS

KOMEN'S TRAINED AND CARING BREAST CARE HELPLINE STAFF (1-877 GO KOMEN, 1-877-465-6636) PROVIDE ANSWERS TO QUESTIONS, LOCAL RESOURCES, AND MORAL SUPPORT. LAST FISCAL YEAR, THE KOMEN BREAST CANCER HELPLINE RESPONDED TO

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OVER 1,213,000 CALLS AND 1,000,100 EMAILS.

WHILE OLDER AFRICAN AMERICAN WOMEN ARE LESS LIKELY TO BE DIAGNOSED WITH BREAST CANCER THAN CAUCASIAN WOMEN, THEY ARE MORE LIKELY TO DIE FROM THE DISEASE AT EVERY AGE. KOMEN'S CIRCLE OF PROMISE® PROGRAM ENGAGES AFRICAN AMERICAN WOMEN, AND BLACK WOMEN AROUND THE WORLD, IN THE FIGHT AGAINST BREAST CANCER. AS OF THE END OF FISCAL YEAR 2013, A TOTAL OF 100,000 AMBASSADORS HAD BEEN RECRUITED TO DO THE FOLLOWING:

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

I AM THE CURE® IS AN EDUCATIONAL PROGRAM THAT TEACHES SIMPLE, ACTION-ORIENTED, BREAST CANCER INFORMATION TO PARTICIPANTS IN THE KOMEN RACE FOR THE CURE® SERIES. LAST YEAR, NEARLY 1.5 MILLION PEOPLE PARTICIPATED IN A RACE FOR THE CURE EVENT. A FORMAL EVALUATION SHOWED THAT 82% OF PARTICIPANTS RECALLED THE MESSAGE THAT EARLY DETECTION IS THE KEY TO SURVIVAL.

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,

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TRAINING, CAPACITY BUILDING AND FINANCIAL SUPPORT.

IN FISCAL YEAR 2013, 168 BREAST CANCER ADVOCATES IN THREE COUNTRIES (BRAZIL, COSTA RICA, AND MEXICO) WERE TRAINED ON THE COMMUNITY EDUCATORS PROGRAM AND COURSE FOR THE CURE® CURRICULA. THE COMMUNITY EDUCATORS PROGRAM IS A THEORY-BASED TRAINER CURRICULUM TARGETED FOR EDUCATION PROGRAM PLANNERS AND COURSE FOR THE CURE IS A SERIES OF CAPACITY BUILDING MODULES BASED ON KOMEN'S BEST PRACTICES AND EXPERIENCE AIMED AT HELPING LOCAL NON-GOVERNMENT ORGANIZATIONS INCREASE THEIR REACH AND IMPACT.

IN PARTNERSHIP WITH THE CATERPILLAR FOUNDATION, KOMEN FUNDED PROGRAMS IN BRAZIL, PANAMA, AND MEXICO THAT REACHED AN ESTIMATED 3.3 MILLION PEOPLE THROUGH AWARENESS CAMPAIGNS AND TRAINED 1,681 COMMUNITY HEALTH WORKERS AND MEDICAL PROVIDERS, WHILE ALSO REACHING 24,616 COMMUNITY MEMBERS THROUGH BREAST SELF AWARENESS AND BREAST CANCER THROUGH THE END OF FISCAL YEAR 2013. ALSO, SINCE INCEPTION OF THE PROGRAM, THESE GRANTS PROVIDED FOR THE DISTRIBUTION OF 232,447 EDUCATIONAL MATERIALS, 2,678 CLINICAL BREAST EXAMS, 5,419 MAMMOGRAM REFERRALS, AND 427 MAMMOGRAMS.

