Battling blood-related cancer... together

On the cover:

More than anything, 12-year-old Kati Fisher wanted to be in San Diego when the Maryland Chapter’s Team In Training® members participated in the 2001 Suzuki® Rock ‘n’ Roll Marathon.® Last June, Kati, an acute lymphocytic leukemia patient, was one of the first to greet Cliff Walzer, a non-Hodgkin’s lymphoma survivor, as he crossed the finish line in her honor. Kati was thrilled to have her wish come true.

In 2001, Cliff was one of more than 30,000 volunteers that Team In Training brought to the Society. Their combined efforts helped this powerhouse program generate vital financial support for the fight against blood-related cancers.
Reason to hope

When our family lost a child to leukemia, our lives were changed forever. We cannot erase that pain. But we can look ahead to the promise of a cure.

The Leukemia & Lymphoma Society is bringing us closer to that hope every day. Over the past 20 years I have watched the Society, with its focused mission, stay in touch with the specialized issues of blood-related cancers. By funding the most promising research, the Society is leading the way to find cures for leukemia, lymphoma, Hodgkin’s disease and myeloma. And it has become an unsurpassed resource to thousands of patients, families and medical professionals, increasing awareness of the diseases and helping patients and families understand what they are facing.

I am proud to support the Society and the amazing efforts of its volunteers, staff and medical and research partners. Together, we are making progress in the fight against blood-related cancers - and giving patients and their families reason to hope.

Barbara Bush
National Honorary Chair
In touch changing

Speeding the progress of cutting-edge research. Answering the questions and responding to the needs of patients. Influencing public policy. Identifying critical new funding sources. As the largest voluntary health organization focused on blood-related cancers, we have a charge that is compelling and clear.

This fiscal year we saw a dramatic example of how donor contributions to the Society can change lives. Our funding of his pioneering research reached Brian Druker, M.D., at a time of critical need and helped him establish the efficacy of Gleevec, the breakthrough drug of Novartis. This remarkable new oral anti-cancer therapy is now enabling more people with chronic myelogenous leukemia (CML) to live normal lives, and it confirms the great promise of gene therapy for the future.

While we work toward future cures, we are focused on the day-to-day needs of the thousands of people who must face life with leukemia, lymphoma, Hodgkin's disease and myeloma. Because the Society is the definitive resource on blood-related cancers, patients, caregivers and healthcare professionals alike rely on us. They regularly turn to the highly trained professionals in our Information Resource Center for direction and help. And they're able to get personalized information each time they log onto our award-winning Web site.

Our commitment to our public policy agenda is steadfast. This year we advanced our advocacy platform by partnering with key legislators. We worked successfully with them to draft legislation and build awareness of the need for increased federal funding for blood-related cancer research, education and support programs.

Nearly 76 percent of the Society’s expenditures is allocated to fund our mission.
Maximizing organizational efficiencies

How well we work determines how much we can accomplish. To ensure we're performing at peak, we reorganized some of our large metropolitan area chapters to be more responsive to the communities we serve. Centralizing their activities and sharing their resources will increase efficiency. And we continue to attract, train and mobilize the tens of thousands of dedicated volunteers whose efforts are essential to advance our mission.

Just how effective were we? During this shaky national economic period, we received tremendous support: Our revenue increased 12.7 percent in fiscal 2001 to $150.4 million. This enabled us to invest more in our mission. As one example, $36.1 million went to research grants —13.4 percent more than in 2000. Over the last eight years our revenue has increased nearly five-fold, and our research funding more than six-fold — growth that has fueled our ability to find cures.

As responsible stewards of our donors' trust, we continue to be among the most effective and efficient voluntary health agencies, with nearly 76 cents of every dollar spent devoted to our mission.

We thank our board members, volunteers, donors and staff for their incredible resolve. These are turbulent times for our nation, yet we remain focused on supporting the thousands of Americans battling leukemia, lymphoma, Hodgkin's disease and myeloma.

Jay L. Silver
Chairman

Dwayne Howell
President and CEO
“Our research team is investigating the genetic basis for myeloma, and The Leukemia & Lymphoma Society research grants are accelerating our progress. We’ve already isolated critical genes in myeloma, and now we’re working to find drugs to specifically target these cells. It’s very promising.”
At the forefront of research

In fiscal year 2001, we glimpsed the future of targeted cancer therapy. In May, the U.S. Food and Drug Administration (FDA) announced its approval of Gleevec, a targeted therapy and oral treatment for chronic myelogenous leukemia (CML). Gleevec is the first approved drug that directly turns off the signal of a protein known to cause a cancer. Gleevec's clinical application to CML was pioneered by the work of Brian Druker, M.D., one of the Society's first Translational Scholar Award recipients in 1995 and one of three Specialized Center of Research (SCOR) grant recipients named in 2000, the first year of the SCOR program. Dr. Druker's early research showed high potential to transfer scientific knowledge from the laboratory to a new, more specific therapy for CML patients. Today, Gleevec, discovered, developed and manufactured by Novartis, is offering hope to patients worldwide.

Seeking high potential scientists

Since its launch, our Translational Research Program has been a catalyst for results: It funds only those studies that promise to use basic research to develop new patient treatments. The Society supported 135 Translational Grants in fiscal 2001, 26 of which were renewed for an additional two years. These renewals are a vital aspect of the program, signifying that the research has reached an approved clinical trial. Researchers meet annually to share their findings and discuss promising new leads for cures, a special feature of this program.

The Society's Career Development Program provides awards to meet investigators' specific needs at different stages of their careers. We supported 326 of the most promising career scientists in our fields of investigation in fiscal 2001, representing 75 Scholars; 13 Scholars in Clinical Research; 124 Special Fellows and 114 Fellows.

Results: life-changing progress

Research Goal:
Accelerate the acquisition and application of scientific understanding to advance the treatment, diagnosis or prevention of leukemia, lymphoma, Hodgkin’s disease and myeloma.
More SCOR grants named

Our Specialized Center of Research grant program, our largest award and most innovative research initiative, provides funding that rivals federal support for blood-related cancer research. The Society selects its Specialized Centers on the expectation that they will have a significant impact on the treatment of blood-related cancers.

For the second consecutive year, the Society has awarded three, five-year grants, with a commitment to fund $22.5 million to three interdisciplinary research teams.

• **Identifying and Targeting Leukemia Genes:** Stephen D. Nimer, M.D., and his team from New York City's Memorial Sloan-Kettering Cancer Center and Rockefeller University will study how genetic lesions disrupt the function of key regulatory nuclear proteins and lead to the development and progression of leukemia.

• **Patient-Tailored Therapies Against Lymphoma, Adult and Childhood Leukemia:** Carl H. June, M.D., will lead research teams at the Cancer Center of the University of Pennsylvania and the Children's Hospital of Philadelphia to focus on a variety of patient-specific cellular therapies. These treatments, despite their strong promise, generally fall outside the parameters of research in the pharmaceutical industry and frequently go unfunded.

• **Targeting Molecules to Kill Lymphoma Cells:** The first international SCOR grant was awarded to Jerry M. Adams, Ph.D., and his team at the Walter and Eliza Hall Institute (WEHI) in Melbourne, Australia. The Australian researchers will investigate how the body's normal process of cellular death, called apoptosis, is regulated to control the life span of blood cells. This research could lead to the development of new medicines that facilitate the destruction of blood-cancer cells.
Making an Impact Around the World

The Society promotes its research programs to potential applicants worldwide and currently supports 35 international grants.

