

**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)

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

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

**C** Name of organization  
**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1311 MAMARONECK AVENUE**

City or town, state or country, and ZIP + 4  
**WHITE PLAINS NY 10605**

**D** Employer identification number  
**13-5644916**

**E** Telephone number  
**914-949-5213**

**G** Gross receipts \$ **497,804,626**

**F** Name and address of principal officer:  
**"SAME AS C ABOVE"**

**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)

**I** Tax-exempt status:  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.LLS.ORG

**H(c)** Group exemption number ▶

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1949 **M** State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE LEUKEMIA &amp; 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.</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <u>39</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <u>37</u>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b> <u>2173</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <u>3000000</u>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <u>0</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <u>256,914,242</u> <b>Current Year</b> <u>268,661,802</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>11,100,560</u> <u>5,638,674</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,101,971</u> <u>3,477,294</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>269,116,773</u> <u>277,777,770</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>82,193,469</u> <u>90,994,934</u>
	<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)	<u>85,695,941</u> <u>88,469,224</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>521,054</u> <u>9,542,900</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>46,174,452</u>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>92,161,497</u> <u>74,131,495</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>260,571,961</u> <u>263,138,553</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>8,544,812</u> <u>14,639,217</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> <u>211,147,701</u> <b>End of Year</b> <u>217,104,128</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>117,123,863</u> <u>114,241,808</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>94,023,838</u> <u>102,862,320</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: JAMES T. NANGLE Date: \_\_\_\_\_

Type or print name and title: SR VICE PRESIDENT & CFO

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 2/12/10 Check if self-employed:  Preparer's identifying number (see instructions): P00741489

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP  
345 PARK AVENUE  
NEW YORK, NY 10154-0102

EIN: \_\_\_\_\_ Phone no.: 212-758-9700

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

**Part III Statement of Program Service Accomplishments** (see instructions)

**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 \$ 67,358,154 including grants of \$ 64,346,928 ) (Revenue \$ )  
RESEARCH:

SINCE ITS INCEPTION IN 1949, LLS HAS INVESTED MORE THAN \$680 MILLION IN RESEARCH TO FIND THE CAUSES AND CURES FOR BLOOD CANCERS. OUR RESEARCH EXPENSE IN FISCAL YEAR 2009 WAS APPROXIMATELY \$69 MILLION, INCLUDING FUNDING FOR 127 NEW GRANTS TO RESEARCHERS AT ACADEMIC INSTITUTIONS AND \$1.8 MILLION IN CONTRACTS THROUGH THE THERAPY ACCELERATION PROGRAM. AS OF JUNE 2009, LLS WAS SUPPORTING 388 RESEARCH GRANTS AND 9 RESEARCH CONTRACTS IN THE U.S., CANADA, AND 11 OTHER COUNTRIES, (CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 83,528,877 including grants of \$ 26,648,006 ) (Revenue \$ )  
PATIENT & COMMUNITY SERVICES:

AN ESTIMATED 912,938 PEOPLE ACROSS THE UNITED STATES CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS THE MOST COMPREHENSIVE ARRAY OF SERVICES TO BLOOD CANCER PATIENTS AND THEIR FAMILIES. LAST YEAR ALONE, LLS MADE 4.9 MILLION CONTACTS WITH PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS. (CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 37,053,484 including grants of \$ ) (Revenue \$ )  
PUBLIC HEALTH & EDUCATION:

THE LEUKEMIA & LYMPHOMA SOCIETY CONTINUES TO MEET THE NEEDS OF THE PUBLIC THROUGH ITS INFORMATION RESOURCE CENTER AND LLS'S WEBSITE.

INFORMATION RESOURCE CENTER

THE INFORMATION RESOURCE CENTER (IRC) PROVIDES INFORMATION (CONTINUED ON SCHEDULE O)

**4d** Other program services. (Describe in Schedule O.)

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

**4e Total program service expenses** ▶ \$ 196,257,539 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	X	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	X	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</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)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>CANADA</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		



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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2		X					0	0	0	
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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<b>1b Total</b>								2,106,279		251,191

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **82**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MSP PITTSBURG PA 15264 PO BOX 641114	SUPPORTING SERV	5,017,461
PARADYZ MATERA NEW YORK NY 10004 5 HANOVER SQUARE	SUPPORTING SERV	4,969,255
INFOCISION MANAGEMENT CORPORATION AKRON OH 44333 325 SPRINGSIDE DRIVE	SUPPORTING SERV	4,894,187
DIRECT PRINT COMMUNICATIONS SANTA ANA CA 92707 201 EAST SANDPOINTE	SUPPORTING SERV	3,038,942
ROBERT MICHAEL EDUCATIONAL INSTITUTE HADDON HEIGHTS NJ 08035 17 STATION AVENUE	SUPPORTING SERV	2,846,102

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **41**



**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	2,668,647			
	<b>1b</b> Membership dues				
	<b>1c</b> Fundraising events	157,143,968			
	<b>1d</b> Related organizations				
	<b>1e</b> Government grants (contributions)	350,354			
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	108,498,833			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	419,727			
	<b>h Total.</b> Add lines 1a-1f	268,661,802			
<b>Program Service Revenue</b>	<b>2a</b> .....				
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> .....				
	<b>e</b> .....				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	6,939,173			6,939,173
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties	11,381			11,381
	<b>6a</b> Gross Rents				
	<b>b</b> Less: rental exps.				
	<b>c</b> Rental inc. or (loss)				
	<b>d</b> Net rental income or (loss)				
	<b>7a</b> Gross amount from sales of assets other than inventory	180,464,124			
	<b>b</b> Less: cost or other basis & sales exps.	181,764,623			
	<b>c</b> Gain or (loss)	-1,300,499			
	<b>d</b> Net gain or (loss)	-1,300,499	-1,300,499		
	<b>8a</b> Gross income from fundraising events (not including \$ 157,143,968 of contributions reported on line 1c). See Part IV, line 18	37,800,712			
	<b>b</b> Less: direct expenses	37,800,712			
	<b>c</b> Net income or (loss) from fundraising events				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	1,110,516			
<b>b</b> Less: direct expenses	461,521				
<b>c</b> Net income or (loss) from gaming activities	648,995	648,995			
<b>10a</b> Gross sales of inventory, less returns and allowances					
<b>b</b> Less: cost of goods sold					
<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>					
<b>11a</b> GRANT TERMINATION	541900	2,768,128			2,768,128
<b>b</b> OTHER MISCELLANEOUS	900099	48,790			48,790
<b>c</b> .....					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d		2,816,918			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		277,777,770	-651,504	0	9,767,472

**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	59,270,840	59,270,840		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	26,648,006	26,648,006		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,076,088	5,076,088		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	727,052	546,647	80,329	100,076
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,300,784	51,353,184	7,546,278	9,401,322
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,196,899	3,015,478	464,152	717,269
9 Other employee benefits	10,354,538	7,439,751	1,145,151	1,769,636
10 Payroll taxes	4,889,951	3,513,437	540,800	835,714
11 Fees for services (non-employees):				
a Management				
b Legal	651,717	307,215	113,675	230,827
c Accounting	265,590	125,197	46,325	94,068
d Lobbying	53,000	24,983	9,244	18,773
e Professional fundraising services. See Part IV, line 7	9,542,900			9,542,900
f Investment management fees	547,711	417,866	46,563	83,282
g Other	10,272,961	4,842,610	1,791,843	3,638,508
12 Advertising and promotion	3,724,353	1,512,558	671,974	1,539,821
13 Office expenses	37,105,757	16,769,517	5,788,820	14,547,420
14 Information technology	1,237,384	583,295	215,828	438,261
15 Royalties				
16 Occupancy	8,737,696	6,317,218	1,021,900	1,398,578
17 Travel	2,165,785	1,586,107	260,090	319,588
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,166,796	3,357,992	359,959	448,845
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,697,183	1,176,912	176,968	343,303
23 Insurance	597,219	411,675	61,079	124,465
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MISCELLANEOUS	2,478,278	1,786,301	287,989	403,988
b DUES & SUBSCRIPTIONS	266,988	108,431	48,172	110,385
c VISUAL AIDS	163,077	66,231	29,423	67,423
d				
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>263,138,553</b>	<b>196,257,539</b>	<b>20,706,562</b>	<b>46,174,452</b>
<b>26 Joint Costs.</b> 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	21,886,771	10,123,158		11,763,613

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	33,765,728	2 26,580,133
	3	Pledges and grants receivable, net	6,349,470	3 21,462,843
	4	Accounts receivable, net	1,212,291	4 401,467
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	4,568,336	9 4,110,133
	10a	Land, buildings, and equipment: cost basis	10a 16,950,802	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 12,456,584	10c 4,494,218
	11	Investments—publicly traded securities	140,644,819	11 141,373,506
	12	Investments—other securities. See Part IV, line 11	19,602,330	12 18,681,828
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	211,147,701	16 217,104,128	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	19,707,851	17 14,237,670
	18	Grants payable	80,707,308	18 85,117,561
	19	Deferred revenue	16,708,704	19 14,886,577
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	117,123,863	26 114,241,808
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets	80,228,494	27 77,352,419
	28	Temporarily restricted net assets	11,106,275	28 22,815,500
	29	Permanently restricted net assets	2,689,069	29 2,694,401
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	<b>Total net assets or fund balances</b>	94,023,838	33 102,862,320
	34	<b>Total liabilities and net assets/fund balances</b>	211,147,701	34 217,104,128

**Part XI Financial Statements and Reporting**

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III—Functionally Integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (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? .....

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

h Provide the following information about the organizations the organization supports.

