

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2010, or tax year beginning _____, 2010, and ending _____, 20

2010

Department of the Treasury
Internal Revenue Service

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

▶ See instructions on back.

Name of exempt organization

The Leukemia & Lymphoma Society, Inc.

Employer identification number

13-5644916

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

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

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	246,744,046
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ *James T. Manglo* | 1/31/11 ▶ Sr. VP & Chief Financial Officer
 Signature of officer | Date | Title

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

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

ERO's Use Only	ERO's signature ▶ <u><i>[Signature]</i></u>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

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

Paid Preparer Use Only	Print/Type preparer's name <u>ROBERT A. ROBINSON</u>	Preparer's signature <u><i>Robert A. Robinson</i></u>	Date <u>2/1/11</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00741489</u>
	Firm's name ▶ <u>KPMG, LLP</u>				Firm's EIN ▶ <u>13-5565207</u>
	Firm's address ▶ <u>345 Park Avenue, New York, NY 10154</u>				Phone no. <u>212-758-9700</u>

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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

C Name of organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**
INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1311 MAMARONECK AVENUE **310**
 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 \$ **396,255,432**

F Name and address of principal officer:
JOHN WALTER
1311 MAMARONECK AVENUE
WHITE PLAINS NY 10605

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE LEUKEMIA & LYMPHOMA SOCIETY'S MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31		
	5 Total number of employees (Part V, line 2a)	5	2087		
	6 Total number of volunteers (estimate if necessary)	6	3000000		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-6,739		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	268,661,802	Current Year	238,276,411
	9 Program service revenue (Part VIII, line 2g)				
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,638,674		5,945,189
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,477,294		2,522,446
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		277,777,770		246,744,046
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		90,994,934		85,577,867
	14 Benefits paid to or for members (Part IX, column (A), line 4)				
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		88,469,224		81,834,903
	16a Professional fundraising fees (Part IX, column (A), line 11e)		9,542,900		9,299,646
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 44,205,434				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		74,131,495		73,769,925	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		263,138,553		250,482,341	
19 Revenue less expenses. Subtract line 18 from line 12		14,639,217		-3,738,295	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	217,104,128	End of Year	221,660,340
	21 Total liabilities (Part X, line 26)		114,241,808		112,213,271
	22 Net assets or fund balances. Subtract line 21 from line 20		102,862,320		109,447,069

Part II Signature Block

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

Sign Here ▶ Signature of officer **JAMES T. NANGLE** Date **SENIOR VICE PRESIDENT & CFO**
 ▶ Type or print name and title

Preparer's Use Only

Preparer's signature ▶ **KPMG, LLP** Date **01/31/11** 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** EIN ▶ **13-5565207**
345 PARK AVENUE Phone no. ▶ **212-758-9700**
NEW YORK, NY 10154-0102

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE LEUKEMIA & LYMPHOMA SOCIETY'S MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **68,144,902** including grants of \$ **65,515,876**) (Revenue \$)

A) RESEARCH PROGRAMS:

WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES. LLS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS, AS SOON AS POSSIBLE.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ **73,274,140** including grants of \$ **20,061,991**) (Revenue \$)

B) PATIENT & COMMUNITY SERVICES :

AN ESTIMATED 957,902 PEOPLE ACROSS THE UNITED STATES (US) CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS THE MOST COMPREHENSIVE ARRAY OF SERVICES TO BLOOD CANCER PATIENTS AND THEIR FAMILIES. LAST YEAR ALONE, LLS MADE 4.7 MILLION CONTACTS WITH PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ **36,746,427** including grants of \$) (Revenue \$)

C) PUBLIC HEALTH EDUCATION:

INFORMATION AND EDUCATION NATIONAL PROGRAMS:

INFORMATION RESOURCE CENTER

THE INFORMATION RESOURCE CENTER (IRC) PROVIDES INFORMATION AND RESOURCES USEFUL TO PATIENTS, THEIR FAMILIES AND HEALTH CARE PROFESSIONALS, AND IS STAFFED BY MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS. (CONTINUED ON SCHEDULE O)

Other program services. (Describe in Schedule O.)