<table>
<thead>
<tr>
<th>Argentina</th>
<th>Germany</th>
<th>Korea</th>
</tr>
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<tbody>
<tr>
<td>Australia</td>
<td>Israel</td>
<td>Portugal</td>
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<tr>
<td>Canada</td>
<td>Italy</td>
<td>Taiwan</td>
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<td>France</td>
<td>Japan</td>
<td>The Netherlands</td>
</tr>
</tbody>
</table>

Survival Rates

<table>
<thead>
<tr>
<th>Disease</th>
<th>1960</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukemia</td>
<td>14%</td>
<td>44%</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>31%</td>
<td>52%</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>40%</td>
<td>83%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>&lt;5%</td>
<td>28%</td>
</tr>
</tbody>
</table>


Survival rate is an important indicator of progress in achieving our research goals.
Walt & Margot Calloway
Flight attendants, US Airways
Charlotte, NC

“When I was diagnosed with Hodgkin’s disease, my chemotherapy nurse told me about The Leukemia & Lymphoma Society’s local patient support group. My wife, Margot, and I try to go each month: We ask questions, speak freely and hear how other people are handling their situations. It gives us a mental boost, knowing that we’re not the only ones and that what we’re experiencing is normal. The group helps us realize we’re going to be okay.” —Walt Calloway
Learning how to cope

What are the latest treatment options for my condition? How can I better understand my disease, so I can ask my healthcare provider the most appropriate questions?

Our Information Resource Center (IRC) is a critical resource for the thousands of patients and family members taking charge of their cancer care and their lives after a diagnosis of leukemia, lymphoma, Hodgkin’s disease or myeloma. During the year, the IRC received 39,000 inquiries from patients, caregivers and healthcare professionals.

Every day, across the country, we help people improve the quality of their lives as they learn to live with their disease. To ensure our staff is up to date on blood-related cancer issues and can provide immediate assistance, the IRC’s professional social workers and nurses participate in daily briefings and monthly educational workshops.

When the U.S. Food and Drug Administration approved Gleevec™ in May, hundreds of patients turned to us to find out if the new drug treatment could help them. IRC staff worked closely with the drug manufacturer, Novartis, to help patients and their families understand the clinical trial findings and the implications of taking the drug.

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Patients & Families improve their quality of life

Patient Services Goal:
Reach all patients at the time of diagnosis and make a significant difference in the lives of all who choose to receive the Society’s services.
An estimated 640,000 Americans are currently living with leukemia, lymphoma, Hodgkin’s disease and myeloma.

Education and support programs

In 2001, we sponsored three timely Webcasts, enabling an estimated 12,000 patients and their family members to communicate online with leading medical experts and get first-hand information. These informative programs are also archived on the Society’s Web site to provide a ready reference.

- The Cancer: Keys to Survivorship Program shared personal insights from a panel of cancer survivors and provided details on topics such as health insurance and employment rights. The program was supported by an educational grant from Ortho Biotech and presented in coordination with The National Coalition for Cancer Survivorship.

  http://www.cancereducation.com

- Developments in the Treatment and Research of Acute Myeloid Leukemia (AML) was presented in cooperation with cancereducation.com and made available through a grant from Wyeth Genetics Institute.

  http://www.cancereducation.com

- Real Progress in Non-Hodgkin’s Lymphoma explained recent research and treatment. Held in collaboration with HealthTalk™, this program was sponsored through an educational grant from Genentech BioOncology and IDEC Pharmaceuticals.

  http://www.healthtalk.com

Our series of patient and caregiver teleconferences focusing on medical progress in specific disease areas received great response this year. The programs included developments in the treatment and research of low (follicular) and intermediate grade non-Hodgkin’s lymphoma and medical update on myelodysplastic syndrome (MDS).
Our patient services programs touch thousands of lives:

In fiscal year 2001:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>39,000</td>
<td>Information Resource Center responses from patients, caregivers and healthcare professionals</td>
</tr>
<tr>
<td>12,000</td>
<td>Patients attending three Webcasts</td>
</tr>
<tr>
<td>4,000</td>
<td>Participants in four nationwide teleconferences</td>
</tr>
<tr>
<td>11,491</td>
<td>Participants in education programs</td>
</tr>
<tr>
<td>6,572</td>
<td>Patients and family members in family support groups and First Connection</td>
</tr>
<tr>
<td>11,365</td>
<td>Recipients of patient financial aid</td>
</tr>
</tbody>
</table>

Giving people the information they need

Information Resource Center profile of inquiries (for 2001)

- Gleevec inquiries: 850
- CML inquiries: 2,588
- Leukemia inquiries: 14,180
- Lymphoma inquiries: 6,941
- Myeloma inquiries: 1,705
- Myelodysplastic syndrome inquiries: 1,393

The number of questions about lymphoma is on the rise. In 2001, there were 6,941 information requests, compared to 2,912 in 2000. This marked increase was spurred by the Society's name change in February 2000, which has raised awareness of our services by people whose lives have been touched by lymphoma.
“After my wife died of chronic myelogenous leukemia, I was determined to make a difference. The Leukemia & Lymphoma Society helped me find patients whose lives were saved by clinical trial drugs. The heartfelt accounts of these patients convinced California legislators to pass one of the country’s most comprehensive clinical trial bills, mandating health insurance coverage for all clinical trial phases and all types of cancer. Our progress here sets a great example of what can be accomplished with grassroots support.”
Increasing awareness

To bring about change, we must first build understanding. And that's why our Office of Public Policy leads an active group of more than 5,000 grassroots volunteers and representatives from chapters across the country to raise the profile of blood-related cancer issues. This strong national network is steadily increasing awareness – on the federal and state levels – of the need for more research and ways to improve the quality of patient care.

Lobbying for change

We spoke up loud and clear at Lobby Day, held in Washington, DC in June. Society representatives, board members, patients and volunteers made more than 260 congressional visits in one afternoon, stressing the need for sweeping change. They called for coverage of routine patient care in clinical trials, Medicare coverage of oral anti-cancer drugs, funding of blood-cancer research at the Pentagon through the U.S. Department of Defense and funding for National Cancer Institute (NCI) priorities recommended by the Leukemia, Lymphoma and Myeloma Progress Review Group.

The Society is aggressively working to make Medicare coverage of oral anti-cancer drugs a reality. New oral drugs are expected to become an indispensable part of quality cancer care, and government policy needs to keep pace with medical and research progress so that patients can take advantage of the most promising treatments. The Access to Cancer Therapies Act 2001, introduced in the House of Representatives and the Senate in May, for example, would update Medicare coverage to include all oral cancer drugs.

We also actively supported legislation for the National Cancer Institute to increase funding for leukemia, lymphoma and myeloma, further spotlighting the importance of information and education about blood cancers. The Hematological Cancer Research Investment and Education Act of 2001 seeks federal funding for the NCI to establish the Joe Moakley Research Excellence Program, honoring the late Massachusetts congressman who died of leukemia in February 2001. It also authorizes funding for the U.S. Secretary of Health and Human Services to establish The Geraldine Ferraro Cancer Education Program, honoring the former congresswoman and 1984 vice presidential candidate, who recently announced her personal battle with myeloma.