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	204,541,334	223,588,366	246,772,831	256,914,242	231,510,085	1163326858
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 <b>Total.</b> Add lines 1-3	204,541,334	223,588,366	246,772,831	256,914,242	231,510,085	1163326858
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 <b>Public support.</b> Subtract line 5 from line 4.						1163326858

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	204,541,334	223,588,366	246,772,831	256,914,242	231,510,085	1163326858
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,136,682	4,454,135	6,533,416	7,448,357	5,638,674	27,211,264
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	725,677	1,779,494	1,451,552	1,101,971	2,828,299	7,886,993
11 <b>Total support.</b> Add lines 7 through 10						1198425115
12 Gross receipts from related activities, etc. (see instructions)					12	191,018,758
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.0713 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.8367 %
16a <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

GRANT TERMINATIONS & REFUNDS \$ 7,069,108

OTHER MISC REVENUE \$ 765,974

ROYALTIES \$ 51,911

Name of the organization <u>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</u>	Employer identification number <u>13-5644916</u>
---	---

Organization type (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

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

**Special Rules**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶To be completed by organizations described below.

▶Attach to Form 990 or Form 990-EZ.

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

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

Name of organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and 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. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**

- 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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Table with columns (a) Yes/No and (b) Amount. Rows include questions 1 through 2d regarding lobbying activities and tax consequences. Includes amounts like 30,000, 8,000, 15,000, and 53,000.

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.**

Table with columns Yes/No and rows 1-3 regarding dues, lobbying expenditures, and carryover.

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

Table with columns 1-5 and rows detailing dues, non-deductible lobbying expenditures, and taxable amounts.

**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.

Dotted lines for providing supplemental information.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

<b>Name of the organization</b>	<b>Employer identification number</b>
THE LEUKEMIA & LYMPHOMA SOCIETY, INC	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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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.

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$                                                  

(ii) Assets included in Form 990, Part X .....

▶ \$                                                  

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$                                                  

b Assets included in Form 990, Part X .....

▶ \$

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,228,375				
b Contributions					
c Investment earnings or losses	-730,333				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-16,432				
g End of year balance	4,481,610				

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  60.00 %
- c Term endowment  40.00 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,273,130	999,382	273,748
d Equipment		7,872,108	5,799,469	2,072,639
e Other		7,805,564	5,657,733	2,147,831
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,494,218

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other <u>RAFI OPERATING</u> .....	10,189,174	MARKET
<u>RAFI INTERNATIONAL</u> .....	3,534,675	MARKET
<u>PACIFIC HEDGED STRATEGIES</u> .....	2,086,588	MARKET
<u>GROSVENOR FUND</u> .....	2,000,000	MARKET
<u>THE PRINCIPAL 457B</u> .....	437,106	MARKET
<u>RAFI POOLED ENDOWMENT</u> .....	431,081	MARKET
<u>OTHER</u> .....	3,204	MARKET
.....		
.....		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	18,681,828	

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	277,777,770
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	263,138,553
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	14,639,217
4	Net unrealized gains (losses) on investments	4	-5,782,170
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,306,047
9	Total adjustments (net). Add lines 4-8	9	-7,088,217
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	7,551,000

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

1	Total revenue, gains, and other support per audited financial statements	1	287,652,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-5,782,170
b	Donated services and use of facilities	2b	6,829,375
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	9,374,736
e	Add lines 2a through 2d	2e	10,421,941
3	Subtract line 2e from line 1	3	277,230,059
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	547,711
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	547,711
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	277,777,770

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

1	Total expenses and losses per audited financial statements	1	279,453,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,829,375
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	10,032,783
e	Add lines 2a through 2d	2e	16,862,158
3	Subtract line 2e from line 1	3	262,590,842
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	547,711
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	547,711
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	263,138,553

**Part XIV Supplemental Information**

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

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE  
THE LLS'S COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION  
AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS  
LLS'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT LLS'S  
PUBLIC EDUCATION PROGRAMS.



**Part XIV Supplemental Information** (continued)

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER  
LLS CANADA REVENUE \$ 9,344,661  
LLSRP REVENUE \$ 30,700  
ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ -625  
FOREIGN CURRENCY TRANSLATION ADJUSTMENT \$ -648,000  
LLS CANADA EXPENSE \$ -10,030,571  
LLSRP EXPENSE \$ -219  
ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ -1,993

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
LLS CANADA REVENUE \$ 9,344,661  
LLSRP REVENUE \$ 30,700  
ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ -625

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
LLS CANADA EXPENSE \$ 10,030,571  
LLSRP EXPENSE \$ 219  
ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ 1,993

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

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 THE SOCIETY'S ASSETS, IT IS NOT SEPARATELY DISCLOSED IN THE  
FINANCIAL STATEMENTS OR FOOTNOTES.

**Part XIV Supplemental Information** (continued)

RECONCILIATION OF CHANGE IN NET ASSETS ON A CONSOLIDATED BASIS TO SEPARATE COMPANY BASIS:

CHANGE IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS	7,551,000
PLUS: CHANGE IN NET ASSETS LLS CANADA	685,910
PLUS: LLSRF AND LLSRP ACTIVITY	(49,046)
PLUS: FOREIGN CURRENCY TRANSLATION ADJUSTMENT	648,000
PLUS: AUDITED FINANCIAL STATEMENT ROUNDING	2,618
EQUALS: CHANGE IN NET ASSETS PER 990	8,838,482

THE AUDITED FINANCIAL STATEMENTS FOR THE LEUKEMIA & LYMPHOMA SOCIETY, INC. INCLUDE THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC., AND THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH FOUNDATION IN ADDITION TO LLS.

IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN FEBRUARY 2008, THE FASB RELEASED FSP FIN 48-2, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES. LLS HAS DETERMINED THAT IT MEETS THE CRITERIA FOR DEFERRAL AND HAS ELECTED TO DEFER THE ADOPTION OF FIN 48 UNTIL AFTER DECEMBER 15, 2009. MANAGEMENT BELIEVES THE ADOPTION OF FIN 48 WILL NOT HAVE A MATERIAL IMPACT ON LLS'S CONSOLIDATED FINANCIAL STATEMENTS.

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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 grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
VARIOUS	(SEE PART II)		RESEARCH FUNDING	RESEARCH GRANTS	5,076,088
<b>Totals</b> ▶					5,076,088

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

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

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....  0

3 Enter total number of other organizations or entities .....  24

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

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

**Part IV Supplemental Information**

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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



**Part II Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

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





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

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

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open To Public Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 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		X		4,969,255	0
INFOCISION	TELEMARKET		X		4,894,187	0
DIRECT PRINT COMMUNICATIONS	DIRECT MAI		X		3,038,942	0
HAINES & CO/AMERICANIST	TELEMARKET		X		1,079,822	0
THOMPSON HABIB & DENISON	DIRECT MAI		X		516,484	0
PIDI	DIRECT MAI		X		195,582	0
SEE SCHEDULE O FOR REVENUE EXPLANATION						
<b>Total</b>					14,694,272	

**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.

ALL STATES

**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 NIKE WOMEN'S MARATHON (event type)	(b) Event #2 ROCK N'ROLL MARATHON (event type)	(c) Other Events 683 (total number)	(d) Total Events (Add col. (a) through col. (c))	
Revenue	1	Gross receipts	18,136,614	8,050,867	168,757,199	194,944,680
	2	Less: Charitable contributions	13,740,789	6,123,859	137,279,320	157,143,968
	3	Gross revenue (line 1 minus line 2)	4,395,825	1,927,008	31,477,879	37,800,712
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	4,395,825	1,927,008	31,477,879	37,800,712
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(37,800,712)
9	Net income summary. Combine lines 3 and 8 in column (d)					

**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		1,110,516	1,110,516
Direct Expenses	2	Cash prizes		74,004	74,004
	3	Non-cash prizes		358,614	358,614
	4	Rent/facility costs		2,250	2,250
	5	Other direct expenses		26,653	26,653
	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 82.00% <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				(461,521)
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				648,995

9 Enter the state(s) in which the organization operates gaming activities: SEE SCHEDULE O

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	X	
10a		X
11		X
12		X

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility	<b>13a</b>	3.00 %
<b>b</b> An outside facility	<b>13b</b>	97.00 %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JAMES T. NANGLE, CFO  
 1311 MAMARONECK AVENUE  
 Address ▶ WHITE PLAINS NY 10605

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

<b>15a</b>	X	
------------	---	--

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 19,375 and the amount of gaming revenue retained by the third party ▶ \$ 3,915.

**c** If "Yes," enter name and address:

Name ▶ EVENTS PLUS  
 622 ROUTE 10  
 Address ▶ WHIPPANY NJ 07981

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer     Employee     Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

<b>17a</b>		X
------------	--	---

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

<b>1</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
	CBR INSTITUTE OF BIOMEDICAL RESEARCH 200 LONGWOOD AVENUE BOSTON MA 02115			1,250,000				RESEARCH GRANT
	BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON MA 02115			1,250,000				RESEARCH GRANT
	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109			1,250,000				RESEARCH GRANT
	OHIO STATE UNIVERSITY 300 W 10TH AVENUE COLUMBUS OH 43210			1,250,000				RESEARCH GRANT
	COLUMBIA UNIVERSITY 1150 ST. NICHOLAS AVENUE NEW YORK NY 10032			1,250,000				RESEARCH GRANT
	CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BOULEVARD PHILADELPHIA PA 19104			1,250,000				RESEARCH GRANT
	DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			1,250,000				RESEARCH GRANT
	BAYLOR COLLEGE OF MEDICINE 1102 BATES ST HOUSTON TX 77030			1,250,000				RESEARCH GRANT
	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD PHILADELPHIA PA 19104			1,250,000				RESEARCH GRANT

**2** Enter total number of section 501(c)(3) and government organizations **0**

**3** Enter total number of other organizations **319**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PATIENT AID-TRANSPORT.	12248	2,505,517			
PATIENT AID-DRUGS	11956	3,647,497			
PATIENT AID-BLOOD TRANS.	416	139,186			
PATIENT AID-LAB FEES	2341	734,200			
PATIENT AID-TISSUE TYPING	122	31,587			
PATIENT AID-OTHER	1381	378,875			
CO-PAY ASSISTANCE-AML	232	292,731			

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS.....  
 FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY.....  
 THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE.....  
 OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION.....  
 OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST.....  
 BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE.....  
 INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL.....  
 FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE.....  
 DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON.....  
 PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE.....