KOMEN ALSO AWARDED GRANTS FOR OUTREACH PROGRAMS IN BOSNIA AND HERZEGOVINA, COLOMBIA, GERMANY, HUNGARY, KENYA, MEXICO, PERU, RUSSIA, RWANDA, THE BAHAMAS, THE UNITED ARAB EMIRATES, AND ZAMBIA. FURTHERMORE, KOMEN AWARDED GRANTS AIMED AT 1) CONDUCTING A COMPARATIVE BASELINE NEEDS ASSESSMENT FOR BREAST CANCER AWARENESS AND MANAGEMENT IN SELECT COUNTRIES IN THE MIDDLE EAST AND NORTH AFRICA AND 2) DEVELOPING A GLOBAL PROJECT

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DATABASE ON WOMEN'S CANCERS AND CONDUCTING A FULL SCALE EFFORT TO DEVELOP A GLOBAL PINK PAPER/REPORT, A COMPLIMENTARY BODY OF WORK FOCUSED SPECIFICALLY ON WOMEN'S CANCERS.

C - SCREENING

GETTING REGULAR SCREENING TESTS, ALONG WITH TREATMENT IF DIAGNOSED, LOWERS THE RISK OF DYING FROM BREAST CANCER. SCREENING TESTS CAN FIND BREAST CANCER EARLY, WHEN SURVIVAL IS HIGHEST. KOMEN SUPPORTS FREE AND LOW-COST MAMMOGRAM PROGRAMS IN COMMUNITIES FOR WOMEN WITHOUT HEALTH INSURANCE OR THOSE WITH HIGH CO-PAYS AND DEDUCTIBLES THAT MAKE GETTING A MAMMOGRAM TOO COSTLY.

IN 2013, KOMEN AWARDED \$1.5 MILLION FOR SEVEN NEW COMMUNITY GRANTS TO REACH LOW-INCOME, MINORITY AND UNINSURED WOMEN WHO FALL THROUGH THE HEALTHCARE GAPS IN THE WASHINGTON, D.C. METRO AREA, WHERE DEATH RATES FROM BREAST CANCER CONTINUE TO RANK ABOVE NATIONAL AVERAGES. THE NEW KOMEN GRANTS BRING TO 18 THE NUMBER OF KOMEN-FUNDED PROGRAMS IN THE D.C. AREA THAT STRIVE TO IMPROVE ACCESS AND SERVICES TO WOMEN FACING BREAST CANCER, REPRESENTING A TOTAL IN ACTIVE GRANT FUNDING OF \$7.3 MILLION.

ALL SEVEN NEW GRANTS IN THE WASHINGTON, D.C. METRO AREA FOCUS ON ADDRESSING BARRIERS TO CARE CAUSED BY THE REGION'S FRAGMENTED HEATH CARE SYSTEM AND LACK OF CARE COORDINATION AMONG VULNERABLE PATIENTS. ALL NEW GRANTEEES WERE REQUIRED TO FORM PARTNERSHIPS AMONG PROVIDERS IN THE

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REGION THAT ESTABLISH A FRAMEWORK TO ENSURE THAT PATIENTS CAN BE EASILY AND EFFICIENTLY REFERRED AND "NAVIGATED" FROM SCREENING ALL THE WAY THROUGH TO SURVIVORSHIP-WITH PARTICULAR EMPHASIS ON REMOVING OBSTACLES TO TRANSPORTATION AND WORK OBLIGATIONS, WAIT TIMES, AND FINANCIAL ASSISTANCE. IN ADDITION, SEVERAL OF THE PROGRAMS FOCUS ON PATIENT EDUCATION, INCLUDING TARGETED BREAST HEALTH AWARENESS OUTREACH IN A CULTURALLY SENSITIVE MANNER THAT DEVELOPS A BETTER UNDERSTANDING OF THE IMPORTANCE OF SCREENING, THE EFFECTIVENESS OF MODERN TREATMENTS AND SURVIVORSHIP.