Support to advance our cause

Advocacy Goal:
Increase influence with private and public organizations to achieve the Society’s strategic outcomes.
Legislative Advisory Committee

The groundwork was laid in fiscal 2001 for a special Legislative Advisory Committee to advance the Society's advocacy program and focus attention on its patient services and research programs. Made up of current and former members of Congress as well as other government officials, the Committee is the first of its kind in the Society's history.

Get involved

Volunteers are the backbone of the Society's advocacy efforts, and our Web site makes it even easier to get involved. Through our site, volunteers can get information on how to contact their legislators, send personalized email appeals to Congress and stay up-to-date on legislative actions. Event organizers can quickly reach volunteers by email to coordinate grassroots efforts.

The Society’s advocacy agenda calls for more education and research to wipe out blood-related cancers and improve patient care.

Grassroots Growth

The number of people who volunteer to support our advocacy efforts has more than doubled in two years.

Making Medicare Coverage a Reality

The Society is aggressively working to make Medicare coverage of oral anti-cancer drugs a reality. New oral drugs are expected to become an indispensable part of quality cancer care, and government policy needs to keep pace with medical and research progress so that patients can take advantage of the most promising treatments. The Access to Cancer Therapies Act 2001, introduced in the House of Representatives and the Senate in May, for example, would update Medicare coverage to include all oral cancer drugs.
Cliff Walzer, DMD

Oral Surgeon
Annapolis, MD

“I never dreamed I’d get cancer. After six months of chemotherapy and radiation for non-Hodgkin's lymphoma, I was emotionally and physically drained. I was really feeling the need to get my mind and body back into shape when I learned of The Leukemia & Lymphoma Society and signed up with Team In Training. I completed my first marathon in June, 2000 and have run two more with them since then, helping me feel like my life is returning to normal. With the love and tremendous financial support of my family and friends, I have been able to raise more than $50,000 for the Society.”

The Society grew revenue by 12.7 percent to $150.4 million in fiscal year 2001.
Relationships to build revenue

Celebrating life
For the 30,000 participants in the 2001 Team In Training® (TNT) program, being in touch meant completing a marathon, half marathon, triathlon or century ride in honor of a blood-cancer survivor. TNT is the Society’s largest fundraiser. Sponsored in 2001 by Runner’s World, Saucony and Finish Line, it has trained 125,000 participants and raised an incredible $350 million since its inception in 1987.

Another signature event, our annual Light The Night® Walk, brings together patients, survivors, corporate sponsors and team and individual participants to commemorate lives touched by cancer and to help find a cure. In 2001, Light The Night had tremendous growth, with over 170 locations nationwide raising nearly twice as much as the previous year. Novartis joined the Light The Night team in 2001, pledging to become the 2002 national sponsor and participate with teams of Novartis employees and patients nationwide.

Donor gifts dedicated to research
Finding cures takes ongoing, diligent research. And that’s the sole focus of the newly formed The Leukemia & Lymphoma Society Research Foundation. Headed by Harry Pearce, Chairman of Hughes Electronics and Chairman of the GM Cancer Research Foundation, The Leukemia & Lymphoma Society Research Foundation seeks donations of $500,000 or more to directly fund innovative research initiatives. National contributors like General Motors (GM) Corp. and Eli Lilly and Co., and individuals like Tom and Sandy Bertelsen, are helping to make innovative research possible. Eli Lilly's grant in 2001, for example, became our first international Specialized Center of Research grant funding a lymphoma research team in Australia.

Revenue Generation Goal:
Maximize the revenue we raise in the near term while, at the same time, developing capabilities for revenue growth that extend over a longer time period.
Planned giving
Current and planned gifts provide vital funding to support our mission. This fiscal year, we expanded our planned-giving portfolio with charitable gift annuities, enabling Society donors to receive a fixed annuity for their lifetimes. Donors also may make online contributions at www.leukemia-lymphoma.org, where they can designate gifts to any Society chapter, or in honor or memory of a loved one or friend.

Youthful voices speaking out
Our School & Youth Programs™ have a new face. Multi-platinum recording artist Mandy Moore serves as our National Honorary Chairperson, building students' enthusiasm to participate in the Pennies for Patients, Hop for Leukemia and Pasta for Pennies campaigns.

Mandy Moore first got involved with the Society when she participated in Pasta for Pennies as a student. The Olive Garden Italian Restaurant chain has generously supported the program since 1991.

Singer Kimberly Thach, a leukemia survivor, is the Society's first official National Youth Ambassador. Over the past two years, she has appeared at more than 100 charitable fundraisers nationwide.


As the National Honorary Chairperson of the Society's School & Youth Programs, multi-platinum recording artist Mandy Moore visits the top fundraising school in the country at the end of the school year.
Public Awareness Goal:
Increase awareness of the Society among the general public and core constituents in order to increase support for our mission and reach more people with the services we provide.

Joyce Parsons
Retired Receptionist, Doting Grandmother
Morris Plains, NJ

“In March, we received the devastating news that my 16-year-old grandson was diagnosed with leukemia. With such a personal reason to help find a cure, I decided to train for and complete a 26.2 walking marathon to raise funds for the Society. When I placed my bronze medal with the red, white and blue ribbon around my grandson’s neck and said, ‘This is for you, Andrew,’ the expression on his face really made me prioritize the important things in life.”
Research Grants

Specialized Center of Research¹
Jerry Adams, PhD–2001
Walter & Eliza Hall Institute of Medical Research

Carl Jane, MD–2001
University of Pennsylvania

Selina Chen-Kiang, PhD–2000
Well Medical College of Cornell University

Brian J. Drucker, MD–2000
Oregon Health & Science University

James D. Griffin, MD–2000
Dana-Farber Cancer Institute

Stephen Nimer, MD–2001
Memorial Sloan-Kettering Cancer Center

Career Development Program—Scholars
Francisco Asturias, PhD–2001
Scripps Research Institute

