# **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginn		and ending 06-30-2	2009				
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization THE LEUKEMIA & LYM		C			D Employer i	dentification number	
Address change use IRS label or Doing Business As									13-56449 E <b>Telephone</b>		
∏ Na	me cha	inge	print or type. See	Doing business As		- 1	-				
Init	al retu	ırn	Specific Instruc-	,		not delivered to street ad	dress) Room	/suite	(914) 949	0-5213 i <b>pts</b> \$ 497,804,626	
<b>Г</b> Теі	mınatıd	on	tions.	1311 MAMARONECK A	AVENUE				a Gioss rece	pts \$ 497,004,020	
┌ Am	ended	return		City or town, state or		4	<b> </b>				
Г Арі	olication	n pending		WHITE PLAINS, NY 1	0605						
			<b>F</b> Nan	ne and address of Pr	ıncıpal Officer		H(a)	Is this a	group retu	rn for	
			SAME	AS C ABOVE			<b>I</b>	affiliates		┌ Yes 🔽 No	
							н(b) <i>г</i>	Are all af	filiates inclu	ded?	
<b>I</b> Ta	x-exen	npt status	<b>5</b> 01(c)	) ( 3 ) ◀ (ınsert no ) 「	4947(a)(1) or 「	<sub>527</sub>				st See instructions )	
J W	eb sit	e: 🕨 WW	/W LLS OR	G			H(c)	Group E	xemption N	lumber ►	
<b>К</b> Тур	e of or	ganızatıon	✓ Corporat	ion trust association	on other 🟲		<b>L</b> Year	r of Forma	ition 1949	<b>M</b> State of legal domicile NY	
Pa	rt I	Sum	mary								
	1			e organization's mis							
ž						N IS TO CURE LEUKE OF PATIENTS AND T	,		, HODGKIN	I'S DISEASE AND	
Governance			,								
je Je	2	Check	this box	ıf the organizatıon d	scontinued its o	operations or dispose	d of more th	han 25%	of its asse	ets	
ဒီ	3	Numbe	r of voting r	members of the gove	rning body (Par	t VI, line 1a)			3	39	
2 <b>6</b>	4	Numbe	r of ındepen	ndent voting member	s of the governi	ng body (Part VI, line	1b)		4	37	
Activities &	5	Total n	umber of en	nployees (Part V , lın	e 2a)				5	2,173	
<b>Ξ</b>	6	Total n	umber of vo	olunteers (estimate i	fnecessary) .				6	3,000,000	
ă	7a	Total g	ross unrela	ted busıness revenu	e from Part VII			7a	0		
	b	Net unr	elated busi	iness taxable income	from Form 990	)-T, line 34			7b		
								Prior Y	'ear	Current Year	
a.	8	Contri	butions and	d grants (Part VIII,	line 1h)			25	6,914,242	268,661,802	
anue	9	Progra	ım service	revenue (Part VIII,	line 2g)				0		
Reveni	10					, and 7d)			1,100,560	5,638,674	
<u> </u>	11			art VIII, column (A)					1,101,971	3,477,294	
	12	1 otal 1 12)	revenue—a	dd lines 8 through 1	1 (must equal P	art VIII, column (A),	line	26	9,116,773	277,777,770	
	13		and simila	ar amounts paid (Par	t IX, column (A	), lınes 1–3)		8	2,193,469	90,994,934	
	14	Benefi	ts paid to o	or for members (Part	IX, column (A),	line 4)				0	
ø.	15		es, other co	ompensation, employ	vee benefits (Pa	rt IX, column (A), lıne	s 5-		F 60F 041	00.460.334	
38	16-	10)					5,695,941	88,469,224			
Expenses	16a			raising fees (Part IX				521,054	9,542,900		
ă	17			penses, Part IX, column ( (Part IX, column (A)					2,161,497	74,131,495	
	18					, 111–241) X, line 25, column (A)	,,		0,571,961	263,138,553	
	19			oenses Subtract line	"		8,544,812	14,639,217			
* <del>2</del>	1	110 4 0 11	de less exp	Jenses Subtract mile	. 10 110111 11110 12	-	Be		of Year	End of Year	
Net Assets or Fund Balances	20	Total	accetc (Dar	rt X, line 16)					1,147,701	217,104,128	
8.55 B.85	21			Part X, line 26)					7,123,863	114,241,808	
2 PE	22				+ l.m. 2.1 fm l.s	30					
	22 13 III	_	ature Blo	d balances Subtrac	t line 21 from lir	16 20		9	4,023,838	102,862,320	
Рđ	( 11	_			ve examined this re	eturn, including accompany	una schedules	and state	ements, and to	o the best of my knowledge	
						er (other than officer) is b					
Plea		***						2010-02-	-12		
Sigr Here		Sign	ature of office	er				Date			
	_		ES T NANGLE e or print nam	SR VICE PRESIDENT & C	FO						
		P	<u> </u>	and tide		D-4-	CL- 1 f		D ,	N (C C T: )	
<u> </u>		Preparer signatur	140140	LLP		Date 2010-02-12	Check if self-		rreparer's PTI	N (See Gen Inst )	
Paid							empolyed	<u>•                                    </u>			
Use (	arer's Only		ame (or yours nployed),	s KPMG LLP				EIN ▶			
USE (	Jilly		and ZIP + 4	345 PARK AVENUE					Dhama "	(242) 750 6766	
				NEW YORK, NY 10	1540102				rnone no 🕨	(212) 758-9700	
May	the IR	S discus	s this retu	rn with the preparer	shown above? (	See instructions) .				▼ Yes	

2

### Part III Statement of Program Service Accomplishments (See the instructions.)

Briefly describe the organization's miss	ion
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THE LEUKEMIA & LYMPHOMA SOCIETY'S MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 67,358,154 including grants of \$ 64,346,928 ) (Revenue \$ )

) (Expenses \$ 67,358,154 including grants of \$ 64,346,928 ) (Revenue \$ RESEARCH SINCE ITS INCEPTION IN 1949, LLS HAS INVESTED MORE THAN 680 MILLION IN RESEARCH TO FIND THE CAUSES AND CURES FOR BLOOD CANCERS OUR RESEARCH EXPENSE IN FISCAL YEAR 2009 WAS APPROXIMATELY 69 MILLION, INCLUDING FUNDING FOR 127 NEW GRANTS TO RESEARCHERS AT ACADEMIC INSTITUTIONS AND 1 8 MILLION IN CONTRACTS THROUGH THE THERAPY ACCELERATION PROGRAM AS OF JUNE 2009, LLS WAS SUPPORTING 388 RESEARCH GRANTS AND 9 RESEARCH CONTRACTS IN THE U S , CANADA, AND 11 OTHER COUNTRIES, (CONTINUED ON SCHEDULE O) WITH A TOTAL COMMITMENT OF 281 MILLION OVER THE LIFE OF THESE GRANTS/CONTRACTS, INCLUDING LEUKEMIA RESEARCH APPROXIMATELY 140 MILLION LYMPHOMA RESEARCH APPROXIMATELY 109 MILLION MYELOMA RESEARCH APPROXIMATELY 32 MILLION LLS ADMINISTERS TWO INTEGRATED RESEARCH FUNDING PROGRAMS - THE RESEARCH GRANT PROGRAM AND THE THERAPY ACCELERATION PROGRAM - TO SUPPORT OUR MISSION CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES WITH ADVISORY INPUT FROM WORLD-RENOWNED BIOMEDICAL RESEARCH EXPERTS, LLS SUPPORTS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE TO CLINICAL TRIALS OF NEW AGENTS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO MULTI-DISCIPLINARY ACADEMIC COLLABORATIONS AND PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES RESEARCH FUNDING IS AIMED AT EFFECTIVE DISCOVERY AND DEVELOPMENT OF NEW THERAPIES FOR ALL BLOOD CANCER PATIENTS WHO NEED THEM THE RESEARCH GRANT PROGRAM PROVIDES GRANT FUNDING TO SUPPORT SCIENTIFIC STUDIES AT ACADEMIC CENTERS AROUND THE WORLD, THROUGH THREE GRANT MECHANISMS 1 THE CAREER DEVELOPMENT PROGRAM PROVIDES STIPENDS TO INVESTIGATORS OF EXCEPTIONAL PROMISE IN THE EARLY STAGES OF THEIR CAREERS, HELPING THEM TO DEVOTE THEIR CAREERS TO LEUKEMIA, LYMPHOMA AND/OR MYELOMA RESEARCH SCHOLAR GRANTS ARE AWARDED AT 110,000 PER YEAR FOR A TOTAL OF 550,000 OVER FIVE YEARS SPECIAL FELLOW GRANTS ARE AWARDED AT 65,000 PER YEAR FOR A TOTAL OF 195,000 OVER THREE YEARS FELLOW GRANTS ARE AWARDED AT 55,000 PER YEAR FOR A TOTAL OF 165,000 OVER THREE YEARS 2 THE TRANSLATIONAL RESEARCH PROGRAM SUPPORTS OUTSTANDING INVESTIGATORS DEEMED BY OUR EXPERT ADVISORS MOST LIKELY TO TRANSLATE BASIC BIOMEDICAL DISCOVERIES INTO NEW, SAFE AND EFFECTIVE TREATMENTS, ULTIMATELY PROLONGING AND ENHANCING PATIENTS' LIVES TRANSLATIONAL RESEARCH AWARDS ARE MADE FOR AN INITIAL THREE-YEAR PERIOD AWARDS UP TO 200,000 PER YEAR FOR THREE YEARS, FOR A TOTAL OF 600,000 ARE GRANTED EACH YEAR FUNDING FOR AN ADDITIONAL TWO YEARS MAY BE PROVIDED FOR HIGHLY PROMISING PROJECTS THAT ARE ENTERING PHASE I CLINICAL TRIAL 3 THE SPECIALIZED CENTER OF RESEARCH PROGRAM ENCOURAGES MULTIDISCIPLINARY RESEARCH BY TEAMS OF LEADING-EDGE ACADEMIC INVESTIGATORS THAT HASTENS THE DISCOVERY AND DEVELOPMENT OF BETTER TREATMENTS FOR LEUKEMIA, LYMPHOMA AND MYELOMA PATIENTS A CENTER IS COMPOSED OF AT LEAST THREE INDEPENDENT RESEARCH PROGRAMS THAT ARE INTEGRATED AND SUPPORTED BY SCIENTIFIC CORE LABORATORIES EACH SPECIALIZED CENTER OF RESEARCH IS FUNDED UP TO 1 25 MILLION ANNUALLY OVER A FIVE-YEAR PERIOD, TO A TOTAL COST OF 6 25 MILLION APPLICATION REVIEW PROCESS SCIENTISTS AND PHYSICIAN SCIENTISTS WHO ARE EXPERTS IN THE FIELD OF LEUKEMIA, LYMPHOMA, AND MYELOMA RESEARCH CAREFULLY EVALUATE ALL GRANT APPLICATIONS GUIDELINES, INSTRUCTIONS, AND APPLICATIONS FOR LLS'S THREE RESEARCH PROGRAMS MAY BE OBTAINED BY VISITING WWW LLS ORG THE THERAPY ACCELERATION PROGRAM (TAP) IS A STRATEGIC LLS INITIATIVE LAUNCHED IN 2007 WITH 4 MILLION IN SEED FUNDING THIS PROGRAM PROMISES TO ACCELERATE NEW AND BETTER TREATMENTS AND CLINICAL TESTS INTO PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS, AND COMPANIES, TAP IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE MADE AVAILABLE TO PATIENTS AS SOON AS POSSIBLE TAP ENCOMPASSES THREE INNOVATIVE EFFORTS 1 THE ACADEMIC CONCIERGE DIVISION IDENTIFIES CURRENT LLS-FUNDED RESEARCH WITH THE GREATEST CLINICAL PROMISE AND PROVIDES THE FUNDING AND SUPPORT NEEDED TO ADVANCE SELECTED PROJECTS TO THE PRODUCT STAGE 2 THE CLINICAL TRIAL DIVISION PARTNERS LLS WITH CERTAIN OF THE COUNTRY'S LEADING CLINICAL TRIAL CENTERS TO ACCELERATE THE TESTING OF NEW BLOOD CANCER THERAPIES IN CLINICAL TRIALS 3 THE BIOTECHNOLOGY ACCELERATOR DIVISION ALLIES LLS WITH COMPANIES TO COMBINE SCIENTIFIC AND FINANCIAL RESOURCES AND ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES WHICH WOULDN'T OTHERWISE BE PRIORITIZED BY THE COMPANY APPLICATION REVIEW PROCESS ALL THERAPY ACCELERATION PROJECTS ARE REVIEWED AND APPROVED BY A VOLUNTEER PANEL INCLUDING MEDICAL, SCIENTIFIC, BUSINESS AND INTELLECTUAL PROPERTY LAW EXPERTS FUNDING IS GOVERNED BY A CONTRACT WITH EXPLICIT TIMELINES, MILESTONES, AND GO/NO GO DECISION POINTS, WHICH ALSO CONTEMPLATES A RETURN ON INVESTMENT FOR LLS GUIDELINES, INSTRUCTIONS, AND APPLICATIONS FOR THE THERAPY ACCELERATION PROGRAM MAY BE OBTAINED BY VISITING WWW LLS ORG

4b 83,528,877 including grants of \$ 26,648,006 ) (Revenue \$ ) (Expenses \$ PATIENT & COMMUNITY SERVICES AN ESTIMATED 912,938 PEOPLE ACROSS THE UNITED STATES CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA THE

LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS THE MOST COMPREHENSIVE ARRAY OF SERVICES TO BLOOD CANCER PATIENTS AND THEIR FAMILIES LAST YEAR ALONE, LLS MADE 4 9 MILLION CONTACTS WITH PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS (CONTINUED ON SCHEDULE O) TELECONFERENCES & WEB CASTS LLS SPONSORS TELECONFERENCES AND WEB CASTS FOR PATIENTS AND CAREGIVERS AND HEALTH CARE PROFESSIONALS ON LEUKEMIA, LYMPHOMA AND MYELOMA AND SURVIVORSHIP ISSUES A CALENDAR OF THESE FREE EVENTS AND ARCHIVES OF PAST EVENTS ARE AVAILABLE IN THE "NATIONAL EDUCATION WORKSHOPS" SECTION OF WWW LLS ORG -407,148 WEB CAST AND TELECONFERENCE PROGRAM PARTICIPANTS IN 2009 EDUCATIONAL MATERIALS AN EXTENSIVE COLLECTION OF EDUCATIONAL MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTH CARE PROFESSIONALS EACH YEAR, LLS DISTRIBUTES BOOKLETS, BROCHURES, FACT SHEETS AND DVDS THROUGH THE INFORMATION RESOURCE CENTER AND LOCAL ILS CHAPTERS MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW LLS ORG DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH -MORE THAN 1 2 MILLION BOOKLETS, BROCHURES AND DVDS DISTRIBUTED IN 2009 CHAPTER-BASED PROGRAMS EACH OF LLS' 60 CHAPTERS IS STAFFED WITH A PATIENT SERVICES MANAGER WHO OVERSEES THE CHAPTER'S SERVICES TO PATIENTS AND THEIR FAMILIES PATIENT SERVICES MANAGERS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING OR SOCIAL WORK COMMUNITY BASED EDUCATION, INCLUDING THE FOLLOWING FOUR PROGRAMS, OFFERED THROUGH ALL THE CHAPTERS -48,000 PATIENT AND CAREGIVER PARTICIPANTS IN 2009 -8,570 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2009 THE ROAD TO DISCOVERY EMERGING THERAPIES IN BLOOD CANCER. THIS PROGRAM PROVIDES PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONAL WITH A CLEAR DESCRIPTION OF WHAT CLINICAL TRIALS ARE, HOW CANCER DRUGS ARE DEVELOPED, AND WHAT THE EMERGING TREATMENT OPTIONS ARE FOR LEUKEMIA, LYMPHOMA, AND MYELOMA MILESTONES IN MYELOMA THERAPY AN OVERVIEW FOR PATIENTS AND CAREGIVERS THIS PROGRAM PRESENTS AN OVERVIEW OF MYELOMA, TREATMENTS, EMERGING THERAPIES AND MANAGING SIDE EFFECTS AND HOW TO FIND EMOTIONAL SUPPORT WHEN LIVING WITH THE ILLNESS GETTING THE BEST CANCER CARE AT AGE 55 AND OLDER THIS EDUCATION PROGRAM PRESENTS AN OVERVIEW OF THE MANY FACTORS, NOT AGE ALONE, THAT HEALTHCARE PROFESSIONALS SHOULD ASSESS TO DETERMINE AN APPROPRIATE CANCER TREATMENT PLAN FOR AN OLDER ADULT WELCOME BACK FACILITATING THE SCHOOL EXPERIENCE FOR CHILDHOOD CANCER SURVIVORS THIS EDUCATION PROGRAM DISCUSSES POSSIBLE EMOTIONAL AND COGNITIVE SHORT- AND LONG-TERM EFFECTS THAT CHILDREN MAY EXPERIENCE AFTER TREATMENT, AND OFFERS NUMEROUS RESOURCES THAT CAN ASSIST CHILDHOOD CANCER SURVIVORS TO FLOURISH IN THE SCHOOL POST TREATMENT SUPPORT SERVICES FAMILY SUPPORT GROUPS LLS HAS DEVELOPED NEARLY 526 FAMILY SUPPORT AND CANADA IIS BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, AND PROVIDE INFORMATION AND SUPPORT, AND ENCOURAGE GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTH CARE PROFESSIONALS -11,000 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2009 FIRST CONNECTION FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2009 FIRST CONNECTION. FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEREN VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS. A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION PHONES (OR VISITS) THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT. THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS. -7,076 "FIRST CONNECTIONS" IN 2009 PATIENT FINANCIAL AID PROGRAM FOR MORE THAN 45 YEARS, LLS HAS HELPED PATIENTS DEMONSTRATING SIGNIFICANT NEED TO OBTAIN FINANCIAL ASSISTANCE TO COVER A PORTION OF THEIR TREATMENT COSTS. AS OF JULY 1, 2009 THE LLS PATIENT FINANCIAL AID PROGRAM, OFFERS 150 PER YEAR TO THOSE WITH A CONFIRMED BLOOD CANCER DIAGNOSIS IN ACTIVE TREATMENT OR ONGOING FOLLOW-UP PATIENT FINANCIAL AID FUNDS ARE SUBJECT TO AVAILABILITY. 7,436,862 IN ASSISTANCE PROVIDED IN 2009 -21,370 PATIENT AID RECIPIENTS IN 2009 CO-PAY ASSISTANCE PROVIDED IN 2009 -21,370 PATIENT AID RECIPIENTS IN 2009 CO-PAY ASSISTANCE PROVIDED IN 2009 PAYMENT OF BLOOD CANCERS MEET THEIR HEALTH WIS UNDANCED. WITH MANY KINDS OF BLOOD CANCERS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR CANCER PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT CO-PAY ASSISTANCE IS SUBJECT TO FUND AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS FOR MORE INFORMATION CALL, (877) LLS-COPAY (877) 557-2672 OR VISIT WWW LLS ORG/COPAY -19,211,144 IN CO-PAY ASSISTANCE APPROPRIATED IN 2009 -6,000 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2009 THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER THIS PROGRAM IS DESIGNED TO INCREASE COMMUNICATION AMONG HEALTH CARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO ASSURE YOUNGSTERS A SMOOTH TRANSITION FROM ACTIVE TREATMENT BACK TO SCHOOL PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE THROUGH ALL LOCAL CHAPTERS, INCLUDING "WELCOME BACK FACILITATING THE SCHOOL EXPERIENCE FOR CHILDHOOD CANCER SURVIVORS" CHAPTER EDUCATION PROGRAM THIS EDUCATION PROGRAM FOR SCHOOL NURSES AND OTHER SCHOOL PERSONNEL DISCUSSES POSSIBLE EMOTIONAL, PHYSICAL AND COGNITIVE LATE EFFECTS OF CANCER TREATMENT IN CHILDREN AND OFFERS NUMEROUS RESOURCES THAT CAN ASSIST CHILDHOOD CANCER SURVIVORS TO FLOURISH IN THE SCHOOL ENVIRONMENT POST-TREATMENT -2898 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE WELCOME BACK PROGRAM "LEARNING AND LIVING WITH CANCER ADVOCATING FOR YOUR CHILD'S EDUCATIONAL NEEDS" THIS BOOKLET OFFERS PARENTS INFORMATION ON THE LEARNING CHALLENGES CHILDREN MAY FACE DURING AND AFTER CANCER TREATMENT, LAWS THAT PROTECT THE EDUCATIONAL NEEDS OF CHILDREN WITH CANCER AND SPECIFIC WAYS THAT SCHOOLS CAN HELP MEET A CHILD'S EDUCATIONAL NEEDS

37,053,484 4c ) (Expenses \$ including grants of \$ PUBLIC HEALTH & EDUCATION THE LEUKEMIA & LYMPHOMA SOCIETY CONTINUES TO MEET THE NEEDS OF THE PUBLIC THROUGH ITS INFORMATION RESOURCE

CENTER AND LLS'S WEBSITE INFORMATION RESOURCE CENTER THE INFORMATION RESOURCE CENTER (IRC) PROVIDES INFORMATION (CONTINUED ON SCHEDULE 0) AND RESOURCES USEFUL TO PATIENTS, THEIR FAMILIES AND HEALTH CARE PROFESSIONALS, AND IS STAFFED BY MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS FACT SHEETS FOR FREQUENTLY ASKED QUESTIONS AND A REFERRAL DATABASE TO OTHER HELPING ORGANIZATIONS ARE AVAILABLE PATIENTS, FAMILIES AND PROFESSIONALS MAY CALL THE INFORMATION RESOURCE CENTER TOLL-FREE NUMBER AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A M TO 6 P M, ET OR EMAIL TO INFOCENTER@LLS ORG -79,692 INQUIRIES IN 2009 -TRANSLATION SERVICES AVAILABLE IN MORE THAN 165 LANGUAGES INTERNET LLS' WEB SITE, WWW LLS ORG, SERVES A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS USERS CAN PERSONALIZE THEIR ILS WEB PAGES TO KEEP CURRENT WITH DISEASE SPECIFIC UPDATES AND LOCAL CHAPTER EDUCATION, SUPPORT AND EVENT ACTIVITIES THE SITE FEATURES A COMPREHENSIVE OVERVIEW OF LLS PROGRAMS AND SERVICES, FAMILY SUPPORT GROUP LOCATIONS, INFORMATION ABOUT OUR PEER-TO-PEER PROGRAM FIRST CONNECTION, AND OTHER PROGRAMS -4 3 MILLION UNIQUE VISITS TO PATIENT SERVICES/DISEASE INFORMATION PAGES IN 2009

8,317,024 ) (Expenses \$ including grants of \$ ) (Revenue \$

PROFESSIONAL EDUCATION LLS ALSO SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR  $\,$  THE EDUCATIONAL PROGRAM OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT

Other program services (Describe in Schedule O )

4e

8,317,024 including grants of \$ (Expenses \$ ) (Revenue \$

Total program service expenses \$ Must equal Part IX, Line 25, column (B). 196,257,539

art IV	Checklist o	f Required	Schedules
	CHCCKHSLC	ı ive dülle e	Julicadica

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

## Part IV Checklist of Required Schedules (Continued)

During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part	20-	V	
	28a	res	
Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV.  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I .  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Inne 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5 percent of its activities through an entity that is not a related	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV.  28a  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.  28b  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.  29c  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29c  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29c  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  29c  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  29c  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  30c  30d  Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1  10d  11s any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  501 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV.  28a Yes  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Sched

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	1,222			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	35			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: •		<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this	2a	2,173			
b	If at least one is reported in 2a, did the organization file all required federal employr	nent t	ax returns?		.,	
3a	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this. Did the organization have unrelated business gross income of \$1,000 or more during		ľ	2b	Yes	
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acacount)?			4a	Yes	
Ь	If "Yes," enter the name of the foreign country CA					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
	If "Yes," did the organization include with every solicitation an express statement the		ł			
	were not tax deductible?		· · · · · ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	itributi	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
a	For all contributions of qualified intellectual property, did the organization file Form			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f		ŀ	- 3		
•	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	_		9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person		ľ	9b		
10	Section 501(c)(7) organizations. Enter	•				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11						
а	Gross income from members or shareholders					
		11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Mar
-----------------------------------

				Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the processes, or changes in Schedule O. See instructions.	e cırcumstances,					
1a	Enter the number of voting members of the governing body 1a	39					
Ь	Enter the number of voting members that are independent 1b	37					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?	·	2		No		
3	Did the organization delegate control over management duties customarily performed by or unde supervision of officers, directors or trustees, or key employees to a management company or otl		3		Νo		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more governing body?		7a	Yes			
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other	persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertain year by the following	cen during the					
а	the governing body?		8a	Yes			
b	each committee with authority to act on behalf of the governing body?	[	8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?		9a	Yes			
b	If "Yes," does the organization have written policies and procedures governing the activities of s affiliates, and branches to ensure their operations are consistent with those of the organization?	. ,	9b	Yes			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All must describe in Schedule O the process, if any, the organization uses to review the Form 990	•	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		No		

#### Section B. Policies

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

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AK, AR, AZ, CA, CT, DE, FL, GA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WI,
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization JAMES T NANGLE CFO 1311 MAMARONECK AVENUE

WHITE PLAINS, NY 10605

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

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

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

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

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

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

The check this box in the organization and i		Posit	(C	) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(C) Position (check all that apply)						<b>(E)</b>	(F)
<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			ļ	$\vdash$						
			1							
			$\vdash$	$\vdash$			$\vdash$			
db Tatal							<u> </u>	2,106,279	<u> </u>	251,191
1b Total			•				-		L	231,191
2 Total number of individuals (including	those in 1	a) who i	recei	ved	mor	e thai	n \$1	00,000 ın reportabl	е	

compensation from the organization▶82

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MSP PO BOX 641114 PITTSBURG, PA 15264	SUPPORTING SERV	5,017,461
PARADYZ MATERA 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	SUPPORTING SERV	4,969,255
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE AKRON, OH 44333	SUPPORTING SERV	4,894,187
DIRECT PRINT COMMUNICATIONS 201 EAST SANDPOINTE SUITE 400 SANTA ANA, CA 92707	SUPPORTING SERV	3,038,942
ROBERT MICHAEL EDUCATIONAL INSTITUT 617 STATION AVENUE HADDON HEIGHTS, NJ 08035	SUPPORTING SERV	2,846,102
Total number of independent contractors (including those in 1) who rec from the organization		41

# Software ID: Software Version:

**EIN:** 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		Posit t	(C non (	ched	)				(E)	(F)		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
STEVEN HOOKER CHAIR OF THE BOARD ,	1	Х						0	0	0		
ARMAND KEATING MDVICE CHAIR-MED , SCIENTIFIC	1	Х						0	0	0		
PAUL CIENKIVICE CHAIR-FIELD , RELATIONS	1	Х						0	0	0		
MARIE M LAURIA MSWVICE CHAIR- , PATIENT SERV	1	Х						0	0	0		
MARGARET H ANDERSONVICE CHAIR- , RESOURCE DEV	1	Х						0	0	0		
THOMAS HUNTERSECRETARYTREASURER,	1	Х						0	0	0		
JAMES A BECK , BOD MEMBER	1	Х						0	0	0		
ALEXANDRA MAYES BIRNBAUM , BOD MEMBER	1	×						0	0	0		
ROBERT A CANTLEY , BOD MEMBER	1	Х						0	0	0		
SCOTT A CARROLL , BOD MEMBER	1	Х						0	0	0		
MICHAEL C COPLEY , BOD MEMBER	1	Х						0	0	0		
JORGE CORTES MD , BOD MEMBER	1	Х						0	0	0		
CLAUDE G DAVIS , BOD MEMBER	1	Х						0	0	0		
JAMES H DAVIS PHD JD , BOD MEMBER	1	Х						0	0	0		
TIMOTHY S DURST , BOD MEMBER	1	Х						0	0	0		
THOMAS L FITZPATRICK , BOD MEMBER	1	Х						0	0	0		
DAVID FRANTZE , BOD MEMBER	1	Х						0	0	0		
PAUL N FRIMMER , BOD MEMBER	1	Х			_			0	0	0		
ALAN M GEWIRTZ MD , BOD MEMBER	1	Х						0	0	0		
RAANAN HOROWITZ , BOD MEMBER	1	Х						0	0	0		
CHARLES INGLEFIELD, BOD MEMBER	1	Х						0	0	0		
JOHN M KAMINS, BOD MEMBER	1	Х						0	0	0		
STEVEN LILLY , BOD MEMBER	1	Х			_			0	0	0		
MICHAEL W LONG PHD , BOD MEMBER	1	X			_			0	0	0		
DENNIS MARCO, BOD MEMBER	1	X						0	0	0		
WILLIAM STRATFORD MAY JR MD PHD , BOD MEMBER	1	Х						0	0	0		
JAMES MCKINNIS , BOD MEMBER	1	Х						0		0		
RODMAN N MYERS , BOD MEMBER	1	Х					_	0	0	0		
NAOMI ROSENBERG PHD , BOD MEMBER	1	Х						0	0	0		
KEVIN R RYAN , BOD MEMBER	1	Х						0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	3										
		<b>(C)</b> Position (check all that apply)								(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
NORBERT J SIEBER , BOD MEMBER	1	Х						0	0	0	
JAY L SILVER , BOD MEMBER	1	Х						0	0	0	
MARY SIMMONDS MD , BOD MEMBER	1	Х						0	0	0	
THOMAS R SNYDER , BOD MEMBER	1	Х						0	0	0	
WILLIAM M WARD JR , BOD MEMBER	1	Х						0	0	0	
LOUISE G WARNER , BOD MEMBER	1	Х						0	0	0	
KATHRYN WEST , BOD MEMBER	1	Х						0	0	0	
CHARLES WIENER , BOD MEMBER	1	Х						0	0	0	
MICHELLE C WONG , BOD MEMBER	1	Х						0	0	0	
JOHN E WALTER , PRES & CEO	35			Х				482,288	0	48,811	
JAMES T NANGLE , SVP & CFO	35			Х				241,160	0	41,416	
LOUIS DE GENNARO PHD , SVP RESEARCH	35					x		309,829	0	29,122	
NANCY KLEIN , CHIEF MARKET	35					Х		295,323	0	41,662	
BARTON KAMEN MD , CHIEF MEDICA	35					Х		288,981	0	23,748	
PAUL WEISS , SVP FIELD MA	35					Х		245,358	0	30,662	
DAVID TIMKO , SVP CHAPTER	35					Х		243,340	0	35,770	

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
- <u> </u>	1a	Federated cam	paigns 1a	2,668,647				514
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
S.g.	c	Fundraising eve	ents <b>1</b> c	157,143,968				
無意	d	Related organiz	ations 1d					
<u>ي</u> رود <u>الرود</u>	e	Government grants	s (contributions) <b>1e</b>	350,354				
tion S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	108,498,833	İ	İ		
έ¥	g		butions included in					
ξğ		lines 1a-1f \$ _		_				
ठॅ क	h	Total (Add line	s 1a-1f)		268,661,802			
<u> 9</u>				Business Code				
Ke TI	2a							
윤	Ь							
¥ Ce	c							
Ş	d							
Ë	e f	A 11 - +1-						+
Program Serwce Revenue	f	All other progra	am service revenue					<u>                                     </u>
	g	Total. Add lines	s 2a-2f	<b></b> \$				
	3		ome (including dividend					
			mounts)		6,939,173			6,939,173
	4		tment of tax-exempt bond p	proceeds	11,381			11,381
	5	Royalties	(ı) Real	(II) Personal	11,501			11,301
	6a	Gross Rents	(i) iteui	(II) I ersonal				
	ь	Less rental						
	l c	expenses Rental income						
	d	or (loss)	me or (loss)	<b>▶</b>				
	<u> </u>	Weet remediate medi	(i) Securities	(II) O ther				
	7a	Gross amount	180,464,124	(1)				
		from sales of assets other						
	Ь	than inventory Less cost or	181,764,623					
		other basis and sales expenses						
	c	Gain or (loss)	-1,300,499					
	d		s)		-1,300,499	-1,300,499		
<b>ů</b>	8a	events (not inc \$37,800						
듔		See Part IV, lin	e 18 G if total exceeds					
ě			a	157,143,968				
r CC	ь	Less direct ex	penses b	37,800,712				
Other Revenue	С	Net income or (	(loss) from fundraising (	events 🟲				
0	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds					
			а	1,110,516				
	b		penses b	461,521	648,995	648,995		
	10a		loss) from gaming activ	vities	648,995	648,995		
	104	Gross sales of returns and allo	owances . a					
	b		oods sold <b>b</b>	entory				
	С	Miscellaneous	(loss) from sales of inve	Business Code				+
	11a	GRANT TERMI		541,900	2,768,128			2,768,128
	Ь	OTHER MISCE		900,099				48,790
	c							+
		All other revers						+
	d e		ue s 11a-11d					+
				\$ 2,816,918				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4, le	5, 6d, 7d, 8c, ▶	277,777,770	-651,504		9,767,472