THROUGH KOMEN'S NATIONAL VULNERABLE POPULATIONS GRANTS PROGRAM, KOMEN FUNDS LARGE-SCALE COMMUNITY GRANTS THAT SEEK TO IMPROVE QUALITY OF CARE, CARE COORDINATION, AND ADDRESS UNIQUE BARRIERS TO BREAST CARE FOR DISPARATE POPULATIONS. SINCE THE INITIATION OF THESE GRANTS IN 2008, KOMEN HAS INVESTED OVER \$9 MILLION IN PROGRAMS THAT AIM TO ELIMINATE DISPARITIES IN BREAST CANCER MORTALITY.

PROJECTS FUNDED IN FISCAL YEAR 2013 THROUGH KOMEN'S NATIONAL VULNERABLE POPULATION GRANTS PROGRAM ARE FOCUSED ON QUALITY AND SYSTEMS IMPROVEMENT. GRANTEES WILL DEVELOP MORE EFFECTIVE AND EFFICIENT PROCESSES FOR SCREENING, REFERRAL, DIAGNOSIS, TREATMENT, FOLLOW-UP AND SURVIVORSHIP BY DEVELOPING AND IMPLEMENTING SYSTEMS AND PROCESS CHANGE TO REDUCE BREAST CANCER DISPARITIES AMONG VULNERABLE POPULATIONS.

THE VULNERABLE POPULATIONS GRANT PROGRAM SUPPORTS PROJECTS THAT:

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*IMPLEMENT QUALITY IMPROVEMENT AND PROCESS IMPROVEMENT STRATEGIES TO ELIMINATE DISPARITIES IN SCREENING, CARE AND/OR TREATMENT ACROSS MULTIPLE COMMUNITIES, GEOGRAPHIC REGIONS, AND/OR POPULATIONS;

*PROPOSE IMPLEMENTATION OF MODELS THAT SEEK TO IMPROVE PROCESSES AND SYSTEMS USING QUALITY IMPROVEMENT STRATEGIES; AND

*DEMONSTRATE COLLABORATION AMONG STAKEHOLDERS TO DEVELOP SYSTEMS THAT INCREASE ACCESS AND UTILIZATION OF BREAST HEALTH SERVICES TO ALL WOMEN THROUGHOUT THE BREAST CANCER CONTINUUM OF CARE.

D - TREATMENT

MANY PEOPLE DO NOT GET THE BREAST CANCER TREATMENT THEY NEED, AND AS A RESULT, THEY ARE LESS LIKELY TO SURVIVE. FOR THIS REASON, KOMEN SUPPORTS TWO TREATMENT ASSISTANCE PROGRAMS MANAGED BY CANCERCARE AND THE PATIENT ADVOCATE FOUNDATION WHICH AIM TO CONNECT PEOPLE WITH LOCAL RESOURCES, PSYCHOSOCIAL SUPPORT, AND PROVIDE CRITICAL FINANCIAL ASSISTANCE. BOTH PROGRAMS, COLLECTIVELY, PROVIDE SUPPLEMENTARY DIRECT FINANCIAL HELP TO OVER 10,000 BREAST CANCER PATIENTS FOR MEDICAL CO-PAYMENTS, ORAL CHEMOTHERAPY, AND OTHER VITAL CARE THAT IS RELATED TO TREATMENT.

IN 2013, KOMEN AWARDED A \$500,000 GRANT TO CANCERCARE TO SUPPORT THE LINKING A.R.M.S.(TM) (ASSISTANCE & RESOURCES MADE SIMPLE) PROGRAM. LINKING A.R.M.S.(TM) IS A PROGRAM DEDICATED TO PROVIDING FINANCIAL ASSISTANCE, EDUCATION AND SUPPORT SERVICES TO LOW-INCOME, UNDER- OR UNINSURED BREAST CANCER SURVIVORS. FUNDING FOR LINKING A.R.M.S.(TM) PROVIDES DIRECT FINANCIAL ASSISTANCE TO MORE THAN 2,100 BREAST CANCER