Donald E. Ayer, PhD–1998
University of Utah School of Medicine

Ravi Basavappa, PhD–1999
University of Rochester

Timothy W. Behrens, MD–1997
University of Minnesota

Katherine L.B. Borden, PhD–2000
Mount Sinai School of Medicine

James Bowin, PhD–2001
University of California, Los Angeles

Emery H. Bresnick, PhD–1997
University of Wisconsin, Madison

Stephen Buratowski, PhD–1999
Harvard Medical School

Frederic D. Bushman, PhD–1996
Salk Institute for Biological Studies

Anthony Capobianco, PhD–2001
University of Cincinnati

J. Don Chen, PhD–2000
University of Massachusetts Medical School

Genhong Cheng, PhD–2000
University of California, Los Angeles

Jonathan Chernoff, MD, PhD–1997
Fox Chase Cancer Center

K.M. Coggeshall, PhD–1998
Oklahoma Medical Research Foundation

Patricia Cortes, PhD–2001
Mount Sinai School of Medicine

Gay M. Crooks, MB, BS–1999³
Children's Hospital, Los Angeles

George Q. Daley, MD, PhD–1999⁴
Whitehead Institute for Biomedical Research

James A. DeCaprio, MD–1997
Dana-Farber Cancer Institute

James DeGregori, PhD–2000
University of Colorado Health Sciences Center

Laurence C. Eisenlohr, PhD, VMD–1999
Thomas Jefferson University

Mark E. Ewen, PhD–1997
Dana-Farber Cancer Institute

Carolyn A. Felix, MD–1996
Children's Hospital of Philadelphia

Susan L. Forsburg, PhD–1997
Salk Institute for Biological Studies

Alan D. Friedman, MD–1998
Johns Hopkins University School of Medicine

Xiang-Dong Fu, PhD–1997
University of California, San Diego

Peter M. Glazer, MD, PhD–1996
Yale University School of Medicine

Margaret Goodell, PhD–2001
Baylor College of Medicine

Jonathan Graff, MD, PhD–2001
University of Texas Southwestern Medical Center

Michael J. Grunby, PhD–1997
Harvard School of Public Health

Wei Gu, PhD–2001
Columbia University

Wendy L. Havran, PhD–1996
Scripps Research Institute

Anthony N. Imbalzano, PhD–1999
University of Massachusetts Medical School

Y. Tony Ip, PhD–1996
University of Massachusetts

Theodore Jardetzky, PhD–2001
Northwestern University

Dong-Yan Jin, MD, PhD–2001
University of Hong Kong

Jae U. Jung, PhD–2000
New England Regional Primate Research Center

Mark P. Kamps, PhD–1997
University of California, San Diego

Kornfeld Kerry, MD, PhD–2001
Washington University School of Medicine

Nigel Kilee, PhD–2000
University of California, San Francisco

Michael Koelle, PhD–1999
Yale University School of Medicine

Sally Kornbluth, PhD–1998
Duke University Medical Center

David G. Lambright, PhD–1998
University of Massachusetts Medical School

Hyam Levitsky, MD–1997
Johns Hopkins University School of Medicine

Daniel J. Lew, PhD–2000
Duke University Medical Center

Paul M. Lieberman, PhD–1997
Wistar Institute

Fengyong Liu, PhD–2001
University of California, Berkeley

Hsiou-Chi Liu, PhD–2000
Well Medical College of Cornell University

Richard M. Longnecker, PhD–1994
Northwestern University

Clifford Lowell, MD, PhD–2001
University of California, San Francisco

Kun Ping Lu, MD, PhD–1998
Beth Israel Deaconess Medical Center

Richard S. Mann, PhD–1997
Columbia University

Giuseppina Nucifora, PhD–1998³
University of Illinois at Chicago

Matthew J. O’Connell, PhD–2000
Peter MacCallum Cancer Institute

Marjorie Oettinger, PhD–1996
Massachusetts General Hospital

Pier P. Pandolfi, MD, PhD–1997⁸
Memorial Sloan-Kettering Cancer Center

Warren S. Pear, MD, PhD–1998
University of Pennsylvania

David S. Pellman, MD–2000
Dana-Farber Cancer Institute

B. Franklin Pugh, PhD–1996
Pennsylvania State University

David J. Rawlings, MD–1999
University of Washington

Ruihao Ren, MD, PhD–1998
Brandeis University

Ere S. Robertson, PhD–1999
University of Michigan Medical School

David Rom, MD–1996⁶
New York University School of Medicine

Moshe J. Sadosky, MD, PhD–1999
Albert Einstein College of Medicine of Yeshiva University

Kathleen M. Sakamoto, MD–1998
University of California, Los Angeles

Christian W. Schindler, MD, PhD–1996
Columbia University

Mark Schlissel, MD, PhD–1996
University of California, Berkeley

Edward W. Scott, PhD–1998
University of Florida

David C. Seldin, MD, PhD–2000
Boston Medical Center

Ali Shilatifard, PhD–2001
Saint Louis University School of Medicine

Ramesh A. Shivasan, MD, PhD–2000
Dana-Farber Cancer Institute

Gerald Sia, MD, PhD–2000
Columbia University

Tomasz Skorski, MD, PhD–2000
Temple University College of Sciences & Technology

Andrews Strasser, PhD–1997
Walter & Eliza Hall Institute for Medical Research

Michel Streuli, PhD–1997
Dana-Farber Cancer Institute

Charles D. Surh, PhD–1999
Scripps Research Institute

Guillermo E. Taccioli, PhD–1998
Boston University

Tse-Hua Tan, PhD–1996
Bayor College of Medicine

William Tansey, PhD–2001
Cold Spring Harbor Laboratory

Dimitris Thanos, PhD–2000
Columbia University

Sheila M. Thomas, PhD–1999
BETH ISRAEL DEACONESS MEDICAL CENTER

Richard A. Van Etten, MD, PhD–1998
Center for Blood Research

David L. Van Vactor, PhD–2000
Harvard Medical School

David L. Vaux, PhD–1999
Walter & Eliza Hall Institute for Medical Research

Claire Walczak, PhD–2001
Indiana University Medical Center

Jane Y. Wu, PhD–1998⁸
Washington University

Kyoko Yokomori, PhD, DVM–2000
University of California, Irvine

Fathi M. Young, MD–1998
University of Rochester

Dong-Ez Zhang, PhD–1998
Scripps Research Institute

Liang Zhu, MD, PhD–1999
Albert Einstein College of Medicine of Yeshiva University

Yuan Zhuang, PhD–1998
Duke University Medical Center

Career Development Program—Scholars in Clinical Research
Maurizio Bendandi, MD, PhD–2001
Clinica Universitaria

Smita Bhatia, MD–2001
City of Hope National Medical Center

Robert A. Brodsky, MD–2000
Johns Hopkins Oncology Center

Richard K. Burt, MD–1998⁸
Northwestern University

John Byrd, MD–2001
Ohio State University

¹. The Special Center of Research Grant Program is supported in part by generous contributions from General Motors Foundation and Eli Lilly and Company.
². The Special Center of Research Grant of Dr. Brian J. Drucker is funded in part by a generous gift from The Bertelsen Family.
³. Dr. Crooks is supported by a generous gift from The Gail Cohen Leukemia Fund.
⁴. Dr. Daley, a Stephen Birnbaum Scholar, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.
⁵. Dr. Nucifora is supported in part by a generous gift from The Sholl Foundation.
⁶. Dr. Pandolfi is supported by a generous gift to the Society from The Stephen Birnbaum Foundation.
⁷. Dr. Ron, a Stephen Birnbaum Scholar, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.
⁸. Dr. Wu is supported by a generous gift to the Society from The Coleman Foundation and the Dr. Scholl Foundation.
10. Dr. Ernst, a Stephen Birnbaum Scholar for Clinical Research, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.
11. Dr. Bertrand is supported by a generous gift from Drs. Emile and Vivian Sandler in honor of Zvi Feuchts of the Sloan-Kettering Radio/Oncology Department.
12. Dr. Bielinsky is funded by a generous gift to the Society from Leslie Elliot Krause, Esq.
13. Dr. Blain is supported by a generous gift from The Stephen Birnbaum Foundation.
14. Dr. Irving is supported by a generous gift from the Society from the Board of Trustees and Staff, Northern California Division.
15. Dr. Kozminski is supported in part by a generous gift to the Society from the Wayne & Gladys Valley Foundation.
16. Dr. Lee is supported by a generous gift from The Hildegarde D. Becher Foundation.