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	59,270,840	59,270,840		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	26,648,006	26,648,006		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	5,076,088	5,076,088		
4	Benefits paid to or for members	, ,			
5	Compensation of current officers, directors, trustees, and key employees	727,052	546,647	80,329	100,076
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	68,300,784	51,353,184		9,401,322
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,196,899	3,015,478	464,152	717,269
9	Other employee benefits	10,354,538	7,439,751	1,145,151	1,769,636
10	Payroll taxes	4,889,951	3,513,437	540,800	835,714
11	Fees for services (non-employees)	, ,	, ,	,	·
a	Management				
b	Legal	651,717	307,215	113,675	230,827
c	Accounting	265,590	125,197	46,325	94,068
d	Lobbying	53,000	24,983	9,244	18,773
e	Professional fundraising See Part IV, line 17	9,542,900	2.7500	3,2	9,542,900
f	Investment management fees	547,711	417,866	46,563	83,282
g g	Other	10,272,961	4,842,610	1,791,843	3,638,508
12	Advertising and promotion	3,724,353	1,512,558	671,974	1,539,821
13	Office expenses	37.105.757	16,769,517	5,788,820	14,547,420
14	Information technology	1,237,384	583,295	215,828	438,261
15	Royalties	1,23.,301	303,233	213,020	130,201
16	Occupancy	8,737,696	6,317,218	1,021,900	1,398,578
17	Travel	2,165,785	1,586,107	260,090	319,588
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	2,103,703	1,300,107	200,030	313,300
19	Conferences, conventions and meetings	4,166,796	3,357,992	359,959	448,845
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,697,183	1,176,912	176,968	343,303
23	Insurance	597,219	411,675	61,079	124,465
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MISCELLANEOUS	2,478,278	1,786,301	287,989	403,988
b	DUES & SUBSCRIPTIONS	266,988	108,431	48,172	110,385
c	VISUALAIDS	163,077	66,231	29,423	67,423
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	263,138,553	196,257,539	20,706,562	46,174,452
26	Joint Costs. Check	21886771	10,123,158		11,763,613
	fundraising solicitation		10,123,136		11,700,010

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			beginning or year	1	Liid Oi yeai
	2	Savings and temporary cash investments	_		33,765,728	H	26,580,133
	3	Pledges and grants receivable, net	-		6,349,470		21,462,843
	4	Accounts receivable, net			1,212,291	4	401,467
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			1,1,2,2,2	5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
93	9	Prepaid expenses and deferred charges			4,568,336	9	4,110,133
Assets	10a	Land, buildings, and equipment cost basis	۔مدا	l 16.050.000			
⋖			10a	16,950,802	-		
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	12,456,584	5,004,727	10c	4,494,218
	11	Investments—publicly traded securities	-		140,644,819	11	141,373,506
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	of	19,602,330	12	18,681,828
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line IV, line I	Part VI	!I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			211,147,701	16	217,104,128
-	17	Accounts payable and accrued expenses .			19,707,851	17	14,237,670
	18	Grants payable		80,707,308		85,117,561	
	19	Deferred revenue	16,708,704	<del></del>	14,886,577		
	20	Tax-exempt bond liabilities		20	, ,		
	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u></u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties		_		23	
	24	Unsecured notes and loans payable	-			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		117,123,863	$\vdash$	114,241,808	
	<del></del>	Organizations that follow SFAS 117, check here 🕨 🔽 and comp	plete I	ines 27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , . •
<b>У</b>		through 29, and lines 33 and 34.	, <b></b>				
ä	27	Unrestricted net assets			80,228,494	27	77,352,419
Balance	28	Temporarily restricted net assets			11,106,275	28	22,815,500
귤	29	Permanently restricted net assets			2,689,069	29	2,694,401
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ are lines 30 through 34.	plete				
S Of	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Ą	32	Retained earnings, endowment, accumulated income, or other for			32		
Net	33	Total net assets or fund balances		94,023,838	33	102,862,320	
Z	34	Total liabilities and net assets/fund balances			211,147,701	34	217,104,128
	1						
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

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As Filed Data -

DLN: 93493043006250

Employer identification number

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE LE	UKEMI	A & LYMPHOMA	SOCIETYINC							_	
-			f. D. 1.11. C			111 -			-5644916		
	rt I			harity Status (to be con					Instruct	ions)	
	ngani.			ation because it is (Please					A \ / : \		
1	<u> </u>	•		nurches, or association of ch			Section 1	L/U(B)(1)(	A)(I).		
2	<u> </u>			tion 170(b)(1)(A)(ii). (Attac		•					
3	<u> </u>	-	•	e hospital service organizati			-				•
4	ı		-	zation operated in conjuncti	on with a h	nospital de	escribed ii	n Section	170(Ь)(1)	(A)(iii). E	nter the
	_	•	name, city, and								
5	ı	An organiza	ation operated f	or the benefit of a college or	university	y owned o	r operated	l by a gove	ernmental	unit desci	rıbed ın
		Section 170	)(b)(1)(A)(iv).	(Complete Part II )							
6		A federal, s	tate, or local g	overnment or governmental	unıt descr	ibed in <b>Se</b>	ct ion 170(	(b)(1)(A)	(v).		
7		An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public
		described i	n <b>Sect ion 170(</b> b	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Part	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities rel	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	k) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruct	tions )
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to c	arry out t	he purposes of
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
		a T		type of supporting organiza	Type III				h <b>d</b>		III - Other
	$\vdash$			rtify that the organization is							
е	'	•	- ,	agers and other than one or			•			•	•
		section 50				,					
f		If the orgar	nization receive	d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organizatio <u>n,</u>
		check this						6.11			
g		following pe		as the organization accepted	d any gift o	or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_	•			11g	
				erson described in (i) above	_					11g(	
				ty of a person described in (		oove?				11g(	
h				nation about the organizatio			supports				
			J	,	,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supp	orted	. ,	(described on lines 1-9	organiz	atıon ın	the orga	ınızatıon	l	ation in	support?
	O rgan	ıızatıon		above or IRC section	col (i) l			i) of your		rganized	
				(See Instructions))	your go	_	supp	ort?	ın the	US?	
		document? Yes No Yes No		No	Yes No						
					162	No	162	140	162	140	
								-			
								-			

Total

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

_	this Complete only if you clied	Ked tile DOX O	11 IIIIE 3, 7, 01	o or rait 1.)					
	ublic Support	(=) 2004	(b) 2005	(-) 2006	(4) 2007	/->	2000	(6) T - + - 1	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not	204,541,334	223,588,366	246,772,831	256,914,242	2	31,510,085	1,163,326,858	
	include any "unusual grants ")	201,511,551	223,300,300	210,772,031	230,311,212		31,310,003	1,103,320,030	
2	Tax revenues levied for the organization's								
_	benefit and either paid to or expended on								
	its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
4	Total. Add line 1-3	204,541,334	223,588,366	246,772,831	256,914,242	23	31,510,085	1,163,326,858	
5	The portion of total contribution by each								
	person (other than a government unit or								
	publicly supported organization) included								
	on line 1 that exceed 2% of the amount								
	shown on line 11, column								
_	(f)								
6	Public Support subtract line 5 from line 4							1,163,326,858	
т,	tal Support								
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(-)	2000 T	(6) Tatal	
	· · · · · · · · · · · · · · · · · · ·	204,541,334	4,454,135	246,772,831	256,914,242		2008	(f) Total 1,163,326,858	
7	A mounts from line 4	204,341,334	4,454,155	240,772,031	230,314,242	231,310,063		1,103,320,636	
8	Gross income from interest, dividends, payments received on securities loans,					5,638,674			
	rents, royalties and income from similar	3,136,682	4,454,135	6,533,416	7,448,357			27,211,264	
	sources								
9	Net income from unrelated business								
•	activities, whether or not the business is								
	regularly carried on								
10	Other income Do not include gain or loss								
	from the sale of capital assets (Explain in	725,677	1,779,494	1,451,552	1,101,971		2,828,299	7,886,993	
	Part IV )								
	Total Support (Add lines 7 through 10)							1,198,425,115	
12	Gross receipts from related activities, etc	(See instruction	s)			12		191,018,758	
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(			
	organization, check this box and <b>stop here</b>							<b>▶</b> ┌	
C	omputation of Public Support Perc						·		
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		<b>97.071</b> %	
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		97.837 %	
16a	33 1/3% Test - 2008. If the organization did	d not check the h	oox on line 13. a	and line 14 is 33	1/3% or more.		this box		
	and <b>stop here.</b> The organization qualifies as				1,575 51 111515,			<b>▶</b> ▽	
Ь	33 1/3% Test - 2007. If the organization die		-		L5 is 33 1/3% o	r more	, check th	•	
box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	and line	e 14 ıs 10	% or	
	more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the								
	organization meets the "facts and circumst							<b>►</b> □	
Ь	10% Facts and Circumstances Test - 2007.								
	more, and if the organization meets the "fac								
40	the organization meets the "facts and circu							▶	
18	<b>Private Foundation.</b> If the organization did	not check the bo	ox on line 13, 16	oa, 16b, 1/a or i	1/b, check this	рох а	na see	<b>▶</b> □	
	ınstructions							<b>-</b>	

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

- If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) ◆ 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 990EZ, Part VI, line 47 (Lobbying Activities)

♣ Se  If th	ection 501(c)(3) organizations tha	t have filed Form 5768 (election und t have NOT filed Form 5768 (electior s," to Form 990, Part IV, Line 5 ( zations complete Part III	under section 501	•	•		
Na	me of the organization E LEUKEMIA & LYMPHOMA SOCIETYINC	the organization  EMIA & LYMPHOMA SOCIETYINC  Employer identification number					
Par		oy all organizations exempe the instructions for Schedule		13-5644916 n <b>501(c) and section</b>	527		
1	Provide a description of the or	ganization's direct and indirect pol	ıtıcal campaıgn act	ivities in Part IV			
2	Political expenditures				\$		
3	V olunteer hours						
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempetails.)	t under section	n <b>501(c)(3).</b> (See the	nstructions		
1	Enter the amount of any excise	e tax incurred by the organization (	under section 4955		\$		
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectioi	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	-?	┌ Yes ┌ No		
4a	Was a correction made?				┌ Yes		
b	If "Yes," describe in Part IV						
Par		oy all organizations exemp for Schedule C for details.)	t under section	n 501(c), except sect	ion 501(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities	\$		
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contril	buted to other orga	nizations for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add Iir	nes 1 and 2 and ent	er here and on Form	\$		
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No		
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	j organization's own interna blitical organization, such as	l funds or were s a separate		
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
				+			
			+	+			

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ 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 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

•		9	-
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election und	er section 501(h)). (See the instructions for Schedule C for details.)	

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		30,000
е	Publications, or published or broadcast statements?	Yes		8,000
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		15,000
i	Other activities If "Yes," describe in Part IV	Yes		
j	Total lines 1c through			53,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
С	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

# **section 501(c)(b).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

#### Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanat ion

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

# SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC 13-5644916 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ✓ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and √ No enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ┌ Yes √ No 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

**-** >

(ii) Assets included in Form 990, Part X

**-** \$

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

Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

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

Cat No 52283D

Part	***	Organizations Maintaining Co	llections of Art,	His <sup>.</sup>	<u>tori</u>	cal Treas	sures, or Ot	<u>the</u>	r Simila	r <b>Asse</b>	ts (co	ntınued)
3		ng the organization's accession and other is (check all that apply)	records, check any	of th	e foll	owing that	are a sıgnıfıca	nt u	se of its co	ollection	ı	
а	<u>                                      </u>	Public exhibition		d	$\sqcap$	Loan or ex	change progra	ams				
b	Γ	Scholarly research		e	Γ	Other						
С	Г	Preservation for future generations										
4		vide a description of the organization's co XIV	llections and explain	how	v they	further the	e organization'	s ex	empt purp	ose in		
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than t							ular	Г	Yes	√ No
Par	t IV	<b>Trust, Escrow and Custodial A</b> Part IV, line 9, or reported an am					ganızatıon ar	ารพ	ered "Yes	s" to Fo	rm 9	90,
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?	ian or other intermed	ıary	for c	ontributions	s or other asse	ets i	not	Γ	Yes	√ No
b	If"Y	es," explain why in Part XIV and comple	te the following table				_					
										A mou	nt	
С	Beg	inning balance					<u> </u>	1c				
d	Add	litions during the year					<u> </u>	1d				
е	Dist	tributions during the year					<u> </u>	1e				
f	End	ıng balance					<u>_:</u>	1f				
2a	Dıd	the organization include an amount on Fo	rm 990, Part X, line	21?						Γ	Yes	✓ No
b	If "Y	es," explain the arrangement in Part XIV										
Pai	rt V	Endowment Funds. Complete									·- ·-	
1a	Bog	inning of year balance	(a)Current Year 5,228,375	(b)	Prior '	Year   (c)	Two Years Back	(a)	Three Years	Васк   (е	)Four Y	ears Back
ь		tributions	3,223,373									
c		estment earnings or losses	-730,333									
d		nts or scholarships	<u> </u>									
e		er expenditures for facilities										
		programs										
f	Adn	ninistrative expenses	-16,432									
g	End	of year balance	4,481,610									
2	Prov	ride the estimated percentage of the year	r end balance held as									
а	Boa	rd designated or quasi-endowment 🕨										
b	Perr	nanent endowment 🕨 60 000 %										
c	Terr	m endowment 🕨 40 000 %										
3a		there endowment funds not in the posses	sion of the organizat	ıon t	hat a	re held and	l admınıstered	for	the			
	_	inization by inrelated organizations								3a(i)	Yes	No No
		related organizations		•	•			•		3a(ii)		No
ь		'es" to 3a(II), are the related organization			 ched	ule R?		٠.		3b	<u> </u>	No
4		cribe in Part XIV the intended uses of the	•								l	<u></u>
Par	t VI	Investments—Land, Buildings	, and Equipmen	t. S	ee F	orm 990,	Part X, line :	10.				
		Description of investment				Cost or other s (investment			(c) Depred	ciation	<b>(d)</b> Bo	ok value
<b>1</b> a l	and											
b E	Buildi	ngs							<u> </u>			
<b>c</b> l	_ease	ehold improvements					1,273,	130	9	99,382		273,748
d E	Equip	ment					7,872,	108	5,7	99,469		2,072,639
<b>e</b> (	Othei	·					7,805,	564	5,6	57,733		2,147,83

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	<b>(b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other RAFI OPERATING	10,189,174		F
Other RAFIINTERNATIONAL	3,534,675		<u> </u>
Other PACIFIC HEDGED STRATEGIES	2,086,588		F
Other GROSVENOR FUND	2,000,000		<u> </u>
Other THE PRINCIPAL 457B	437,106		F_
Other RAFI POOLED ENDOWMENT	431,081		F
Other OTHER	3,204		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	18,681,828		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, II	ne 15		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶			

Sche	dule D (Form 990) 2008		Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	277,777,770
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	263,138,553
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,639,217
4	Net unrealized gains (losses) on investments	4	-5,782,170
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,306,047
9	Total adjustments (net) Add lines 4 - 8	9	-7,088,217
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,551,000
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	287,652,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	10,421,941
3	Subtract line <b>2e</b> from line <b>1</b>	3	277,230,059
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 547,711		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	547,711
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	277,777,770
Par	<b>XIIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	279,453,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	16,862,158
3	Subtract line <b>2e</b> from line <b>1</b>	3	262,590,842
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 547,711		
ь	Other (Describe in Part XIV) 4b		

Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . . . . .