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

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

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

COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE  
 HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF  
 THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE  
 REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE  
 VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE  
 GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED  
 IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE  
 DELINQUENT REPORT.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO MOORES CANCER CENTER LA JOLLA CA 92093			1,250,000				RESEARCH GRANT
UNIVERSITY OF TEXAS 1515 HOLCOMBE BOULEVARD HOUSTON TX 77030			1,250,000				RESEARCH GRANT
STANFORD UNIVERSITY DIVISION OF ONCOLOGY STANFORD CA 94305-5151			1,250,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY SCHOOL OF MEDICINE 303 E. SUPERIOR STREET CHICAGO IL 60611			1,250,000				RESEARCH GRANT
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD COLD SPRING HARBOR NY 11724			1,250,000				RESEARCH GRANT
STANFORD UNIVERSITY STANFORD CANCER CENTER PALO ALTO CA 94304			1,250,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK NY 10021			1,250,000				RESEARCH GRANT
UNIVERSITY OF NEW MEXICO 2325 CAMINO DE SALUD NE ALBUQUERQUE NM 87131			1,242,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SOUTHWEST SAM JACKSON PARK ROAD PORTLAND OR 97239-3098			1,230,000				RESEARCH GRANT
THE UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE CHICAGO IL 60637			1,050,000				RESEARCH GRANT
MEMGEN 7557 RAMBLER ROAD DALLAS TX 75231			877,360				THERAPY ACCELERATION

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

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

Schedule I-1 (Form 990) 2008



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

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(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
CELATOR PHARMACEUTICALS 303 B COLLEGE ROAD EAST PRINCETON NJ 08540			740,000				THERAPY ACCELERATION
PROVID PHARMACEUTICALS 671 US ROUTE 1 NORTH BRUNSWICK NJ 08902			425,000				THERAPY ACCELERATION
TBA 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605			299,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA 22-000 LINEBERGER CANCER CENTER CHAPEL HILL NC 27599			200,000				RESEARCH GRANT
UNIVERSITY OF MIAMI SCHOOL OF MEDIC R-131 UM DEPARTMENT OF PEDS (R-131) MIAMI FL 33136			200,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON BOX 357710 DIVISION OF HEMATOLOGY SEATTLE WA 98195			200,000				RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE C 1450 EAST DUARTE ROAD DUARTE CA 91010-3000			200,000				RESEARCH GRANT
CITY OF HOPE NATIONAL MEDICAL CENTE BUILDING 173 DUARTE CA 91010			200,000				RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE LELAND 5175 269 CAMPUS DRIVE, CCSR 4215 STANFORD CA 95305			200,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITI MMC 109 420 DELAWARE STREET SE MINNEAPOLIS MN 55455			200,000				RESEARCH GRANT
OHIO STATE UNIVERSITY 300 W 10TH AVENUE COLUMBUS OH 43210			200,000				RESEARCH GRANT

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

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

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Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 391 CHIPETA WAY, SUIT SALT LAKE CITY UT 84108			200,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED, ROSWE ELM & CARLTON STREETS BUFFALO NY 14263			200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 5117 CENTRE AVENUE, SUITE 1.19A PITTSBURGH PA 15213			200,000				RESEARCH GRANT
CORNELL UNIVERSITY 1300 YORK AVENUE ROOM C-338 NEW YORK NY 10065			200,000				RESEARCH GRANT
RUSH UNIVERSITY MEDICAL CENTER 1725 W. HARRISON STREET CHICAGO IL 60612			200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF 1650 ORLEANS STREET BALTIMORE MD 21231			200,000				RESEARCH GRANT
STANFORD UNIVERSITY 300 PASTEUR DRIVE STANFORD CA 94305			200,000				RESEARCH GRANT
UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD, ARB R4-216B GAINESVILLE FL 32610-0278			200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET, LURIE BUI CHICAGO IL 60611			200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			200,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON MA 02115			200,000				RESEARCH GRANT

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY SCHOOL OF 720 RUTLAND AVENUE BALTIMORE MD 21212			200,000				RESEARCH GRANT
VANDERBILT UNIVERSITY MEDICAL CENTE 777 PRB 2220 PIERCE AVE. NASHVILLE TN 37232-6307			200,000				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF COLORA 8101 P.O. BOX 6511 AURORA, CO AURORA CO 80045			200,000				RESEARCH GRANT
TRUSTEES OF BOSTON UNIVERSITY, B U K521 BOSTON UNIVERSITY SCHOOL OF ME BOSTON MA 02118			200,000				RESEARCH GRANT
YALE UNIVERSITY 333 CEDAR STREETPO BOX 2080 NEW HAVEN CT 06520			200,000				RESEARCH GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY ICRC 1130 ST. NICHOLAS AVE. ICRC 9TH NEW YORK NY 10032			200,000				RESEARCH GRANT
THE UNIVERSITY OF NORTH CAROLINA AT 715 MEJB, CB# 7290 CHAPEL HILL NC 27599-7290			200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 710 N. FAIRBANKS CTOLSON 85 CHICAGO IL 60611			200,000				RESEARCH GRANT
MAYO CLINIC ROCHESTER 200 FIRST STREET SWGUGGENHEIM 10 ROCHESTER MN 55905			200,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1130 ST NICHOLAS AVE NEW YORK NY 10032			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI 6308 CCGC, SPC 5942 1500 EAST MEDIC ANN ARBOR MI 48109-5942			200,000				RESEARCH GRANT

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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Part II and Part III, Schedule I (Form 990).**

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1751-001-1CD (WINSHIP CANCER-3) 136 ATLANTA GA 30322			200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS 1515 HOLCOMBE BOULEVARD, UNIT 72 HOUSTON TX 77030			200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE. BOX 4 NEW YORK NY 10065			200,000				RESEARCH GRANT
UMDNJ--ROBERT WOOD JOHNSON MEDICAL CENTER FOR ADVANCED BIOTECHNOLOGY A PISCATAWAY NJ 08854			200,000				RESEARCH GRANT
VIRGINIA COMMONWEALTH UNIVERSITY 401 COLLEGE STREETPO BOX 9800 RICHMOND VA 23298-0035			200,000				RESEARCH GRANT
THE RECTOR AND VISITORS OF THE UNIV JORDAN HALL, ROOM 4233 1300 JEFFERS CHARLOTTESVILLE VA 22908			200,000				RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN 435 EAST 70TH STREET NEW YORK NY 10065			200,000				RESEARCH GRANT
H. LEE MOFFITT CANCER CENTER & RESE SRB-2 12902 MAGNOLIA DRIVE TAMPA FL 33612			200,000				RESEARCH GRANT
UNIVERSITY OF ARIZONA 1657 E. HELEN STREET TUCSON AZ 85721			200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF CRB 244, 1650 ORLEANS STRE BALTIMORE MD 21231			200,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER BOX 704, 601 ELMWOOD AVE ROCHESTER NY 14642			200,000				RESEARCH GRANT

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC AND FOUNDATION 200 FIRST ST., S.W. ROCHESTER MN 55905			200,000				RESEARCH GRANT
MAYO CLINIC ROCHESTER D/B/A MAYO CL GONDA 19 ROCHESTER MN 55905			200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK A NEW YORK NY 10021			200,000				RESEARCH GRANT
STANFORD UNIVERSITY 5152 269 CAMPUS DRIVE, 1245CCSR SOU STANFORD CA 94305-5152			200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY, SCHOOL OF 550 NORTH BROADWAYSUITE 11 BALTIMORE MD 21205			200,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE DA830 44 BINNEY STREET BOSTON MA 02115			200,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT IRVINE 124 SPRAGUE HALL IRVINE CA 92697-4044			200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH UPMC CANCER PAVILION, #5685150 CEN PITTSBURGH PA 15232			200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVENUE, BOX NEW YORK NY 10065			200,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL LAZARE RESEARCH BUILDING #315 364 P WORCESTER MA 01605			200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS BOX 8007 660 SOUTH EUCLID AVENUE ST. LOUIS MO 63110			200,000				RESEARCH GRANT

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

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
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**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

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WEILL MEDICAL COLLEGE OF CORNELL UN 515 EAST 71ST STREET NEW YORK NY 10021			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA BOX 0519 513 PARNASSUS AVENUEHSE 30 SAN FRANCISCO CA 94143			200,000				RESEARCH GRANT
WAYNE STATE UNIVERSITY BARBARA ANN KARMANOS CANCER INSTIT DETROIT MI 48201			200,000				RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE UNIVER MAIL CODE: 734 COLLEGE OF MEDICINE CHICAGO IL 60612-3725			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI 1500 E MEDICAL CENTER DRIVE4312 CA ANN ARBOR MI 48109			200,000				RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COL 1300 YORK AVE - NEW YORK NY 10065			200,000				RESEARCH GRANT
STANFORD UNIVERSITY 269 WEST CAMPUS DRIVE, CCSR 2205 STANFORD CA 94305			200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MAILSTOP 136 LOS ANGELES CA 90027			200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES 136 4650 SUNSET BLVD LOS ANGELES CA 90027			200,000				RESEARCH GRANT
COLUMBIA UNIVERSITY COLLEGE OF PHYS HERBERT IRVING COMPREHENSIVE CANCE NEW YORK NY 10032			200,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE. N., D4-100 SEATTLE WA 98109-1024			200,000				RESEARCH GRANT

