


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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1311 MAMARONECK AVENUE ROOM/SUITE 310

Room/suite

City or town, state or country, and ZIP + 4

WHITE PLAINS, NY 10605

F Name and address of principal officer

JOHN WALTER

1311 MAMARONECK AVENUE

WHITE PLAINS, NY 10605

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) ( 3 ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW LLS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1949

M State of legal domicile

NY

Part I

Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities 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		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	33
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
Revenue	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	2,087
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	3,000,000
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-6,739
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
Expenses	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	268,661,802	238,276,411
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,638,674	5,945,189
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,477,294	2,522,446
Net Assets or Fund Balances	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	277,777,770	246,744,046
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	90,994,934	85,577,867
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 44,205,434	88,469,224	81,834,903
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,542,900	9,299,646
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		
Sign Here	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	74,131,495	73,769,925
			263,138,553	250,482,341
			14,639,217	-3,738,295
Paid Preparer's Use Only	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	217,104,128	221,660,340
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	114,241,808	112,213,271
			102,862,320	109,447,069

Part II

Signature Block

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

Signature of officer

2011-02-03

Date

JAMES T NANGLE SENIOR VICE PRESIDENT & CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

KPMG LLP

Date

2011-02-03

Check if self-employed

☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

KPMG LLP  
345 PARK AVENUE  
NEW YORK, NY 101540102

EIN

Phone no

(212) 758-9700

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

☒ Yes ☐ No

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

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

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?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 68,144,902 including grants of \$ 65,515,876 ) (Revenue \$ )
A) RESEARCH PROGRAMS WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES. LLS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS, AS SOON AS POSSIBLE. (CONTINUED ON SCHEDULE O) TO DATE, LLS HAS INVESTED MORE THAN 750 MILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE LONGER, HEALTHY LIVES. WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY. IN FISCAL YEAR 2010, LLS SUPPORTED RESEARCH IN THE U S , CANADA, AND 9 OTHER COUNTRIES. RESEARCH FUNDING WAS DISPERSED ACROSS ALL BLOOD CANCER CATEGORIES, INCLUDING LEUKEMIA RESEARCH APPROXIMATELY 25 MILLION LYMPHOMA RESEARCH APPROXIMATELY 18 MILLION THERAPY ACCELERATION APPROXIMATELY 8 MILLION BASIC BIOLOGY APPROXIMATELY 6 MILLION MYELOMA RESEARCH APPROXIMATELY 4 MILLION IMMUNOTHERAPY APPROXIMATELY 4 MILLION STEM CELL APPROXIMATELY 1 MILLION OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY -BUILDING A FOCUSED RESEARCH WORK-FORCE ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN THE BLOOD CANCER RESEARCH FIELD -TURNING DISCOVERIES INTO CLINICAL PROGRESS. BASIC SCIENCE DISCOVERIES MUST BE TRANSLATED INTO NEW, SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES. -SUPPORTING SYNERGY. LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES. -FILLING A VOID RESEARCH PROJECTS THAT ARE HIGH-RISK OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY THE GOVERNMENT OR BY FOR-PROFIT COMPANIES. LLS SUPPORTS MANY PROMISING PROJECTS THAT MIGHT OTHERWISE NEVER PROVIDE ADVANCES FOR THE BLOOD CANCER PATIENTS WHO NEED THEM. -INCREASING ACCESS TO CLINICAL TRIALS. PARTNERING WITH LEADING CLINICAL TRIAL CENTERS CAN ACCELERATE THE CLINICAL TESTING OF NEW BLOOD CANCER THERAPIES THAT ARE OFTEN A PATIENT’S BEST CHANCE FOR CURE. 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. 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 INVESTIGATIONS 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	(Code ) (Expenses \$ 73,274,140 including grants of \$ 20,061,991 ) (Revenue \$ )
B) PATIENT & COMMUNITY SERVICES. AN ESTIMATED 957,902 PEOPLE ACROSS THE UNITED STATES (US) 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 4.7 MILLION CONTACTS WITH PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS. (CONTINUED ON SCHEDULE O) -TELECONFERENCES & WEBCASTS. LLS SPONSORS TELECONFERENCES AND WEB CASTS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTH CARE PROFESSIONALS ON LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES. A CALENDAR OF THESE FREE EVENTS AND ARCHIVES OF PAST EVENTS ARE AVAILABLE IN THE "NATIONAL EDUCATION PROGRAMS" SECTION OF WWW.LLS.ORG. 438,105 TELEPHONE AND WEB-BASED PROGRAM PARTICIPANTS IN 2010. -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 LLS CHAPTERS. 1,207,000 PRINTED BOOKLETS, BROCHURES, FACT SHEETS AND DVDS DISTRIBUTED IN 2010. MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/FREEMATERIALS. DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH. -CHAPTER-BASED PROGRAMS. EACH LLS CHAPTER 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. 42,848 PATIENT AND CAREGIVER PARTICIPANTS IN 2010. 11,953 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2010. EACH OF THE FOLLOWING FOUR PROGRAMS ARE OFFERED THROUGH ALL OF OUR CHAPTERS. 1 NEW DIRECTIONS IN BLOOD CANCER THERAPIES. THIS PROGRAM PROVIDES PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS 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. 2 LIVING WITH MYELOMA. AN OVERVIEW OF DIAGNOSIS AND TREATMENT. THIS PROGRAM PROVIDES PATIENTS, FAMILY MEMBERS AND CAREGIVERS WITH THE LATEST INFORMATION ON MYELOMA AND MYELOMA THERAPY, INCLUDING A QUESTION AND ANSWER SESSION WITH A MEDICAL EXPERT IN THEIR COMMUNITY. 3 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. 4 WELCOME BACK. FACILITATING THE SCHOOL EXPERIENCE FOR CHILDHOOD CANCER SURVIVOR. 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. 1 FAMILY SUPPORT GROUPS. LLS HAS DEVELOPED NEARLY 531 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA. LLS ALSO HAS MORE THAN 930 VOLUNTEER SUPPORT GROUP FACILITATORS WITH 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. 10,420 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2010. 2 FIRST CONNECTION. FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS. A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT. THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS. 5,376 FIRST CONNECTIONS IN 2010. 3 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. 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. 40,392 PATIENT FINANCIAL AID RECIPIENTS IN 2010. 4 CO-PAY ASSISTANCE PROGRAM. THIS ASSISTANCE PROGRAM HELPS PATIENTS 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. 5536 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2010. 5 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 PERSONNEL AND PARENTS DISCUSSES POSSIBLE EMOTIONAL 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. IN FISCAL YEAR 2010, 2,609 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 67 WELCOME BACK PROGRAMS ACROSS THE USA AND CANADA. -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.	

4c	(Code ) (Expenses \$ 36,746,427 including grants of \$ ) (Revenue \$ )
C) PUBLIC HEALTH EDUCATION. INFORMATION AND EDUCATION NATIONAL PROGRAMS. INFORMATION RESOURCE CENTER. THE INFORMATION RESOURCE CENTER (IRC) PROVIDES INFORMATION 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. (CONTINUED ON SCHEDULE O) 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. 77,159 INQUIRIES IN 2010. TRANSLATION SERVICES AVAILABLE IN MORE THAN 165 LANGUAGES ONLINE. ENGAGEMENT. THE LLS WEBSITE 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. PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS CAN INTERACT WITH LLS IN CONVENIENT AND PERSONAL WAYS THROUGH SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS. 3.6 MILLION UNIQUE VISITS TO PATIENT SERVICES/DISEASE INFORMATION PAGES IN 2010. 176,847 ENEWSLETTER SUBSCRIBERS. 113,493 BLOOD CANCER DISCUSSION BOARDS. UNIQUE VISITS: 103,994 TELECONFERENCE. PODCASTS: DOWNLOADS.	