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SURVIVORS FOR TREATMENT-RELATED EXPENSES INCLUDING PAIN AND ANTI-NAUSEA MEDICATION, LYMPHEDEMA CARE, ORAL CHEMOTHERAPY, DURABLE MEDICAL EQUIPMENT, CHILDCARE, AND TRANSPORTATION TO AND FROM TREATMENT. CANCERCARE ALSO PROVIDES COUNSELING AND OTHER SUPPORT SERVICES THAT ENABLE BREAST CANCER PATIENTS TO MAKE INFORMED TREATMENT DECISIONS, COPE WITH THE EMOTIONAL EFFECTS OF THE DISEASE, AND EXPERIENCE AN IMPROVED QUALITY OF LIFE.

IN 2012 KOMEN AWARDED A \$1,500,000, TWO-YEAR GRANT TO THE PATIENT ADVOCATE FOUNDATION (PAF), A NATIONAL NON-PROFIT ORGANIZATION THAT ASSISTS PATIENTS NEEDING HELP WITH HEALTH-RELATED FINANCIAL ISSUES. KOMEN SUPPORTS PAF'S CO-PAY RELIEF (CPR) PROGRAM. THE CPR PROGRAM PROVIDES DIRECT FINANCIAL ASSISTANCE FOR PHARMACEUTICAL CO-PAYMENTS TO INSURED PATIENTS WITH BREAST CANCER, LUNG CANCER AND PROSTATE CANCER. KOMEN'S FUNDING, ALONG WITH OTHER KEY PARTNERS, TOUCHED MORE THAN 10,000 BREAST CANCER PATIENTS SERVED THROUGH THE PROGRAM OVER THE PAST TWO YEARS.

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

SIGNIFICANT CHANGE TO GOVERNING DOCUMENTS
FORM 990, PART VI, QUESTION 4
AT A MEETING OF THE BOARD OF DIRECTORS ON MAY 31, 2012, THE BOARD APPROVED AN AMENDMENT TO THE AMENDED AND RESTATED BYLAWS (OF JUNE 4, 2010) ADDING A SECOND, CLASS III DIRECTOR, INCREASING THE TOTAL NUMBER OF

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MEMBERS OF THE BOARD OF DIRECTORS TO 10. ON NOVEMBER 7, 2012, THE BOARD OF DIRECTORS APPROVED AN AMENDMENT TO THE BYLAWS ADDING A NEW BOARD OFFICER POSITION OF VICE CHAIR.

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

990

FORM 990, PART VI, QUESTION 11B

MANAGEMENT PREPARES THE MATERIALS FOR THE FORM 990, WITH THE ASSISTANCE AND REVIEW BY EXTERNAL ACCOUNTANTS. SENIOR LEVELS OF MANAGEMENT REVIEW AND COMMENT ON THE FINAL DRAFT OF THE FORM 990 FOR PRESENTATION TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE OF THE BOARD OF THE DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO BEING FILED. THEREAFTER, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC COPY OF THE FORM 990 VIA EMAIL PRIOR TO THE FORM BEING FILED.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

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

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

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FORM 990, PART VI, QUESTIONS 15A AND 15B

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

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

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

FORM 990, PART VI, QUESTION 19

KOMEN'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND THE 990 ARE

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

ADDITIONAL DETAIL ON EVENT 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 136 RACES HELD BY THE KOMEN AFFILIATES DURING THE YEAR.

PART X BALANCE SHEET, LINE 19

DEFERRED REVENUE FROM THE PRIOR YEAR WAS RECLASSIFIED TO PROPERLY REPRESENT THE BALANCE.