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NORTHWESTERN UNIVERSITY - CHICAGO C 303 E. SUPERIOR LURIE 3-1 CHICAGO IL 60611			200,000				RESEARCH GRANT
UNIVERSITY OF UTAH UNIVERSITY OF UTAH SCHOOL OF MEDICI SALT LAKE CITY UT 84132			200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY OF ST. LOUIS BOX 8069 660 S EUCLID AVE ST LOUIS MO 63110			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI 6303 CC 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109-5942			200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 2.18A HILLMAN RESEARCH PAVILION 511 PITTSBURGH PA 15213			200,000				RESEARCH GRANT
THE CHILDREN'S HOSPITAL OF PHILADEL 4300 WOOD, ONCOLOGY 34TH STREET & C PHILADELPHIA PA 19104			200,000				RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P 2 MALONEY 3600 SPRUCE STREET PHILADELPHIA PA 19104			200,000				RESEARCH GRANT
UNIVERSITY OF MIAMI 1475 NW 12 AVENUE MIAMI FL 33136			200,000				RESEARCH GRANT
THE UNIVERSITY OF CHICAGO MC 2115 5841 S. MARYLAND AVE. CHICAGO IL 60637			200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS M.D. ANDERSON C 0903 1515 HOLCOMBE BOULEVARD HOUSTON TX 77030			200,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE 6621 FANNIN ST, MC 3-3320 HOUSTON TX 77030			200,000				RESEARCH GRANT

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IMMUNE DISEASE INSTITUTE (FKA) THE MOTOMU SHIMAOKA 200 LONGWOOD AVENUE BOSTON MA 02115			200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			200,000				RESEARCH GRANT
MAYO CLINIC ARIZONA, D/B/A MAYO CLI 13400 EAST SHEA BOULEVARD MCCR3-0 SCOTTSDALE AZ 85259			200,000				RESEARCH GRANT
STANFORD UNIVERSITY 5166 269 CAMPUS DRIVE CCSR 2215 STANFORD CA 94305			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA 10833 LECONTE AVENUE CENTER FOR HEAL LOS ANGELES CA 90095-1678			200,000				RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE CHANIN 302B 1300 MORRIS PARK AVE BRONX NY 10461			200,000				RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P STELLAR CHANCE BUILDING 422 CURIE B PHILADELPHIA PA 19104			200,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA 1 IRVING STREET, AC- SAN FRANCISCO CA 94143-0441			200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			200,000				RESEARCH GRANT
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PLACE NEW YORK NY 10029			200,000				RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE CHANIN 302C BRONX NY 10461			200,000				RESEARCH GRANT

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UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. UNIT 09 HOUSTON TX 77030			200,000				RESEARCH GRANT
EMORY UNIVERSITY 2015 UPPERGATE DR. ATLANTA GA 30322			200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS M.D. ANDERSON C UT M. D. ANDERSON CANCER CENTERBOX HOUSTON TX 77030			200,000				RESEARCH GRANT
MMRF RESEARCH DEPARTMENT NORWALK CT 06850			125,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE MSB 538 NEW YORK NY 10016			110,000				RESEARCH GRANT
CHILDREN'S HOSPITAL BOSTON KARP 08211 300 LONGWOOD AVENUE BOSTON MA 02115			110,000				RESEARCH GRANT
STANFORD UNIVERSITY 5152 CCSR-SOUTH, RM 1255269 CAMPUS STANFORD CA 94305			110,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA - SCHOOL RM 264/266 JOHN MORGAN BUILDING, 37 PHILADELPHIA PA 19104			110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITI 6-155 JACKSON HALL 321 CHURCH STREE MINNEAPOLIS MN 55455-1214			110,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N., PO BOX 19024 SEATTLE WA 19024			110,000				RESEARCH GRANT
MAYO CLINIC AND FOUNDATION 200 FIRST STREET SW ROCHESTER MN 55905			110,000				RESEARCH GRANT

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THE SCRIPPS RESEARCH INSTITUTE MB-3 10550, NORTH TORREY PINES ROAD LA JOLLA CA 92037			110,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE 6621 FANNIN STREET, MC3-3320 HOUSTON TX 77030			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY 1650 ORLEANS STREET, CRB I., ROOM 4 BALTIMORE MD 21231			110,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET, LRB ROOM 622 WORCESTER MA 01605			110,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED, ROSWE ELM & CARLTON STREETS BUFFALO NY 14263			110,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 5117 CENTER AVE. ROOM 2.4EHILLMAN C PITTSBURGH PA 15213			110,000				RESEARCH GRANT
BROWN UNIVERSITY 171 MEETING PLACE, BOX GB-6, 581 B PROVIDENCE RI 02912			110,000				RESEARCH GRANT
CASE WESTERN RESERVE UNIVERSITY 11100 EUCLID AVENUE, MAILSTOP: RBC CLEVELAND OH 44106			110,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET, LURIE BUI CHICAGO IL 60611			110,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA LINEBERGER CANCER CENTER, CB# 7295 CHAPEL HILL NC 27599			110,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD, L5 PORTLAND OR 97239			110,000				RESEARCH GRANT

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UNIVERSITY OF PENNSYLVANIA - ABRAMS 454 BRBII/III, 421 CURIE BLVD. _ _ _ PHILADELPHIA PA 19104			110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS M.D. ANDERSON C 906 7455 FANNIN _ _ _ _ _ _ _ _ HOUSTON TX 77030			110,000				RESEARCH GRANT
MEDICAL COLLEGE OF WISCONSIN MEDICAL COLLEGE OF WISCONSIN 8701 W _ MILWAUKEE WI 53226			110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA, TWIN CITIE 312 CHURCH ST. SE, 6-116 NILS HASSE _ MINNEAPOLIS MN 55405			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI 2200 109 ZINA PITCHER PLACE - ROOM _ ANN ARBOR MI 48109			110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY IRVING CANCER CENTER, 1130 ST NICH0 _ NEW YORK NY 10032			110,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER JAMES P. WILMOT CANCER CENTER601 E _ ROCHESTER NY 14642			110,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON SEATTLE CANCER CARE ALLIANCE825 EA _ SEATTLE WA 98109			110,000				RESEARCH GRANT
CINCINNATI CHILDREN`S HOSPITAL MEDI 3333 BURNET AVENUE, ML 7038 _ _ _ _ CINCINNATI OH 45229-3039			110,000				RESEARCH GRANT
CHILDREN`S HOSPITAL OF BOSTON ENDERS 461, 61 BINNEY STREET _ _ _ _ BOSTON MA 02115			110,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 2 _ _ _ _ _ NEW YORK NY 10065			110,000				RESEARCH GRANT

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THE UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE, MC 1089 CHICAGO IL 60637			110,000				RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER 101 JONES BLDG., DUMC 3010, RESEARC DURHAM NC 27710			110,000				RESEARCH GRANT
UNIVERSITY OF CINCINNATI UNIVERSITY OF CINCINNATI MEDICAL CE CINCINNATI OH 45267-0524			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA 513 PARNASSUS AVE SAN FRANCISCO CA 94143-0511			110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS 15355 LAMDA DRIVE SAN ANTONIO TX 78245-3207			110,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE DANA 530B 44 BINNEY STREET BOSTON MA 02115			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY CRB I ROOM 243 1650 ORLEANS STREET BALTIMORE MD 21231			110,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET WORCESTER MA 01605			110,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE, BOX 633, KMRB 2 ROCHESTER NY 14642			110,000				RESEARCH GRANT
UNIVERSITY OF CONNECTICUT 286 FARMINGTON AVENUE FARMINGTON CT 06030-1601			110,000				RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM WTI 520C, 1530 3RD AVENUE SOUTH BIRMINGHAM AL 35294			110,000				RESEARCH GRANT

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 513 PARNASSUS AVE. BOX 0519 SAN FRANCISCO CA 94143-0519			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 600 16TH ST SAN FRANCISCO CA 94158			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY BUNTING BLAUSTEIN CANCER RESEARCH BALTIMORE MD 21287			110,000				RESEARCH GRANT
DREXEL UNIVERSITY 497 245 N 15TH STREET NCB, ROOM 1010 PHILADELPHIA PA 19102			110,000				RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVE, C6 NEW YORK NY 10021			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 N. BROADWAY, BRB 473 BALTIMORE MD 21205			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA N412F GENENTECH HALL, SAN FRANCISCO CA 94158-2517			110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD. HOUSTON TX 77030			110,000				RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER-CINCINNATI 7013 3333 BURNET AVENUE CINCINNATI OH 45229			110,000				RESEARCH GRANT
OHIO STATE UNIVERSITY 892 BIOMEDICAL RESEARCH TOWER, 460 COLUMBUS OH 43210-2207			110,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE) 55 FRUIT STREET POB-2-2 BOSTON MA 02114			110,000				RESEARCH GRANT