Jorge E. Cortes, MD–2000
University of Texas

Glenn Dranoff, MD–2000
Dana-Farber Cancer Institute

Timothy Jon Ernst, MD–1998
Boston University

Steven D. Gore, MD–1998
Johns Hopkins University

Omer Koc, MD–2001
Case Western Reserve University

Mary J. Laughlin, MD–1998
Case Western Reserve University

Jane L. Liesveld, MD–1998
University of Rochester Medical Center

Dana C. Matthews, MD–1999
Fred Hutchinson Cancer Research Center

Nikhil C. Munshi, MD–1998
Dana-Farber Cancer Institute

Aaron Rapoport, MD–2001
University of Maryland

Robert J. Soiffer, MD–1999
Dana-Farber Cancer Institute

Edmund K. Waller, MD, PhD–1998
Emory University

Christopher E. Walsh, MD, PhD–2000
University of North Carolina at Chapel Hill

**Career Development Program—Special Fellows**

Ariane Abrieu, PhD–2001
Ludwig Institute for Cancer Research

Riccardo C. T. Aguilar, MD, PhD–1999
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Mathias Schmid, MD–2000
University Hospital of Ulm, Germany

Joachim L. Schultz, MD–1999
Dana-Farber Cancer Institute

Stephen Schuster, MD–2001
University of Pennsylvania

Paul O. Schwarzenberger, MD–1997
Louisiana State University

Paul J. Shami, MD–1997
University of Utah School of Medicine

Paul J. Shami, MD–2000
University of Utah School of Medicine

Margaret A. Shipp, MD–2000
Dana-Farber Cancer Institute

Margaret A. Shipp, MD–1997
Dana-Farber Cancer Institute

Sherrill Slichter, MD–2001
Puget Sound Blood Center and Program

Donald Small, MD, PhD–2000
Johns Hopkins University

Richard A. Steinman, MD, PhD–1998
University of Pittsburgh Cancer Institute

Alison Stopeck, MD–2001
Arizona Cancer Center

Roger St Clair, MD, PhD–2000
University of Medicine & Dentistry of New Jersey

Jeffrey W. Taub, MD–1997
Children’s Hospital of Michigan

Daniel G. Tenen, MD–2000
Beth Israel Deaconess Medical Center

Nelson N.H. Teng, MD, PhD–1997
Stanford University

Helen Tighe, PhD–1999
University of California, San Diego

Faith M. Uckun, MD, PhD–1998
Parker Hughes Institute

Jonathan W. Uhr, MD–1997
University of Texas

Marcel R.M. van den Brink, MD, PhD–2000
Memorial Sloan-Kettering Cancer Center

Frits van Rhee, MD, PhD–2000
University of Arkansas for Medical Sciences

Andrea Velardi, MD–2001
Università di Perugia

Catherine Verfaillie, MD–1996
University of Minnesota

Ellen S. Vitetta, PhD–1997
University of Texas

Ellen S. Vitetta, PhD–2000
University of Texas

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Edmund K. Waller, MD, PhD–2001
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Christopher Walsh, MD, PhD–1996
University of North Carolina at Chapel Hill

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Virginia Mason Research Center

Brice Weinberg, MD–2000
Duke University Medical Center

Peter H. Wiernik, MD–1998
Our Lady of Mercy Medical Center

Qing Yi, MD, PhD–1999
University of Arkansas for Medical Sciences

James W. Young, MD–1998
Memorial Sloan-Kettering Cancer Center

Alice L. Yu, MD, PhD–2001
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42. Dr. Mohammad is supported in part by a generous gift to the Society from The Jim Jacobs Charitable Foundation, Inc.

43. Dr. Rosen is supported by a generous gift to the Society from The Ralph & Marion Falk Medical Research Trust.

44. Dr. Tighe is funded by a generous gift to the Society from The Chuck Griffin Memorial Research Program.

45. Dr. Yu is supported by a generous gift to the Society by KEYS.
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Sigma Alpha Epsilon Fraternity,
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Penta Mark

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- Accurate
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- Allfirst Bank
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- Allstate
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- American Skandia
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- AT&T Foundation
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- Ernst & Young LLP
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- Fannie Mae Foundation
- Raul Fernandez
- Fidelity Investments
- Fight for Children
- First Telecom Texas, Inc.
- First Union Bank
- First Virginia Bank
- Fleet
- Florida Hospital Cancer Institute
- Food Service Management, Dominic
- Abbott
- Foodland Independent Retailers
- Fraternal Order of Eagles
- Freddie Mac
- FutureNext Consulting, Inc.
- The Gap
- GE Lighting
- Genesis Foundation
- Getronics
- Getz Foundation
- Gibson Musical Instruments
- Gloria Campbell
- The Gold-Diggers, Inc.
- Goldman Sachs & Co
- Grubb & Ellis
- Gwinnett Place Honda
- Haemonetics
- Hardy & Hayes, John D. Betres
- Heller Financial, Inc.
- Herman Miller
- Hershey Park Arena and Hockey
- Hitachi
- Freddie Hoffman
- Holiday Stationstores
- Horizon BlueCross BlueShield of New Jersey
- Host Marriott, L.P.
- Human Genome Sciences, Inc.
- IMC, Inc.
- International House of Pancakes
- J.D. Salthouse Associates, Inc.
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- Johns Hopkins Medicine
- John Kellenyi
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Wilmer, Cutler & Pickering  
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Wyeth-Ayerst Pharmaceuticals  
Yellow Corporation  

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The Leukemia & Lymphoma Society, Inc.: 

We have audited the accompanying consolidated statement of financial position of The Leukemia & Lymphoma Society, Inc. (the Society) as of June 30, 2001, and the related statements of activities, cash flows and functional expenses for the year then ended. These consolidated financial statements are the responsibility of the Society’s management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The prior year summarized comparative information has been derived from the Society’s 2000 consolidated financial statements and, in our report dated October 10, 2000, we expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Leukemia & Lymphoma Society, Inc. as of June 30, 2001, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

KPMG LLP

October 5, 2001
New York, NY
## Consolidated Statement of Financial Position

The Leukemia & Lymphoma Society, Inc.  
June 30, 2001  
(with comparative amounts at June 30, 2000)  
(in thousands)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 7,933</td>
<td>$ 11,114</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,135</td>
<td>1,034</td>
</tr>
<tr>
<td>Legacies and contributions receivable (note 2)</td>
<td>4,153</td>
<td>2,598</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>2,475</td>
<td>2,420</td>
</tr>
<tr>
<td>Investments, at fair value (note 3)</td>
<td>74,282</td>
<td>67,354</td>
</tr>
<tr>
<td>Equipment and leasehold improvements, less accumulated depreciation and amortization of $2,357 and $1,685</td>
<td>4,449</td>
<td>2,478</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$ 94,427</strong></td>
<td><strong>$ 86,998</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$ 9,712</td>
<td>$ 7,642</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>3,474</td>
<td>3,413</td>
</tr>
<tr>
<td>Grants payable (note 4)</td>
<td>38,733</td>
<td>34,256</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>51,919</strong></td>
<td><strong>45,311</strong></td>
</tr>
<tr>
<td>Net assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>38,489</td>
<td>39,255</td>
</tr>
<tr>
<td>Temporarily restricted (note 7)</td>
<td>2,929</td>
<td>1,371</td>
</tr>
<tr>
<td>Permanently restricted (note 7)</td>
<td>1,090</td>
<td>1,061</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>42,508</strong></td>
<td><strong>41,687</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$ 94,427</strong></td>
<td><strong>$ 86,998</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
See accompanying notes to consolidated financial statements.
Consolidated Statement of Cash Flows