4d	Other program services (Describe in Schedule O ) See also Additional Data for Description
	(Expenses \$ 7,863,476 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses➤\$ 186,028,945

Part IV

Checklist of Required Schedules

		Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes					
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes					
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.							
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.							
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>12A Yes</td></tr></table>	Yes	No		12A Yes			
Yes	No							
	12A Yes							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 United States? If "Yes," complete Schedule F, Part I 	14b	Yes					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	Yes					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16		No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	Yes					
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No				

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	1,152		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	2,087		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	Yes	
b If "Yes," enter the name of the foreign country: CA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	Yes	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property 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 premiums on a personal benefit contract? . . . . .			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f		No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . .			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	33	
b	Enter the number of voting members that are independent . . . . .	1b	31	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	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 undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶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 , WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 (914) 949-5213

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

• 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

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

Form **990** (2009)

1b	Total	2,154,198	268,030
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶81

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
PARADYSZ MATERA 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	SUPPORTING SERV	3,985,110
DIRECT PRINT COMMUNICATIONS 201 EAST SANDPIPE SUITE 400 SANTA ANA, CA 92707	SUPPORTING SERV	2,765,429
MSP PO BOX 641114 PITTSBURGH, PA 15264	SUPPORTING SERV	2,733,597
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE AKRON, OH 44333	SUPPORTING SERV	2,454,336
ROBERT MICHAEL EDUCATIONAL INSTITUT 617 STATION AVENUE HADDON HEIGHTS, NJ 08035	SUPPORT SERVICE	2,150,849
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶49		



Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a2,635,020	238,276,411			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c150,595,888				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e501,561				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f84,543,942				
	g	Noncash contributions included in lines 1a-1f \$ 412,179					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,954,148		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .		8,491			8,491
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		991,041		-6,739	997,780
8a		Gross income from fundraising events (not including \$ 150,595,888 of contributions reported on line 1c) See Part IV, line 18 . . . .		34,842,414			
		a					
		b					
b	Less direct expenses . . . . .		34,842,414				
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19 . . . .		826,998				
	a						
	b						
b	Less direct expenses . . . . .		238,877				
c	Net income or (loss) from gaming activities . .		588,121	588,121			
10a	Gross sales of inventory, less returns and allowances . . . .						
	a						
	b						
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a	GRANT TERMINATIONS		541,900	1,897,430			1,897,430
b	OTHER MISCELLANEOUS		900,099	28,404			28,404
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			1,925,834			
12	Total revenue. See Instructions . . . . .			246,744,046	588,121	-6,739	7,886,253

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	59,486,805	59,486,805		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	20,061,991	20,061,991		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	6,029,071	6,029,071		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	842,097	629,920	96,135	116,042
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	61,996,074	46,375,317	7,077,546	8,543,211
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,085,026	2,944,324	451,095	689,607
9	Other employee benefits . . . . .	10,397,524	7,494,122	1,148,163	1,755,239
10	Payroll taxes . . . . .	4,514,182	3,253,642	498,486	762,054
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	547,944	287,986	88,829	171,129
c	Accounting . . . . .	290,180	152,511	47,042	90,627
d	Lobbying . . . . .	69,750	36,657	11,307	21,786
e	Professional fundraising See Part IV, line 17 . . . . .	9,299,646			9,299,646
f	Investment management fees . . . . .	558,368	293,465	90,518	174,385
g	Other . . . . .	11,733,772	6,166,971	1,902,211	3,664,590
12	Advertising and promotion . . . . .	4,105,785	1,728,464	751,479	1,625,842
13	Office expenses . . . . .	33,285,307	14,564,003	5,421,889	13,299,415
14	Information technology . . . . .	3,296,375	1,732,491	534,389	1,029,495
15	Royalties . . . . .				
16	Occupancy . . . . .	8,324,067	6,010,970	989,754	1,323,343
17	Travel . . . . .	1,907,526	1,407,448	222,128	277,950
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	4,405,367	3,698,619	316,358	390,390
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	1,763,665	1,240,461	178,086	345,118
23	Insurance . . . . .	527,705	369,622	51,724	106,359
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	MISCELLANEOUS	2,679,419	1,948,443	320,546	410,430
b	DUES & SUBSCRIPTIONS	274,695	115,642	50,277	108,776
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	250,482,341	186,028,945	20,247,962	44,205,434
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	21,448,925	10,527,255		10,921,670

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			26,580,133	2	19,677,285
	3	Pledges and grants receivable, net . . . . .			21,462,843	3	16,815,436
	4	Accounts receivable, net . . . . .			401,467	4	199,138
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			4,110,133	9	4,262,608
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	12,858,777			
	b	Less accumulated depreciation . . . . .	10b	7,852,339	4,494,218	10c	5,006,438
	11	Investments—publicly traded securities . . . . .			141,373,506	11	128,755,483
	12	Investments—other securities See Part IV, line 11 . . . . .			18,681,828	12	46,943,952
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			217,104,128	16	221,660,340
Liabilities	17	Accounts payable and accrued expenses . . . . .			14,237,670	17	15,911,173
	18	Grants payable . . . . .			85,117,561	18	79,972,494
	19	Deferred revenue . . . . .			14,886,577	19	16,329,604
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			114,241,808	26	112,213,271
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			77,352,419	27	87,166,990
28		Temporarily restricted net assets . . . . .			22,815,500	28	19,507,519
29		Permanently restricted net assets . . . . .			2,694,401	29	2,772,560
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds . . . . .				30	
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
33		Total net assets or fund balances . . . . .			102,862,320	33	109,447,069
34		Total liabilities and net assets/fund balances . . . . .			217,104,128	34	221,660,340

**Part XI Financial Statements and Reporting**

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Employer identification number  
13-5644916

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	223,588,366	246,772,831	256,914,242	269,310,797	238,864,532	1,235,450,768
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	223,588,366	246,772,831	256,914,242	269,310,797	238,864,532	1,235,450,768
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1,235,450,768

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	223,588,366	6,538,216	256,914,242	269,310,797	238,864,532	1,235,450,768
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,459,726	6,538,216	7,451,748	6,950,554	4,962,639	30,362,883
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	1,773,903	1,446,752	1,098,580	2,816,918	1,925,834	9,061,987
11 Total support (Add lines 7 through 10)						1,274,875,638

12 Gross receipts from related activities, etc (See instructions )

12193,744,070

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	96 910 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97 070 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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



SCHEDULE 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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC INC	Employer identification number  13-5644916
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☒ No
- 4a

Was a correction made?

☐ Yes

☒ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☒ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
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			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		30,000
	e Publications, or published or broadcast statements?	Yes		8,000
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		15,000
	i Other activities? If "Yes," describe in Part IV	Yes		16,750
	j Total lines 1c through 1i			69,750
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	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	

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
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).		
a	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 (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	LLS IS A MEMBER OF A NUMBER OF COALITIONS INCLUDING RESEARCH AMERICA, ONE VOICE AGAINST CANCER, NATIONAL COALITION FOR CANCER RESEARCH, COALITION FOR THE ADVANCEMENT OF MEDICAL RESEARCH, AND ALLIANCE FOR A STRONGER FDA

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

**Employer identification number**  
  
13-5644916

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☒ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	4,481,610	5,228,375		
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .	563,236	-730,333		
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .	-20,944	-16,432		
g	End of year balance . . . . .	5,023,902	4,481,610		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 55 000 % %

c

Term endowment ▶ 45 000 % %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

No

(ii)

related organizations . . . . .

3a(ii)

No

b

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

3b

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,224,014	1,063,522	160,492
d Equipment . . . . .		6,649,622	4,103,453	2,546,169
e Other . . . . .		4,985,141	2,685,364	2,299,777
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,006,438



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1246,744,046
2	Total expenses (Form 990, Part IX, column (A), line 25)	2250,482,341
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-3,738,295
4	Net unrealized gains (losses) on investments	410,322,289
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8742,006
9	Total adjustments (net) Add lines 4 - 8	911,064,295
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	107,326,000

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1274,808,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a10,322,289	
b	Donated services and use of facilities . . . . .2b6,819,125	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d11,480,908	
e	Add lines 2a through 2d . . . . .	2e28,622,322
3	Subtract line 2e from line 1 . . . . .	3246,185,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a558,368	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5246,744,046

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1267,703,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a6,819,125	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d10,959,902	
e	Add lines 2a through 2d . . . . .	2e17,779,027
3	Subtract line 2e from line 1 . . . . .	3249,923,973
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a558,368	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5250,482,341