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UNIVERSITY OF NORTH CAROLINA AT CHA CB 7295, 102 MASON FARM ROAD CHAPEL HILL NC 27599			110,000				RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER BOX 3813 C338 LSRCRESEARCH DRIVE DURHAM NC 27710			110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY, SCHOOL OF ROSS RESEARCH BUILDING, ROOM 1025 7 BALTIMORE MD 21205			110,000				RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER C333 LSRC, RESEARCH DRIVE DURHAM NC 27710			110,000				RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER 2400 PRATT STREET DURHAM NC 27710			110,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 1500 E. MEDICAL CENTER DR., 6322 CC ANN ARBOR MI 48109-0942			110,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA 1270 505 PARNASSUS AVE SAN FRANCISCO CA 94143			110,000				RESEARCH GRANT
STANFORD UNIVERSITY MC 5149 269 CAMPUS DRIVECCSR 1215A STANFORD CA 94305-5149			110,000				RESEARCH GRANT
LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA CA 92037			110,000				RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTE 77 AVENUE LOUIS PASTEUR, HIM 923 BOSTON MA 02115			110,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY L103A 3181 S.W. SAM JACKSON PARK RD PORTLAND OR 97239-3098			110,000				RESEARCH GRANT

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THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, B SAN FRANCISCO CA 94143			110,000				RESEARCH GRANT
YALE UNIVERSITY 333 CEDAR STREET, PO BOX 208032 NEW HAVEN CT 06520			110,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET, SM936 BOSTON MA 02115			110,000				RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE ROOM S303, ONE BAYLOR PLAZA HOUSTON TX 77030			110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY BOX 84, 630W 168TH STREET NEW YORK NY 10032			110,000				RESEARCH GRANT
WASHINGTON UNIVERSITY SCHOOL OF MED 660 SOUTH EUCLID A ST. LOUIS MO 63110			110,000				RESEARCH GRANT
UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112			110,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL 240 LONGWOOD AVENUE BOSTON MA 02115			110,000				RESEARCH GRANT
BLOOD RESEARCH INSTITUTE , BLOOD CE 8727 W. WATERTOWN PLANK ROAD MILWAUKEE WI 53226			110,000				RESEARCH GRANT
CHILDREN`S HOSPITAL OF PHILADELPHIA ROOM 316B ARC, 3615 CIVIC CENTER BL PHILADELPHIA PA 19104			110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS DEPARTMENT OF LEUKEMIA, UNIT 428, P HOUSTON TX 77230-1402			110,000				RESEARCH GRANT

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

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
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**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHA 101 MANNING DRIVE CHAPEL HILL NC 27514			110,000				RESEARCH GRANT
MAYO CLINIC ROCHESTER GUGGENHEIM BUILDING 15-01B 200 FIRS ROCHESTER MN 55905			110,000				RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN 1300 YORK AVENUE, C458C NEW YORK NY 10065			110,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE (FKA) THE KARP FAMILY RESEARCH BUILDING, 1 BL BOSTON MA 02115			65,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI DIVISION OF HEMATOLOGY / ONCOLOGYD ANN ARBOR MI 48109-0848			65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN D3-100 1100 FAIRVIEW AVE SEATTLE WA 98109			65,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE M630 44 BINNEY STREET BOSTON MA 02115			65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN FHCRC, BOX 19024, M/S D3-190 1100 F SEATTLE WA 98109			65,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA UNIVERSITY OF CALIFORNIA, BERKELEY BERKELEY CA 94720-3200			65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL 240 LONGWOOD AVE LHRRB6 BOSTON MA 02115			65,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE GRB 740 55 FRUIT STREET BOSTON MA 02114			65,000				RESEARCH GRANT

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FRED HUTCHINSON CANCER RESEARCH CEN M4-C308 1100 FAIRVIEW AVE NPO BOX 1 SEATTLE WA 98109			65,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE ROOM 7330 149 13TH STREET CHARLESTOWN MA 02129			65,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS BOX 8118 660 S. EUCLID AVE ST LOUIS MO 63110			65,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITI 6-256 BSBE 312 CHURCH ST. SE MINNEAPOLIS MN 55455			65,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA BOX 0414 513 PARNASSUS AVENUEROOM H SAN FRANCISCO CA 94143-0414			65,000				RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P BRB 2/3 ROOM 720 421 CURIE BOULEVAR PHILADELPHIA PA 19104			65,000				RESEARCH GRANT
EMORY UNIVERSITY SUMIN KANG 1365-C CLIFTON ROAD NE, ATLANTA GA 30322			65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL BLDG C1, ROOM 207, 240 LONGWOOD AV BOSTON MA 02115			65,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE MAYER 620 44 BINNEY STREET BOSTON MA 02115			65,000				RESEARCH GRANT
UNIVERSITY OF OREGON 1229 INSTITUTE OF MOLECULAR BIOLOGY EUGENE OR 97403-1229			65,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 676 NORTH ST. CLAIR STREET, SUITE CHICAGO IL 60611			65,000				RESEARCH GRANT

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THE UNIVERSITY OF NORTH CAROLINA AT CB7365 MARY ELLEN JONES BUILDINGUN CHAPEL HILL NC 27599			65,000				RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COL 435 EAST 70TH STREET, ROOM NEW YORK NY 10021			65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL 77 AVENUE LOUIS PASTEURNRB, ROOM 9 BOSTON MA 02130			65,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON BOX 357370 1959 NE PACIFIC ST. SEATTLE WA 98195			65,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE SIMCHES RESEARCH BUILDING CPZN-4265 BOSTON MA 02114			65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN D3-100 1100 FAIRVIEW AVE N. SEATTLE WA 98109-1024			65,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE MB114 10550 N. TORREY PINES ROAD LA JOLLA CA 92037			65,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE (FKA) THE WARREN ALPERT 144 200 LONGWOOD AVEN BOSTON MA 02115			65,000				RESEARCH GRANT
YALE UNIVERSITY YALE UNIVERSITY, BCMM 133 295, CONG NEW HAVEN CT 06519			65,000				RESEARCH GRANT
NEVADA CANCER INSTITUTE ONE BREAKTHROUGH W LAS VEGAS NV 89135			65,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA 1000 EAST 50TH STRE KANSAS CITY MO 64110			65,000				RESEARCH GRANT

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COLUMBIA UNIVERSITY MEDICAL CENTER IRVING CANCER RESEARCH CENTER 1130 NEW YORK NY 10032			65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			60,000				RESEARCH GRANT
UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD., BOX 108 HOUSTON TX 77030			60,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N SEATTLE WA 98109			60,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA - SCHOOL HOSPITAL OF THE UNIVERSITY OF PENNS PHILADELPHIA PA 19104-4283			60,000				RESEARCH GRANT
MOUNT SINAI SCHOOL OF MEDICINE DEPARTMENT OF GENE AND CELL MEDICIN NEW YORK NY 10029			60,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA 600 16TH STREET SAN FRANCISCO CA 94143-2200			60,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE NEW YORK NY 10065			60,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			60,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA 421 CURIE BLVD. BRBII/III, RM 447 PHILADELPHIA PA 19104			60,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE, E17-526 CAMBRIDGE MA 02139			60,000				RESEARCH GRANT

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DUKE UNIVERSITY MEDICAL CENTER C366 LSRC BLDG, RESEARCH DRIVE DURHAM NC 27710			60,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT BERKELE CHU LABORATORY BERKELEY CA 94720			60,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITAL C/O DR JON C ASTER BOSTON MA 02115			60,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE, RRL 905 NEW YORK NY 10065			60,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL BLDG C1, ROOM 207, 240 LONGWOOD AVE BOSTON MA 02115			60,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA - SCHOOL 3400 SPRUCE STREET - 16 PENN TOWER PHILADELPHIA PA 19104			60,000				RESEARCH GRANT
STANFORD UNIVERSITY 279 CAMPUS DRIVE STANFORD CA 94305			60,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA 1000 EAST 50TH STREET KANSAS CITY MO 64110			60,000				RESEARCH GRANT
CHILDREN'S HOSPITAL BOSTON KARP FAMILY RESEARCH BUILDING 9TH F BOSTON MA 02115			60,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL 77 AVENUE LOUIE PASTEUR BOSTON MA 02115			60,000				RESEARCH GRANT
BIOTECHNOLOGY INNOVATION & OPTIMIZA 2097 CONSTANT AVENUE LAWRENCE KS 66047			58,504				THERAPY ACCELERATION

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THE REGENTS OF THE UNIVERSITY OF CA ROOM HSE1000A BOX 0414 UNIVERSITY O SAN FRANCISCO CA 94143			55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL THE CBR INSTITUTE FOR BIOMEDICAL RE BOSTON MA 02115			55,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY BOX # 166 1230, YORK AVENUE NEW YORK CITY NY 10065			55,000				RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL NINE CAMBRIDGE CENT CAMBRIDGE MA 02142			55,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 1 NEW YORK NY 10065			55,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLIC FXB BUILDING ROOM 205 651 HUNTINGTO BOSTON MA 02115			55,000				RESEARCH GRANT
UNIVERSITY OF TEXAS M.D. ANDERSON C UNIT 907 7455 FANNIN ST HOUSTON TX 77054			55,000				RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P 372E OLD VETPATHOBIOLOGY3800 SPRUCE PHILDELPHIA PA 19014			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA 513 PARNASSUS BOX 05 SAN FRANCISCO CA 94143			55,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC MSB 599 550 FIRST AVENUE NEW YORK NY 10016			55,000				RESEARCH GRANT
THE UNIVERSITY OF CHICAGO 929 E 57TH ST, W42 CHICAGO IL 60637			55,000				RESEARCH GRANT

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THE ROCKEFELLER UNIVERSITY 1230 YORK AVEN NEW YORK NY 10065			55,000				RESEARCH GRANT
MASSACHUSETTS OF TECHNOLOGY E17-517 77 MASSACHUSETTS AVE. CAMBRIDGE MA 02139			55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			55,000				RESEARCH GRANT
BURNHAM INSTITUTE FOR MEDICAL RESEA 10901 NORTH TORREY PINES ROAD LA JOLLA CA 92037			55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE, E17-52 CAMBRIDGE MA 02139			55,000				RESEARCH GRANT
ARIZONA BOARD OF REGENTS, UNIVERSIT LIFE SCIENCES SOUTH BLDG, RM 414 10 TUCSON AZ 85721-0106			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA MBI RM. 659 JAMES BOWIE LAB UCLA61 LOS ANGELES CA 90095-1570			55,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE DFCI, MEDICAL ONCOLOGY, M413 44 BIN BOSTON MA 02115			55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL WARREN ALPERT 536 200 LONGWOOD AVEN BOSTON MA 02115			55,000				RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL WHITEHEAD INSTITUTE FOR BIOMEDICAL CAMBRIDGE MA 02142			55,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREETMAYER 615DANA FARB BOSTON MA 02115			55,000				RESEARCH GRANT