# Part XIV Supplemental Information

Ident if ier	Return Reference	Explanation
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	THE LLS'S COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS
	SCHEDULE D, PAGE 2, PART V, LINE 4	LLS'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT LLS'S PUBLIC EDUCATION PROGRAMS
	SCHEDULE D, PAGE 4, PART XI, LINE 8	LLS CANADA REVENUE 9,344,661 LLSRP REVENUE 30,700 ROUNDING FOR AUDITED FINANCIAL STATEMENTS -625 CLLS CANADA EXPENSE -10,030,571 LLSRP EXPENSE -219 ROUNDING FOR AUDITED FINANCIAL STATEMENTS -1,993
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LLS CANADA REVENUE 9,344,661 LLSRP REVENUE 30,700 ROUNDING FOR AUDITED FINANCIAL STATEMENTS -625 (
	LINE 2D	LLS CANADA EXPENSE 10,030,571 LLSRP EXPENSE 219 ROUNDING FOR AUDITED FINANCIAL STATEMENTS 1,993
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART III, LINE 1A THE LEUKEMIA & LYMPHOMA SOCIETY MAINTAINS A SMALL PHOTO GRAPH COLLECTION FOR PUBLIC EXHIBITION WHICH HAS AN ESTIMATED VALUE BETWEEN 20,000 AND 50,000 AS THIS REPRESENTS A RELATIVELY SMALL PERCENTAGE OF THE SOCIETY'S ASSETS, IT IS NOT SEPARATELY DISCLOSED IN THE FINANCIAL STATEMENTS OR FOOTNOTES RECONCILIATION OF CHANGE IN NET ASSETS ON A CONSOLIDATED BASIS TO SEPARATE COMPANY BASIS CHANGE IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS 7,551,000 PLUS CHANGE IN NET ASSETS LLS CANADA 685,910 PLUS LLSRF AND LLSRP ACTIVITY (49,046) PLUS FOREIGN CURRENCY TRANSLATION ADJUSTMENT 648,000 PLUS AUDITED FINANCIAL STATEMENT ROUNDING 2,618 EQUALS CHANGE IN NET ASSETS PER 990 8,838,482 THE AUDITED FINANCIAL STATEMENTS FOR THE LEUKEMIA & LYMPHOMA SOCIETY, INC INCLUDE THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY OF LAND AND THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH FOUNDATION IN ADDITION TO LLS IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES IN FEBRUARY 2008, THE FASB RELEASED FSP FIN 48-2, EFFECTIVE DATE OF FASB INTERPRETATION NO 48 FOR CERTAIN NONPUBLIC ENTERPRISES LLS HAS DETERMINED THAT IT MEETS THE CRITERIA FOR DEFERRAL AND HAS ELECTED TO DEFER THE ADOPTION OF FIN 48 UNTIL AFTER DECEMBER 15, 2009 MANAGEMENT BELIEVES THE ADOPTION OF FIN 48 WILL NOT HAVE A MATERIAL IMPACT ON LLS'S CONSOLIDATED FINANCIAL STATEMENTS

4c

547,711

263,138,553

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493043006250

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization				Employer identification number					
THE	ELEUKEMIA & LYMPHOM	A SOCIETYINC			13-56449	16				
Pa	art I General Info	rmation on Ac	tivities Outsi	ide the United States						
		990, Part IV, lır								
1	_	_		ecords to substantiate	_					
	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	lection criteria used to	a wa rd				
	the grants or assistar	nce				. Ves No				
2	<b>For grant makers.</b> Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outs	ıde the				
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed )						
		(I-) November of	(-) N	(d) Activities conducted in	(e) If activity listed in (	d)				
	(a) Region	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,	is a program service,	(f) Total expenditures in				
	(a) Region	region	agents in region	1	describe specific type of	of region				
		region	agents in region	the region)	service(s) in region					
VAF	RIOUS (SEE PART II)			RESEARCH FUNDING	RESEARCH GRANTS	5,076,088				
Tot	-la -					5,076,088				

Totals.

lame of nization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Software ID: Software Version:

**EIN:** 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othei
	•	EAST ASIA & PACIFIC	RESEARCH GRANT	1,250,000	СНЕСК			
		EUROPE	RESEARCH GRANT	1,250,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		EUROPE	RESEARCH GRANT	200,000	CHECK			
		EUROPE	RESEARCH GRANT	200,000	CHECK			
		EUROPE	RESEARCH GRANT	200,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	110,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	65,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	65,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	60,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	60,000	CHECK			
		EUROPE	RESEARCH GRANT	60,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	55,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			
		EUROPE	RESEARCH GRANT	55,000	CHECK			
		EUROPE	RESEARCH GRANT	55,000	CHECK			
		EUROPE	RESEARCH GRANT	55,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	50,000	CHECK			
		NORTH AMERICA	THERAPY ACCELERATION	31,088	CHECK			

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Supplemental Info		in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES		FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493043006250

OMB No 1545-0047

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

Name of the organization

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Inspection

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 

5644916

UKEMIA & LYMPHOMA SOCIETYINC	IHELEUK
13-	

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

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🔽 Solicitation of non-government grants
- f Solicitation of government grants
- g 🔽 Special fundraising events

	or key employees listed in	FUIII 990, Pait VI.	i) or entity in conin	ection with professional	iulidialsing activities?	I.	Yes	J	No
b	<b>b</b> If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundrate to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table								
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(or	mount retained ganizat	d by)	. О

(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No					
PARADYSZ MATERA	DIRECT MAI		Νο		4,969,255	-4,969,255		
INFOCISION	TELEMARKET		Νο		4,894,187	-4,894,187		
DIRECT PRINT COMMUNICATIONS	DIRECT MAI		No		3,038,942	-3,038,942		
HAINES COAMERICALIST	TELEMARKET		No		1,079,822	-1,079,822		
THOMPSON HABIB DENISON	DIRECT MAI		No		516,484	-516,484		
PIDI	DIRECT MAI		No		195,582	-195,582		
Total	1	L	<b>-</b>					

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

Par	t II	Fundraising Events. Com more than \$15,000 on Form					or r	eport	ted
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events			al Ever	
			NIKE WOMEN'S	ROCK N'ROLL	683	(A dd		( <b>a)</b> thr (c))	rougn
			(event type)	(event type)	(total number)				
E L	1	Gross receipts	18,136,614	8,050,867	168,757,199		19	14,944	4,680
Revenue	2	Less Charitable contributions	13,740,789	6,123,859	137,279,320		15	57,14	3,968
	3	Gross revenue (line 1 minus line 2)	4,395,825	1,927,008	31,477,879			37,800	0,712
	4	Cash Prizes							
nses	5	Non-cash Prizes							
ĝ	6	Rent/Facility costs							
Direct Expenses	7	Other direct expenses	4,395,825	1,927,008	31,477,879				0,712
₽ P	8	Direct expense summary Add lin	_					7,800	0,712
	9	Net income summary Combine li	-	•					
Par	3++	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted r	nore	: than	າ 
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			jaming ough col	
_	1	Gross revenue			1,110,516			1,111	 0,516
	2	Cash prizes			74,004				4,004
Direct Expenses	3	Non-cash prizes			358,614			358	8,614
ă ĸ	4	Rent/facility costs			2,250			:	2,250
<u>Ā</u>	5	Other direct expenses			26,653			26	6,653
	6	Volunteer labor	┌────────────────────────────────────	Yes	Yes 82 000 % No				
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)				46:	1,521
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)				648	8,995
		, , , , , , , , , , , , , , , , , , , ,		(,				Yes	No
9	Ent	er the state(s) in which the organiza	ation operates gaming act	tivities See Additional D	ata Table				
а	Ist	he organization licensed to operate	gaming activities in each	n of these states?		. L	9a	Yes	
b	If"	No," Explain							
						_			
10-		re any of the organization's gaming	licences revoked, suspen	idad ar tarminatad during	the tay year?	$\dashv$	.		١
10a b		re any of the organization's gaming l Yes," Explain	ncenses revokea, suspen	ded or terminated during	the tax year?	<u>:</u>	10a		No
11		es the organization operate gaming a				Ļ	11		No
12		the organization a grantor, beneficia							
	torn	ned to administer charitable gaming	<u>'</u>				12		No
					Schedule G (Form 9	990 or	990-F	ΞZ) 20	80

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

#### Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	AZ,CA,CT,GA,IA,IN,LA,MD,MI,MN,MS,NJ,NV,NY,OH,PA,RI,TX,WI
---	--

13	Indicate the percentage of gaming activity operated in						
а	The organization's facility						
b	An outside facility						
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records						
	Name JAMES T NANGLE CFO	-					
	Address I 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605	-					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	Yes				
ь	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ 19,375 and the						
	amount of gaming revenue retained by the third party * \$ 3,915						
c	If "Yes," enter name and address						
	Name EVENTS PLUS						
16	Address 622 ROUTE 10 WHIPPANY, NJ 07981  Gaming manager information	-					
	Name 🟲	-					
	Gaming manager compensation 🟲 \$						
	Description of services provided 🟲	-					
	Director/officer Employee Independent contractor						
17	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		Νο			
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$						

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Schedule I

DLN: 93493043006250 OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public **Inspection** Employer identification number

		its and Assistance	2				
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the org</li></ul>	ntain records to s to award the gran	ubstantiate the amount	of the grants or assista		gibility for the grants or a		√ Yes
Form 990, Part IV Part IV and Scheo	/, line 21 for an dule I-1 if addit	y recipient that rece ional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sections and sections are also sections.			1	_		L	

Software ID: Software Version:

**EIN:** 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

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

Form 990,Schedule I, Par	t II, Grants	and Other Assistan	ce to Government	<u>s and Organizatio</u>	ns in the United St	ates	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CBR INSTITUTE OF BIOMEDICAL RESEARC ALT FREDERICK200 LONGWOOD AVENUE BOSTON, MA 02115			1,250,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITAL ASTER JON75 FRANCIS ST BOSTON, MA 02115			1,250,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN BERNSTEIN IRWIN1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109			1,250,000				RESEARCH GRANT
OHIO STATE UNIVERSITY BYRD JOHN300 W 10TH AVENUE COLUMBUS,OH 43210			1,250,000				RESEARCH GRANT
COLUMBIA UNIVERSITY DALLA-FAVERA RICCARDO 1150 ST NICHOLAS AVENUE NEW YORK, NY 10032			1,250,000				RESEARCH GRANT
CHILDRENS HOSPITAL OF PHILADELPHIA FELIX CAROLYN3615 CIVIC CENTER BOULEVARD PHILADELPHIA, PA 19104			1,250,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE GRIFFIN JAMES44 BINNEY STREET BOSTON,MA 02115			1,250,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE HESLOP HELEN1102 BATES ST HOUSTON,TX 77030			1,250,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA JUNE CARL421 CURIE BOULEVARD PHILADELPHIA, PA 19104			1,250,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC KIPPS THOMASMOORES CANCER CENTER LA JOLLA, CA 92093			1,250,000				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF TEXAS KWAK LARRY1515 HOLCOMBE BOULEVARD HOUSTON,TX 77030			1,250,000				RESEARCH GRANT		
STANFORD UNIVERSITY LEVY RONALDDIVISION OF ONCOLOGY STANFORD,CA 94305			1,250,000				RESEARCH GRANT		
NORTHWESTERN UNIVERSITY SCHOOL OF M LICHT JONATHAN303 E SUPERIOR STREET CHICAGO,IL 60611			1,250,000				RESEARCH GRANT		
COLD SPRING HARBOR LABORATORY LOWE SCOTT1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724			1,250,000				RESEARCH GRANT		
STANFORD UNIVERSITY MITCHELL BEVERLY STANFORD CANCER CENTER PALO ALTO, CA 94304			1,250,000				RESEARCH GRANT		
MEMORIAL SLOAN- KETTERING CANCER CEN NIMER STEPHEN1275 YORK AVENUE NEW YORK, NY 10021			1,250,000				RESEARCH GRANT		
UNIVERSITY OF NEW MEXICO WILLMAN CHERYL2325 CAMINO DE SALUD NE ALBUQUERQUE,NM 87131			1,242,000				RESEARCH GRANT		
OREGON HEALTH & SCIENCE UNIVERSITY DRUKER BRIAN3181 SOUTHWEST SAM JACKSON PARK ROA PORTLAND, OR 97239			1,230,000				RESEARCH GRANT		
THE UNIVERSITY OF CHICAGO THIRMAN MICHAEL5841 SOUTH MARYLAND AVENUE CHICAGO,IL 60637			1,050,000				RESEARCH GRANT		
MEMGEN7557 RAMBLER ROAD SUITE 700 DALLAS,TX 75231			877,360				THERAPY ACCELERATION		

Form 990,Schedule I, Pa	Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CELATOR PHARMACEUTICALS303 B COLLEGE ROAD EAST PRINCETON,NJ 08540			740,000				THERAPY ACCELERATION			
PROVID PHARMACEUTICALS671 US ROUTE 1 NORTH BRUNSWICK,NJ 08902			425,000				THERAPY ACCELERATION			
TBA1311 MAMARONECK AVENUE WHITE PLAINS,NY 10605			299,000				RESEARCH GRANT			
UNIVERSITY OF NORTH CAROLINA AT CHA BALDWIN ALBERT22-000 LINEBERGER CANCER CENTER CHAPEL HILL, NC 27599			200,000				RESEARCH GRANT			
UNIVERSITY OF MIAMI SCHOOL OF MEDIC BARREDO JULIOR-131 UM DEPARTMENT OF PEDS R- 131 MIAMI,FL 33136			200,000				RESEARCH GRANT			
UNIVERSITY OF WASHINGTON BECKER PAMELABOX 357710 DIVISION OF HEMATOLOGY SEATTLE, WA 98195			200,000				RESEARCH GRANT			
BECKMAN RESEARCH INSTITUTE OF THE C BHATIA RAVI1450 EAST DUARTE ROAD DUARTE,CA 91010			200,000				RESEARCH GRANT			
CITY OF HOPE NATIONAL MEDICAL CENTE BHATIA SMITABUILDING 173 DUARTE, CA 91010			200,000				RESEARCH GRANT			
THE BOARD OF TRUSTEES OF THE LELAND BLAU HELEN5175 269 CAMPUS DRIVE CCSR 4215 STANFORD,CA 95305			200,000				RESEARCH GRANT			
UNIVERSITY OF MINNESOTA - TWIN CITI BLAZAR BRUCEMMC 109 420 DELAWARE STREET SE MINNEAPOLIS,MN 55455			200,000				RESEARCH GRANT			

Form 990,Schedule I, Pa	art II, Grar	its and Other A	ssistance to Gov	ernments and Or	ganizations in f	the United States	,
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	( <b>e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY BYRD JOHN300 W 10TH AVENUE COLUMBUS,OH 43210			200,000				RESEARCH GRANT
UNIVERSITY OF UTAH CAMP NICOLA 391 CHIPETA WAY SUIT SALT LAKE CITY, UT 84108			200,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED ROSWE CHANAN-KHAN ASHER ELM CARLTON STREETS BUFFALO,NY 14263			200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH CHAUDHARY PREET5117 CENTRE AVENUE SUITE 119A PITTSBURGH, PA 15213			200,000				RESEARCH GRANT
CORNELL UNIVERSITY CHEN-KIANG SELINA 1300 YORK AVENUEROOM C-338 NEW YORK, NY 10065			200,000				RESEARCH GRANT
RUSH UNIVERSITY MEDICAL CENTER CHRISTOPHERSON KENT 1725 W HARRISON STREET CHICAGO,IL 60612			200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF CIVIN CURT1650 ORLEANS STREET BALTIMORE, MD 21231			200,000				RESEARCH GRANT
STANFORD UNIVERSITY CLEARY MICHAEL300 PASTEUR DRIVE STANFORD,CA 94305			200,000				RESEARCH GRANT
UNIVERSITY OF FLORIDA COGLE CHRISTOPHER 1600 SW ARCHER ROAD ARB R4-216B GAINESVILLE,FL 32610			200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO			200,000				RESEARCH GRANT
C CRISPINO JOHN303 EAST SUPERIOR STREET LURIE BUI CHICAGO,IL 60611							