Part XIVSupplemental Information

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

Identifier	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
INTENDED USES FOR ENDOWMENT FUNDS	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
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	LSRP REVENUE 34,484 LLS CANADA REVENUE 11,446,309 ROUNDING FOR AUDITED FINANCIAL STATEMENTS 115 LLS CANADA EXPENSE -10,964,445 ROUNDING FOR AUDITED FINANCIAL STATEMENTS 4,543
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LSRP REVENUE 34,484 LLS CANADA REVENUE 11,446,309 ROUNDING FOR AUDITED FINANCIAL STATEMENTS 115
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	LLS CANADA EXPENSE 10,964,445 ROUNDING FOR AUDITED FINANCIAL STATEMENTS -4,543
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART III, LINE 1A THE LEUKEMIA & LYMPHOMA SOCIETY MAINTAINS A SMALL PHOTOGRAPH COLLECTION FOR PUBLIC EXHIBITION WHICH HAS AN ESTIMATED VALUE BETWEEN 20,000 AND 50,000 AS THIS REPRESENTS A RELATIVELY SMALL PERCENTAGE OF LLS'S ASSETS, IT IS NOT SEPARATELY DISCLOSED IN THE FINANCIAL STATEMENTS OR FOOTNOTES PART X, LINE 2 IN 2010, LLS ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES LLS EVALUATED THE IMPACT OF ADOPTING THE ACCOUNTING AND DISCLOSURE REQUIREMENTS OF ASC 740 FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THERE WAS NO SIGNIFICANT IMPACT TO LLS'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF ASC740 PART XI, LINE 8 RECONCILIATION OF CHANGE IN NET ASSETS ON A CONSOLIDATED BASIS TO SEPARATE COMPANY BASIS CHANGE IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS 7,326,000 PLUS CHANGE IN NET ASSETS LLS CANADA (481,864) PLUS LLSRF AND LLSRP ACTIVITY (33,729) PLUS FOREIGN CURRENCY TRANSLATION ADJUSTMENT (221,000) PLUS AUDITED FINANCIAL STATEMENT ROUNDING (4,658) EQUALS CHANGE IN NET ASSETS PER 990 6,584,749 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

Additional Data

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
PACIFIC HEDGED STRATEGIES	17,038,500	F
GROSVENOR FUND	16,899,115	F
RAFI OPERATING	6,369,633	F
RAFI INTERNATIONAL	4,326,037	F
PRINCIPAL 457B	545,572	F
PACIFIC HEDGED ENDOWMENT	503,076	F
GROSVENOR ENDOWMENT	502,470	F
RAFI INTERNATIONAL ENDOWMENT	450,000	F
RAFI POOLED ENDOWMENT	306,345	F
OTHER	3,204	F



**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

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

OMB No 1545-0047

# 2009

## Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETY INC  
INC

Employer identification number

13-5644916

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA	6	6	RESEARCH FUNDING	RESEARCH GRANTS	2,005,000
NORTH AMERICA	12	12	RESEARCH FUNDING	RESEARCH GRANTS	1,635,071
EUROPE	9	9	RESEARCH FUNDING	RESEARCH GRANTS	2,189,000
MIDDLE EAST	1	1	RESEARCH FUNDING	RESEARCH GRANTS	200,000
<b>Totals . . . . . ▶</b>	28	28			6,029,071

[illegible]

28

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

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**

Additional Data

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & PACIFIC	RESEARCH GRANT	1,250,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	55,000	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			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	65,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	110,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	65,000	CHECK			
		EUROPE	RESEARCH GRANT	55,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	RESEACH GRANT	200,000	CHECK			
		EUROPE	RESEARCH GRANT	200,000	CHECK			
		EUROPE	RESEARCH GRANT	65,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	100,000	CHECK			
		EUROPE	RESEARCH GRANT	200,000	CHECK			
		EUROPE	RESEARCH GRANT	54,000	CHECK			
		EUROPE	RESEARCH GRANT	1,250,000	CHECK			
		EUROPE	RESEARCH GRANT	110,000	CHECK			
		EUROPE	RESEARCH GRANT	200,000	CHECK			
		EUROPE	RESEARCH GRANT	55,000	CHECK			
		NORTH AMERICA	THERAPY ACCELERATION	307,026	CHECK			
		NORTH AMERICA	THERAPY ACCELERATION	26,159	CHECK			
		NORTH AMERICA	THERAPY ACCELERATION	6,886	CHECK			

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Employer identification number  
13-5644916

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PARADYSZ MATERA	DIRECT MAI		No		3,985,110	-3,985,110
DIRECT PRINT COMMUNICATIONS	DIRECT MAI		No		2,765,429	-2,765,429
INFOCISION	TELEMARKET		No		2,454,336	-2,454,336
THOMPSON HABIB DENISON	DIRECT MAI		No		614,771	-614,771
PIDI	DIRECT MAI		No		198,149	-198,149
HAINES COAMERICALIST	TELEMARKET		No		145,114	-145,114
Total . . . . . ▶					10,162,909	

3

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		NIKE WOMEN'S MA (event type)	ROCK N ROLL MAR (event type)	729 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	12,995,811	11,929,170	160,513,321
	2	Less Charitable contributions . . . . .	10,030,184	8,552,760	132,012,944
	3	Gross income (line 1 minus line 2) . . . . .	2,965,627	3,376,410	28,500,377
Direct Expenses	4	Cash prizes . . . . .			
	5	Non-cash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	2,965,627	3,376,410	28,500,377
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			34,842,414
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .		826,998	826,998
	2	Cash prizes . . . . .		24,350	24,350
Direct Expenses	3	Non-cash prizes . . . . .		211,436	211,436
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .		3,091	3,091
	6	Volunteer labor . . . . . <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 12 000 % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			238,877
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			588,121

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

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> 2 000 %		
<b>b</b>	An outside facility . . . . . <b>13b</b> 98 000 %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► JAMES T NANGLE CFO			
Address ► 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	No
<b>b</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 ► \$		



Additional Data

Software ID:  
Software Version:  
EIN: 13-5644916  
Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	CA, CT, FL, LA, MD, MI, MN, NY, OH, PA, RI, TX, WI, AZ, GA, MA, DC, NJ, NV, VA, WA
---	--

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
13-5644916

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

300

3

Enter total number of other organizations . . . . .

309



Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE CHANIN 302B 1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	3	200,000				RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE CHANIN 302B 1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	3	200,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE6621 FANNIN STREET MC3-3320 HOUSTON,TX 77030	74-1613878	3	110,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINEGRANTS CONTRACTS ONE BAYLOR PLAZ HOUSTON,TX 770303498	74-1613878	3	200,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINEGRANTS CONTRACTS ONE BAYLOR PLAZ HOUSTON,TX 770303498	74-1613878	3	65,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE1102 BATES ST HOUSTON,TX 77030	74-1613878	3	1,250,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINEGRANTS CONTRACTS ONE BAYLOR PLAZ HOUSTON,TX 770303498	74-1613878	3	200,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINEROOM S303 ONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	3	110,000				RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE C OFFICE OF SPONSORED RESEARCH 1450 E DUARTE,CA 910103000	95-3432210	3	200,000				RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTEOFFICE OF RESEARCH FINANCE 330 BRO BOSTON,MA 02215	04-2103881	3	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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD RESEARCH INSTITUTE BLOOD CE8727 W WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0807235	3	110,000				RESEARCH GRANT
BOSTON UNIVERSITY B U MEDICAL CAMP80 EAST CONCORD STREET ROOM K521 BOSTON, MA 02118	04-2103547	3	200,000				RESEARCH GRANT
BRANDEIS UNIVERSITY415 SOUTH STREET MS029 WALTHAM, MA 024549110	04-2103552	3	55,000				RESEARCH GRANT
BRANDEIS UNIVERSITY415 SOUTH STREET MS029 WALTHAM, MA 02454	04-2103552	3	55,000				RESEARCH GRANT
BRIGHAM & WOMENS HOSPITAL75 FRANCIS ST BOSTON, MA 02115	04-2312909	3	1,250,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITALRESEARCH MANAGEMENT POBOX 3149 BOSTON, MA 022413149	04-2312909	3	65,000				RESEARCH GRANT
BROWN UNIVERSITY171 MEETING PLACE BOX GB-6 581 B PROVIDENCE, RI 02912	05-0258809	3	110,000				RESEARCH GRANT
BURNHAM INSTITUTE FOR MEDICAL RESEA10901 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	51-0197108	3	55,000				RESEARCH GRANT
CBR INSTITUTE OF BIOMEDICAL RESEARC200 LONGWOOD AVENUE BOSTON, MA 02115	53-0199180	3	1,250,000				RESEARCH GRANT
CHILDRENS HOSPITAL OF PHILADELPHIA3615 CIVIC CENTER BOULEVARD PHILADELPHIA, PA 19104	23-1352166	3	1,250,000				RESEARCH GRANT