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DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET, MA-06 BOSTON MA 02115			55,000				RESEARCH GRANT
UNIVERSITY OF OREGON INSTITUTE OF NEUROSCIENCE 1254 UNIV EUGENE OR 97403			55,000				RESEARCH GRANT
YALE UNIVERSITY 10 AMISTAD STREET ROOM 414 NEW HAVEN CT 06509			55,000				RESEARCH GRANT
THE SALK INSTITUTE FOR BIOLOGICAL S 10010 NORTH TORREY PINES ROAD LA JOLLA CA 92037-1099			55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 68-295 77 MASSACHUSETTS AVE., CAMBRIDGE MA 02139			55,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE MB-6 10550 NORTH TORREY PINES ROAD LA JOLLA CA 92037			55,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR ST LURIE 5-2 CHICAGO IL 60611			55,000				RESEARCH GRANT
YALE UNIVERSITY BCMM 133, YALE UNIVERSITY 295 CONGR NEW HAVEN CT 06519			55,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA 1000 EAST 50TH STRE KANSAS CITY MO 64110			55,000				RESEARCH GRANT
THE UNIVERSITY OF IOWA 3-501 BOWEN SCIENCE BUILDING 51 NEW IOWA CITY IA 52241			55,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE DAVID T. SCADDEN LAB, CENTER FOR RE BOSTON MA 02114			55,000				RESEARCH GRANT

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STOWERS INSTITUTE FOR MEDICAL RESEA 1000 EAST 50TH STRE KANSAS CITY MO 64110			55,000				RESEARCH GRANT
NEW ENGLAND MEDICAL CENTER HOSPITAL #5609 750 WASHINGTON BOSTON MA 02111			55,000				RESEARCH GRANT
MAYO CLINIC ROCHESTER GUGGENHEIM 15-07 200 FIRST STREET S ROCHESTER MN 55905			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA CHS 23-234 650 CE YOUNG DRIVE SOUTH LOS ANGELES CA 90095			55,000				RESEARCH GRANT
DUKE UNIVERSITY BOX 3546, RESEARCH DRIVE DURHAM NC 27710			55,000				RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA 600 16TH STREET BOX 22 SAN FRANCISCO CA 94158			55,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLIC 651 HUNTINGTON AVE BUILDING FXB ROO BOSTON MA 02115			55,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SUITE 217 BIOTECH #2 373 PLANTATION WORCESTER MA 01605			55,000				RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY BOX# 78, ALLIS LAB 1230 YORK AVENUE NEW YORK CITY NY 10065			55,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS 8007 660 SOUTH EUCLID AVE ST. LOUIS MO 63110			55,000				RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET, MAYER 6 BOSTON MA 02115			55,000				RESEARCH GRANT

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BRANDEIS UNIVERSITY 415 SOUTH STREET, MS029 WALTHAM MA 02454			55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE (FKA) THE 200 LONGWOOD AV BOSTON MA 02115			55,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN RRL 841430 EAST 67TH STREET NEW YORK NY 10065			55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE (FKA) THE 200 LONGWOOD AVENUE, ROOM 1 BOSTON MA 02115			55,000				RESEARCH GRANT
STANFORD UNIVERSITY DIVISION OF ONCOLOGY STANFORD CA 94305-5151			55,000				RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTE 77 AVENUE LOUIS PASTEUR BOSTON MA 02115			50,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA - SCHOOL DEVISION OF HEMATOLOGY/ONCOLOGY, BR PHILADELPHIA PA 19104			50,000				RESEARCH GRANT
NEW YORK UNIVERSITY 540 FIRST AVENUE NEW YORK NY 10016			50,000				RESEARCH GRANT
YALE UNIVERSITY 266 WHITNEY AVENUE, KLINE BIOLOGY T NEW HAVEN CT 06510			50,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT SAN DIE 5107 NATURAL SCIENCES BUILDING 0377 LA JOLLA CA 92093-0377			50,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE. N. PO BOX 19024 SEATTLE WA 98109			50,000				RESEARCH GRANT

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDIC 540 FIRST AVE., SKI 2-10 NEW YORK NY 10016			50,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT BERKELE 176 STANLEY HALL, QB3 BERKELEY CA 94720-3220			50,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVENUE, ROOM 68-63 CAMBRIDGE MA 02139			50,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY ST BOSTON MA 02115			50,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITAL KIEFF LABORATORY, 8TH FLOOR CHANNIN BOSTON MA 02115			50,000				RESEARCH GRANT
PRINCETON UNIVERSITY PRINCETON UNIVERSITY, DEPARTMENT OF PRINCETON NJ 08544			50,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA 100 WEST DRIVE, CB# 7295 CHAPEL HILL NC 27599			50,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			50,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA - SCHOOL 370 CLINICAL RSCH BLDG PHILADELPHIA PA 19104			50,000				RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER C224 LSRC DURHAM NC 27710			50,000				RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA RM5517, 1450 BIGGY STREET LOS ANGELES CA 90033			50,000				RESEARCH GRANT

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY VA PALO ALTO MEDICAL CENTER PALO ALTO CA 94304			50,000				RESEARCH GRANT
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN CT 06520			50,000				RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCER 415-417 EAST 68TH STREET NEW YORK NY 10065			50,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA LINEBURGER CANCER RESEARCH CENTER CHAPEL HILL NC 27599			50,000				RESEARCH GRANT
SCRIPPS RESEARCH INSTITUTE 10550 N. TORREY PINES ROAD LA JOLLA CA 92037			50,000				RESEARCH GRANT
NATIONAL CANCER INSTITUTE ROOM NO. 6060C, 37 CONVENT DRIVE BETHESDA MD 20892			50,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA FORDHAM HALL ROOM 521 CHAPEL HILL NC 27599			50,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA AT SAN DIE 3855 HEALTH SCIENCE DRIVE LA JOLLA CA 92093			50,000				RESEARCH GRANT
YALE UNIVERSITY 300 CEDAR STREET NEW HAVEN CT 06520-8011			50,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115			50,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL 200 LONGWOOD AVENUE, HARVARD MEDICA BOSTON MA 02115			50,000				RESEARCH GRANT

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS 5323 HARRY HINES BLVD DALLAS TX 75390			50,000				RESEARCH GRANT
U OF KANSAS CANCER CENTER 3901 RAINBOW BLVD KANSAS CITY KS 66160			6,862				THERAPY ACCELERATION
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2 Enter total number of Section 501(c)(3) and government organizations ..... ▶  
 3 Enter total number of other organizations ..... ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CO-PAY ASSISTANCE-CLL	1031	1,297,968			
CO-PAY ASSISTANCE-CML	715	900,000			
CO-PAY ASSISTANCE-LYMPHOMA	4646	5,850,021			
CO-PAY ASSISTANCE-MDS	2046	2,576,144			
CO-PAY ASSISTANCE-MYELOMA	6588	8,294,280			

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2008**

Open To Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN E. WALTER	(i) 420,949	50,000	11,339	28,980	19,831	531,099	210,166
	(ii) 0	0	0	0	0	0	0
JAMES T. NANGLE	(i) 206,364	13,281	21,515	23,000	18,416	282,576	128,288
	(ii) 0	0	0	0	0	0	0
LOUIS DE GENNARO, PHD	(i) 266,988	13,250	29,591	16,100	13,022	338,951	152,227
	(ii) 0	0	0	0	0	0	0
NANCY KLEIN	(i) 252,452	13,699	29,172	23,000	18,662	336,985	144,898
	(ii) 0	0	0	0	0	0	0
BARTON KAMEN, MD	(i) 277,725	0	11,256	4,951	18,797	312,729	155,041
	(ii) 0	0	0	0	0	0	0
PAUL WEISS	(i) 87,413	0	157,945	23,000	7,662	276,020	276,020
	(ii) 0	0	0	0	0	0	0
DAVID TIMKO	(i) 219,974	13,205	10,161	23,000	12,770	279,110	129,682
	(ii) 0	0	0	0	0	0	0
	(i)						
	(ii)						
	(i)						
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	(i)						
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	(i)						
	(ii)						
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	(i)						
	(ii)						

**Part III Supplemental Information**

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

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE      NONQUALIFIED EQUITY-BASED

PAUL WEISS      155,040      0      0

PART I, LINE 5A - COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION

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 J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the Organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer Identification number