(Expenses \$ **7,863,476** including grants of \$) (Revenue \$)

4e Total program service expenses ▶ **186,028,945**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	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 United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
1a	1152		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	40		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2a	2087		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: CANADA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	SEE SCHEDULE O
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	JAMES T. NANGLE, CFO 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605 914-949-5213

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

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(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	1.00	X					0	0	0	
COTT CARROLL VICE CHAIR	1.00	X					0	0	0	
KEVIN RYAN SECRETARY/TREASURER	1.00	X					0	0	0	
DAVID FRANTZE BOD MEMBER	1.00	X					0	0	0	
TIMOTHY DURST AT-LARGE	1.00	X					0	0	0	
JAMES BECK BOD MEMBER	1.00	X					0	0	0	
ALEXANDRA MAYES BIRNBAUM BOD MEMBER	1.00	X					0	0	0	
ROBERT CANTLEY BOD MEMBER	1.00	X					0	0	0	
ELIZABETH CLARK BOD MEMBER	1.00	X					0	0	0	
JORGE CORTES, MD BOD MEMBER	1.00	X					0	0	0	
JAMES DAVIS, PHD BOD MEMBER	J.D. 1.00	X					0	0	0	
CLAUDE DAVIS BOD MEMBER	1.00	X					0	0	0	
THOMAS FITZPATRICK BOD MEMBER	1.00	X					0	0	0	
PAUL FRIMMER BOD MEMBER	1.00	X					0	0	0	
LAN GEWIRTZ, MD BOD MEMBER	1.00	X					0	0	0	
D. GARY GILLILAND, MD, PHD BOD MEMBER	1.00	X					0	0	0	
RAANAN HOROWITZ BOD MEMBER	1.00	X					0	0	0	

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			
THOMAS HUNTER BOD MEMBER	1.00	X					0	0	0	
JOHN KAMINS BOD MEMBER	1.00	X					0	0	0	
ARMAND KEATING, MD BOD MEMBER	1.00	X					0	0	0	
JOSEPH KELLEY BOD MEMBER	1.00	X					0	0	0	
MARIE LAURIA, MSW BOD MEMBER	1.00	X					0	0	0	
STEVEN LILLY BOD MEMBER	1.00	X					0	0	0	
MICHAEL LONG, PHD BOD MEMBER	1.00	X					0	0	0	
RODMAN MYERS BOD MEMBER	1.00	X					0	0	0	
NORBERT SIEBER BOD MEMBER	1.00	X					0	0	0	
JAY SILVER BOD MEMBER	1.00	X					0	0	0	
MARY SIMMONDS, MD BOD MEMBER	1.00	X					0	0	0	
THOMAS SNYDER BOD MEMBER	1.00	X					0	0	0	
WILLIAM WARD, JR. BOD MEMBER	1.00	X					0	0	0	
1b Total							2,154,198		268,030	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
PARADYSZ MATERA NEW YORK NY 1004	5 HANOVER SQUARE SUPPORTING SERV	3,985,110
DIRECT PRINT COMMUNICATIONS SANTA ANA CA 92707	201 EAST SANDPIPE SUPPORTING SERV	2,765,429
MSP PITTSBURGH PA 15264	PO BOX 641114 SUPPORTING SERV	2,733,597
FOCISION MANAGEMENT CORPORATION AKRON OH 44333	325 SPRINGSIDE DRIVE SUPPORTING SERV	2,454,336
ROBERT MICHAEL EDUCATIONAL INSTITUTE HADDON HEIGHTS NJ 08035	617 STATION AVENUE SUPPORT SERVICE	2,150,849

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 49**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 2,635,020				
	b Membership dues	1b				
	c Fundraising events	1c 150,595,888				
	d Related organizations	1d				
	e Government grants (contributions)	1e 501,561				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 84,543,942				
	g Noncash contributions included in lines 1a-1f: \$	412,179				
	h Total. Add lines 1a-1f		238,276,411			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,954,148			4,954,148
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		8,491			8,491
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)		991,041		-6,739	997,780
	8a Gross income from fundraising events (not including \$ 150,595,888 of contributions reported on line 1c). See Part IV, line 18	a 34,842,414				
	b Less: direct expenses	b 34,842,414				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a 826,998				
	b Less: direct expenses	b 238,877				
	c Net income or (loss) from gaming activities		588,121	588,121		
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Busn. Code			
11a GRANT TERMINATIONS		541900	1,897,430		1,897,430	
b OTHER MISCELLANEOUS		900099	28,404		28,404	
c						
d All other revenue						
e Total. Add lines 11a-11d			1,925,834			
12 Total Revenue. See instructions			246,744,046	588,121	-6,739	7,886,253