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

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CHILDRENS HOSPITAL OF PHILADELPHIA3615 CIVIC CENTER BOULEVARD PHILADELPHIA,PA 19104	23-1352166	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL OF PHILADELPHIA3615 CIVIC CENTER BOULEVARD PHILADELPHIA,PA 191781457	23-1352166	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL OF PHILADELPHIA3615 CIVIC CENTER BOULEVARD PHILADELPHIA,PA 19104	23-1352166	3	200,000				RESEARCH GRANT
CHILDREN'S HOSPITAL BOSTONKARP 08211 300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD MAILSTOP 136 LOS ANGELES,CA 90027	95-1690977	3	200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD MAILSTOP 136 LOS ANGELES,CA 90027	95-1690977	3	200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD MAILSTOP 136 LOS ANGELES,CA 90027	95-1690977	3	200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD MAILSTOP 136 LOS ANGELES,CA 90027	95-1690977	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER-C7013 3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER-C7013 3333 BURNET AVENUE CINCINNATI,OH 452293039	31-0833936	3	110,000				RESEARCH GRANT

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CITY OF HOPE NATIONAL MEDICAL CENTE ATTENTION GRANTS CONTRACTS MANAGE DUARTE,CA 910103000	95-3435919	3	200,000				RESEARCH GRANT
COLD SPRING HARBOR LABORATORY1 BUNGTOWN ROAD COLD SPRING HARBOR,NY 11724	11-1631792	3	1,250,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST NICHOLAS AVENUE NEWYORK,NY 10032	13-5598093	3	1,250,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST NICHOLAS AVENUE NEWYORK,NY 10032	13-5598093	3	110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST NICHOLAS AVENUE NEWYORK,NY 10032	13-5598093	3	110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST NICHOLAS AVENUE NEWYORK,NY 10032	13-5598093	3	110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST NICHOLAS AVENUE NEWYORK,NY 10032	13-5598093	3	200,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST NICHOLAS AVENUE NEWYORK,NY 10032	13-5598093	3	65,000				RESEARCH GRANT
COLUMBIA UNIVERSITY ICRC 1130 ST NICHOLAS AVEICRC 9TH NEWYORK,NY 10032	13-5598093	3	200,000				RESEARCH GRANT
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS 1300 YORK NEWYORK,NY 10021	13-3376695	3	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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS 1300 YORK NEW YORK,NY 10021	13-3376695	3	65,000				RESEARCH GRANT
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS 1300 YORK NEW YORK,NY 10021	13-3376695	3	200,000				RESEARCH GRANT
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS 1300 YORK NEW YORK,NY 10021	13-3376695	3	200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	100,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	110,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	55,000				RESEARCH GRANT



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

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DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	110,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DREXEL UNIVERSITY497 245 N 15TH STREET NCB ROOM 101 PHILADELPHIA,PA 19102	23-1352630	3	110,000				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 2200 DURHAM,NC 27705	56-0532129	3	65,000				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 2200 DURHAM,NC 27705	56-0532129	3	55,000				RESEARCH GRANT

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

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DUKE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 2200 DURHAM,NC 27710	56-0532129	3	55,000				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 2200 DURHAM,NC 27710	56-0532129	3	110,000				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 2200 DURHAM,NC 27710	56-0532129	3	110,000				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 2200 DURHAM,NC 27710	56-0532129	3	110,000				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 2200 DURHAM,NC 27710	56-0532129	3	110,000				RESEARCH GRANT
EMORY UNIVERSITY OFFICE OF GRANTS RESEARCH 1599 C ATLANTA,GA 30322	58-0566256	3	110,000				RESEARCH GRANT
EMORY UNIVERSITY OFFICE OF GRANTS RESEARCH 1599 C ATLANTA,GA 30322	58-0566256	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 98109	23-7156071	3	1,250,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 98109	23-7156071	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 98109	23-7156071	3	65,000				RESEARCH GRANT

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FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 98109	23-7156071	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 981091024	23-7156071	3	55,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 981091024	23-7156071	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE,WA 981091024	23-7156071	3	65,000				RESEARCH GRANT
H LEE MOFFITT CANCER CENTER & RESESRB-2 12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-3238636	3	200,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOLSPPONSORED PROGRAMS ADMINISTRATION BOSTON,MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOLSPPONSORED PROGRAMS ADMINISTRATION BOSTON,MA 02115	53-0199180	3	65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOLSPPONSORED PROGRAMS ADMINISTRATION BOSTON,MA 02115	53-0199180	3	65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOLSPPONSORED PROGRAMS ADMINISTRATION BOSTON,MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOLSPPONSORED PROGRAMS ADMINISTRATION BOSTON,MA 02115	53-0199180	3	65,000				RESEARCH GRANT

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HARVARD MEDICAL SCHOOLSponsored PROGRAMS ADMINISTRATION BOSTON,MA 02115	53-0199180	3	65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOLSponsored PROGRAMS ADMINISTRATION BOSTON,MA 02115	53-0199180	3	110,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLICHealth BUILDING ROOM 205 651 HUNTINGTON BOSTON,MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLICHealth BUILDING ROOM 205 651 HUNTINGTON BOSTON,MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED ROSWELL ELM CARLTON STREETS BUFFALO,NY 14263	14-1402155	3	110,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED ROSWELL ELM CARLTON STREETS BUFFALO,NY 14263	04-2158520	3	100,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	65,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	65,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	200,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	55,000				RESEARCH GRANT

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IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	65,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE INCCLSB-THIRD FLOOR 3 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520	3	55,000				RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK,NY 10021	13-3376695	3	65,000				RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK,NY 10065	13-3376695	3	200,000				RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK,NY 10021	13-3376695	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITYRESEARCH ACCOUNTING 1101 EAST 33RD BALTIMORE,MD 21231	52-0595110	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITYRESEARCH ACCOUNTING 1101 EAST 33RD BALTIMORE,MD 21218	52-0595110	3	200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITYRESEARCH ACCOUNTING 1101 EAST 33RD BALTIMORE,MD 21218	52-0595110	3	200,000				RESEARCH GRANT

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JOHNS HOPKINS UNIVERSITYRESEARCH ACCOUNTING 1101 EAST 33RD BALTIMORE, MD 21218	52-0595110	3	65,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITYRESEARCH ACCOUNTING 1101 EAST 33RD BALTIMORE, MD 21218	52-0595110	3	200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITYCRB I ROOM 243 1650 ORLEANS STREET BALTIMORE, MD 21231	52-0595110	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITYCRB I ROOM 243 1650 ORLEANS STREET BALTIMORE, MD 21287	52-0595110	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF CRB I ROOM 243 1650 ORLEANS STREET BALTIMORE, MD 21231	52-0595110	3	200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF 733 N BROADWAY BRB 473 BALTIMORE, MD 21205	52-0595110	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF 550 NORTH BROADWAY SUITE 11 BALTIMORE, MD 21205	52-0595110	3	200,000				RESEARCH GRANT
LELAND STANFORD JUNIOR UNIVERSITY (5175 269 CAMPUS DRIVE CCSR 4215 BIG OAK FLAT, CA 95305	94-1156365	3	200,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THERESEARCH FINANCE 50 STANIFORD STRE BOSTON, MA 021142554	04-1564655	3	55,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THERESEARCH FINANCE 50 STANIFORD STRE BOSTON, MA 021142554	04-1564655	3	55,000				RESEARCH GRANT

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MASSACHUSETTS GENERAL HOSPITAL (THERESEARCH FINANCE 50 STANIFORD STRE BOSTON,MA 02114	04-1564655	3	65,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THERESEARCH FINANCE 50 STANIFORD STRE BOSTON,MA 02114	04-1564655	3	55,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THERESEARCH FINANCE 50 STANIFORD STRE BOSTON,MA 02114	04-1564655	3	65,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THERESEARCH FINANCE 50 STANIFORD STRE BOSTON,MA 02114	04-1564655	3	110,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THEROOM 7330 149 13TH STREET CHARLESTOWN,MA 02129	04-1564655	3	65,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE E17-52 CAMBRIDGE,MA 02139	04-2103594	3	55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE E17-52 CAMBRIDGE,MA 02139	04-2103594	3	55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE E17-52 CAMBRIDGE,MA 02139	04-2103594	3	55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE E17-52 CAMBRIDGE,MA 02139	04-2103594	3	55,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATIONRESEARCH ADMINISTRATIVE SERVICES 2 ROCHESTER,MN 55905	41-1506440	3	100,000				RESEARCH GRANT