13-5644916

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN HOOKER, CHAIR OF THE BOARD	1	X						0	0	0
ARMAND KEATING MD, VICE CHAIR-MED & SCIENTIFIC	1	X						0	0	0
PAUL CIENKI, VICE CHAIR-FIELD RELATIONS	1	X						0	0	0
MARIE M. LAURIA, MSW, VICE CHAIR-PATIENT SERV	1	X						0	0	0
MARGARET H. ANDERSON, VICE CHAIR-RESOURCE DEV	1	X						0	0	0
THOMAS HUNTER, SECRETARY/TREASURER	1	X						0	0	0
JAMES A. BECK BOD MEMBER	1	X						0	0	0
ALEXANDRA MAYES BIRNBAUM BOD MEMBER	1	X						0	0	0
ROBERT A. CANTLEY BOD MEMBER	1	X						0	0	0
SCOTT A. CARROLL BOD MEMBER	1	X						0	0	0
MICHAEL C. COPLEY BOD MEMBER	1	X						0	0	0
JORGE CORTES, MD BOD MEMBER	1	X						0	0	0
CLAUDE G. DAVIS BOD MEMBER	1	X						0	0	0
JAMES H. DAVIS, PHD, J.D BOD MEMBER	1	X						0	0	0
TIMOTHY S. DURST BOD MEMBER	1	X						0	0	0
THOMAS L. FITZPATRICK BOD MEMBER	1	X						0	0	0
DAVID FRANTZE BOD MEMBER	1	X						0	0	0
PAUL N. FRIMMER BOD MEMBER	1	X						0	0	0
ALAN M. GEWIRTZ, MD BOD MEMBER	1	X						0	0	0
RAANAN HOROWITZ BOD MEMBER	1	X						0	0	0
CHARLES INGLEFIELD BOD MEMBER	1	X						0	0	0

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the Organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer Identification number

13-5644916

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M. KAMINS BOD MEMBER	1	X						0	0	0
STEVEN LILLY BOD MEMBER	1	X						0	0	0
MICHAEL W. LONG, PHD BOD MEMBER	1	X						0	0	0
DENNIS MARCO BOD MEMBER	1	X						0	0	0
WILLIAM STRATFORD MAY, JR., MD, PHD BOD MEMBER	1	X						0	0	0
JAMES MCKINNIS BOD MEMBER	1	X						0	0	0
RODMAN N. MYERS BOD MEMBER	1	X						0	0	0
NAOMI ROSENBERG, PHD BOD MEMBER	1	X						0	0	0
KEVIN R. RYAN BOD MEMBER	1	X						0	0	0
NORBERT J. SIEBER BOD MEMBER	1	X						0	0	0
JAY L. SILVER BOD MEMBER	1	X						0	0	0
MARY SIMMONDS, M.D. BOD MEMBER	1	X						0	0	0
THOMAS R. SNYDER BOD MEMBER	1	X						0	0	0
WILLIAM M. WARD, JR. BOD MEMBER	1	X						0	0	0
LOUISE G. WARNER BOD MEMBER	1	X						0	0	0
KATHRYN WEST BOD MEMBER	1	X						0	0	0
CHARLES WIENER BOD MEMBER	1	X						0	0	0
MICHELLE C. WONG BOD MEMBER	1	X						0	0	0
JOHN E. WALTER PRES & CEO	35			X				482,288	0	48,811
JAMES T. NANGLE SVP & CFO	35			X				241,160	0	41,416
LOUIS DE GENNARO, PHD SVP RESEARCH	35					X		309,829	0	29,122

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

Schedule J-2 (Form 990) 2008

Name of the Organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer Identification number

13-5644916

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY KLEIN CHIEF MARKET	35					X	295,323	0	41,662	
BARTON KAMEN, CHIEF MEDICA MD	35					X	288,981	0	23,748	
PAUL WEISS SVP FIELD MA	35					X	245,358	0	30,662	
DAVID TIMKO SVP CHAPTER	35					X	243,340	0	35,770	
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**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

To be completed by organizations that 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.**

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(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** ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefitting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
DR. ALAN GEWIRTZ	BOD MEMBER	275,000

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that 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 org. revenues?	
				Yes	No
MARGARET ANDERSON	BOD MEMBER	42,448	DAUGHTER WORKS @ LLS		X

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

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

▶Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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	58	419,727	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	44		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( PRINTING )	X	13		
26 Other ▶( FURN. & EQUIP. )	X	8		
27 Other ▶( VARIOUS OTHERS )	X	21		
28 Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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

Schedule M (Form 990) 2008

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS  
LLS USES ITS INVESTMENT CUSTODIAN TO LIQUIDATE ANY DONATED SECURITIES.

PART I, LINE 33 - EXPLANATION FOR NOT REPORTING REVENUE  
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.

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**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT  
WITH A TOTAL COMMITMENT OF \$281 MILLION OVER THE LIFE OF  
THESE GRANTS/CONTRACTS, INCLUDING:

LEUKEMIA RESEARCH: APPROXIMATELY \$140 MILLION  
LYMPHOMA RESEARCH: APPROXIMATELY \$109 MILLION  
MYELOMA RESEARCH: APPROXIMATELY \$32 MILLION

LLS ADMINISTERS TWO INTEGRATED RESEARCH FUNDING PROGRAMS -  
THE RESEARCH GRANT PROGRAM AND THE THERAPY ACCELERATION  
PROGRAM - TO SUPPORT OUR MISSION: CURE LEUKEMIA, LYMPHOMA,  
HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF  
LIFE OF PATIENTS AND THEIR FAMILIES.

WITH ADVISORY INPUT FROM WORLD-RENOWNED BIOMEDICAL  
RESEARCH EXPERTS, LLS SUPPORTS THE ENTIRE RESEARCH  
CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER  
PATIENTS, FROM BASIC LABORATORY SCIENCE TO CLINICAL TRIALS  
OF NEW AGENTS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO  
MULTI-DISCIPLINARY ACADEMIC COLLABORATIONS AND  
PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES. RESEARCH  
FUNDING IS AIMED AT EFFECTIVE DISCOVERY AND DEVELOPMENT OF  
NEW THERAPIES FOR ALL BLOOD CANCER PATIENTS WHO NEED THEM.

THE RESEARCH GRANT PROGRAM PROVIDES GRANT FUNDING TO

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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SUPPORT SCIENTIFIC STUDIES AT ACADEMIC CENTERS AROUND THE WORLD, THROUGH THREE GRANT MECHANISMS:

1. THE CAREER DEVELOPMENT PROGRAM PROVIDES STIPENDS TO INVESTIGATORS OF EXCEPTIONAL PROMISE IN THE EARLY STAGES OF THEIR CAREERS, HELPING THEM TO DEVOTE THEIR CAREERS TO LEUKEMIA, LYMPHOMA AND/OR MYELOMA RESEARCH.

SCHOLAR GRANTS ARE AWARDED AT \$110,000 PER YEAR FOR A TOTAL OF \$550,000 OVER FIVE YEARS.

SPECIAL FELLOW GRANTS ARE AWARDED AT \$65,000 PER YEAR FOR A TOTAL OF \$195,000 OVER THREE YEARS.

FELLOW GRANTS ARE AWARDED AT \$55,000 PER YEAR FOR A TOTAL OF \$165,000 OVER THREE YEARS.

2. THE TRANSLATIONAL RESEARCH PROGRAM SUPPORTS OUTSTANDING INVESTIGATORS DEEMED BY OUR EXPERT ADVISORS MOST LIKELY TO TRANSLATE BASIC BIOMEDICAL DISCOVERIES INTO NEW, SAFE AND EFFECTIVE TREATMENTS, ULTIMATELY PROLONGING AND ENHANCING PATIENTS' LIVES.

TRANSLATIONAL RESEARCH AWARDS ARE MADE FOR AN INITIAL THREE-YEAR PERIOD. AWARDS UP TO \$200,000 PER YEAR FOR THREE YEARS, FOR A TOTAL OF \$600,000 ARE GRANTED EACH YEAR. FUNDING FOR AN ADDITIONAL TWO YEARS MAY BE PROVIDED



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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

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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  
 ILLS-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 ILLS 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 ILLS 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,

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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.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT TELECONFERENCES & WEB CASTS LLS SPONSORS TELECONFERENCES AND WEB CASTS FOR PATIENTS AND CAREGIVERS AND HEALTH CARE PROFESSIONALS ON LEUKEMIA, LYMPHOMA AND MYELOMA AND SURVIVORSHIP ISSUES. A CALENDAR OF THESE FREE EVENTS AND ARCHIVES OF PAST EVENTS ARE AVAILABLE IN THE "NATIONAL EDUCATION WORKSHOPS" SECTION OF WWW.LLS.ORG.

-407,148 WEB CAST AND TELECONFERENCE PROGRAM

PARTICIPANTS IN 2009

EDUCATIONAL MATERIALS AN EXTENSIVE COLLECTION OF EDUCATIONAL MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTH CARE PROFESSIONALS. EACH YEAR, LLS DISTRIBUTES BOOKLETS, BROCHURES, FACT SHEETS AND DVDS THROUGH THE INFORMATION RESOURCE CENTER AND LOCAL LLS CHAPTERS. MANY MATERIALS ARE

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ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG.

DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH.

-MORE THAN 1.2 MILLION BOOKLETS, BROCHURES AND DVDS DISTRIBUTED IN 2009

CHAPTER-BASED PROGRAMS:

EACH OF LLS' 60 CHAPTERS IS STAFFED WITH A PATIENT SERVICES MANAGER WHO OVERSEES THE CHAPTER'S SERVICES TO PATIENTS AND THEIR FAMILIES. PATIENT SERVICES MANAGERS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING OR SOCIAL WORK.

COMMUNITY BASED EDUCATION, INCLUDING THE FOLLOWING FOUR PROGRAMS, OFFERED THROUGH ALL THE CHAPTERS.

-48,000 PATIENT AND CAREGIVER PARTICIPANTS IN 2009

-8,570 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2009

THE ROAD TO DISCOVERY:

EMERGING THERAPIES IN BLOOD CANCER-

THIS PROGRAM PROVIDES PATIENTS, FAMILIES AND HEALTHCARE 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.

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MILESTONES IN MYELOMA THERAPY: AN OVERVIEW FOR PATIENTS AND CAREGIVERS

THIS PROGRAM PRESENTS AN OVERVIEW OF MYELOMA, TREATMENTS, EMERGING THERAPIES AND MANAGING SIDE EFFECTS AND HOW TO FIND EMOTIONAL SUPPORT WHEN LIVING WITH THE ILLNESS.