Form 990,Schedule I, P	art II, Gra	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	;
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE DANDREA ALAN44 BINNEY STREET BOSTON,MA 02115			200,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITAL DALEY GEORGE75 FRANCIS STREET BOSTON,MA 02115			200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF DANG CHI720 RUTLAND AVENUE BALTIMORE, MD 21212			200,000				RESEARCH GRANT
VANDERBILT UNIVERSITY MEDICAL CENTE DAVE UTPAL777 PRB 2220 PIERCE AVE NASHVILLE,TN 37232	1		200,000				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF COLORA DEGREGORI JAMES8101 PO BOX 6511 AURORA CO AURORA, CO 80045			200,000				RESEARCH GRANT
TRUSTEES OF BOSTON UNIVERSITY B U DENIS GERALDK521 BOSTON UNIVERSITY SCHOOL OF ME BOSTON, MA 02118			200,000				RESEARCH GRANT
YALE UNIVERSITY DHODAPKAR MADHAV 333 CEDAR STREETPO BOX 2080 NEW HAVEN, CT 06520			200,000				RESEARCH GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY DIACOVO THOMASICRC 1130 ST NICHOLAS AVEICRC 9TH NEWYORK,NY 10032			200,000				RESEARCH GRANT
THE UNIVERSITY OF NORTH CAROLINA AT DITTMER DIRK715 MEJB CB 7290 CHAPEL HILL, NC 27599			200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C EKLUND ELIZABETH710 N FAIRBANKS CTOLSON 85 CHICAGO,IL 60611			200,000				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	( <b>e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance			
MAYO CLINIC ROCHESTER FERNANDEZ-ZAPICO MARTIN200 FIRST STREET SWGUGGENHEIM 10 ROCHESTER, MN 55905			200,000				RESEARCH GRANT		
COLUMBIA UNIVERSITY FERRANDO ADOLFO1130 ST NICHOLAS AVE NEW YORK, NY 10032			200,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF MI FERRARA JAMES6308 CCGC SPC 5942 1500 EAST MEDIC ANN ARBOR, MI 48109			200,000				RESEARCH GRANT		
EMORY UNIVERSITY FLOWERS CHRISTOPHER 1751-001-1CD WINSHIP CANCER-3 136 ATLANTA,GA 30322			200,000				RESEARCH GRANT		
UNIVERSITY OF TEXAS FORD RICHARD1515 HOLCOMBE BOULEVARD UNIT 72 HOUSTON,TX 77030			200,000				RESEARCH GRANT		
MEMORIAL SLOAN- KETTERING CANCER CEN FRATTINI MARK1275 YORK AVEBOX 4 NEW YORK, NY 10065			200,000				RESEARCH GRANT		
UMDNJROBERT WOOD JOHNSON MEDICAL GELINAS CELINECENTER FOR ADVANCED BIOTECHNOLOGY A PISCATAWAY,NJ 08854			200,000				RESEARCH GRANT		
VIRGINIA COMMONWEALTH UNIVERSITY GRANT STEVEN401 COLLEGE STREETPO BOX 9800 RICHMOND,VA 23298			200,000				RESEARCH GRANT		
THE RECTOR AND VISITORS OF THE UNIV GREMBECKA JOLANTA JORDAN HALL ROOM 4233 1300 JEFFERS CHARLOTTESVILLE, VA 22908			200,000				RESEARCH GRANT		
WEILL MEDICAL COLLEGE OF CORNELL UN GUZMAN MONICA435 EAST 70TH STREET NEW YORK, NY 10065			200,000				RESEARCH GRANT		

Form 990,Schedule I, P	art II, Grar	nts and Other As	ssistance to Gov	ernments and O	rganizations in	the United States	;
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CANCER CENTER & RESE HAZLEHURST LORISRB-2 12902 MAGNOLIA DRIVE TAMPA,FL 33612			200,000				RESEARCH GRANT
UNIVERSITY OF ARIZONA HURLEY LAURENCE1657 E HELEN STREET TUCSON,AZ 85721			200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF JONES RICHARDCRB 244 1650 ORLEANS STRE BALTIMORE, MD 21231			200,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER JORDAN CRAIGBOX 704 601 ELMWOOD AVE ROCHESTER, NY 14642			200,000				RESEARCH GRANT
MAYO CLINIC AND FOUNDATION KAUFMANN SCOTT200 FIRST ST SW ROCHESTER, MN 55905			200,000				RESEARCH GRANT
MAYO CLINIC ROCHESTER DBA MAYO CL KAUFMANN SCOTT GONDA 19 ROCHESTER, MN 55905			200,000				RESEARCH GRANT
MEMORIAL SLOAN- KETTERING CANCER CEN KIRCHHOFF TOMAS1275 YORK A NEW YORK, NY 10021			200,000				RESEARCH GRANT
STANFORD UNIVERSITY KNOX SUSAN5152 269 CAMPUS DRIVE 1245CCSR SOU STANFORD,CA 94305			200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF KOWALSKI JEANNE550 NORTH BROADWAYSUITE 11 BALTIMORE, MD 21205			200,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE KUFE DONALDDA830 44 BINNEY STREET BOSTON, MA 02115			200,000				RESEARCH GRANT

Form 990,Schedule I, P	art II, Grar	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	;
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA AT IRVINE LEE WEN-HWA124 SPRAGUE HALL IRVINE,CA 92697			200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH LENTZSCH SUZANNE UPMC CANCER PAVILION 5685150 CEN PITTSBURGH, PA 15232			200,000				RESEARCH GRANT
MEMORIAL SLOAN- KETTERING CANCER CEN LEVINE ROSS1275 YORK AVENUE BOX NEW YORK, NY 10065			200,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL LI SHAOGUANGLAZARE RESEARCH BUILDING 315 364 P WORCESTER, MA 01605			200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST LOUIS LINK DANIELBOX 8007 660 SOUTH EUCLID AVENUE ST LOUIS, MO 63110			200,000				RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN LIOU HSIOU-CHI515 EAST 71ST STREET NEW YORK, NY 10021			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA LOH MIGNONBOX 0519 513 PARNASSUS AVENUEHSE 30 SAN FRANCISCO, CA 94143			200,000				RESEARCH GRANT
WAYNE STATE UNIVERSITY LUM LAWRENCEBARBARA ANN KARMANOS CANCER INSTIT DETROIT, MI 48201			200,000				RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE UNIVER MAHMUD NADIMMAIL CODE 734 COLLEGE OF MEDICINE CHICAGO,IL 60612			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI MALEK SAMI1500 E MEDICAL CENTER DRIVE4312 CA ANN ARBOR, MI 48109			200,000				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant		
JOAN & SANFORD I WEILL MEDICAL COL MELNICK ARI1300 YORK AVE - NEW YORK, NY 10065			200,000				RESEARCH GRANT		
STANFORD UNIVERSITY MIKLOS DAVID269 WEST CAMPUS DRIVE CCSR 2205 STANFORD,CA 94305			200,000				RESEARCH GRANT		
CHILDRENS HOSPITAL LOS ANGELES MUSCHEN MARKUS4650 SUNSET BLVD MAILSTOP 136 LOS ANGELES,CA 90027			200,000				RESEARCH GRANT		
CHILDRENS HOSPITAL LOS ANGELES MUSCHEN MARKUS136 4650 SUNSET BLVD LOS ANGELES,CA 90027			200,000				RESEARCH GRANT		
COLUMBIA UNIVERSITY COLLEGE OF PHYS O'CONNOR OWEN HERBERT IRVING COMPREHENSIVE CANCE NEW YORK, NY 10032			200,000				RESEARCH GRANT		
FRED HUTCHINSON CANCER RESEARCH CEN OEHLER VIVIAN1100 FAIRVIEW AVE N D4-100 SEATTLE, WA 98109			200,000				RESEARCH GRANT		
NORTHWESTERN UNIVERSITY - CHICAGO C PLATANIAS LEONIDAS 303 E SUPERIORLURIE 3- 1 CHICAGO,IL 60611			200,000				RESEARCH GRANT		
UNIVERSITY OF UTAH PRCHAL JOSEF UNIVERSITY OF UTAH SCHOOL OF MEDICI SALT LAKE CITY, UT 84132			200,000				RESEARCH GRANT		
WASHINGTON UNIVERSITY OF ST LOUIS RATNER LEEBOX 8069 660 S EUCLID AVE ST LOUIS, MO 63110			200,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF MI REDDY PAVAN6303 CC 1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109			200,000				RESEARCH GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant		
UNIVERSITY OF PITTSBURGH REDNER ROBERT218A HILLMAN RESEARCH PAVILION 511 PITTSBURGH, PA 15213			200,000				RESEARCH GRANT		
THE CHILDREN'S HOSPITAL OF PHILADEL RHEINGOLD SUSAN4300 WOOD ONCOLOGY 34TH STREET C PHILADELPHIA, PA 19104			200,000				RESEARCH GRANT		
THE TRUSTEES OF THE UNIVERSITY OF P ROOK ALAIN2 MALONEY 3600 SPRUCE STREET PHILADELPHIA, PA 19104			200,000				RESEARCH GRANT		
UNIVERSITY OF MIAMI ROSENBLATT JOSEPH 1475 NW 12 AVENUE MIAMI,FL 33136			200,000				RESEARCH GRANT		
THE UNIVERSITY OF CHICAGO ROWLEY JANETMC 2115 5841 S MARYLAND AVE CHICAGO,IL 60637			200,000				RESEARCH GRANT		
UNIVERSITY OF TEXAS MD ANDERSON C SAMANIEGO FELIPE0903 1515 HOLCOMBE BOULEVARD HOUSTON,TX 77030			200,000				RESEARCH GRANT		
BAYLOR COLLEGE OF MEDICINE SAVOLDO BARBARA6621 FANNIN ST MC 3-3320 HOUSTON,TX 77030			200,000				RESEARCH GRANT		
IMMUNE DISEASE INSTITUTE (FKA) THE SHIMAOKA MOTOMU MOTOMU SHIMAOKA 200 LONGWOOD AVENUE BOSTON,MA 02115			200,000				RESEARCH GRANT		
DANA FARBER CANCER INSTITUTE SHIPP MARGARET44 BINNEY STREET BOSTON,MA 02115			200,000				RESEARCH GRANT		
MAYO CLINIC ARIZONA DBA MAYO CLI STEWART ALEXANDER 13400 EAST SHEA BOULEVARD MCCRB 3-0 SCOTTSDALE,AZ 85259			200,000				RESEARCH GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of	(g) Description of non-cash assistance	(h) Purpose of grant		
STANFORD UNIVERSITY STROBER SAMUEL5166 269 CAMPUS DRIVE CCSR 2215 STANFORD,CA 94305			200,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF CA TIMMERMAN JOHN10833 LECONTE AVENUECENTER FOR HEAL LOS ANGELES, CA 90095			200,000				RESEARCH GRANT		
ALBERT EINSTEIN COLLEGE OF MEDICINE VERMA AMITCHANIN 302B 1300 MORRIS PARK AVE BRONX,NY 10461			200,000				RESEARCH GRANT		
THE TRUSTEES OF THE UNIVERSITY OF P WASIK MARIUSZSTELLAR CHANCE BUILDING 422 CURIE B PHILADELPHIA, PA 19104			200,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF CA WIEMELS JOSEPH1 IRVING STREET AC- SAN FRANCISCO, CA 94143			200,000				RESEARCH GRANT		
DANA FARBER CANCER INSTITUTE WU CATHERINE44 BINNEY STREET BOSTON, MA 02115			200,000				RESEARCH GRANT		
MOUNT SINAI SCHOOL OF MEDICINE XU MINGJIANGONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029			200,000				RESEARCH GRANT		
ALBERT EINSTEIN COLLEGE OF MEDICINE YE B HILDACHANIN 302C BRONX,NY 10461			200,000				RESEARCH GRANT		
UNIVERSITY OF TEXAS MD ANDERSON C YI QING1515 HOLCOMBE BLVD UNIT 09 HOUSTON,TX 77030			200,000				RESEARCH GRANT		
EMORY UNIVERSITY ZHOU MUXIANG2015 UPPERGATE DR ATLANTA,GA 30322			200,000				RESEARCH GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant		
UNIVERSITY OF TEXAS MD ANDERSON C ZWEIDLER-MCKAY PATRICKUT M D ANDERSON CANCER CENTERBOX HOUSTON,TX 77030			200,000				RESEARCH GRANT		
MMRFRESEARCH DEPARTMENT NORWALK,CT 06850			125,000				RESEARCH GRANT		
NEW YORK UNIVERSITY SCHOOL OF MEDIC AIFANTIS IOANNIS550 FIRST AVENUEMSB 538 NEW YORK, NY 10016			110,000				RESEARCH GRANT		
CHILDREN'S HOSPITAL BOSTON ARMSTRONG SCOTT KARP 08211 300 LONGWOOD AVENUE BOSTON,MA 02115			110,000				RESEARCH GRANT		
STANFORD UNIVERSITY ATTARDI LAURA5152 CCSR-SOUTH RM 1255269 CAMPUS STANFORD,CA 94305			110,000				RESEARCH GRANT		
UNIVERSITY OF PENNSYLVANIA - SCHOOL BHANDOOLA AVINASH RM 264/266 JOHN MORGAN BUILDING 37 PHILADELPHIA, PA 19104			110,000				RESEARCH GRANT		
UNIVERSITY OF MINNESOTA - TWIN CITI BIELINSKY ANJA-KATRIN 6-155 JACKSON HALL 321 CHURCH STREE MINNEAPOLIS, MN 55455			110,000				RESEARCH GRANT		
FRED HUTCHINSON CANCER RESEARCH CEN BIGGINS SUSAN1100 FAIRVIEW AVE N PO BOX 19024 SEATTLE, WA 98109			110,000				RESEARCH GRANT		
MAYO CLINIC AND FOUNDATION BILLADEAU DANIEL200 FIRST STREET SW ROCHESTER, MN 55905			110,000				RESEARCH GRANT		
THE SCRIPPS RESEARCH INSTITUTE BODDY MICHAELMB-3 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037			110,000				RESEARCH GRANT		

Form 990,Schedule I, P	art II, Gran	its and Other As	sistance to Gov	ernments and O	rganizations in	the United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE BOLLARD CATHERINE 6621 FANNIN STREET MC3-3320 HOUSTON,TX 77030			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY BORRELLO IVAN1650 ORLEANS STREET CRB I ROOM 4 BALTIMORE, MD 21231			110,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL CASTILLA LUCIO 364 PLANTATION STREET LRB ROOM 622 WORCESTER, MA 01605			110,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED ROSWE CHANAN-KHAN ASHER ELM CARLTON STREETS BUFFALO,NY 14263			110,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH CHENG TAO5117 CENTER AVEROOM 242EHILLMAN C PITTSBURGH,PA 15213			110,000				RESEARCH GRANT
BROWN UNIVERSITY CHU WEN-MING171 MEETING PLACE BOX GB- 6 581 B PROVIDENCE, RI 02912			110,000				RESEARCH GRANT
CASE WESTERN RESERVE UNIVERSITY COOKE KENNETH11100 EUCLID AVENUE MAILSTOP RBC CLEVELAND,OH 44106			110,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C CRISPINO JOHN303 EAST SUPERIOR STREET LURIE BUI CHICAGO,IL 60611			110,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA DAMANIA BLOSSOM LINEBERGER CANCER CENTER CB 7295 CHAPEL HILL,NC 27599			110,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY DEININGER MICHAEL 3181 SW SAM JACKSON PARK RD L5 PORTLAND, OR 97239			110,000				RESEARCH GRANT

Form 990,Schedule I, P	art II, Gra	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	<u>;</u>
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA - ABRAMS DIEHL J ALAN454 BRBII/III 421 CURIE BLVD PHILADELPHIA, PA 19104			110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C DONG CHEN906 7455 FANNIN HOUSTON,TX 77030			110,000				RESEARCH GRANT
MEDICAL COLLEGE OF WISCONSIN EAPEN MARYMEDICAL COLLEGE OF WISCONSIN 8701 W MILWAUKEE, WI 53226			110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA TWIN CITIE FARRAR MICHAEL312 CHURCH ST SE 6-116 NILS HASSE MINNEAPOLIS, MN 55405			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI FERGUSON DAVID2200 109 ZINA PITCHER PLACE - ROOM ANN ARBOR, MI 48109			110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY FERRANDO ADOLFO IRVING CANCER CENTER 1130 ST NICHO NEW YORK, NY 10032			110,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER FRIEDBERG JONATHAN JAMES P WILMOT CANCER CENTER601 E ROCHESTER, NY 14642			110,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON GOPAL AJAYSEATTLE CANCER CARE ALLIANCE825 EA SEATTLE, WA 98109			110,000				RESEARCH GRANT
CINCINNATI CHILDRENS HOSPITAL MEDI GRIMES H LEIGHTON 3333 BURNET AVENUE ML 7038 CINCINNATI,OH 45229			110,000				RESEARCH GRANT
CHILDRENS HOSPITAL OF BOSTON HE XIENDERS 461 61 BINNEY STREET BOSTON, MA 02115			110,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		( <b>e)</b> A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant		
THE ROCKEFELLER UNIVERSITY KAPOOR TARUN1230 YORK AVENUE BOX 2 NEW YORK, NY 10065			110,000				RESEARCH GRANT		
THE UNIVERSITY OF CHICAGO KEE BARBARA5841 SOUTH MARYLAND AVENUE MC 1089 CHICAGO,IL 60637			110,000				RESEARCH GRANT		
DUKE UNIVERSITY MEDICAL CENTER KONDO MOTONARI101 JONES BLDG DUMC 3010 RESEARC DURHAM,NC 27710			110,000				RESEARCH GRANT		
UNIVERSITY OF CINCINNATI KOVALL RHETT UNIVERSITY OF CINCINNATI MEDICAL CE CINCINNATI,OH 45267			110,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF CA KRUMMEL MATTHEW513 PARNASSUS AVE SAN FRANCISCO, CA 94143			110,000				RESEARCH GRANT		
UNIVERSITY OF TEXAS LEE SANG EUN15355 LAMDA DRIVE SAN ANTONIO,TX 78245			110,000				RESEARCH GRANT		
DANA-FARBER CANCER INSTITUTE LETAI ANTHONYDANA 530B 44 BINNEY STREET BOSTON,MA 02115			110,000				RESEARCH GRANT		
JOHNS HOPKINS UNIVERSITY LEVIS MARKCRB I ROOM 243 1650 ORLEANS STREET BALTIMORE, MD 21231			110,000				RESEARCH GRANT		
UNIVERSITY OF MASSACHUSETTS MEDICAL LI SHAOGUANG364 PLANTATION STREET WORCESTER, MA 01605			110,000				RESEARCH GRANT		
UNIVERSITY OF ROCHESTER LI WILLIS601 ELMWOOD AVENUE BOX 633 KMRB 2 ROCHESTER, NY 14642			110,000				RESEARCH GRANT		