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	59,486,805	59,486,805		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,061,991	20,061,991		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,029,071	6,029,071		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	842,097	629,920	96,135	116,042
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,996,074	46,375,317	7,077,546	8,543,211
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,085,026	2,944,324	451,095	689,607
9	Other employee benefits	10,397,524	7,494,122	1,148,163	1,755,239
10	Payroll taxes	4,514,182	3,253,642	498,486	762,054
11	Fees for services (non-employees):				
a	Management				
b	Legal	547,944	287,986	88,829	171,129
c	Accounting	290,180	152,511	47,042	90,627
d	Lobbying	69,750	36,657	11,307	21,786
e	Professional fundraising services. See Part IV, line 17	9,299,646			9,299,646
f	Investment management fees	558,368	293,465	90,518	174,385
g	Other	11,733,772	6,166,971	1,902,211	3,664,590
12	Advertising and promotion	4,105,785	1,728,464	751,479	1,625,842
13	Office expenses	33,285,307	14,564,003	5,421,889	13,299,415
14	Information technology	3,296,375	1,732,491	534,389	1,029,495
15	Royalties				
16	Occupancy	8,324,067	6,010,970	989,754	1,323,343
17	Travel	1,907,526	1,407,448	222,128	277,950
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,405,367	3,698,619	316,358	390,390
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,763,665	1,240,461	178,086	345,118
23	Insurance	527,705	369,622	51,724	106,359
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	MISCELLANEOUS	2,679,419	1,948,443	320,546	410,430
b	DUES & SUBSCRIPTIONS	274,695	115,642	50,277	108,776
c					
d					
e					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	250,482,341	186,028,945	20,247,962	44,205,434
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	21,448,925	10,527,255		10,921,670

Part X Balance Sheet

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

Part XI Financial Statements and Reporting

Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	223,588,366	246,772,831	256,914,242	269,310,797	238,864,532	1235450768
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	223,588,366	246,772,831	256,914,242	269,310,797	238,864,532	1235450768
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1235450768

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	223,588,366	246,772,831	256,914,242	269,310,797	238,864,532	1235450768
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,459,726	6,538,216	7,451,748	6,950,554	4,962,639	30,362,883
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,773,903	1,446,752	1,098,580	2,816,918	1,925,834	9,061,987
11 Total support. Add lines 7 through 10						1274875638
12 Gross receipts from related activities, etc. (see instructions)					12	193,744,070
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.91%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.07%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

ART II, LINE 10 - OTHER INCOME DETAIL

GRANT TERMINATIONS & REFUNDS \$ **8,313,502**

OTHER MISC REVENUE \$ **748,485**

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC INC.	Employer identification number 13-5644916
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

Open to Public Inspection

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

▶ **Complete if the organization is described below.**

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

Department of the Treasury
Internal Revenue Service

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**
INC.

Employer identification number
13-5644916

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group.
 Check if the filing organization checked box A and "limited control" provisions apply.

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

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	<input checked="" type="checkbox"/>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<input checked="" type="checkbox"/>		
c Media advertisements?		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public?	<input checked="" type="checkbox"/>		30,000
e Publications, or published or broadcast statements?	<input checked="" type="checkbox"/>		8,000
f Grants to other organizations for lobbying purposes?		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<input checked="" type="checkbox"/>		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<input checked="" type="checkbox"/>		15,000
i Other activities? If "Yes," describe in Part IV	<input checked="" type="checkbox"/>		16,750
j Total. Add lines 1c through 1i			69,750
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<input checked="" type="checkbox"/>	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1I

LLS IS A MEMBER OF A NUMBER OF COALITIONS INCLUDING RESEARCH AMERICA, ONE VOICE AGAINST CANCER, NATIONAL COALITION FOR CANCER RESEARCH, COALITION FOR THE ADVANCEMENT OF MEDICAL RESEARCH, AND ALLIANCE FOR A STRONGER FDA.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

of the organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC INC.