The Leukemia & Lymphoma Society, Inc.
Year ended June 30, 2001
(with comparative amounts for the year ended June 30, 2000)
(in thousands)

<table>
<thead>
<tr>
<th>Cash Flows from Operating Activities:</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$821</td>
<td>$8,405</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net decrease (increase) in fair value of investments</td>
<td>2,990</td>
<td>(756)</td>
</tr>
<tr>
<td>Permanently restricted campaign contributions</td>
<td>(29)</td>
<td>(88)</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>1,217</td>
<td>578</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase) decrease in accounts receivable</td>
<td>(101)</td>
<td>124</td>
</tr>
<tr>
<td>Increase in legacies and contributions receivable</td>
<td>(1,555)</td>
<td>(483)</td>
</tr>
<tr>
<td>Increase in prepaid expenses</td>
<td>(55)</td>
<td>(1,560)</td>
</tr>
<tr>
<td>Increase in accounts payable and accrued expenses</td>
<td>2,070</td>
<td>846</td>
</tr>
<tr>
<td>Increase in deferred revenue</td>
<td>61</td>
<td>639</td>
</tr>
<tr>
<td>Increase in grants payable</td>
<td>4,477</td>
<td>8,241</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>9,896</td>
<td>15,946</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash Flows from Investing Activities:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases of equipment and leasehold improvements</td>
<td>(3,188)</td>
<td>(1,251)</td>
</tr>
<tr>
<td>Purchases of investments, net</td>
<td>(9,918)</td>
<td>(26,054)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(13,106)</td>
<td>(27,305)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash Flows from Financing Activities:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanently restricted campaign contributions</td>
<td>29</td>
<td>88</td>
</tr>
<tr>
<td>Net cash provided by financing activities</td>
<td>29</td>
<td>88</td>
</tr>
</tbody>
</table>

Net decrease in cash and cash equivalents | (3,181) | (11,271) |
Cash and cash equivalents at beginning of year | 11,114 | 22,385 |
Cash and cash equivalents at end of year | $7,933 | $11,114 |

See accompanying notes to consolidated financial statements.
## Consolidated Statement of Functional Expenses

*The Leukemia & Lymphoma Society, Inc.*

**Year ended June 30, 2001**

*(with comparative totals for the year ended June 30, 2000)*

*(in thousands)*

<table>
<thead>
<tr>
<th></th>
<th>Program Services</th>
<th>Supporting Services</th>
<th>Total</th>
<th>Direct donor benefit costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards and grants</td>
<td>$ 36,106</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Financial aid to patients</td>
<td>4,701</td>
<td>0</td>
<td>0</td>
<td>4,701</td>
</tr>
<tr>
<td>Salaries</td>
<td>411</td>
<td>15,525</td>
<td>8,076</td>
<td>2,841</td>
</tr>
<tr>
<td>Employee benefits and taxes (note 5)</td>
<td>72</td>
<td>3,030</td>
<td>1,828</td>
<td>607</td>
</tr>
<tr>
<td>Occupancy (note 6)</td>
<td>17</td>
<td>1,846</td>
<td>1,190</td>
<td>423</td>
</tr>
<tr>
<td>Insurance</td>
<td>5</td>
<td>120</td>
<td>80</td>
<td>22</td>
</tr>
<tr>
<td>Telephone</td>
<td>13</td>
<td>967</td>
<td>741</td>
<td>162</td>
</tr>
<tr>
<td>Travel</td>
<td>31</td>
<td>1,002</td>
<td>620</td>
<td>210</td>
</tr>
<tr>
<td>Printing and supplies</td>
<td>228</td>
<td>5,736</td>
<td>5,484</td>
<td>1,007</td>
</tr>
<tr>
<td>Equipment rentals and maintenance</td>
<td>12</td>
<td>778</td>
<td>505</td>
<td>171</td>
</tr>
<tr>
<td>Postage and shipping</td>
<td>40</td>
<td>2,356</td>
<td>2,665</td>
<td>449</td>
</tr>
<tr>
<td>Meetings</td>
<td>317</td>
<td>1,598</td>
<td>760</td>
<td>262</td>
</tr>
<tr>
<td>Professional fees and contract services</td>
<td>428</td>
<td>3,888</td>
<td>3,709</td>
<td>755</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>3</td>
<td>389</td>
<td>249</td>
<td>93</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>17</td>
<td>432</td>
<td>288</td>
<td>81</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$37,700</td>
<td>$42,368</td>
<td>$26,195</td>
<td>$7083</td>
</tr>
</tbody>
</table>

*See accompanying notes to consolidated financial statements.*
Notes to Consolidated Financial Statements
The Leukemia & Lymphoma Society, Inc.
June 30, 2001
(with comparative amounts as of and for the year ended June 30, 2000)

1. Organization and Significant Accounting Policies

Organization
The Leukemia & Lymphoma Society, Inc. (the “Society”) is a national not-for-profit health agency dedicated to seeking the cause and eventual cure of leukemia, lymphoma, Hodgkin’s disease and myeloma and improving the quality of life of patients and their families. The Society's principal activities, which are conducted through its local chapters and the Home Office, include: awarding research grants; facilitating psychosocial support groups; providing financial aid to patients; answering phone requests for blood-related cancer information made to the Society's Information Resource Center; and disseminating educational information about blood-related cancers in the form of publications, internet sites and symposia sponsorship for both the medical community and the general public.

Tax-Exempt Status
The Society qualifies as a charitable organization as defined by Internal Revenue Code Section 501(c)(3) and, accordingly, is exempt from federal income taxes under Internal Revenue Code Section 501(a). Additionally, since the Society is publicly-supported, contributions to the Society qualify for the maximum charitable contribution deduction under the Internal Revenue Code.

Principles of Consolidation
The accompanying consolidated financial statements include the accounts of the Society, which encompasses the Home Office of the Society and its fifty-eight chapters, as well as its not-for-profit affiliates, Leukemia Society Research Programs, Inc. and Leukemia Society of America Research Foundation. All significant inter-company and intra-Society accounts and transactions have been eliminated in consolidation.

Net Asset Classifications
To ensure observance of limitations and restrictions placed on the use of resources available to the Society, funds that have similar characteristics have been classified into three net asset categories as follows:

Unrestricted net assets: Consist of funds that are fully available, at the discretion of the Board of Trustees, for the Society to utilize in any of its programs or supporting services.

Temporarily restricted net assets: Consist of funds that are restricted by donors for a specific time period or purpose, as well as amounts relating to term endowment or deferred giving arrangements in which the funds must be maintained intact over the lifetimes of the donors.

Permanently restricted net assets: Consist of funds that contain donor-imposed restrictions requiring that the principal be invested in perpetuity and that only the income be used. Income earned on these funds may be unrestricted or temporarily restricted, depending upon the donor-imposed restrictions.

Contributions and Deferred Revenue
Contributions are recorded as revenue, at their fair value, when received or promised unconditionally. Contributions received with donor restrictions that limit their use are recorded as either temporarily or permanently restricted revenue. When a donor restriction is met through the passage of time or fulfillment of a purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Temporarily restricted contributions that are received and expended in the same period are reported as unrestricted contributions. Conditional contributions are recognized as revenue when the conditions have been substantially met.

Deferred revenue includes amounts received for special events that will be held subsequent to the fiscal year-end.