Form 990,Schedule I, P	art II, Grai	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT LI ZIHA1286 FARMINGTON AVENUE FARMINGTON,CT 06030			110,000				RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM LIN WEEI-CHINWTI 520C 1530 3RD AVENUE SOUTH BIRMINGHAM,AL 35294			110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC LOH MIGNON513 PARNASSUS AVE BOX 0519 SAN FRANCISCO,CA 94143			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA MADHANI HITEN600 16TH ST SAN FRANCISCO, CA 94158			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY MATSUI WILLIAM BUNTING BLAUSTEIN CANCER RESEARCH BALTIMORE, MD 21287			110,000				RESEARCH GRANT
DREXEL UNIVERSITY MAZIN ALEXANDER497 245 N 15TH STREETNCB ROOM 1010 PHILADELPHIA, PA 19102			110,000				RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN MELNICK ARI1300 YORK AVE C6 NEW YORK, NY 10021			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF MENDELL JOSHUA733 N BROADWAY BRB 473 BALTIMORE, MD 21205			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA NARLIKAR GEETAN412F GENENTECH HALL SAN FRANCISCO, CA 94158			110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C ORLOWSKI ROBERT1515 HOLCOMBE BLVD HOUSTON,TX 77030			110,000				RESEARCH GRANT

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	( <b>e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDRENS HOSPITAL MEDICAL CENTER-C PANG QISHEN7013 3333 BURNET AVENUE CINCINNATI,OH 45229			110,000				RESEARCH GRANT		
OHIO STATE UNIVERSITY PERROTTI DANILO892 BIOMEDICAL RESEARCH TO WER 460 COLUMBUS,OH 43210			110,000				RESEARCH GRANT		
MASSACHUSETTS GENERAL HOSPITAL (THE RAJE NOOPUR55 FRUIT STREETPOB-2-2 BOSTON,MA 02114			110,000				RESEARCH GRANT		
UNIVERSITY OF NORTH CAROLINA AT CHA RAMSDEN DALECB 7295 102 MASON FARM ROAD CHAPEL HILL,NC 27599			110,000				RESEARCH GRANT		
DUKE UNIVERSITY MEDICAL CENTER RATHMELL JEFFREYBOX 3813 C338 LSRCRESEARCH DRIVE DURHAM,NC 27710			110,000				RESEARCH GRANT		
JOHNS HOPKINS UNIVERSITY SCHOOL OF RESAR LINDAROSS RESEARCH BUILDING ROOM 1025 7 BALTIMORE, MD 21205			110,000				RESEARCH GRANT		
DUKE UNIVERSITY MEDICAL CENTER REYA TANNISHTHAC333 LSRC RESEARCH DRIVE DURHAM,NC 27710			110,000				RESEARCH GRANT		
DUKE UNIVERSITY MEDICAL CENTER RIZZIERI DAVID2400 PRATT STREET DURHAM,NC 27710			110,000				RESEARCH GRANT		
UNIVERSITY OF MICHIGAN ROSS THEODORA1500 E MEDICAL CENTER DR 6322 CC ANN ARBOR,MI 48109			110,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF CA RUBENSTEIN JAMES1270 505 PARNASSUS AVE SAN FRANCISCO, CA 94143			110,000				RESEARCH GRANT		

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STANFORD UNIVERSITY SAGE JULIENMC 5149 269 CAMPUS DRIVECCSR 1215A STANFORD,CA 94305			110,000				RESEARCH GRANT		
LA JOLLA INSTITUTE FOR ALLERGY AND SCHOENBERGER STEPHEN9420 ATHENA CIRCLE LA JOLLA, CA 92037			110,000				RESEARCH GRANT		
BETH ISRAEL DEACONESS MEDICAL CENTE SCULLY RALPH77 AVENUE LOUIS PASTEUR HIM 923 BOSTON,MA 02115			110,000				RESEARCH GRANT		
OREGON HEALTH & SCIENCE UNIVERSITY SEARS ROSALIEL103A 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239			110,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF CA SHAH NEIL505 PARNASSUS AVENUESUITE M1286 B SAN FRANCISCO, CA 94143			110,000				RESEARCH GRANT		
YALE UNIVERSITY SHLOMCHIK WARREN333 CEDAR STREET PO BOX 208032 NEW HAVEN, CT 06520			110,000				RESEARCH GRANT		
DANA FARBER CANCER INSTITUTE SICINSKI PETER44 BINNEY STREET SM936 BOSTON,MA 02115			110,000				RESEARCH GRANT		
BAYLOR COLLEGE OF MEDICINE SONGYANG ZHOUROOM S303 ONE BAYLOR PLAZA HOUSTON,TX 77030			110,000				RESEARCH GRANT		
COLUMBIA UNIVERSITY STOJANOVIC MILANBOX 84 630W 168TH STREET NEWYORK, NY 10032			110,000				RESEARCH GRANT		
WASHINGTON UNIVERSITY SCHOOL OF MED SWAT WOJCIECH660 SOUTH EUCLID A ST LOUIS, MO 63110			110,000				RESEARCH GRANT		

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant		
UNIVERSITY OF UTAH ULLMAN KATHARINE 2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112			110,000				RESEARCH GRANT		
HARVARD MEDICAL SCHOOL WALTER JOHANNES240 LONGWOOD AVENUE BOSTON,MA 02115			110,000				RESEARCH GRANT		
BLOOD RESEARCH INSTITUTE BLOOD CE WANG DEMIN8727 W WATERTOWN PLANK ROAD MILWAUKEE,WI 53226			110,000				RESEARCH GRANT		
CHILDRENS HOSPITAL OF PHILADELPHIA WEISS MITCHELLROOM 316B ARC 3615 CIVIC CENTER BL PHILADELPHIA, PA 19104			110,000				RESEARCH GRANT		
UNIVERSITY OF TEXAS WIERDA WILLIAM DEPARTMENT OF LEUKEMIA UNIT 428 P HOUSTON,TX 77230			110,000				RESEARCH GRANT		
UNIVERSITY OF NORTH CAROLINA AT CHA ZHANG YANPING101 MANNING DRIVE CHAPEL HILL,NC 27514			110,000				RESEARCH GRANT		
MAYO CLINIC ROCHESTER ZHANG ZHIGUO GUGGENHEIM BUILDING 15-01B 200 FIRS ROCHESTER, MN 55905			110,000				RESEARCH GRANT		
WEILL MEDICAL COLLEGE OF CORNELL UN ZHOU PENGBO1300 YORK AVENUE C458C NEW YORK, NY 10065			110,000				RESEARCH GRANT		
IMMUNE DISEASE INSTITUTE (FKA) THE BASU UTTIYAKARP FAMILY RESEARCH BUILDING1 BL BOSTON,MA 02115			65,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF MI BIXBY DALEDIVISION OF HEMATOLOGY / ONCOLOGYD ANN ARBOR, MI 48109			65,000				RESEARCH GRANT		

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	h <b>(e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRED HUTCHINSON CANCER RESEARCH CEN BLEAKLEY MARIED3-100 1100 FAIRVIEW AVE SEATTLE, WA 98109			65,000				RESEARCH GRANT		
DANA-FARBER CANCER INSTITUTE BOLLI NICCOLOM630 44 BINNEY STREET BOSTON,MA 02115			65,000				RESEARCH GRANT		
FRED HUTCHINSON CANCER RESEARCH CEN BUDDE LIHUAFHCRC BOX 19024 M/S D3-190 1100 F			65,000				RESEARCH GRANT		
SEATTLE, WA 98109  THE REGENTS OF THE UNIVERSITY OF CA CAMPELLONE KENNETH UNIVERSITY OF CALIFORNIA BERKELEY BERKELEY, CA 94720			65,000				RESEARCH GRANT		
HARVARD MEDICAL SCHOOL CARVALHO PEDRO240 LONGWOOD AVE LHRRB6 BOSTON, MA 02115			65,000				RESEARCH GRANT		
MASSACHUSETTS GENERAL HOSPITAL (THE CHEN YI-BINGRB 740 55 FRUIT STREET BOSTON, MA 02114			65,000				RESEARCH GRANT		
FRED HUTCHINSON CANCER RESEARCH CEN CHOW ERICM4-C308 1100 FAIRVIEW AVE NPO BOX 1 SEATTLE, WA 98109			65,000				RESEARCH GRANT		
MASSACHUSETTS GENERAL HOSPITAL (THE DI STEFANO LUISAROOM 7330 149 13TH STREET CHARLESTOWN, MA 02129			65,000				RESEARCH GRANT		
WASHINGTON UNIVERSITY IN ST LOUIS GRAHAM DANIELBOX 8118 660 S EUCLID AVE ST LOUIS,MO 63110			65,000				RESEARCH GRANT		
UNIVERSITY OF MINNESOTA - TWIN CITI HAMILTON SARA6-256 BSBE 312 CHURCH ST SE MINNEAPOLIS, MN 55455			65,000				RESEARCH GRANT		

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(a) Name and address of organization or government	(b) EIN			( <b>e)</b> A mount of non- cash assistance	(f) Method of	(g) Description of non-cash assistance	(h) Purpose of grant		
THE REGENTS OF THE UNIVERSITY OF CA HESSLEIN DAVIDBOX 0414 513 PARNASSUS AVENUEROOM H SAN FRANCISCO, CA 94143			65,000				RESEARCH GRANT		
THE TRUSTEES OF THE UNIVERSITY OF P HEXNER ELIZABETHBRB 2/3 ROOM 720 421 CURIE BOULEVAR PHILADELPHIA, PA 19104			65,000				RESEARCH GRANT		
EMORY UNIVERSITY KANG SUMINSUMIN KANG 1365-C CLIFTON ROAD NE ATLANTA,GA 30322	_		65,000				RESEARCH GRANT		
HARVARD MEDICAL SCHOOL KIM TAESOOBLDG C1 ROOM 207 240 LONGWOOD AV BOSTON,MA 02115			65,000				RESEARCH GRANT		
DANA-FARBER CANCER INSTITUTE KWON MIJUNGMAYER 620 44 BINNEY STREET BOSTON,MA 02115			65,000				RESEARCH GRANT		
UNIVERSITY OF OREGON LEWIS ZACHARY1229 INSTITUTE OF MOLECULAR BIOLOGY EUGENE, OR 97403			65,000				RESEARCH GRANT		
NORTHWESTERN UNIVERSITY - CHICAGO C MA SHUO676 NORTH ST CLAIR STREET SUITE CHICAGO,IL 60611			65,000				RESEARCH GRANT		
THE UNIVERSITY OF NORTH CAROLINA AT MARSTON DANIEL CB7365 MARY ELLEN JONES BUILDINGUN CHAPEL HILL,NC 27599			65,000				RESEARCH GRANT		
JOAN & SANFORD I WEILL MEDICAL COL MARTIN PETER435 EAST 70TH STREETROOM NEW YORK, NY 10021			65,000				RESEARCH GRANT		
HARVARD MEDICAL SCHOOL OBERDOERFFER PHILIPP 77 AVENUE LOUIS PASTEURNRB ROOM 9 BOSTON,MA 02130			65,000				RESEARCH GRANT		

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	n (e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF WASHINGTON PRLIC MARTINBOX 357370 1959 NE PACIFIC ST SEATTLE, WA 98195			65,000				RESEARCH GRANT		
MASSACHUSETTS GENERAL HOSPITAL (THE RAAIJMAKERS MARC SIMCHES RESEARCH BUILDING CPZN-4265 BOSTON,MA 02114			65,000				RESEARCH GRANT		
FRED HUTCHINSON CANCER RESEARCH CEN RAGNARSSON GUNNAR D3-100 1100 FAIRVIEW AVE N SEATTLE, WA 98109			65,000				RESEARCH GRANT		
THE SCRIPPS RESEARCH INSTITUTE RAMACHANDRAN RAJESH MB114 10550 N TORREY PINES ROAD LA JOLLA, CA 92037			65,000				RESEARCH GRANT		
IMMUNE DISEASE INSTITUTE (FKA) THE SHARMA SONIAWARREN ALPERT 144 200 LONGWOOD AVEN BOSTON, MA 02115			65,000				RESEARCH GRANT		
YALE UNIVERSITY VASUDEVAN SHOBHA YALE UNIVERSITY BCMM 133 295 CONG NEW HAVEN,CT 06519			65,000				RESEARCH GRANT		
NEVADA CANCER INSTITUTE YANG JIANCHANGONE BREAKTHROUGH W LAS VEGAS,NV 89135			65,000				RESEARCH GRANT		
STOWERS INSTITUTE FOR MEDICAL RESEA YIN TONG1000 EAST 50TH STRE KANSAS CITY, MO 64110			65,000				RESEARCH GRANT		
COLUMBIA UNIVERSITY MEDICAL CENTER YING CAROLIRVING CANCER RESEARCH CENTER 1130 NEW YORK, NY 10032			65,000				RESEARCH GRANT		
DANA FARBER CANCER INSTITUTE ARMAND PHILIPPE44 BINNEY STREET BOSTON, MA 02115			60,000				RESEARCH GRANT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF TEXAS BLONSKA MARZENNA 1515 HOLCOMBE BLVD BOX 108 HOUSTON,TX 77030			60,000				RESEARCH GRANT		
FRED HUTCHINSON CANCER RESEARCH CEN DALLAS MARI1100 FAIRVIEW AVE N SEATTLE, WA 98109			60,000				RESEARCH GRANT		
UNIVERSITY OF PENNSYLVANIA - SCHOOL FREY NOELLEHOSPITAL OF THE UNIVERSITY OF PENNS PHILADELPHIA, PA 19104			60,000				RESEARCH GRANT		
MOUNT SINAI SCHOOL OF MEDICINE GINHOUX FLORENT DEPARTMENT OF GENE AND CELL MEDICIN NEW YORK, NY 10029			60,000				RESEARCH GRANT		
THE REGENTS OF THE UNIVERSITY OF CA HICKSON GILLES600 16TH STREET SAN FRANCISCO, CA 94143			60,000				RESEARCH GRANT		
MEMORIAL SLOAN- KETTERING CANCER CEN JENQ ROBERT1275 YORK AVE NEW YORK, NY 10065			60,000				RESEARCH GRANT		
DANA FARBER CANCER INSTITUTE JUSZCZYNSKI PRZEMYSLAW44 BINNEY STREET BOSTON, MA 02115			60,000				RESEARCH GRANT		
UNIVERSITY OF PENNSYLVANIA KONG MEI421 CURIE BLVD BRBII/III RM 447 PHILADELPHIA, PA 19104			60,000				RESEARCH GRANT		
MASSACHUSETTS INSTITUTE OF TECHNOLO LEUNG ANTHONY77 MASSACHUSETTS AVENUE E17-526 CAMBRIDGE, MA 02139			60,000				RESEARCH GRANT		
DUKE UNIVERSITY MEDICAL CENTER NUTT LETAC366 LSRC BLDG RESEARCH DRIVE DURHAM,NC 27710			60,000				RESEARCH GRANT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF CALIFORNIA AT BERKELE REVYAKIN ANDREYCHU LABORATORY BERKELEY,CA 94720			60,000				RESEARCH GRANT	
BRIGHAM & WOMEN'S HOSPITAL ROY MONIDEEPAC/O DR JON C ASTER BOSTON,MA 02115			60,000				RESEARCH GRANT	
MEMORIAL SLOAN- KETTERING CANCER CEN STRACKER TRAVIS1275 YORK AVE RRL 905 NEW YORK, NY 10065			60,000				RESEARCH GRANT	
HARVARD MEDICAL SCHOOL VASILIEVA LIDIABLDG C1 ROOM 207 240 LONGWOOD AVE BOSTON,MA 02115			60,000				RESEARCH GRANT	
UNIVERSITY OF PENNSYLVANIA - SCHOOL VOGL DAN3400 SPRUCE STREET - 16 PENN TO WER PHILADELPHIA, PA 19104			60,000				RESEARCH GRANT	
STANFORD UNIVERSITY WIGNALL SARAH279 CAMPUS DRIVE STANFORD, CA 94305			60,000				RESEARCH GRANT	
STOWERS INSTITUTE FOR MEDICAL RESEA YAO TINGTING1000 EAST 50TH STREET KANSAS CITY, MO 64110			60,000				RESEARCH GRANT	
CHILDRENS HOSPITAL BOSTON ZHA SHANKARP FAMILY RESEARCH BUILDING 9TH F BOSTON,MA 02115			60,000				RESEARCH GRANT	
HARVARD MEDICAL SCHOOL ZHOU RUI77 AVENUE LOUIE PASTEUR BOSTON,MA 02115			60,000				RESEARCH GRANT	
BIOTECHNOLOGY INNOVATION & OPTIMIZA 2097 CONSTANT AVENUE LAWRENCE, KS 66047			58,504				THERAPY ACCELERATION	