GETTING THE BEST CANCER CARE AT AGE 55 AND OLDER

THIS EDUCATION PROGRAM PRESENTS AN OVERVIEW OF THE MANY FACTORS, NOT AGE ALONE, THAT HEALTHCARE PROFESSIONALS SHOULD ASSESS TO DETERMINE AN APPROPRIATE CANCER TREATMENT PLAN FOR AN OLDER ADULT.

WELCOME BACK: FACILITATING THE SCHOOL EXPERIENCE FOR CHILDHOOD CANCER SURVIVORS

THIS EDUCATION PROGRAM DISCUSSES POSSIBLE EMOTIONAL AND COGNITIVE SHORT- AND LONG-TERM EFFECTS THAT CHILDREN MAY EXPERIENCE AFTER TREATMENT, AND OFFERS NUMEROUS RESOURCES THAT CAN ASSIST CHILDHOOD CANCER SURVIVORS TO FLOURISH IN THE SCHOOL POST TREATMENT.

SUPPORT SERVICES

FAMILY SUPPORT GROUPS:

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LLS HAS DEVELOPED NEARLY 526 FAMILY SUPPORT GROUPS AT 64 CHAPTERS THROUGHOUT THE UNITED STATES 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.

-11,000 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2009

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 PHONES (OR VISITS) THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT. THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS.

-7,076 "FIRST CONNECTIONS" IN 2009

PATIENT FINANCIAL AID PROGRAM

FOR MORE THAN 45 YEARS, LLS HAS HELPED PATIENTS DEMONSTRATING SIGNIFICANT NEED TO OBTAIN FINANCIAL ASSISTANCE TO COVER A PORTION OF THEIR TREATMENT COSTS. AS

Name of the organization

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OF JULY 1, 2009 THE LLS PATIENT FINANCIAL AID PROGRAM,  
 OFFERS \$150 PER YEAR TO THOSE WITH A CONFIRMED BLOOD  
 CANCER DIAGNOSIS IN ACTIVE TREATMENT OR ONGOING  
 FOLLOW-UP. PATIENT FINANCIAL AID FUNDS ARE SUBJECT TO  
 AVAILABILITY.

- \$7,436,862 IN ASSISTANCE PROVIDED IN 2009

-21,370 PATIENT AID RECIPIENTS IN 2009

CO-PAY ASSISTANCE PROGRAM

THIS NEW 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.

-\$19,211,144 IN CO-PAY ASSISTANCE APPROPRIATED IN  
 2009

-6,000 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN  
 2009

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THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH  
CANCER:

THIS PROGRAM IS DESIGNED TO INCREASE COMMUNICATION AMONG  
HEALTH CARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL  
PERSONNEL TO ASSURE YOUNGSTERS A SMOOTH TRANSITION FROM  
ACTIVE TREATMENT BACK TO SCHOOL. PRINTED LITERATURE,  
VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE  
AVAILABLE THROUGH ALL LOCAL CHAPTERS, INCLUDING:

"WELCOME BACK: FACILITATING THE SCHOOL EXPERIENCE FOR  
CHILDHOOD CANCER SURVIVORS" CHAPTER EDUCATION PROGRAM

THIS EDUCATION PROGRAM FOR SCHOOL NURSES AND  
OTHER SCHOOL PERSONNEL DISCUSSES POSSIBLE EMOTIONAL,  
PHYSICAL AND COGNITIVE LATE EFFECTS OF CANCER TREATMENT IN  
CHILDREN AND OFFERS NUMEROUS RESOURCES THAT CAN ASSIST  
CHILDHOOD CANCER SURVIVORS TO FLOURISH IN THE SCHOOL  
ENVIRONMENT POST-TREATMENT.

-2898 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS  
AND PARENTS PARTICIPATED IN THE WELCOME BACK  
PROGRAM

"LEARNING AND LIVING WITH CANCER: ADVOCATING FOR YOUR  
CHILD'S EDUCATIONAL NEEDS"

THIS BOOKLET OFFERS PARENTS INFORMATION ON THE LEARNING



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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.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

AND RESOURCES USEFUL TO PATIENTS, THEIR FAMILIES AND HEALTH CARE PROFESSIONALS, AND IS STAFFED BY MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS. FACT SHEETS FOR FREQUENTLY ASKED QUESTIONS AND A REFERRAL DATABASE TO OTHER HELPING ORGANIZATIONS ARE AVAILABLE. PATIENTS, FAMILIES AND PROFESSIONALS MAY CALL THE INFORMATION RESOURCE CENTER TOLL-FREE NUMBER AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A.M. TO 6 P.M., ET OR EMAIL TO INFOCENTER@LLS.ORG.

-79,692 INQUIRIES IN 2009

-TRANSLATION SERVICES AVAILABLE IN MORE THAN 165

LANGUAGES

INTERNET

LLS' WEB SITE, WWW.LLS.ORG, SERVES A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS. USERS CAN PERSONALIZE THEIR LLS WEB PAGES TO KEEP CURRENT WITH DISEASE SPECIFIC UPDATES AND LOCAL CHAPTER EDUCATION, SUPPORT AND EVENT ACTIVITIES. THE SITE FEATURES A COMPREHENSIVE OVERVIEW OF

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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LLS PROGRAMS AND SERVICES, FAMILY SUPPORT GROUP LOCATIONS, INFORMATION ABOUT OUR PEER-TO-PEER PROGRAM FIRST CONNECTION, AND OTHER PROGRAMS.

-4.3 MILLION UNIQUE VISITS TO PATIENT SERVICES/DISEASE INFORMATION PAGES IN 2009

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS 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 V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES CANADA

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE MEMBERS OF LLS CONSIST OF ONE ELECTED REPRESENTATIVE FROM EACH CHAPTER.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE BOARD OF REPRESENTATIVES (REPRESENTING THE CHAPTERS) ELECTS THE MEMBERS OF LLS'S GOVERNING BODY, ITS NATIONAL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

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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.

FORM 990, PART VI, LINE 9B - POLICIES AND PROCEDURES GOVERNING CHAPTERS LLS HAS ONE SET OF WRITTEN POLICIES AND PROCEDURES THAT GOVERN ALL OF OUR CHAPTERS AND OUR NATIONAL OFFICE.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 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.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY 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.

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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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL 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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS 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.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED 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

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Employer identification number 13-5644916
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SCH G, PART III, LINE 9 - STATES WITH GAMING OPERATIONS  
 ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, IOWA, INDIANA, LOUISIANA,  
 MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NEW JERSEY, NEVADA, NEW YORK,  
 OHIO, PENNSYLVANIA, RHODE ISLAND, TEXAS, WISCONSIN

SCHEDULE O - ADDITIONAL INFORMATION

PART IV, LINE 12 - THE AUDITED FINANCIAL STATEMENTS FOR THE LEUKEMIA &  
 LYMPHOMA SOCIETY, INC. INCLUDE THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA,  
 THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC., AND THE LEUKEMIA &  
 LYMPHOMA SOCIETY RESEARCH FOUNDATION IN ADDITION TO LLS.

PART VI, SECTION C, LINE 19 - THE LEUKEMIA & LYMPHOMA SOCIETY, INC.  
 MAKES ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS  
 WEBSITE AT WWW.LLS.ORG. ITS GOVERNING DOCUMENTS ARE MADE AVAILABLE, WHEN  
 CHANGES ARE MADE, AS PART OF THE 990 AVAILABLE FOR PUBLIC INSPECTION. ANY  
 IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990.

SCHEDULE G, PART I, LINE 2B - LLS USED INFOCISION, HAINES & CO., AND  
 THOMPSON HABIB DENISON FOR ITS NATIONAL DIRECT MAIL AND COMMUNITY  
 CAMPAIGNS. THESE PROGRAMS GENERATED \$30,424,279 DURING FISCAL YEAR 2009.

LLS USED DIRECT PRINT COMMUNICATIONS, PARADYSZ MATERA, AND PIDI FOR ALL OF  
 ITS OTHER FUNDRAISING EVENTS.

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PART VII, SECTION B, LINE 1 - THE VENDORS INCLUDED HERE ARE USED FOR THE NATIONAL AND CAMPAIGN DIRECT MAIL PROGRAMS. MSP IS A PRINTING COMPANY, PARADYZ MATERA PROVIDES ADDRESS LISTS, INFOCISION DOES TELEMARKETING, AND DIRECT PRINT COMMUNICATIONS PROVIDES PRINTING AND MAILING SERVICES. AT LEAST THREE BIDS ARE OBTAINED FOR THESE SERVICES ON AN ANNUAL BASIS.

SCHEDULE R, PART II, COLUMN B - THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA & LYMPHOMA SOCIETY, INC., IN CANADA.

THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC. AND THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH FOUNDATION SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> THE LEUKEMIA & LYMPHOMA SOCIETY, INC	<b>Employer identification number</b> 13-5644916
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**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE LLS OF CANADA 804-2 LANSING SQUARE TORONTO CA M2J4P8	SCHED O	CA			N/A
THE LLS RESEARCH PROGRAMS INC. 1311 MAMARONECK AVENUE 13-3470494 WHITE PLAINS NY 10605	SCHED O	DE	501C3	11B	N/A
THE LLS RESEARCH FOUNDATION 1311 MAMARONECK AVENUE 13-3709252 WHITE PLAINS NY 10605	SCHED O	DE	501C3	11B	N/A

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc.?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(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



**Part V Transactions With Related Organizations**

**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
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>	X	
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X

**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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY OF	D	446,503
(2)	CANADA		
(3)			
(4)			
(5)			
(6)			

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

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

(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
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