Employer identification number 13-5644916

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: \$, \$, \$, \$. Rows include: 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. 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
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	4,481,610	5,228,375			
b Contributions					
c Net investment earnings, gains, and losses	563,236	-730,333			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-20,944	-16,432			
g End of year balance	5,023,902	4,481,610			

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

- a Board designated or quasi-endowment %
- b Permanent endowment 55.00 %
- c Term endowment 45.00 %

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

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

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

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

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	246,744,046
2	Total expenses (Form 990, Part IX, column (A), line 25)	250,482,341
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-3,738,295
4	Net unrealized gains (losses) on investments	10,322,289
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	742,006
9	Total adjustments (net). Add lines 4 through 8	11,064,295
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	7,326,000

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	274,808,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	10,322,289
b	Donated services and use of facilities	6,819,125
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	11,480,908
e	Add lines 2a through 2d	28,622,322
3	Subtract line 2e from line 1	246,185,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	558,368
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	558,368
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	246,744,046

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	267,703,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	6,819,125
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	10,959,902
e	Add lines 2a through 2d	17,779,027
3	Subtract line 2e from line 1	249,923,973
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	558,368
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	558,368
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	250,482,341

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

LSRP REVENUE \$ 34,484

LLS CANADA REVENUE \$ 11,446,309

ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ 115

LLS CANADA EXPENSE \$ -10,964,445

ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ 4,543

FOREIGN CURRENCY TRANSLATION ADJUSTMENT \$ 221,000

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LSRP REVENUE \$ 34,484

LLS CANADA REVENUE \$ 11,446,309

ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ 115

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LLS CANADA EXPENSE \$ 10,964,445

ROUNDING FOR AUDITED FINANCIAL STATEMENTS \$ -4,543

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

PART X, LINE 2: IN 2010, LLS ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

Part XIV Supplemental Information (continued)

LLS EVALUATED THE IMPACT OF ADOPTING THE ACCOUNTING AND DISCLOSURE REQUIREMENTS OF ASC 740 FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WAS NO SIGNIFICANT IMPACT TO LLS'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF ASC740.

PART XI, LINE 8:

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

CHANGE IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS	7,326,000
PLUS: CHANGE IN NET ASSETS LLS CANADA	(481,864)
PLUS: LLSRF AND LLSRP ACTIVITY	(33,729)
PLUS: FOREIGN CURRENCY TRANSLATION ADJUSTMENT	(221,000)
PLUS: AUDITED FINANCIAL STATEMENT ROUNDING	(4,658)
EQUALS: CHANGE IN NET ASSETS PER 990	6,584,749

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

Schedule F (Form 990) 2009 **THE LEUKEMIA & LYMPHOMA SOCIETY, INC 13-5644916**

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)
		EAST ASIA & PACIFIC	RESEARCH GRANT	1,250,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	55,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	65,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	110,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			
		NORTH AMERICA	RESEARCH GRANT	65,000	CHECK			
		EUROPE	RESEARCH GRANT	55,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA	RESEACH GRANT	200,000	CHECK			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 28

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 OBEJECTIVE 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.

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**
INC.

Employer identification number
13-5644916

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

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

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

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

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

(i) Name 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		3,985,110	0
DIRECT PRINT COMMUNICATIONS	DIRECT MAI		X		2,765,429	0
INFOCISION	TELEMARKET		X		2,454,336	0
OMPSON, HABIB & DENISON	DIRECT MAI		X		614,771	0
PIDI	DIRECT MAI		X		198,149	0
HAINES & CO/AMERICALIST	TELEMARKET		X		145,114	0
						0
SEE SCHEDULE O FOR REVENUE						
EXPLANATION						
Total					10,162,909	

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

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	(b) Event #2	(c) Other events	(d) Total events	
		NIKE WOMEN'S MA	ROCK N ROLL MAR	729	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	12,995,811	11,929,170	160,513,321	185,438,302
	2	Less: Charitable contributions	10,030,184	8,552,760	132,012,944	150,595,888
	3	Gross revenue (line 1 minus line 2)	2,965,627	3,376,410	28,500,377	34,842,414
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,965,627	3,376,410	28,500,377	34,842,414
	10	Direct expense summary. Add lines 4 through 9 in column (d)				34,842,414
11	Net income summary. Combine line 3, column (d), and line 10					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue		826,998	826,998
Direct Expenses	2	Cash prizes		24,350	24,350
	3	Noncash prizes		211,436	211,436
	4	Rent/facility costs			
	5	Other direct expenses		3,091	3,091
	6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 12.00% <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			238,877
	8	Net gaming income summary. Combine line 1, column d, and line 7			588,121

		Yes	No
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?	<input checked="" type="checkbox"/>	
b	If "No," Explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain:		<input checked="" type="checkbox"/>
11	Does the organization operate gaming activities with nonmembers?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:

13a	2.00 %
13b	98.00 %

The organization's facility
 An outside facility

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

Name ▶ **JAMES T. NANGLE, CFO**
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?