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MAYO CLINIC & FOUNDATIONRESEARCH ADMINISTRATIVE SERVICES 2 ROCHESTER,MN 55905	41-1506440	3	110,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATIONRESEARCH ADMINISTRATIVE SERVICES 2 ROCHESTER,MN 55905	41-1506440	3	200,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATIONRESEARCH ADMINISTRATIVE SERVICES 2 ROCHESTER,MN 55905	41-1506440	3	55,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATIONRESEARCH ADMINISTRATIVE SERVICES 2 ROCHESTER,MN 55905	41-1506440	3	110,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATIONRESEARCH ADMINISTRATIVE SERVICES 2 ROCHESTER,MN 55905	41-1506440	3	200,000				RESEARCH GRANT
MAYO CLINIC ARIZONA DBA MAYO CLI13400 EAST SHEA BOULEVARD MCCR B 3-0 SCOTTSDALE,AZ 85259	86-0800150	3	200,000				RESEARCH GRANT
MEDICAL COLLEGE OF WISCONSINMEDICAL COLLEGE OF WISCONSIN 8701 W MILWAUKEE,WI 53226	39-0806261	3	110,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK,NY 10021	91-2154267	3	55,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK,NY 10065	91-2154267	3	200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK,NY 10021	91-2154267	3	200,000				RESEARCH GRANT



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MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK, NY 10065	91-2154267	3	200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK, NY 10021	91-2154267	3	1,250,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK, NY 10021	91-2154267	3	200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK, NY 10021	91-2154267	3	55,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVEBOX 4 NEW YORK, NY 10065	91-2154267	3	55,000				RESEARCH GRANT
NEVADA CANCER INSTITUTEONE BREAKTHROUGH WAY LAS VEGAS, NV 89135	04-3632553	3	65,000				RESEARCH GRANT
NEW ENGLAND MEDICAL CENTER HOSPITAL5609 750 WASHINGTON BOSTON, MA 02111	04-3400617	3	55,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE GBH-SC1-47 NEW YORK, NY 10016	13-6171197	3	200,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE GBH-SC1-47 NEW YORK, NY 10016	13-6171197	3	55,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE GBH-SC1-47 NEW YORK, NY 10016	13-6171197	3	65,000				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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE GBH-SC1-47 NEW YORK,NY 10016	13-6171197	3	110,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET LURIE BUI CHICAGO,IL 60611	36-2656113	3	200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET LURIE BUI CHICAGO,IL 60611	36-2656113	3	65,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET LURIE BUI CHICAGO,IL 60611	36-2656113	3	55,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET LURIE BUI CHICAGO,IL 60611	36-2656113	3	200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET LURIE BUI CHICAGO,IL 60611	36-2656113	3	1,250,000				RESEARCH GRANT
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROA COLUMBUS,OH 432101063	31-6401599	3	1,250,000				RESEARCH GRANT
OHIO STATE UNIVERSITY 892 BIOMEDICAL RESEARCH TOWER 460 COLUMBUS,OH 432102207	31-6401599	3	110,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY3181 SW SAM JACKSON PARK RD L5 PORTLAND,OR 97239	23-7083114	3	110,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY SPONSORED PROJECTS ADMINISTRATION PORTLAND,OR 97201	23-7083114	3	1,250,000				RESEARCH GRANT

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OREGON HEALTH & SCIENCE UNIVERSITY L103A 3181 SW SAM JACKSON PARK RD PORTLAND,OR 972393098	23-7083114	3	110,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 2 NEWYORK,NY 10065	13-1624158	3	55,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 2 NEWYORK,NY 10065	13-1624158	3	55,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 2 NEWYORK,NY 10065	13-1624158	3	110,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 2 NEWYORK CITY,NY 10065	13-1624158	3	55,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 2 NEWYORK CITY,NY 10065	13-1624158	3	55,000				RESEARCH GRANT
STANFORD UNIVERSITY STANFORD CANCER CENTER PALO ALTO,CA 94304	94-1156365	3	1,250,000				RESEARCH GRANT
STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	3	65,000				RESEARCH GRANT
STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	3	200,000				RESEARCH GRANT
STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	3	200,000				RESEARCH GRANT

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STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	3	65,000				RESEARCH GRANT
STANFORD UNIVERSITY 5152 CCSR-SOUTH RM 1255269 CAMPUS STANFORD,CA 94305	94-1156365	3	110,000				RESEARCH GRANT
STANFORD UNIVERSITY 5152 269 CAMPUS DRIVE 1245CCSR SOU STANFORD,CA 943055152	94-1156365	3	200,000				RESEARCH GRANT
STANFORD UNIVERSITYMC 5149 269 CAMPUS DRIVECCSR 1215A STANFORD,CA 943055149	94-1156365	3	110,000				RESEARCH GRANT
STANFORD UNIVERSITY 5166 269 CAMPUS DRIVE CCSR 2215 STANFORD,CA 94305	94-1156365	3	200,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA1000 EAST 50TH STREET KANSAS CITY,MO 64110	43-6384454	3	55,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA1000 EAST 50TH STREET KANSAS CITY,MO 64110	43-6384454	3	55,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA1000 EAST 50TH STREET KANSAS CITY,MO 64110	43-6384454	3	65,000				RESEARCH GRANT
TBD1311 MAMARONECK AVENUE WHITE PLAINS,NY 10605		N/A	100,000				RESEARCH GRANT
TBD1311 MAMARONECK AVENUE WHITE PLAINS,NY 10605		N/A	431,000				RESEARCH GRANT

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THE SALK INSTITUTE FOR BIOLOGICAL S10010 NORTH TORREY PINES ROAD LA JOLLA,CA 920371099	95-2160097	3	55,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTEMB-3 10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	33-0435954	3	110,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTEMB-3 10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	33-0435954	3	110,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTEMB-3 10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	33-0435954	3	55,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTEMB-3 10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	33-0435954	3	65,000				RESEARCH GRANT
UMDNJ--ROBERT WOOD JOHNSON MEDICALCENTER FOR ADVANCED BIOTECHNOLOGY A PISCATAWAY,NJ 08854	22-2552329	3	200,000				RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAMWTI 520C 1530 3RD AVENUE SOUTH BIRMINGHAM,AL 35294	63-6005396	3	110,000				RESEARCH GRANT
UNIVERSITY OF ARIZONA LIFE SCIENCES SOUTH BLDG RM 414 10 TUCSON,AZ 857210106	74-2652689	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA BERKELEY UNIVERSITY OF CALIFORNIA BERKELEY BERKELEY,CA 947203200	94-6002123	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA BERKELEYTHE REGENTS OF THE UNIVERSITY OF CA BERKELEY,CA 947201103	94-6002123	3	55,000				RESEARCH GRANT

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UNIVERSITY OF CALIFORNIA BERKELEYTHE REGENTS OF THE UNIVERSITY OF CA BERKELEY,CA 947201103	94-6002123	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA LOS ANGEL REGENTS OF THE UNIVERSITY OF CALIFO LOS ANGELES,CA 900951735	95-6006143	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA LOS ANGEL MBI RM 659 JAMES BOWIE LAB UCLA61 LOS ANGELES,CA 900951570	95-6006143	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA LOS ANGEL CHS 23-234 650 CE YOUNG DRIVE SOUTH LOS ANGELES,CA 90095	95-6006143	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA LOS ANGEL 10833 LECONTE AVENUECENTER FOR HEAL LOS ANGELES,CA 900951678	95-6006143	3	200,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO UCSD/OFF CTRCTS-GRTS ADMIN 9500 GI LA JOLLA,CA 920930934	95-6006144	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO UCSD/OFF CTRCTS-GRTS ADMIN 9500 GI LA JOLLA,CA 920930934	95-6006144	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC ROOM HSE1000A BOX 0414UNIVERSITY O SAN FRANCISCO,CA 94143	94-6036493	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 513 PARNASSUS BOX 05 SAN FRANCISCO,CA 94143	94-6036493	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC BOX 0414 513 PARNASSUS AVENUEROOM H SAN FRANCISCO,CA 941430414	94-6036493	3	65,000				RESEARCH GRANT

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UNIVERSITY OF CALIFORNIA SAN FRANC BOX 0519 513 PARNASSUS AVENUEHSE 30 SAN FRANCISCO ,CA 94143	94-6036493	3	200,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC N412F GENENTECH HALL SAN FRANCISCO ,CA 941582517	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 1270 505 PARNASSUS AVE SAN FRANCISCO ,CA 94143	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 600 16TH STREET BOX 22 SAN FRANCISCO ,CA 94158	94-6036493	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 505 PARNASSUS AVENUESUITE M1286 B SAN FRANCISCO ,CA 94143	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC1 IRVING STREET AC- SAN FRANCISCO ,CA 941430441	94-6036493	3	200,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC 513 PARNASSUS AVE BOX 0519 SAN FRANCISCO ,CA 941430519	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC REGENTS OF THE UNIVERSITY OF CALIFO SAN FRANCISCO ,CA 941430897	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA SAN FRANC REGENTS OF THE UNIVERSITY OF CALIFO SAN FRANCISCO ,CA 941430897	94-6036493	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIASAN FRANC I 1855 FOLSOM STREET SUITE 425 BOX SAN FRANCISCO ,CA 941430897	94-6036493	3	55,000				RESEARCH GRANT