RECONCILIATION OF NET ASSETS :

PART XI, LINE 6

IN KIND SERVICES - REVENUES	10,930,757
IN KIND SERVICES - EXPENSES	(11,271,796)
ROUNDING	1

TOTAL DONATED SERVICES	(341,038)

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RECONCILIATION OF NET ASSETS :

PART XI, LINE 9

RESCINDED GRANTS 3,652,555

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

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

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

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

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EVENT 360, INC. 205 N. MICHIGAN AVENUE CHICAGO, IL 60601-5927	EVENT MANAGEMENT	9,815,072.
CONVIO, INC. P.O.BOX 671445 DALLAS, TX 75267-1445	DONATION PROCESSING	2,204,968.
MERKLE RESPONSE SERVICES, INC. P.O. BOX 64897 BALTIMORE, MD 21264	DONATION PROCESSING	2,114,126.
RADARWORKS 6100 WILSHIRE BLVD LOS ANGELES, CA 90048	MARKETING	1,565,798.
ADECCO EMPLOYMENT SERVICES 175 BROADHOLLOW ROAD MELVILLE, NY 11747	TEMP STAFFING SVCS	986,107.

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
Susan G. Komen Breast Cancer Foundation Address for parent and all affiliates is: 5005 LBJ Freeway, Suite 250, Dallas, Texas 75244					
1 Acadiana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #72-1436764	-	-	-	860,297	860,297
2 The Arkansas Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 71-0724439	-	-	-	2,152,161	2,152,161
3 The Aspen Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 84-1160739	-	-	-	453,102	453,102
4 Austin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854966	-	-	-	1,846,203	1,846,203
5 Baton Rouge Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854972	-	-	-	698,601	698,601
6 Bayou Region Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854976	-	-	-	229,943	229,943
7 Boise, Idaho Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854965	-	-	-	726,407	726,407
8 Central Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854957	7,441	1,106	8,547	805,594	814,141
9 Central Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 75-2881536	1,051	-	1,051	327,871	328,922
10 Central Mississippi Steel Magnolias Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875174	1,674	-	1,674	378,310	379,984
11 Central New Mexico Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 85-0462625	-	-	-	475,284	475,284
12 Central New York Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 16-1389666	-	-	-	894,004	894,004
13 Central Oklahoma Chapter of the Komen Foundation, Inc. EIN# 73-1372249	-	-	-	910,385	910,385
14 Central and South Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 43-2052349	-	-	-	2,206,673	2,206,673
15 Central Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2906528	661	-	661	224,430	225,091
16 Central Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854970	127	-	127	373,273	373,400

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
17 Central Wisconsin Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2613151	-	-	-	243,021	243,021
18 Charlotte Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854959	-	231	231	3,458,914	3,459,145
19 Chattanooga Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875175	-	-	-	630,642	630,642
20 The Chicagoland Area Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 36-4111723	1,317	-	1,317	2,866,388	2,867,705
21 Colorado Springs Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844654	-	-	-	640,853	640,853
22 Columbus Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844651	2,320	2,500	4,820	2,849,988	2,854,808
23 Connecticut Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844629	-	-	-	2,483,998	2,483,998
24 Dallas County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2444724	-	-	-	3,350,526	3,350,526
25 The Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 84-1199858	85	884	969	4,463,894	4,464,863
26 The Des Moines Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 42-1438018	-	-	-	1,079,206	1,079,206
27 Eastern Washington Affiliate of the Susan G. Komen Foundation, Inc. EIN# 81-0578449	-	-	-	605,730	605,730
28 Elmira Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844630	-	-	-	254,968	254,968
29 El Paso Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2723408	-	-	-	551,788	551,788
30 Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2870702	5,392	-	5,392	1,297,407	1,302,799
31 The Greater Atlanta Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 58-1959763	-	-	-	3,042,800	3,042,800
32 Grand Rapids Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844631	669	5	674	580,328	581,002
33 Greater Amarillo Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 72-1562627	-	-	-	434,731	434,731