Donated Services
A substantial number of volunteers have made significant contributions of their time to help develop the Society's programs and activities. The value of such volunteer services has not been reflected in the accompanying consolidated financial statements as it does not meet the criteria for revenue recognition.

Cash Equivalents
Cash equivalents consist of money market accounts and short-term investments with a maturity of three months or less from date of purchase, except for amounts held for long-term purposes reported as investments.

Equipment, Leasehold Improvements and Depreciation
Equipment and leasehold improvements are recorded at cost, if purchased, or at fair value at date of donation, if contributed, and are depreciated or amortized using the straight-line method over the estimated useful lives of the assets or the terms of the leases, if shorter.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Society's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Summarized Financial Information
The financial statements are presented with 2000 comparative information. With respect to the statement of activities, such prior year information is not presented by net assets class and, in the statement of functional expenses, 2000 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with the Society's 2000 financial statements from which the summarized information was derived.
2. Legacies and Contributions Receivable

The Society's legacies and contributions receivable at June 30, 2001 and 2000 consist of unconditional promises to give and legacies for which the underlying wills have been declared valid by the probate court and no other conditions are required to be met. Amounts are scheduled to be received as follows (in thousands):

<table>
<thead>
<tr>
<th>Period</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>$3,103</td>
<td>$2,351</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>900</td>
<td>-</td>
</tr>
<tr>
<td>After 5 years</td>
<td>333</td>
<td>353</td>
</tr>
<tr>
<td>Total</td>
<td>4,336</td>
<td>2,704</td>
</tr>
<tr>
<td>Less discount to present value (discount rate - 5%)</td>
<td>(183)</td>
<td>(106)</td>
</tr>
<tr>
<td>Total</td>
<td>$4,153</td>
<td>$2,598</td>
</tr>
</tbody>
</table>

3. Investments

The following is a summary of investments at June 30, 2001 and 2000 (in thousands):

<table>
<thead>
<tr>
<th>Investment Type</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost or Donated Value</td>
<td>Fair Value</td>
</tr>
<tr>
<td>Money market funds</td>
<td>$24,677</td>
<td>$24,677</td>
</tr>
<tr>
<td>Corporate notes and bonds</td>
<td>32,790</td>
<td>32,572</td>
</tr>
<tr>
<td>Common stocks and mutual funds</td>
<td>17,151</td>
<td>16,727</td>
</tr>
<tr>
<td>U.S. Government obligations</td>
<td>257</td>
<td>248</td>
</tr>
<tr>
<td>Other</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>$74,933</td>
<td>$74,282</td>
</tr>
</tbody>
</table>

Debt and equity securities are recorded at fair value as determined by quoted market prices. Mutual funds are recorded at fair value using published unit values. Investment expenses of $261,000 and $172,000 have been netted against interest and dividend income for the years ended June 30, 2001 and 2000, respectively.

4. Awards and Grants

Awards and grants for research are recognized as expense in the year approved by the Society's Board of Trustees. Multi-year grants, which are generally two to five years in length, are approved on an annual basis and may be terminated at the discretion of the Society's Board of Trustees. In addition to unconditional grants payable of $38,733,000 at June 30, 2001, the Society has grant commitments of $69,371,000 that are conditioned upon future events and, accordingly, are not recorded.

5. Pension Plan

The Society has a noncontributory, defined contribution 403(b) pension plan covering all employees meeting age and service requirements. Contributions are based on a percentage of each eligible employee's salary and years of service. Expense under this plan aggregated $1,530,000 and $1,181,000 for the years ended June 30, 2001 and 2000, respectively.

6. Occupancy Expense and Lease Commitments

The leases for premises which the Society's Home Office and chapters occupy expire on various dates through June 30, 2010 and provide for certain payments subject to escalation and periodic rate increases relating to real estate taxes, operating expenses and utilities.

The approximate minimum future annual rental commitments are summarized as follows (in thousands):

<table>
<thead>
<tr>
<th>Year ended June 30:</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>Thereafter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,400</td>
<td>4,070</td>
<td>3,723</td>
<td>3,479</td>
<td>2,366</td>
<td>7,482</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$25,520</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets and the income earned on permanently restricted net assets were available for the following purposes at June 30, 2001 and 2000 (in thousands):

<table>
<thead>
<tr>
<th>Purpose</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temporarily Restricted</td>
<td>Permanently Restricted</td>
</tr>
<tr>
<td>Research program</td>
<td>$2,010</td>
<td>$1,046</td>
</tr>
<tr>
<td>Patient service and bone marrow donor programs</td>
<td>292</td>
<td>-</td>
</tr>
<tr>
<td>Professional education program</td>
<td>51</td>
<td>44</td>
</tr>
<tr>
<td>Other programs</td>
<td>576</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>$2,929</td>
<td>$1,090</td>
</tr>
</tbody>
</table>

8. Joint Costs Allocation

In 2001 and 2000, the Society incurred joint costs for informational materials and activities that included fundraising appeals as follows (in thousands):

<table>
<thead>
<tr>
<th>Activity</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>$11,407</td>
<td>$9,332</td>
</tr>
<tr>
<td>Patient and community service</td>
<td>1,608</td>
<td>1,315</td>
</tr>
<tr>
<td>Public health education</td>
<td>5,488</td>
<td>4,539</td>
</tr>
<tr>
<td>Total</td>
<td>$18,503</td>
<td>$15,186</td>
</tr>
</tbody>
</table>
National Leaders

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Sugar Land, TX

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Chair, Department of Research
Roger Williams Medical Center
Providence, RI

Vice Chairman for Medical and Scientific Affairs
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Washington, DC

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Homestar Mortgage Services
Sarasota, FL

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Hunton & Williams
Richmond, VA

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Partner
Honigman Miller Schwartz and Cohn
Detroit, MI

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Wells Fargo
Walnut Creek, CA

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Of Counsel
Honigman Miller Schwartz and Cohn
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Dalzell, SC

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Raleigh, NC

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Children's Hospital
Columbus, OH

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Boston, MA

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Yampolsky, Mandeloff, Silver & Co.
Philadelphia, PA

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Washington, DC

John Sanders
President & CEO
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St. Louis, MO

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Charlotte, NC

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Indianapolis, IN

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Pittsburgh, PA

Pamela Sinclair
San Antonio, TX

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Duke University
Durham, NC

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Nashville, TN

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Managing Partner
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Syracuse, NY

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Tigard, OR

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General Manager
The Patriot-News
Harrisburg, PA

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Los Angeles, CA

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Omaha, NE

William M. Ward, Jr.
President and CEO
Presbyterian Manors of Mid-America
Wichita, KS

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David Saxon Presidential Chair in Developmental Immunology
Howard Hughes Medical Institute/UCLA
Los Angeles, CA

Judge Robert M. Yacobi
Williamsburg, VA

Joseph Yurfest
Director, Medicare Systems
CareFirst of Maryland
Timonium, MD

Dwayne Howell
President and CEO
Field and Human Resources Development

Cynthia Gardner Cross
Executive Vice President
Field and Human Resources Development

Paul Weiss
Senior Vice President
Field Development

Linda Gruskiewicz
Regional Director
Eastern Region

Kathy Vroman
Regional Director
Southern Region & Major Media Markets

Finance, Administration and Information Technology

John Walter
Executive Vice President and Chief Financial Officer
Finance, Administration and Information Technology