15a Yes No **X**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶
 Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

17a Yes No **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)**

Department of the Treasury
Internal Revenue Service

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

Employer identification number
13-5644916

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public
Inspection

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. Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ALBERT EINSTEIN COLLEGE OF MEDICINE CHANIN 302B 1300 MORRIS PARK AVE BRONX NY 10461	13-1624225	3	200,000				RESEARCH GRANT
	ALBERT EINSTEIN COLLEGE OF MEDICINE CHANIN 302B 1300 MORRIS PARK AVE BRONX NY 10461	13-1624225	3	200,000				RESEARCH GRANT
	BAYLOR COLLEGE OF MEDICINE 6621 FANNIN STREET, MC3-3320 HOUSTON TX 77030	74-1613878	3	110,000				RESEARCH GRANT
	BAYLOR COLLEGE OF MEDICINE GRANTS & CONTRACTS, ONE BAYLOR PLAZ HOUSTON TX 77030-3498	74-1613878	3	200,000				RESEARCH GRANT
	BAYLOR COLLEGE OF MEDICINE GRANTS & CONTRACTS, ONE BAYLOR PLAZ HOUSTON TX 77030-3498	74-1613878	3	65,000				RESEARCH GRANT
	BAYLOR COLLEGE OF MEDICINE 1102 BATES ST HOUSTON TX 77030	74-1613878	3	1,250,000				RESEARCH GRANT
	BAYLOR COLLEGE OF MEDICINE GRANTS & CONTRACTS, ONE BAYLOR PLAZ HOUSTON TX 77030-3498	74-1613878	3	200,000				RESEARCH GRANT
	BAYLOR COLLEGE OF MEDICINE ROOM S303, ONE BAYLOR PLAZA HOUSTON TX 77030	74-1613878	3	110,000				RESEARCH GRANT
	BECKMAN RESEARCH INSTITUTE OF THE C OFFICE OF SPONSORED RESEARCH 1450 E DUARTE CA 910103000	95-3432210	3	200,000				RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations **300**

3 Enter total number of other organizations **309**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Use Part IV and 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	40351	6,058,760			
CO-PAY ASSISTANCE-AML	40	112,500			
CO-PAY ASSISTANCE-CML	846	2,103,731			
CO-PAY ASSISTANCE-CLL	832	1,511,000			
CO-PAY ASSISTANCE-LYMPHOM	3010	5,416,000			
CO-PAY ASSISTANCE-MDS	656	900,000			
CO-PAY ASSISTANCE-MYELOMA	2585	3,960,000			

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 (LIS) 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Employer identification number
13-564916

OMB No. 1545-0047

2009

Open to Public
Inspection

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).

(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
BETH ISRAEL DEACONESS MEDICAL CENTE OFFICE OF RESEARCH FINANCE, 330 BRO BOSTON MA 2215	04-2103881	3	200,000				RESEARCH GRANT
BLOOD RESEARCH INSTITUTE, BLOOD CE 8727 W. WATERTOWN PLANK ROAD MILWAUKEE WI 53226	39-0807235	3	110,000				RESEARCH GRANT
BOSTON UNIVERSITY, B U MEDICAL CAMP 80 EAST CONCORD STREET ROOM K521 BOSTON MA 02118	04-2103547	3	200,000				RESEARCH GRANT
BRANDEIS UNIVERSITY 415 SOUTH STREET, MS029 WALTHAM MA 02454-9110	04-2103552	3	55,000				RESEARCH GRANT
BRANDEIS UNIVERSITY 415 SOUTH STREET, MS029 WALTHAM MA 02454	04-2103552	3	55,000				RESEARCH GRANT
BRIGHAM & WOMENUS HOSPITAL 75 FRANCIS ST BOSTON MA 02115	04-2312909	3	1,250,000				RESEARCH GRANT
BRIGHAM & WOMEN'S HOSPITAL RESEARCH MANAGEMENT, POBOX 3149 BOSTON MA 02241-3149	04-2312909	3	65,000				RESEARCH GRANT
BROWN UNIVERSITY 171 MEETING PLACE, BOX GB-6, 581 B PROVIDENCE RI 02912	05-0258809	3	110,000				RESEARCH GRANT
BURNHAM INSTITUTE FOR MEDICAL RESEA 10901 NORDE TORREY PINES ROAD LA JOLLA CA 92037	51-0197108	3	55,000				RESEARCH GRANT
CBR INSTITUTE OF BIOMEDICAL RESEARC 200 LONGWOOD AVENUE BOSTON MA 02115	53-0199180	3	1,250,000				RESEARCH GRANT
CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BOULEVARD PHILADELPHIA PA 19104	23-1352166	3	1,250,000				RESEARCH GRANT