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UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE MC 1089 CHICAGO,IL 60637	36-2177139	3	110,000				RESEARCH GRANT
UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE MC 1089 CHICAGO,IL 60637	36-2177139	3	200,000				RESEARCH GRANT
UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE MC 1089 CHICAGO,IL 60637	36-2177139	3	1,050,000				RESEARCH GRANT
UNIVERSITY OF CHICAGO UNIVERSITY RESEARCH ADMIN 970 EAST CHICAGO,IL 606371470	36-2177139	3	65,000				RESEARCH GRANT
UNIVERSITY OF CINCINNATI UNIVERSITY OF CINCINNATI MEDICAL CE CINCINNATI,OH 452670524	31-6000989	3	110,000				RESEARCH GRANT
UNIVERSITY OF COLORADO HEALTH SCIEN PO BOX 6508 FITZSIMONS BLDG 500 AURORA,CO 800450508	84-6000555	3	55,000				RESEARCH GRANT
UNIVERSITY OF COLORADO UNIVERSITY 8101 PO BOX 6511 AURORA CO AURORA,CO 80045	84-6000555	3	200,000				RESEARCH GRANT
UNIVERSITY OF ILLINOIS BOARD OF TRUSTEES 809 S MARSHFIEL CHICAGO,IL 606127205	37-6000511	3	110,000				RESEARCH GRANT
UNIVERSITY OF ILLINOIS - CHICAGO MAIL CODE 734 COLLEGE OF MEDICINE CHICAGO,IL 606123725	36-2177139	3	200,000				RESEARCH GRANT
UNIVERSITY OF IOWA 3-501 BOWEN SCIENCE BUILDING 51 NEW CORALVILLE,IA 52241	42-6004813	3	55,000				RESEARCH GRANT



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UNIVERSITY OF MARYLAND BALTIMOREATTN MGR RESTRICTED FUNDS ACCOUNT BALTIMORE, MD 212036428	52-6002033	3	200,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET LRB ROOM 622 WORCESTER,MA 01605	04-3167352	3	110,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET LRB ROOM 622 WORCESTER,MA 01605	04-3167352	3	110,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET LRB ROOM 622 WORCESTER,MA 01605	04-3167352	3	200,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET LRB ROOM 622 WORCESTER,MA 01605	04-3167352	3	55,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET LRB ROOM 622 WORCHESTER,MA 01655	04-3167352	3	55,000				RESEARCH GRANT
UNIVERSITY OF MIAMI SCHOOL OF MEDICPO BOX 016960 1611 NW 12TH AVENUE MIAMI,FL 33136	59-0624458	3	200,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN DIVISION OF HEMATOLOGY / ONCOLOGYD ANN ARBOR, MI 481090848	38-6006309	3	65,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 2200 109 ZINA PITCHER PLACE - ROOM ANN ARBOR, MI 48109	38-6006309	3	110,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 6308 CCGC SPC 5942 1500 EAST MEDIC ANN ARBOR, MI 481095942	38-6006309	3	200,000				RESEARCH GRANT

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UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DRIVE4312 CA ANN ARBOR, MI 48109	38-6006309	3	200,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S STATE ST -3089 WOLVERINE TO ANN ARBOR, MI 481095942	38-6006309	3	200,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S STATE ST -3089 WOLVERINE TO ANN ARBOR, MI 481091287	38-6006309	3	110,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S STATE ST -3089 WOLVERINE TO ANN ARBOR, MI 481091274	38-6006309	3	55,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S STATE ST -3089 WOLVERINE TO ANN ARBOR, MI 481091287	38-6006309	3	200,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTASPONSORED PROGRAMS ADMINISTRATION MINNEAPOLIS, MN 55455	41-6007513	3	110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITI6- 155 JACKSON HALL 321 CHURCH STREE MINNEAPOLIS, MN 554551214	41-6007513	3	110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITI MMC 109 420 DELAWARE STREET SE MINNEAPOLIS, MN 55455	41-6007513	3	200,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITI6- 256 BSBE 312 CHURCH ST SE MINNEAPOLIS, MN 55455	41-6007513	3	65,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA TWIN CITIE 312 CHURCH ST SE 6-116 NILS HASSE MINNEAPOLIS, MN 55405	41-6007513	3	110,000				RESEARCH GRANT

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UNIVERSITY OF MINNESOTA-TWIN CITIES SPONSORED PROGRAMS ADMINISTRATION MINNEAPOLIS,MN 55455	41-6007513	3	55,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA715 MEJB CB 7290 CHAPEL HILL,NC 275997290	56-6001393	3	200,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA715 MEJB CB 7290 CHAPEL HILL,NC 27599	56-6001393	3	65,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHACB 7295 102 MASON FARM ROAD CHAPEL HILL,NC 27599	56-6001393	3	110,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA104 AIRPORT DRIVE SUITE 2200 CHAPEL HILL,NC 275991350	56-6001393	3	200,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA101 MANNING DRIVE CHAPEL HILL,NC 27514	56-6001393	3	110,000				RESEARCH GRANT
UNIVERSITY OF OREGON INSTITUTE OF NEUROSCIENCE 1254 UNIV EUGENE,OR 97403	93-6001786	3	55,000				RESEARCH GRANT
UNIVERSITY OF OREGON 1229 INSTITUTE OF MOLECULAR BIOLOGY EUGENE,OR 974031229	93-6001786	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIABRB 2/3 ROOM 720 421 CURIE BOULEVAR PHILADELPHIA,PA 19104	23-1352685	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA2 MALONEY 3600 SPRUCE STREET PHILADELPHIA,PA 19104	23-1352685	3	200,000				RESEARCH GRANT

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UNIVERSITY OF PENNSYLVANIASTELLAR CHANCE BUILDING 422 CURIE B PHILADELPHIA,PA 19104	23-1352685	3	200,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIARESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA,PA 191046205	23-1352685	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIARESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA,PA 191046205	23-1352685	3	55,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIARESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA,PA 191046205	23-1352685	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA372E OLD VETPATHOBIOLOGY3800 SPRUCE PHILDELPHIA,PA 19014	23-1352685	3	55,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIARESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA,PA 191046205	23-1352685	3	200,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD PHILADELPHIA,PA 19104	23-1352685	3	1,250,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIARESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA,PA 191046205	23-1352685	3	200,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIARESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA,PA 191046205	23-1352685	3	55,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIARESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA,PA 191046205	23-1352685	3	65,000				RESEARCH GRANT

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UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES P-221 FRANKLIN B PHILADELPHIA, PA 19104 6205	23-1352685	3	55,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA 454 BRBII/III 421 CURIE BLVD PHILADELPHIA, PA 19104	23-1352685	3	110,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA ARM 264/266 JOHN MORGAN BUILDING 37 PHILADELPHIA, PA 19104	23-1352685	3	110,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 5117 CENTRE AVENUE SUITE 119A PITTSBURGH, PA 15213	25-0965591	3	200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 5117 CENTER AVEROOM 242E HILLMAN C PITTSBURGH, PA 15213	25-0965591	3	110,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH UPMC CANCER PAVILION 5685 150 CEN PITTSBURGH, PA 15232	25-0965591	3	200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 218A HILLMAN RESEARCH PAVILION 511 PITTSBURGH, PA 15213	25-0965591	3	200,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER JAMES P WILMOT CANCER CENTER 601 E ROCHESTER, NY 14642	16-0473209	3	110,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER OFFICE OF RESEARCH 517 HYLAN BUILD ROCHESTER, NY 14642	16-0473209	3	200,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE BOX 633 KMRB 2 ROCHESTER, NY 14642	16-0473209	3	110,000				RESEARCH GRANT