Jimmy Nangle
Vice President & Controller
Finance

Stephen B. Lucas
Chief Information Officer

Government & Legislative Affairs

George Dahlman
Vice President
Public Policy

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Richard J. Geswell
Executive Vice President
Marketing and Revenue Development

Greg Elfers
Senior Vice President
Campaign Development

Michael F. Aldrich
Vice President
Marketing & Product Development

Patient Services

Robin Kornhaber, MSW
Senior Vice President
Patient Services

Research & Medical Programs

Marshall A. Lichtman, MD
Executive Vice President
Research & Medical Programs

Alan Kinniburgh, PhD
Vice President
Research Administration
### Chapter Offices (alphabetical by state)

<table>
<thead>
<tr>
<th>State</th>
<th>Chapter Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Alabama Chapter</td>
<td>100 Chase Park South, Suite 220, Birmingham, AL 35244</td>
<td>(205) 989-0096</td>
</tr>
<tr>
<td>Arizona</td>
<td>Desert Mountain States Chapter</td>
<td>2900 E. Northern Avenue, E-100, Phoenix, AZ 85028</td>
<td>(602) 768-8622</td>
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<td>California</td>
<td>Greater Los Angeles Chapter</td>
<td>6033 West Century Blvd., Suite 300, Los Angeles, CA 90045</td>
<td>(310) 216-7600</td>
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<td>San Francisco Chapter</td>
<td>1390 Market Street, Suite 1200, San Francisco, CA 94102-5306</td>
<td>(415) 625-1100</td>
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<td>Greater Sacramento Area Chapter</td>
<td>3105 Fite Circle, Suite 101, Sacramento, CA 95827</td>
<td>(916) 369-7581</td>
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<td>San Diego/Hawaii Chapter</td>
<td>8575 Gibbs Drive, Suite 26.2, San Diego, CA 92123</td>
<td>(858) 277-2873</td>
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<td>South Bay Chapter</td>
<td>675 North First Street, Suite 1100, San Jose, CA 95112</td>
<td>(408) 271-2873</td>
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<td>Colorado</td>
<td>Rocky Mountain Chapter</td>
<td>5353 W. Dartmouth Avenue, Denver, CO 80227</td>
<td>(303) 984-2110</td>
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<td>Connecticut</td>
<td>Connecticut Chapter</td>
<td>300 Research Parkway, Suite 310, Meriden, CT 06450</td>
<td>(203) 379-0445</td>
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<td>Fairfield County CT Chapter</td>
<td>25 Third Street, 4th Floor, Stamford, CT 06905</td>
<td>(203) 967-8262</td>
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<td>Delaware</td>
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<td>(302) 661-7300</td>
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<td>District of Columbia</td>
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<td>(703) 960-1100</td>
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<td>Florida</td>
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<td>3319 Maguire Blvd, Suite 101, Orlando, FL 32803</td>
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<td>Northern Florida Chapter</td>
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<td>(904) 538-0721</td>
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<td>Palm Beach Area Chapter</td>
<td>4360 Northlake Boulevard, Suite 109, Palm Beach Gardens, FL 33410</td>
<td>(561) 775-9954</td>
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<td>Southern Florida Chapter</td>
<td>3325 Hollywood Boulevard, Suite 400, Hollywood, FL 33021</td>
<td>(954) 458-1050</td>
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<td>Suncoast Chapter</td>
<td>13907 N. Dale Mabry Highway, Suite 101, Tampa, FL 33618</td>
<td>(813) 963-6461</td>
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<td>Georgia Chapter</td>
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<td>(770) 436-6006</td>
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<td>Illinois Chapter</td>
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<td>(312) 726-0003</td>
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<td>Indiana Chapter</td>
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<td>(316) 687-2222</td>
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<td>6811 West 63rd Street, Cloverfield Building #1, Suite 202, Shawnee Mission, KS 66202</td>
<td>(800) 256-1075</td>
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<td>Kentucky Chapter</td>
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<td>(502) 584-8490</td>
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<td>Louisiana Chapter</td>
<td>3636 South I-10 Service Rd., Suite 304, Metairie, LA 70001</td>
<td>(504) 837-0945</td>
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<td>Maryland Chapter</td>
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<td>(410) 825-2500</td>
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<td>Massachusetts Chapter</td>
<td>945 Old Connecticut Path, Suite 220, Framingham, MA 01701</td>
<td>(508) 379-5083</td>
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<td>Michigan Chapter</td>
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<td>(214) 562-2900</td>
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<td>Minnesota Chapter</td>
<td>5217 Wayzata Blvd., Suite 221, St. Louis Park, MN 55416</td>
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<td>Missouri Chapter</td>
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<td>(610) 956-7447</td>
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<td>New Jersey Chapter</td>
<td>45 Springfield Avenue, Springfield, NJ 07081</td>
<td>(973) 376-9559</td>
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<td>New Mexico Chapter</td>
<td>2665 Farnam Street, Omaha, NE 68133</td>
<td>(402) 344-2242</td>
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<td>Southern New Jersey &amp; South Shore Chapter</td>
<td>216 Haddon Avenue, Suite 328, Westmont, NJ 08108</td>
<td>(856) 869-0200</td>
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<td>New York Chapter</td>
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<td>Northeast New Jersey Chapter</td>
<td>15055 Indiana Blvd, Suite 101, Charlotte, NC 28210</td>
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<td>Oklahoma Chapter</td>
<td>3613 N.W. 56th Street, Suite 230, Oklahoma City, OK 73112</td>
<td>(405) 943-8888</td>
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<td>Oregon Chapter</td>
<td>6501 S.W. Macadam Avenue, Portland, OR 97201</td>
<td>(503) 245-9866</td>
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<td>Pennsylvania Chapter</td>
<td>800 Corporate Circle, Suite 100, Harrisburg, PA 17110</td>
<td>(800) 822-2873</td>
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<td>Eastern Pennsylvania Chapter</td>
<td>#2 International Plaza, Suite 245, Philadelphia, PA 19113</td>
<td>(610) 521-8274</td>
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<td>Western Pennsylvania &amp; West Virginia Chapter</td>
<td>Two Gateway Center, 13 North Pittsburgh, PA 15222</td>
<td>(412) 395-2873</td>
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<td>Rhode Island Chapter</td>
<td>75 Sokanasset Crossroad, Suite 206, Box 8099, Cranston, RI 02920</td>
<td>(401) 943-8888</td>
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<td>South Carolina Chapter</td>
<td>1247 Lake Murray Boulevard, Irmo, SC 29063</td>
<td>(803) 749-4299</td>
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Your major gift to The Leukemia & Lymphoma Society will help to find cures for blood-related cancers and improve the quality of lives for patients and their families.

There are numerous ways to give, including cash contributions or gifts of appreciated securities. Many of our lifesaving research and patient service programs have been made possible by people who included the Society in their will, trust, insurance policy or other estate planning vehicle.

In recognition, we honor our major donors through the de Villiers Society. Formed in memory of Robert de Villiers, the son of our founders who passed away from leukemia at the age of 16, the de Villiers Society pays tribute to those supporters who play a significant role in advancing our mission. The Legacy Circle is a key part of the de Villiers Society, honoring those who make a future gift through their estate plan.

Please join our Journey of Hope. For more information about how you can make a difference in the fight against blood-related cancers, please contact us—toll free—at (888) 773-9958.