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

Schedule I-I (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

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

Employer identification number
13-5644916

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009

**Open to Public
Inspection**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BOULEVARD PHILADELPHIA PA 19104	23-1352166	3	110,000				RESEARCH GRANT
CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BOULEVARD PHILADELPHIA PA 19178-1457	23-1352166	3	110,000				RESEARCH GRANT
CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BOULEVARD PHILADELPHIA PA 19104	23-1352166	3	200,000				RESEARCH GRANT
CHILDREN'S HOSPITAL BOSTON KARP 08211 300 LONGWOOD AVENUE BOSTON MA 02115	04-2774441	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MAILSTOP 136 LOS ANGELES CA 90027	95-1690977	3	200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MAILSTOP 136 LOS ANGELES CA 90027	95-1690977	3	200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MAILSTOP 136 LOS ANGELES CA 90027	95-1690977	3	200,000				RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MAILSTOP 136 LOS ANGELES CA 90027	95-1690977	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER-C 7013 3333 BURNET AVENUE CINCINNATI OH 45229	31-0833936	3	110,000				RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER-C 7013 3333 BURNET AVENUE CINCINNATI OH 45229-3039	31-0833936	3	110,000				RESEARCH GRANT
CITY OF HOPE NATIONAL MEDICAL CENTE ATTENTION GRANTS & CONTRACTS MANAGE DUARTE CA 91010-3000	95-3435919	3	200,000				RESEARCH GRANT

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

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

Employer identification number
13-5644916

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD COLD SPRING HARBOR NY 11724	11-1631792	3	1,250,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST. NICHOLAS AVENUE NEW YORK NY 10032	13-5598093	3	1,250,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST. NICHOLAS AVENUE NEW YORK NY 10032	13-5598093	3	110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST. NICHOLAS AVENUE NEW YORK NY 10032	13-5598093	3	110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST. NICHOLAS AVENUE NEW YORK NY 10032	13-5598093	3	110,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST. NICHOLAS AVENUE NEW YORK NY 10032	13-5598093	3	200,000				RESEARCH GRANT
COLUMBIA UNIVERSITY 1150 ST. NICHOLAS AVENUE NEW YORK NY 10032	13-5598093	3	65,000				RESEARCH GRANT
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS, 1300 YORK NEW YORK NY 10021	13-3376695	3	200,000				RESEARCH GRANT
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS, 1300 YORK NEW YORK NY 10021	13-3376695	3	65,000				RESEARCH GRANT
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS, 1300 YORK NEW YORK NY 10021	13-3376695	3	200,000				RESEARCH GRANT

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Employer identification number

13-5644916

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CORNELL UNIVERSITY MEDICAL COLLEGE RESEARCH/SPONSORED PRGMS, 1300 YORK NEW YORK NY 10021	13-3376695	3	200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 2115	04-2263040	3	100,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 2115	04-2263040	3	110,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	200,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	65,000				RESEARCH GRANT

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

Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

**Open to Public
Inspection**

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 United States (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
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	110,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	65,000				RESEARCH GRANT
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	04-2263040	3	55,000				RESEARCH GRANT
DREXEL UNIVERSITY 497 245 N 15TH STREET NCB, ROOM 101 PHILADELPHIA PA 19102	23-1352630	3	110,000				RESEARCH GRANT
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 2200 DURHAM NC 27705	56-0532129	3	65,000				RESEARCH GRANT
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 2200 DURHAM NC 27705	56-0532129	3	55,000				RESEARCH GRANT
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 2200 DURHAM NC 27710	56-0532129	3	55,000				RESEARCH GRANT
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 2200 DURHAM NC 27710	56-0532129	3	110,000				RESEARCH GRANT
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 2200 DURHAM NC 27710	56-0532129	3	110,000				RESEARCH GRANT
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 2200 DURHAM NC 27710	56-0532129	3	110,000				RESEARCH GRANT