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UNIVERSITY OF ROCHESTER517 HYLAN BUILDING BOX 270140 ROCHESTER, NY 14642	16-0473209	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS SOUTHWESTERN GRANTS MANAGEMENT PO DALLAS, TX 752841753	76-0300816	3	110,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 770302399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 77030	76-0300816	3	1,250,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 770302399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 770302399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 770302399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 770302399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 772301402	76-0300816	3	110,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 77054	76-0300816	3	55,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON, TX 77030	76-0300816	3	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	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON,TX 77030	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON,TX 77030	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXASMD ANDERSON CANCER CENTER 1515 HOL HOUSTON,TX 770302399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS 15355 LAMDA DRIVE SAN ANTONIO, TX 782453207	76-0300816	3	110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS SAN ANTONIOOFFICE OF SPONSORED PROGRAMS 7703 SAN ANTONIO, TX 782293900	74-1717115	3	200,000				RESEARCH GRANT
UNIVERSITY OF UTAH391 CHIPETA WAY SUIT SALT LAKE CITY, UT 84108	87-6000525	3	200,000				RESEARCH GRANT
UNIVERSITY OF UTAH UNIVERSITY OF UTAH SCHOOL OF MEDICI SALT LAKE CITY, UT 84132	87-6000525	3	200,000				RESEARCH GRANT
UNIVERSITY OF UTAH GRANTS CONTRACTS 201 S PRESIDENT SALT LAKE CITY, UT 841129020	87-6000525	3	200,000				RESEARCH GRANT
UNIVERSITY OF VIRGINIA JORDAN HALL ROOM 4233 1300 JEFFERS CHARLOTTESVILLE, VA 22908	54-6001796	3	200,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTONBOX 357710 DIVISION OF HEMATOLOGYUN SEATTLE, WA 98195	91-6001537	3	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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTONSEATTLE CANCER CARE ALLIANCE825 EA SEATTLE, WA 98109	91-6001537	3	110,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTONOFFICE OF SPONSORED PROJECTS 1100 SEATTLE, WA 98105	91-6001537	3	55,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTONOFFICE OF SPONSORED PROJECTS 1100 SEATTLE, WA 98105	91-6001537	3	65,000				RESEARCH GRANT
VANDERBILT UNIVERSITY MEDICAL CENTE777 PRB 2220 PIERCE AVE NASHVILLE, TN 372326307	62-0476822	3	200,000				RESEARCH GRANT
VIRGINIA COMMONWEALTH UNIVERSITY401 COLLEGE STREET PO BOX 9800 RICHMOND, VA 232980035	54-6001758	3	200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST LOUISBOX 8118 660 S EUCLID AVE ST LOUIS, MO 63110	43-0653611	3	65,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST LOUISBOX 8118 660 S EUCLID AVE ST LOUIS, MO 63110	43-0653611	3	200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST LOUISBOX 8118 660 S EUCLID AVE ST LOUIS, MO 63110	43-0653611	3	200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST LOUISBOX 8118 660 S EUCLID AVE ST LOUIS, MO 63110	43-0653611	3	55,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST LOUISBOX 8118 660 S EUCLID AVE ST LOUIS, MO 63110	43-0653611	3	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	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY BARBARA ANN KARMANOS CANCER INSTIT DETROIT,MI 48201	38-6028429	3	200,000				RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICALNINE CAMBRIDGE CENTER CAMBRIDGE,MA 02142	06-1043412	3	55,000				RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICALNINE CAMBRIDGE CENTER CAMBRIDGE,MA 02142	06-1043412	3	55,000				RESEARCH GRANT
YALE UNIVERSITYGRANT CONTRACT FINANCIAL ADMIN P NEW HAVEN,CT 065208250	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITY333 CEDAR STREET PO BOX 208032 NEW HAVEN,CT 06520	06-0646973	3	200,000				RESEARCH GRANT
YALE UNIVERSITYGRANT CONTRACT FINANCIAL ADMIN P NEW HAVEN,CT 065208250	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITY10 AMISTAD STREET ROOM 414 NEW HAVEN,CT 06509	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITYBCMM 133 YALE UNIVERSITY 295 CONGR NEW HAVEN,CT 06519	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITY333 CEDAR STREET PO BOX 208032 NEW HAVEN,CT 06520	06-0646973	3	110,000				RESEARCH GRANT
YALE UNIVERSITYYALE UNIVERSITY BCMM 133 295 CONG NEW HAVEN,CT 06519	06-0646973	3	65,000				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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
O CONOVA375 PHEASANT RUN NEWTON,PA 18940			2,000,000				THERAPY ACCELERATION
CELATOR303B COLLEGE ROAD EAST PRINCETON,NJ 08540			1,817,242				THERAPY ACCELERATION
AVILA100 BEAVER STREET WALTHAM,MA 02453			961,985				THERAPY ACCELERATION
FORMA THERAPEUTICS790 MEMORIAL DRIVE CAMBRIDGE,MA 01239			950,000				THERAPY ACCELERATION
MEMGEN757 RAMBLER ROAD SUITE 700 DALLAS,TX 75231			837,636				THERAPY ACCELERATION
SHAPE55 CAMBRIDGE PARKWAY SUITE 102 CAMBRIDGE,MA 02142			600,000				THERAPY ACCELERATION
BIOTECHNOLOGY INNOVATION & OPTIMIZA 2097 CONSTANT AVENUE LAWRENCE,KS 66047			321,055				THEREAPY ACCELERATIO
NANAOSYN3760 MAVEN AVENUE MENLO PARK,CA 94025			125,000				THERAY ACCELERATION
BECKLOFF ASSOCIATES INC3203 SOLUTIONS CENTER CHICAGO,IL 60677			62,887				THERAPY ACCELERATION

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Employer identification number

13-5644916

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	Yes
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

[illegible]

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.

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	BARTON KAMEN, MD 141,450 0 0
COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 5A	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.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

**Employer identification number**

13-5644916

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . .	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .	▶ \$	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Total . . . . .	▶ \$			
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Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
DR ALAN GERWITZ	BOD MEMBER	74,159

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
JAMES DAVIS	BOD MEMBER	307,026	EQUITY IN AEGERA	Yes No No

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Employer identification number  
13-5644916

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	76	412,179	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	28		
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>PRINTING</u> ) . . . . .	X	9		
26 Other ► ( <u>FURNITURE&amp;EQUIP</u> ) . . . . .	X	9		
27 Other ► ( <u>VARIOUS OTHERS</u> ) . . . . .	X	51		
28 Other ► ( <u>                    </u> ) . . . . .				

29

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

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

Yes

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

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2009

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	LLS USES ITS INVESTMENT CUSTODIAN TO LIQUIDATE ANY DONATED SECURITIES
EXPLANATION FOR NOT REPORTING REVENUE	SCHEDULE M, PAGE 1, PART I, LINE 33	LLS ONLY RECORDS DONATED SECURITIES AS REVENUE 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
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	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



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC INC	Employer identification number  13-5644916
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Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>TO DATE, LLS HAS INVESTED MORE THAN 750 MILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE LONGER, HEALTHY LIVES WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY IN FISCAL YEAR 2010, LLS SUPPORTED RESEARCH IN THE U S , CANADA, AND 9 OTHER COUNTRIES RESEARCH FUNDING WAS DISPERSED ACROSS ALL BLOOD CANCER CATEGORIES, INCLUDING LEUKEMIA RESEARCH APPROXIMATELY 25 MILLION LYMPHOMA RESEARCH APPROXIMATELY 18 MILLION THERAPY ACCELERATION APPROXIMATELY 8 MILLION BASIC BIOLOGY APPROXIMATELY 6 MILLION MYELOMA RESEARCH APPROXIMATELY 4 MILLION IMMUNOTHERAPY APPROXIMATELY 4 MILLION STEM CELL APPROXIMATELY 1 MILLION OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY -BUILDING A FOCUSED RESEARCH WORK-FORCE ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN THE BLOOD CANCER RESEARCH FIELD -TURNING DISCOVERIES INTO CLINICAL PROGRESS BASIC SCIENCE DISCOVERIES MUST BE TRANSLATED INTO NEW, SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES -SUPPORTING SYNERGY LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES -FILLING A VOID RESEARCH PROJECTS THAT ARE HIGH-RISK OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY THE GOVERNMENT OR BY FOR-PROFIT COMPANIES LLS SUPPORTS MANY PROMISING PROJECTS THAT MIGHT OTHERWISE NEVER PROVIDE ADVANCES FOR THE BLOOD CANCER PATIENTS WHO NEED THEM -INCREASING ACCESS TO CLINICAL TRIALS PARTNERING WITH LEADING CLINICAL TRIAL CENTERS CAN ACCELERATE THE CLINICAL TESTING OF NEW BLOOD CANCER THERAPIES THAT ARE OFTEN A PATIENT'S BEST CHANCE FOR CURE 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 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 INVESTIGATIONS 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 125 MILLION ANNUALLY OVER A FIVE-YEAR PERIOD, TO A TOTAL COST OF 625 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</p>