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

	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
34 Greater Cincinnati Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855038	-	-	-	1,635,127	1,635,127
35 Greater Evansville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844632	-	-	-	923,021	923,021
36 Greater Kansas City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844634	42	4,087	4,129	1,955,951	1,960,080
37 Greater Lansing Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2915870	-	-	-	675,601	675,601
38 The Greater Nashville Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 62-1671774	-	-	-	1,225,090	1,225,090
39 Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 91-2049420	4,988	-	4,988	4,797,421	4,802,409
40 Greater Richmond, Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844659	-	-	-	1,011,857	1,011,857
41 Greater Roanoke Valley Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2619425	-	-	-	622,036	622,036
42 Hawaii Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844635	-	-	-	632,840	632,840
43 Houston Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 76-0360372	-	73	73	5,087,496	5,087,569
44 Indianapolis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2941627	-	-	-	2,387,717	2,387,717
45 Inland Empire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0802964	-	-	-	1,218,642	1,218,642
46 Knoxville Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854955	-	-	-	989,448	989,448
47 The Las Vegas Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 88-0372386	-	-	-	1,156,850	1,156,850
48 Lexington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854969	-	-	-	668,575	668,575
49 The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 95-4582064	5,270	4,436	9,706	1,313,086	1,322,792
50 Louisville, Kentucky Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855046	-	-	-	1,019,765	1,019,765

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	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
51 Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844655	-	-	-	1,069,410	1,069,410
52 Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2509762	-	-	-	547,041	547,041
53 Madison Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855043	-	-	-	1,003,491	1,003,491
54 Maine Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN #75-2844637	-	89	89	523,282	523,371
55 Maryland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 52-2053491	-	-	-	2,694,823	2,694,823
56 Massachusetts Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854961	6,296	25	6,321	1,253,025	1,259,346
57 Memphis-Midsouth Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2942859	-	-	-	1,159,235	1,159,235
58 Miami Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2844638	4,806	25	4,831	1,956,955	1,961,786
59 Mid-Kansas Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 48-1120492	-	-	-	747,919	747,919
60 Mid-Missouri Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 56-2583638	-	-	-	277,629	277,629
61 Milwaukee Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844639	-	-	-	2,220,830	2,220,830
62 Minnesota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 41-1924790	-	-	-	2,568,722	2,568,722
63 Montana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845067	-	-	-	253,831	253,831
64 Nebraska Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-0056671	-	-	-	1,289,497	1,289,497
65 New Orleans Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 72-1222127	-	28	28	957,955	957,983
66 North Carolina Foothills Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875177	-	-	-	278,707	278,707
67 North Carolina Triad Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2891104	-	-	-	1,082,415	1,082,415

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	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
68 NC Triangle Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845066	2,444	-	2,444	2,174,004	2,176,448
69 North Central Alabama Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844656	-	-	-	1,198,144	1,198,144
70 Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854968	13	-	13	402,136	402,149
71 The Northeastern Pennsylvania Chapter of the Susan G. Komen Breast Cancer Foundation EIN# 23-2657570	-	-	-	534,757	534,757
72 The Northeast Louisiana Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 93-1225877	2,382	-	2,382	341,313	343,695
73 The Northeast Ohio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 34-1793460	114	3	117	1,838,247	1,838,364
74 Northern Indiana Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 56-2583682	-	-	-	364,004	364,004
75 Northern Nevada Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855035	-	287	287	483,603	483,890
76 North Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 26-4810260	-	-	-	168,158	168,158
77 North Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844636	-	18,851	18,851	528,472	547,323
78 The North Jersey Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 22-3528454	-	-	-	1,716,274	1,716,274
79 North Mississippi Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844621	-	-	-	292,060	292,060
80 North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2356437	-	-	-	1,440,854	1,440,854
81 Northwest Ohio Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845063	7,701	4,243	11,944	1,428,670	1,440,614
82 The Orange County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0487943	896	3,632	4,528	3,602,392	3,606,920
83 The Oregon and Southwest Washington Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 93-1068897	250	1,919	2,169	2,932,048	2,934,217
84 Ozark Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845062	-	-	-	1,284,018	1,284,018