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

Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 United States (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
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 2200 DURHAM NC 27710	56-0532129	3	110,000				RESEARCH GRANT
EMORY UNIVERSITY OFFICE OF GRANTS & RESEARCH, 1599 C ATLANTA GA 30322	58-0566256	3	110,000				RESEARCH GRANT
EMORY UNIVERSITY OFFICE OF GRANTS & RESEARCH, 1599 C ATLANTA GA 30322	58-0566256	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	1,250,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109-1024	23-7156071	3	55,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109-1024	23-7156071	3	65,000				RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109-1024	23-7156071	3	65,000				RESEARCH GRANT
H. LEE MOFFITT CANCER CENTER & RESE SRB-2 12902 MAGNOLIA DRIVE TAMPA FL 33612	59-3238636	3	200,000				RESEARCH GRANT

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

Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)

CJWB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for
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**Open to Public
Inspection**

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 United States (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
HARVARD MEDICAL SCHOOL SPONSORED PROGRAMS ADMINISTRATION, -- BOSTON MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL SPONSORED PROGRAMS ADMINISTRATION, -- BOSTON MA 02115	53-0199180	3	65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL SPONSORED PROGRAMS ADMINISTRATION, -- BOSTON MA 2115	53-0199180	3	65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL SPONSORED PROGRAMS ADMINISTRATION, -- BOSTON MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL SPONSORED PROGRAMS ADMINISTRATION, -- BOSTON MA 02115	53-0199180	3	65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL SPONSORED PROGRAMS ADMINISTRATION, -- BOSTON MA 02115	53-0199180	3	65,000				RESEARCH GRANT
HARVARD MEDICAL SCHOOL SPONSORED PROGRAMS ADMINISTRATION, -- BOSTON MA 02115	53-0199180	3	110,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLIC FXB BUILDING ROOM 205 651 HUNTINGTO BOSTON MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HARVARD UNIVERSITY SCHOOL OF PUBLIC FXB BUILDING ROOM 205 651 HUNTINGTO BOSTON MA 02115	53-0199180	3	55,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED, ROSWE ELM & CARLTON STREETS BUFFALO NY 14263	14-1402155	3	110,000				RESEARCH GRANT
HEALTH RESEARCH INCORPORATED, ROSWE ELM & CARLTON STREETS BUFFALO NY 14263	04-2158520	3	100,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

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IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 002115	04-2158520	3	65,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 002115	04-2158520	3	65,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 002115	04-2158520	3	200,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 02115	04-2158520	3	55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 02115	04-2158520	3	55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 2115	04-2158520	3	65,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 02115	04-2158520	3	55,000				RESEARCH GRANT
IMMUNE DISEASE INSTITUTE, INC. CLSB-THIRD FLOOR, 3 BLACKFAN CIRCLE BOSTON MA 02115	04-2158520	3	55,000				RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COL 435 EAST 70TH STREET NEW YORK NY 10021	13-3376695	3	65,000				RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COL 435 EAST 70TH STREET NEW YORK NY 10065	13-3376695	3	200,000				RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COL 435 EAST 70TH STREET NEW YORK NY 10021	13-3376695	3	110,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

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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
JOHNS HOPKINS UNIVERSITY RESEARCH ACCOUNTING, 1101 EAST 33RD BALTIMORE MD 21231	52-0595110	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY RESEARCH ACCOUNTING, 1101 EAST 33RD BALTIMORE MD 21218	52-0595110	3	200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY RESEARCH ACCOUNTING, 1101 EAST 33RD BALTIMORE MD 21218	52-0595110	3	200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY RESEARCH ACCOUNTING, 1101 EAST 33RD BALTIMORE MD 21218	52-0595110	3	65,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY RESEARCH ACCOUNTING, 1101 EAST 33RD BALTIMORE MD 21218	52-0595110	3	200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY CRB I ROOM 243 1650 ORLEANS STREET BALTIMORE MD 21231	52-0595110	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY CRB I ROOM 243 1650 ORLEANS STREET BALTIMORE MD 21287	52-0595110	3	110,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF CRB I ROOM 243 1650 ORLEANS STREET BALTIMORE MD 21231	52-0595110	3	200,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF 733 N. BROADWAY, BRB 473 BALTIMORE MD 21205	52-0595110	3	110,000				RESEARCH GRANT
LELAND STANFORD JUNIOR UNIVERSITY () 550 NORTH BROADWAY SUITE 11 BALTIMORE MD 21205	52-0595110	3	200,000				RESEARCH GRANT
LELAND STANFORD JUNIOR UNIVERSITY () 5175 269 CAMPUS DRIVE, CCSR 4215 STANFORD CA 95305	94-1156365	3	200,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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CMB No. 1545-0047