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>-TELECONFERENCES &amp; WEBCASTS LLS SPONSORS TELECONFERENCES AND WEB CASTS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTH CARE PROFESSIONALS ON LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES A CALENDAR OF THESE FREE EVENTS AND ARCHIVES OF PAST EVENTS ARE AVAILABLE IN THE "NATIONAL EDUCATION PROGRAMS" SECTION OF WWW.LLS.ORG 438,105 TELEPHONE AND WEB-BASED PROGRAM PARTICIPANTS IN 2010 -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 LLS CHAPTERS 1,207,000 PRINTED BOOKLETS, BROCHURES, FACT SHEETS AND DVDS DISTRIBUTED IN 2010 MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/FREEMATERIALS DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH,SPANISH AND FRENCH -CHAPTER-BASED PROGRAMS EACH LLS CHAPTER 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 42,848 PATIENT AND CAREGIVER PARTICIPANTS IN 2010 11,953 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2010 EACH OF THE FOLLOWING FOUR PROGRAMS ARE OFFERED THROUGH ALL OF OUR CHAPTERS 1 NEW DIRECTIONS IN BLOOD CANCER THERAPIES THIS PROGRAM PROVIDES PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS 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 2 LIVING WITH MYELOMA AN OVERVIEW OF DIAGNOSIS AND TREATMENT THIS PROGRAM PROVIDES PATIENTS, FAMILY MEMBERS AND CAREGIVERS WITH THE LATEST INFORMATION ON MYELOMA AND MYELOMA THERAPY, INCLUDING A QUESTION AND ANSWER SESSION WITH A MEDICAL EXPERT IN THEIR COMMUNITY 3 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 4 WELCOME BACK FACILITATING THE SCHOOL EXPERIENCE FOR CHILDHOOD CANCER SURVIVOR 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 1 FAMILY SUPPORT GROUPS LLS HAS DEVELOPED NEARLY 531 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA LLS ALSO HAS MORE THAN 930 VOLUNTEER SUPPORT GROUP FACILITATORS WITH 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 10,420 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2010 2 FIRST CONNECTION FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS 5,376 FIRST CONNECTIONS IN 2010 3 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 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 40,392 PATIENT FINANCIAL AID RECIPIENTS IN 2010 4 CO-PAY ASSISTANCE PROGRAM THIS ASSISTANCE PROGRAM HELPS PATIENTS 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 5536 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2010 5 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 PERSONNEL AND PARENTS DISCUSSES POSSIBLE EMOTIONAL 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 IN FISCAL YEAR 2010 2,609 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 67 WELCOME BACK PROGRAMS ACROSS THE USA AND CANADA -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</p>

THIRD ACHIEVEMENT DESCRIPTION FORM 990, PAGE 2, PART III, LINE 4C 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 77,159 INQUIRIES IN 2010 TRANSLATION SERVICES AVAILABLE IN MORE THAN 165 LANGUAGES ONLINE ENGAGEMENT THE LLS WEBSITE 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 PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS CAN INTERACT WITH LLS IN CONVENIENT AND PERSONAL WAYS THROUGH SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS 3.6 MILLION UNIQUE VISITS TO PATIENT SERVICES/DISEASE INFORMATION PAGES IN 2010 176,847 ENEWSLETTER SUBSCRIBERS 113,493 BLOOD CANCER DISCUSSION BOARDS UNIQUE VISITS 103,994 TELECONFERENCE PODCASTS DOWNLOADS ALL OTHER ACHIEVEMENTS DESCRIPTION FORM 990, PAGE 2, PART III, LINE 4D D) 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 FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES FORM 990, PART V, LINE 4B CANADA CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PAGE 6, PART VI, LINE 6 THE MEMBERS OF LLS CONSIST OF ONE ELECTED REPRESENTATIVE FROM EACH CHAPTER 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 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

Identifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	LLS HAS ONE SET OF WRITTEN POLICIES AND PROCEDURES THAT GOVERN ALL OF OUR CHAPTERS AND OUR NATIONAL OFFICE

ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990, PAGE 6, PART VI, LINE 11 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 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 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 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 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 GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, 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 STATES WITH GAMING OPERATIONS SCHEDULE G, PAGE 2, PART III, LINE 9 CALIFORNIA, CONNECTICUT, FLORIDA, LOUISIANA, MARYLAND, MICHIGAN, MINNESOTA, NEW YORK, OHIO, PENNSYLVANIA, RHODE ISLAND, TEXAS, WISCONSIN, ARIZONA, GEORGIA, MASSACHUSETTS, DIST OF COLUMBIA, NEW JERSEY, NEVADA, VIRGINIA, WASHINGTON

Identifier	Return Reference	Explanation
GROUP EXEMPTION RELATIONSHIPS	SCHEDULE R	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 RESEARCH FOUNDATION SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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 SCHEDULE G, PART I, LINE 2B - LLS USED INFOCISION, HAINES & CO , AND THOMPSON HABIB DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS THESE PROGRAMS GENERATED GROSS RECEIPTS OF 29,088,073 DURING FISCAL YEAR 2010 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 COMMUNITY CAMPAIGN AND 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

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

Cat No 51056K

Schedule O (Form 990) 2009



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY	D	210,113
(2)	OF CANADA		
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009



**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:  
Software Version:  
EIN: 13-5644916  
Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC  
INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	(Expenses \$	7,863,476	including grants of \$ (Revenue \$ )
D) 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			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN HOOKER CHAIR OF THE	1 00	X						0	0	0
SCOTT CARROLL VICE CHAIR	1 00	X						0	0	0
KEVIN RYAN SECRETARY/TR	1 00	X						0	0	0
DAVID FRANTZE BOD MEMBER	1 00	X						0	0	0
TIMOTHY DURST AT-LARGE	1 00	X						0	0	0
JAMES BECK BOD MEMBER	1 00	X						0	0	0
ALEXANDRA MAYES BIRNBAUM BOD MEMBER	1 00	X						0	0	0
ROBERT CANTLEY BOD MEMBER	1 00	X						0	0	0
ELIZABETH CLARK BOD MEMBER	1 00	X						0	0	0
JORGE CORTES MD BOD MEMBER	1 00	X						0	0	0
JAMES DAVIS PHD JD BOD MEMBER	1 00	X						0	0	0
CLAUDE DAVIS BOD MEMBER	1 00	X						0	0	0
THOMAS FITZPATRICK BOD MEMBER	1 00	X						0	0	0
PAUL FRIMMER BOD MEMBER	1 00	X						0	0	0
ALAN GEWIRTZ MD BOD MEMBER	1 00	X						0	0	0
D GARY GILLILAND MD PHD BOD MEMBER	1 00	X						0	0	0
RAANAN HOROWITZ BOD MEMBER	1 00	X						0	0	0
THOMAS HUNTER BOD MEMBER	1 00	X						0	0	0
JOHN KAMINS BOD MEMBER	1 00	X						0	0	0
ARMAND KEATING MD BOD MEMBER	1 00	X						0	0	0
JOESEPH KELLEY BOD MEMBER	1 00	X						0	0	0
MARIE LAURIA MSW BOD MEMBER	1 00	X						0	0	0
STEVEN LILLY BOD MEMBER	1 00	X						0	0	0
MICHAEL LONG PHD BOD MEMBER	1 00	X						0	0	0
RODMAN MYERS BOD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORBERT SIEBER BOD MEMBER	1 00	X						0	0	0
JAY SILVER BOD MEMBER	1 00	X						0	0	0
MARY SIMMONDS MD BOD MEMBER	1 00	X						0	0	0
THOMAS SNYDER BOD MEMBER	1 00	X						0	0	0
WILLIAM WARD JR BOD MEMBER	1 00	X						0	0	0
LOUISE WARNER BOD MEMBER	1 00	X						0	0	0
KATHRYN WEST BOD MEMBER	1 00	X						0	0	0
MICHELE WONG BOD MEMBER	1 00	X						0	0	0
JOHN WALTER PRESIDENT &	35 00			X				518,499	0	50,111
JAMES T NANGLE SVP & CFO	35 00			X				248,021	0	41,909
LOUIS DEGENNERO PHD EVP, CHIEF M	35 00					X		316,449	0	30,613
NANCY KLEIN CHIEF MKTG &	35 00					X		306,528	0	43,379
BARTON KAMEN MD CHIEF MEDICA	35 00					X		280,933	0	36,057
DAVID TIMKO SVP CHAPTER	35 00					X		247,014	0	36,211
JANE KARLIN VP MISSION A	35 00					X		236,754	0	29,750