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85 Philadelphia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc EIN# 75-2949264	-	-	-	4,506,790	4,506,790
86 Phoenix Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2845061	375	-	375	2,661,504	2,661,879
87 Pittsburgh Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 81-0665396	-	1,817	1,817	2,263,838	2,265,655
88 The Peoria Memorial Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 37-1286285	-	-	-	1,596,135	1,596,135
89 The Puget Sound Chapter of the Susan G. Komen Foundation, Inc. EIN# 91-1624040	-	-	-	3,624,474	3,624,474
90 Quad Cities Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844660	-	-	-	495,597	495,597
91 Sacramento Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3169358	16,854	7,023	23,877	1,621,882	1,645,759
92 Siouland Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 86-1102587	-	-	-	244,962	244,962
93 St. Louis Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844650	-	-	-	3,535,966	3,535,966
94 The San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 94-3047626	2,282	1,523	3,805	1,017,299	1,021,104
95 Salt Lake City Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2855032	-	-	-	911,431	911,431
96 The San Antonio Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2856696	-	-	-	1,481,872	1,481,872
97 The San Diego Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-0638911	4,565	1,062	5,627	2,089,558	2,095,185
98 Shreveport Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844653	-	-	-	467,624	467,624
99 Southeast Georgia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 56-2583644	-	-	-	567,258	567,258
100 Southeast Iowa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854980	-	-	-	204,808	204,808
101 Southern Arizona Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844652	-	-	-	727,740	727,740

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102 South Dakota Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 33-1114233	-	-	-	436,696	436,696
103 The South Florida Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 65-0254225	-	256	256	1,691,060	1,691,316
104 Southwest Florida Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 68-0523074	1,452	-	1,452	1,152,212	1,153,664
105 The Southwest Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 38-3437505	-	504	504	397,281	397,785
106 Tarrant County Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2445070	41	-	41	1,835,919	1,835,960
107 Texarkana Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844649	-	-	-	542,871	542,871
108 Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875178	2,332	2,332	4,664	1,152,320	1,156,984
109 Tri-Cities Affiliate of the Susan G. Komen Breast Cancer Foundation EIN # 84-1689067	-	-	-	564,055	564,055
110 Tulsa Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2854974	-	-	-	901,833	901,833
111 Tyler Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 74-2764235	-	-	-	416,834	416,834
112 Upper Cumberland Affiliate of the Susan G. Komen Breast Cancer Foundation EIN# 20-5956855	-	-	-	241,294	241,294
113 Upstate South Carolina Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2854973	-	-	-	665,931	665,931
114 Vermont-New Hampshire Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844657	-	-	-	686,659	686,659
115 Wabash Valley Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844615	-	-	-	240,314	240,314
116 The Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2875179	-	-	-	628,412	628,412
117 West Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN # 75-2885304	-	-	-	498,669	498,669
118 Wichita Falls Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 75-2844658	-	-	-	206,080	206,080

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	<u>Grassroots Expenditures</u>	<u>Direct Lobbying Expenditures</u>	<u>Total Lobbying Expenditures</u>	<u>Other Exempt Expenditures</u>	<u>Total Exempt Purpose Expenditures</u>
119 Wyoming Chapter of the Susan G. Komen Breast Cancer Foundation, Inc. EIN# 84-1387410	-	-	-	567,581	567,581
Totals - Affiliates	<u>83,839</u>	<u>56,942</u>	<u>140,781</u>	<u>151,176,923</u>	<u>151,317,704</u>
Susan G. Komen Breast Cancer Foundation, Inc. (Parent) EIN# 75-1835298	-	4,053	4,053	151,155,333	151,159,386
Totals for Parent and Affiliates	<u><u>83,839</u></u>	<u><u>60,995</u></u>	<u><u>144,834</u></u>	<u><u>302,332,256</u></u>	<u><u>302,477,090</u></u>