Form 990,Schedule I, Par	t II, Grants	s and Other Assi	stance to Gove	rnments and Or	ganizations in t	he United States	\$
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	
THE REGENTS OF THE UNIVERSITY OF CA ANDERSON SHANNON ROOM HSE1000A BOX 0414UNIVERSITY O SAN FRANCISCO,CA 94143			55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL BENSON MICAHTHE CBR INSTITUTE FOR BIOMEDICAL RE BOSTON,MA 02115			55,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY BISWAS DEBABRATABOX 166 1230 YORK AVENUE NEW YORK CITY, NY 10065			55,000				RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL BOUSQUET MARINANINE CAMBRIDGE CENT CAMBRIDGE,MA 02142			55,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY CHEN WEI-YI1230 YORK AVENUE BOX 1 NEW YORK, NY 10065			55,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLIC CHEN XIFXB BUILDING ROOM 205 651 HUNTINGTO BOSTON, MA 02115	1		55,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C CHOI YOONSUUNIT 907 7455 FANNIN ST HOUSTON,TX 77054			55,000				RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P CHUNG ELAINE372E OLD VETPATHOBIOLOGY3800 SPRUCE PHILDELPHIA, PA 19014			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA DAIL MONIQUE513 PARNASSUS BOX 05 SAN FRANCISCO, CA 94143			55,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC D'ANGIOLELLA VINCENZO MSB 599 550 FIRST AVENUE NEW YORK, NY 10016			55,000				RESEARCH GRANT

Form 990,Schedule I, Pa	art II, Gran	its and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	<u> </u>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	n (e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO DRIESSENS GREGORY929 E 57TH ST W42 CHICAGO,IL 60637			55,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY FELDHAHN NIKLAS1230 YORK AVEN NEW YORK, NY 10065			55,000				RESEARCH GRANT
MASSACHUSETTS OF TECHNOLOGY FELDSER DAVIDE17-517 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139			55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE GAN BOYI44 BINNEY STREET BOSTON, MA 02115			55,000				RESEARCH GRANT
BURNHAM INSTITUTE FOR MEDICAL RESEA GARRISON JASON10901 NORTH TORREY PINES ROAD LA JOLLA, CA 92037			55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO GURTAN ALLAN77 MASSACHUSETTS AVENUE E17-52 CAMBRIDGE, MA 02139			55,000				RESEARCH GRANT
ARIZONA BOARD OF REGENTS UNIVERSIT HILLIKER ANGELALIFE SCIENCES SOUTH BLDG RM 414 10 TUCSON,AZ 85721			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA HONG HEEDEOKMBI RM 659 JAMES BOWIE LAB UCLA61 LOS ANGELES, CA 90095			55,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE HU JIANDFCI MEDICAL ONCOLOGY M413 44 BIN BOSTON, MA 02115			55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL JAIN MADHULIKA WARREN ALPERT 536 200 LONGWOOD AVEN BOSTON, MA 02115			55,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	( <b>e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITEHEAD INSTITUTE FOR BIOMEDICAL JI PENGWHITEHEAD INSTITUTE FOR BIOMEDICAL CAMBRIDGE, MA 02142			55,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE KATZ SAMUEL44 BINNEY STREETMAYER 615DANA FARB BOSTON, MA 02115			55,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE KEE YOUNGHOON44 BINNEY STREET MA-06 BOSTON, MA 02115			55,000				RESEARCH GRANT
UNIVERSITY OF OREGON KOHWI MINOREE INSTITUTE OF NEUROSCIENCE 1254 UNIV EUGENE, OR 97403			55,000				RESEARCH GRANT
YALE UNIVERSITY LAZORCHAK ADAM10 AMISTAD STREET ROOM 414 NEW HAVEN,CT 06509			55,000				RESEARCH GRANT
THE SALK INSTITUTE FOR BIOLOGICAL S LEW ERIN10010 NORTH TORREY PINES ROAD LA JOLLA, CA 92037			55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO LIBERT SERGIY68-295 77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139			55,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE LIU ALLENMB-6 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037			55,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C MALINGE SEBASTIEN303 EAST SUPERIOR STLURIE 5-2 CHICAGO,IL 60611			55,000				RESEARCH GRANT
YALE UNIVERSITY NAG ANITABCMM 133 YALE UNIVERSITY 295 CONGR NEW HAVEN,CT 06519			55,000				RESEARCH GRANT

Form 990,Schedule I, Pa	art II, Gran	its and Other As	sistance to Gov	ernments and O	rganizations in	the United States	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	h <b>(e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOWERS INSTITUTE FOR MEDICAL RESEA NAKANISHI SHIMA 1000 EAST 50TH STRE KANSAS CITY, MO 64110			55,000				RESEARCH GRANT
THE UNIVERSITY OF IO WA NOLZ JEFFREY 3-501 BO WEN SCIENCE BUILDING 51 NEW IO WA CITY, IA 52241			55,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE PARK DONGSUDAVID T SCADDEN LAB CENTER FOR RE BOSTON, MA 02114			55,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA PERRY JOHN1000 EAST 50TH STRE KANSAS CITY, MO 64110			55,000				RESEARCH GRANT
NEW ENGLAND MEDICAL CENTER HOSPITAL POLYTARCHOU CHRISTOS5609 750 WASHINGTON BOSTON, MA 02111			55,000				RESEARCH GRANT
MAYO CLINIC ROCHESTER RICKE ROBIN GUGGENHEIM 15-07 200 FIRST STREET S ROCHESTER, MN 55905			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA SCHUBBERT SUZANNE CHS 23-234 650 CE YOUNG DRIVE SOUTH LOS ANGELES, CA 90095			55,000				RESEARCH GRANT
DUKE UNIVERSITY SEMIGHINI CAMILEBOX 3546 RESEARCH DRIVE DURHAM,NC 27710			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA SHANKAR SMITA600 16TH STREET BOX 22 SAN FRANCISCO,CA 94158			55,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLIC STATON TRACY651 HUNTINGTON AVEBUILDING FXB ROO BOSTON, MA 02115			55,000				RESEARCH GRANT

Form 990,Schedule I, Pa	art II, Grar	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		h <b>(e)</b> A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
UNIVERSITY OF MASSACHUSETTS MEDICAL TSAI HSIN-YUESUITE 217 BIOTECH 2 373 PLANTATION WORCESTER, MA 01605			55,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY WANG GANG (GREG)BOX 78 ALLIS LAB 1230 YORK AVENUE NEW YORK CITY, NY 10065			55,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST LOUIS WELCH JOHN8007 660 SOUTH EUCLID AVE ST LOUIS,MO 63110			55,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE XIE HUAFENG44 BINNEY STREET MAYER 6 BOSTON, MA 02115			55,000				RESEARCH GRANT
BRANDEIS UNIVERSITY YU HOI-YING (ELSIE)415 SOUTH STREET MS029 WALTHAM,MA 02454			55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE (FKA) THE ZHANG BAOCHUN200 LONGWOOD AV BOSTON, MA 02115			55,000				RESEARCH GRANT
MEMORIAL SLOAN- KETTERING CANCER CEN ZHANG YURRL 841430 EAST 67TH STREET NEW YORK,NY 10065			55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE (FKA) THE ZHOU YUBIN200 LONGWOOD AVENUE ROOM 1 BOSTON, MA 02115			55,000				RESEARCH GRANT
STANFORD UNIVERSITY LEVY RONALDDIVISION OF ONCOLOGY STANFORD,CA 94305			55,000				RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTE BEGLEY MICHAEL77 AVENUE LOUIS PASTEUR BOSTON, MA 02115			50,000				RESEARCH GRANT

Form 990,Schedule I, Par	t II, Grants	s and Other Ass	istance to Gove	rnments and Or	ganizations in t	the United States	<u> </u>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA - SCHOOL BUNGARTZ GERDDEVISION OF HEMATOLOGY/ONCOLOGY BR PHILADELPHIA, PA 19104			50,000				RESEARCH GRANT
NEW YORK UNIVERSITY CIOFANI MARIA540 FIRST AVENUE NEW YORK, NY 10016			50,000				RESEARCH GRANT
YALE UNIVERSITY CIRONE PASQUALE266 WHITNEY AVENUE KLINE BIOLOGY T NEW HAVEN,CT 06510			50,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT SAN DIE DCRUZ LOUISE5107 NATURAL SCIENCES BUILDING 0377 LA JOLLA, CA 92093			50,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN DAVIS MICHAEL1100 FAIRVIEW AVE N PO BOX 19024 SEATTLE, WA 98109			50,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC DERIANO LUDOVIC540 FIRST AVE SKI 2-10 NEW YORK, NY 10016			50,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT BERKELE ENDRES NICHOLAS176 STANLEY HALL QB3 BERKELEY,CA 94720			50,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO GALANI KYRIAKI77 MASSACHUSETTS AVENUE ROOM 68-63 CAMBRIDGE,MA 02139			50,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE GANEM NEIL44 BINNEY ST BOSTON,MA 02115	-		50,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITAL GEWURZ BENJAMINKIEFF LABORATORY 8TH FLOOR CHANNIN BOSTON, MA 02115	-		50,000				RESEARCH GRANT

Form 990,Schedule I, P	art II, Gra	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	ŝ
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		n <b>(e)</b> A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
PRINCETON UNIVERSITY HARGETT DANNA PRINCETON UNIVERSITY DEPARTMENT OF PRINCETON,NJ 08544			50,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA HE JIN100 WEST DRIVE CB 7295 CHAPEL HILL,NC 27599			50,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE HENDERSON KIERSTEN 44 BINNEY STREET BOSTON, MA 02115			50,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA - SCHOOL HUANG JIAN370 CLINICAL RSCH BLDG PHILADELPHIA, PA 19104			50,000				RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER KASHATUS DAVIDC224 LSRC DURHAM,NC 27710			50,000				RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA LIANG CHENGYURM5517 1450 BIGGY STREET LOS ANGELES, CA 90033			50,000				RESEARCH GRANT
STANFORD UNIVERSITY LIU LINGVA PALO ALTO MEDICAL CENTER PALO ALTO, CA 94304			50,000				RESEARCH GRANT
YALE UNIVERSITY LONGERICH SIMONNE 333 CEDAR STREET NEW HAVEN, CT 06520			50,000				RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCE LU LI-FAN415-417 EAST 68TH STREET NEW YORK, NY 10065			50,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA MARQUITZ ARON LINEBURGER CANCER RESEARCH CENTER CHAPEL HILL, NC 27599			50,000				RESEARCH GRANT

Form 990,Schedule I,	Part II, Gra	ants and Other	Assistance to Go	vernments and	Organizations ii	n the United State	:s
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE PUCADYIL THOMAS 10550 N TORREY PINES ROAD LA JOLLA, CA 92037			50,000				RESEARCH GRANT
NATIONAL CANCER INSTITUTE RANJAN ANANDROOM NO 6060C 37 CONVENT DRIVE BETHESDA, MD 20892			50,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA ROGERS EDWARD FORDHAM HALL ROOM 521 CHAPEL HILL, NC 27599			50,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT SAN DIE SHIA WEI-JONG3855 HEALTH SCIENCE DRIVE LA JOLLA, CA 92093			50,000				RESEARCH GRANT
YALE UNIVERSITY STROUT MATTHEW300 CEDAR STREET NEW HAVEN,CT 06520			50,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE TROWBRIDGE JENNIFER 44 BINNEY STREET BOSTON, MA 02115			50,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL WU TAO 200 LONGWOOD AVENUE HARVARD MEDICA BOSTON, MA 02115			50,000				RESEARCH GRANT
UNIVERSITY OF TEXAS XU MING5323 HARRY HINES BLVD DALLAS,TX 75390			50,000				RESEARCH GRANT
U OF KANSAS CANCER CENTER3901 RAINBOW BLVD KANSAS CITY, KS 66160			6,862				THERAPY ACCELERATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b</b> )Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PATIENT AID-TRANSPORT	12248	2,505,517			
PATIENT AID-DRUGS	11956	3,647,497			
PATIENT AID-BLOOD TRANS	416	139,186			
PATIENT AID-LAB FEES	2341	734,200			
PATIENT AID-TISSUE TYPING	122	31,587			
PATIENT AID-OTHER	1381	378,875			
CO-PAY ASSISTANCE-AML	232	292,731			
CO-PAY ASSISTANCE-CLL	1031	1,297,968			
CO-PAY ASSISTANCE-CML	715	900,000			
CO-PAY ASSISTANCE-LYMPHOM	4646	5,850,021			
CO-PAY ASSISTANCE-MDS	2046	2,576,144			
CO-PAY ASSISTANCE-MYELOMA	6588	8,294,280			

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

<b>Ident if ier</b>	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493043006250

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

**Employer identification number** Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYING 13-5644916 **Questions Regarding Compensation** Νo Yes 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 First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo 4c Νo 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Yes 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

ın Part III

Νo

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN E WALTER	(I)	420,949	50,000	11,339	28,980	19,831	531,099	210,166
JAMES T NANGLE	(I)	206,364	13,281	21,515	23,000	18,416	282,576	128,288
LOUIS DE GENNARO PHD	(ı) (ıı)	266,988	13,250	29,591	16,100	13,022	338,951	152,227
NANCY KLEIN	(ı) (ıı)	252,452	13,699	29,172	23,000	18,662	336,985	144,898
BARTON KAMEN MD	(I)	277,725		11,256	4,951	18,797	312,729	155,041
PAUL WEISS	(I)	87,413		157,945	23,000	7,662	276,020	276,020
DAVID TIMKO	(I)	219,974	13,205	10,161	23,000	12,770	279,110	129,682
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	SCHEDULE J, PAGE 1, PART I, LINE 4	PAUL WEISS 155,040 0 0
CONTINGENT		BONUSES WERE PAID BASED ON THE ACHIEVEMENT OF GROSS REVENUE EXCEEDING BUDGETED GROSS REVENUE AND EMPLOYEE INDIVIDUAL PERFORMANCE BONUSES WERE CAPPED ACCORDING TO LLS'S POLICY

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DLN: 93493043006250

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Transactions with Interested Persons** 

Name of the organ	nizat ion PHOMA SOCIETYINC					E	mploy	er ide	ntifica	t ion r	number	
						1	3-564	491	5			
	Benefit Transact											
To be co	mpleted by organization	ns that answered "Ye	es" on	Form 990, Part IV	, line :	25a or 25l	o, or F	orm 9	90-EZ			
1 (	(a) Name of disqualifie	d person		(h) Das	crintio	n of transa	action			<u> </u>	<b>(c)</b> Cor	rected
				( <b>b</b> ) Des	СПРСПО	II OI CIAIIS	action			_	Yes	No
section 4958	ount of tax imposed on							nder <b>F</b>	\$			
<b>3</b> Enter the amo	unt of tax, if any, on lir	ne 2, above, reimburs	ed by	the organization .				•	\$			
Part II Loan	s to and/or From	<b>Interested Pers</b>	sons									
To be	completed by organiza	tions that answered '	"Yes"	on Form 990, Part	IV, lın	e 26, or F	orm 9	90-E	Z, Part	V, lın	e 38a	
		(b) Loan to or							(f			
(a) Name of inte	erested person and	from the	(c)	Original principal				In	Appr		1	Vritten
purpose		organization?			lance due default?		by board or committee?		1 -			
r -		-   -					<u> </u>	Γ	<b>-</b>		+	Τ
		To From					Yes	No	Yes	No	Yes	No
otal				<b>&gt;</b> \$	<u> </u>				<u> </u>			_
	s or Assistance B	enefitting Inter	este c	· · · · · · · · · · · · · · · · · · ·								
	completed by organ				an p	art IV lu	ne 27					
10 bc	completed by organ			ween interested pe			IC 27					
(a) Name of	finterested person	1	•	ween interested pe organization	15011	(c)A m	ount	fgra	nt or ty	pe of	assist	ance
DR ALAN GEWIRTZ	7	BOD MEMBER	4 1110	organization							2.	75,000
ALAN GEWINIZ	-	DOD MEMBER										7 3,000
	ess Transactions											
To be	completed by organ	nizations that answ	rered	"Yes" on Form 9	90, P	art IV, lır	ne 28	a, 28	b, or	28c.		
		(b) Relationsh	пр								<b>(e)</b> Sha	arıng o
(a) Name of	ınterested person	between interes		(c) A mount of		(d) Descr	rintion	oftr	ansacti	<sub>.on</sub>	-	ation's
(a) Nume of	taraataa paraan	person and th		transaction		(4) 50501	. p : 1011	0		· · · ·	rever	nues?
		organization									Yes	No
MARGARET ANDER	RSON	BOD MEMBER		42,	448 D	AUGHTE	R WOF	RKS @	LLS	- 1		Νo

DLN: 93493043006250

OMB No 1545-0047

**SCHEDULE M Non-Cash Contributions** (Form 990)

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

Open to Public Inspection

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYING

Department of the Treasury

Internal Revenue Service

Employer identification number

13-5644916 Part I Types of Property (b) (d) (a) (c) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g 1 Art-Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . . . Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities—Publicly traded . Х 58 419,727 MARKET VALUE 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) . . . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . Collectibles . . . . 18 Food inventory . . . 19 Х Drugs and medical supplies . Taxidermy . . . . . 21 Historical artifacts . . . . 22 Scientific specimens . . Archeological artifacts . . . Other (describe PRINTING ) 13 Χ FURN & 8 Other (describe EQUIP Х VARIOUS Х 21 Other (describe OTHERS 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . .

			Yes	No
30a	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?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash			
	contributions?	32a	Yes	
ь	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is			
	checked, describe in Part II			

Schedule M (Form 990) 2008 Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation THIRD PARTY USED TO PROCESS SCHEDULE M, PAGE 1, PART I, LLS USES ITS INVESTMENT CUSTODIAN TO LIQUIDATE NONCASH CONTRIBUTIONS LINE 32B ANY DONATED SECURITIES EXPLANATION FOR NOT SCHEDULE M, PAGE 1, PART I, LLS ONLY RECORDS DONATED SECURITIES AS REVENUE REPORTING REVENUE LINE 33 ALL OTHER ITEMS FOR WHICH COLUMN A IS CHECKED ARE NOT RECORDED AS REVENUE OR EXPENSE BECAUSE THEY WOULD NOT HAVE BEEN PURCHASED HAD THEY NOT BEEN DONATED, AND ARE IMMATERIAL IN AMOUNT RELATIVE TO THE STATEMENTS OF LLS PART I, COLUMN (B) LLS IS REPORTING THE NUMBER OF CONTRIBUTIONS FOR EACH OF THE ITEMS IN PART I, NOT THE NUMBER OF INDIVIDUAL ITEMS

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## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

DLN: 93493043006250 OMB No 1545-0047

Inspection

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number

13-5644916

ldentifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	WITH A TOTAL COMMITMENT OF 281 MILLION OVER THE LIFE OF THESE GRANTS/CONTRACTS, INCLUDING LEUKEMA RESEARCH APPROXIMATELY 140 MILLION LYMPHOMA RESEARCH APPROXIMATELY 109 MILLION MYELOMA PROGRAMS - THE RESEARCH GRANT PROGRAM AND THE THERAPY ACCELERATION PROGRAM - TO SUPPORT OUR MISSION CURE LEUKEMA, LYMPHOMA, HODGKINS DISEASE AND MYELOMA, AND MIPROVE THE GOLD FOR THE FOR PATENTS AND THEIR FAMILIES WITH ADVISIORY NUTFOR THOM WORLD-RENOWNED BIOMEDICAL RESEARCH EXPERTS, LLS SUPPORTS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATENTS, FROM BASIC LABORATORY SCIENCE TO CLINICAL TRIALS OF NEW AGENTS, AND FROM INVESTICATOR INTER TESEFARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATENTS, FROM BASIC LABORATORY SCIENCE TO CLINICAL TRIALS OF NEW AGENTS, AND FROM INVESTICATOR INTERTER SEARCH TO MULTI-DISCIPLINARY ACADEMIC COLLABORATIONS AND PRIVATE-SECTION DEUG DE VELOPMENT ALLIANCES RESEARCH FUNDING IS A MED AT EFFECTIVE DISCOVERY AND DEVELOPMENT OF NEW THERAPIES FOR ALL BLOOD CANCER PATENTS WHO NEED THEM THE RESEARCH GRANT FROODER MENOUGH THERE PROMISE THE ADVISION TO SUPPORT SICIENTER SCIENCE TO EXELOPMENT ALLIANCES RESEARCH FUNDING IS A MED AT EFFECTIVE DISCOVERY AND DEVELOPMENT OF NEW THERAPIES FOR ALL BLOOD CANCER PATENTS WHO NEED THEM THE RESEARCH GRANT FROODER MENOUGH THERE FROM THE MORE THAN THE APPLY STATES AND THE SECRET OF THE PROME THE ADVISION THE WORLD AND THE WORLD THE RESEARCH SCHOLAR THROUGH THE REPORT THE SECRET STOLE OF THE ADVISOR OF THE ADVISOR OF THE PROME THE ADVISOR OF THE PROME THE ADVISOR OF THE PROME THE ADVISOR OF THE ADVISOR OF THE PROME THE ADVISOR OF THE ADVISOR OF THE PROME THE ADVISOR OF THE PROME THE ADVISOR OF THE PROME THE ADVISOR OF THE ADVISOR OF THE ADVISOR OF THE PROME THE ADVISOR OF THE ADVISOR OF THE ADVISOR OF THE ADVISOR OF THE ADVISOR OF THE ADVISOR OF THE ADVIS

		CONTEMPLATES A RETURN ON INVESTMENT FOR LLS GUIDELINES, INSTRUCTIONS, AND APPLICATIONS FOR THE THERAPY ACCELERATION PROGRAM MAY BE OBTAINED BY VISITING WWW LLS ORG
ldentifier	Return Reference	Explanation
SECOND A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	THE ECONFERENCES A WEB CASTS LLS SPONSORS TILLEONFERENCES AND WEB CASTS FOR PATIENTS AND CARBON FOR AND MEDIA FOR AND AND AND AND AND AND AND AND AND AND

ldentifier	Return Reference	Explanation
THIRD A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	AND RESOURCES USEFUL TO PATIENTS, THEIR FAMILIES AND HEALTH CARE PROFESSIONALS, AND IS STAFFED BY MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS FACT SHEETS FOR FREQUENTLY ASKED QUESTIONS AND A REFERRAL DATABASE TO OTHER HELPING ORGANIZATIONS ARE AVAILABLE PATIENTS, FAMILIES AND PROFESSIONALS MAY CALL THE INFORMATION RESOURCE CENTER TOLL-FREE NUMBER AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A M TO 6 P M, ET OR EMAIL TO INFOCENTER@LLS ORG -79,692 INQUIRIES IN 2009 -TRANSLATION SERVICES AVAILABLE IN MORE THAN 165 LANGUAGES INTERNET LLS' WEB SITE, WWW LLS ORG, SERVES A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS USERS CAN PERSONALIZE THEIR LLS WEB PAGES TO KEEP CURRENT WITH DISEASE SPECIFIC UPDATES AND LOCAL CHAPTER EDUCATION, SUPPORT AND EVENT ACTIVITIES THE SITE FEATURES A COMPREHENSIVE OVERVIEW OF LLS PROGRAMS AND SERVICES, FAMILY SUPPORT GROUP LOCATIONS, INFORMATION ABOUT OUR PEER-TO-PEER PROGRAM FIRST CONNECTION, AND OTHER PROGRAMS -4 3 MILLION UNIQUE VISITS TO PATIENT SERVICES/DISEASE INFORMATION PAGES IN 2009

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	PROFESSIONAL EDUCATION LLS ALSO SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR THE EDUCATIONAL PROGRAM OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT

ldentifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CANADA

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	l ' ' '	THE MEMBERS OF LLS CONSIST OF ONE ELECTED REPRESENTATIVE FROM EACH CHAPTER

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF REPRESENTATIVES (REPRESENTING THE CHAPTERS) ELECTS THE MEMBERS OF LLS'S GOVERNING BODY, ITS NATIONAL BOARD OF DIRECTORS

	ldentifier	Return Reference	Explanation
- 1	DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	SIGNIFICANT DECISIONS AFFECTING THE CHAPTERS REQUIRE AN APPROVING VOTE BY THE CHAPTER DELEGATES DECISIONS NOT SIGNIFICANTLY AFFECTING THE CHAPTERS DO NOT REQUIRE APPROVAL FROM THE CHAPTER DELEGATES

ldentifier	Return Reference	Explanation				
POLICIES AND PROCEDURES GOVERNING CHAPTERS		LLS HAS ONE SET OF WRITTEN POLICIES AND PROCEDURES THAT GOVERN ALL OF OUR CHAPTERS AND OUR NATIONAL OFFICE				

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE FORM 990 WAS PREPARED BY THE LLS FINANCE DEPARTMENT AND WAS REVIEWED BY THE CFO, VICE PRESIDENT OF FINANCE, AND KPMG FOR COMMENT AND SUGGESTED REVISIONS THE FORM 990 WAS THEN PROVIDED TO THE AUDIT COMMITTEE, WHICH IS A COMMITTEE OF THE BOARD OF DIRECTORS THE AUDIT COMMITTEE REVIEWED THE 990 AND PROVIDED INPUT PRIOR TO FILING THE FINAL DRAFT FORM 990 WAS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING BY POSTING THE FORM ON AN INTRANET WEBSITE

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL EMPLOYEES, BOARD OF DIRECTORS MEMBERS, BOARD OF REPRESENTATIVES MEMBERS, CHAPTER BOARD MEMBERS, FAMILY SUPPORT GROUP FACILITATORS, AND TNT COACHES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND SUBMIT A SIGNED FORM ACKNOWLEDGING THAT THEY HAVE REVIEWED THE POLICY AND DISCLOSED ANY CONFLICTS OF INTEREST ALL FORMS ARE COLLECTED AND THE AUDIT COMMITTEE REVIEWS ANY FORMS DISCLOSING A POSSIBLE CONFLICT OF INTEREST AND DETERMINES WHETHER OR NOT A CONFLICT EXISTS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, REVIEWS AND MONITORS THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND COMPENSATION THE COMMITTEE OBTAINED A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS' COMPENSATION RANGES AND SET THE CHIEF EXECUTIVE'S SALARY COMMENSURATELY THE REVIEW WAS DOCUMENTED IN THE EXECUTIVE COMMITTEE'S MINUTES

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, REVIEWED A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS' COMPENSATION RANGES AND COMPARED THIS TO THE OTHER OFFICER'S SALARY AND DETERMINED THAT IT WAS APPROPRIATE THE REVIEW WAS DOCUMENTED IN THE EXECUTIVE COMMITTEE'S MINUTES

ldentifier	Return Reference	Explanation
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	ALASKA, ARKANSAS, ARIZONA, CALIFORNIA, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

ldentifier	Return Reference	Explanation
STATES WITH GAMING OPERATIONS	SCHEDULE G, PAGE 2, PART III, LINE 9	ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, IOWA, INDIANA, LOUISIANA, MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NEW JERSEY, NEVADA, NEW YORK, OHIO, PENNSYLVANIA, RHODE ISLAND, TEXAS, WISCONSIN

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	PART IV, LINE 12 - THE AUDITED FINANCIAL STATEMENTS FOR THE LEUKEMIA & LYMPHOMA SOCIETY, INC INCLUDE THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC, AND THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH FOUNDATION IN ADDITION TO LLS PART VI, SECTION C, LINE 19 - THE LEUKEMIA & LYMPHOMA SOCIETY, INC MAKES ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW LLS ORG ITS GOVERNING DOCUMENTS ARE MADE AVAILABLE, WHEN CHANGES ARE MADE, AS PART OF THE 990 AVAILABLE FOR PUBLIC INSPECTION ANY IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990 SCHEDULE G, PART I, LINE 2B - LLS USED INFOCISION, HAINES & CO, AND THOMPSON HABIB DENISON FOR ITS NATIONAL DIRECT MAIL AND COMMUNITY CAMPAIGNS THESE PROGRAMS GENERATED 30,424,279 DURING FISCAL YEAR 2009 LLS USED DIRECT PRINT COMMUNICATIONS, PARADYSZ MATERA, AND PIDI FOR ALL OF ITS OTHER FUNDRAISING EVENTS PART VII, SECTION B, LINE 1 - THE VENDORS INCLUDED HERE ARE USED FOR THE NATIONAL AND CAMPAIGN DIRECT MAIL PROGRAMS MSP IS A PRINTING COMPANY, PARADYZ MATERA PROVIDES ADDRESS LISTS, INFOCISION DOES TELEMARKETING, AND DIRECT PRINT COMMUNICATIONS PROVIDES PRINTING AND MAILING SERVICES AT LEAST THREE BIDS ARE OBTAINED FOR THESE SERVICES ON AN ANNUAL BASIS SCHEDULE R, PART II, COLUMN B - THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA & LYMPHOMA SOCIETY, INC, IN CANADA THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC AND THE LEUKEMIA & LYMPHOMA SOCIETY, INC, IN CANADA THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC AND THE LEUKEMIA & LYMPHOMA SOCIETY, INC

#### DLN: 93493043006250

# OMB No 1545-0047

Open to Public

### **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions. Inspection **Employer identification number** 

				13-5644916	
Part I Identification of Disregarded Entities					
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	ions				
( <b>A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	n Public charity stat (if section 501(c)(	us Direct controlling 3)) entity
THE LLS OF CANADA					
804-2 LANSING SQUARE TORONTO M2J4P8 CA	SCHED O	CA			NA
THE LLS RESEARCH PROGRAMS INC					
1311 MAMARONECK AVENUE WHITE PLAINS, NY10605 13-3470494	SCHED O	DE	501	11B	NA
THE LLS RESEARCH FOUNDATION  1311 MAMARONECK AVENUE WHITE PLAINS, NY10605 13-3709252	SCHED O	DE	501	118	NA

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V	Transactions v	with Related	Organizations
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Schedule R (Form 990) 2008					Pa	age 3
Part V Transactions with Related Organization	ons					
Note. Complete line 1 if any entity is listed in Parts II, I	II or IV				Yes	No
$oldsymbol{1}$ During the tax year, did the orgranization engage in any of $oldsymbol{t}$	he following transactions with o	one or more related organizations listed in Parts II-IV	77			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) re	nt from a controlled entity		Ī	1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s	;)		1	1b		No
<b>c</b> Gift, grant, or capital contribution from other organization	n(s)		1	1c		No
<b>d</b> Loans or loan guarantees to or for other organization(s)			ī	1d	Yes	
<b>e</b> Loans or loan guarantees by other organization(s)			1	1e		No
<b>f</b> Sale of assets to other organization(s)			 	1f		No
<b>g</b> Purchase of assets from other organization(s)			Ī	1g		No
h Exchange of assets			Ī	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)						
j Lease of facilities, equipment, or other assets from other	organization(s)		<u> </u>	1j		No
k Performance of services or membership or fundraising s	olicitations for other organization	on(s)	1	1k		No
l Performance of services or membership or fundraising so	licitations by other organizatio	n(s)	[:	1I		No
m Sharing of facilities, equipment, mailing lists, or other as	sets		Ī	1m		No
n Sharing of paid employees			1	1n		No
• Reimbursement paid to other organization for expenses			<u> </u>  1	1o		No
P Reimbursement paid by other organization for expenses			la la la la la la la la la la la la la l	1p		No
, , , , , , , , , , , , , , , , , , , ,			T T			
<b>q</b> Other transfer of cash or property to other organization(	s)		1	1q		No
r Other transfer of cash or property from other organizatio	n(s)		[:	1r		No
2 If the answer to any of the above is "Yes," see the instru	ctions for information on who m	oust complete this line, including covered relationship	s and transaction thresholds			
		(B)	(C)			
(A) Name of other organization(s)		Transaction type(a-r)	Amount Involved			

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY OF	D	446,503
(2)	CANADA		
(3)			
(4)			
(5)			
(6)			

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	T	ı	(5)		· -			1	1	
<b>(A)</b> Name, address, and EIN of entity	(B) Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(C) Legal domicile (state or foreign country)  (D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		