2009

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Employer identification number
13-5644916

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
MASSACHUSETTS GENERAL HOSPITAL (THE RESEARCH FINANCE, 50 STANFORD STRE BOSTON MA 02114-2554	04-1564655	3	55,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE RESEARCH FINANCE, 50 STANFORD STRE BOSTON MA 02114-2554	04-1564655	3	55,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE RESEARCH FINANCE, 50 STANFORD STRE BOSTON MA 02114	04-1564655	3	65,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE RESEARCH FINANCE, 50 STANFORD STRE BOSTON MA 02114	04-1564655	3	55,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE RESEARCH FINANCE, 50 STANFORD STRE BOSTON MA 02114	04-1564655	3	65,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE RESEARCH FINANCE, 50 STANFORD STRE BOSTON MA 02114	04-1564655	3	110,000				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE RESEARCH FINANCE, 50 STANFORD STRE BOSTON MA 02129	04-1564655	3	65,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, E17-52 CAMBRIDGE MA 02139	04-2103594	3	55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, E17-52 CAMBRIDGE MA 02139	04-2103594	3	55,000				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, E17-52 CAMBRIDGE MA 02139	04-2103594	3	55,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number
13-5644916

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(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 & FOUNDATION RESEARCH ADMINISTRATIVE SERVICES, 2 ROCHESTER MN 55905	41-1506440	3	100,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATION RESEARCH ADMINISTRATIVE SERVICES, 2 ROCHESTER MN 55905	41-1506440	3	110,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATION RESEARCH ADMINISTRATIVE SERVICES, 2 ROCHESTER MN 55905	41-1506440	3	200,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATION RESEARCH ADMINISTRATIVE SERVICES, 2 ROCHESTER MN 55905	41-1506440	3	55,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATION RESEARCH ADMINISTRATIVE SERVICES, 2 ROCHESTER MN 55905	41-1506440	3	110,000				RESEARCH GRANT
MAYO CLINIC & FOUNDATION RESEARCH ADMINISTRATIVE SERVICES, 2 ROCHESTER MN 55905	41-1506440	3	200,000				RESEARCH GRANT
MAYO CLINIC ARIZONA, D/B/A MAYO CLI 13400 EAST SHEA BOULEVARD MCCRB 3-0 SCOTTSDALE AZ 85259	86-0800150	3	200,000				RESEARCH GRANT
MEDICAL COLLEGE OF WISCONSIN MEDICAL COLLEGE OF WISCONSIN 8701 W MILWAUKEE WI 53226	39-0806261	3	110,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE. BOX 4 NEW YORK NY 10021	91-2154267	3	55,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE. BOX 4 NEW YORK NY 10065	91-2154267	3	200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE. BOX 4 NEW YORK NY 10021	91-2154267	3	200,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

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Employer identification number
13-5644916

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

(a) Name and address of organization or government	(b) EIN	(c) IFC 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
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE, BOX 4 NEW YORK NY 10065	91-2154267	3	200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE, BOX 4 NEW YORK NY 10021	91-2154267	3	1,250,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE, BOX 4 NEW YORK NY 10021	91-2154267	3	200,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE, BOX 4 NEW YORK NY 10021	91-2154267	3	55,000				RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN 1275 YORK AVE, BOX 4 NEW YORK NY 10065	91-2154267	3	55,000				RESEARCH GRANT
NEVADA CANCER INSTITUTE ONE BREAKTHROUGH WAY LAS VEGAS NV 89135	04-3632553	3	65,000				RESEARCH GRANT
NEW ENGLAND MEDICAL CENTER HOSPITAL #5609 750 WASHINGTON BOSTON MA 02111	04-3400617	3	55,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE GBH-SC1-47 NEW YORK NY 10016	13-6171197	3	200,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE GBH-SC1-47 NEW YORK NY 10016	13-6171197	3	55,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE GBH-SC1-47 NEW YORK NY 10016	13-6171197	3	65,000				RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE GBH-SC1-47 NEW YORK NY 10016	13-6171197	3	110,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

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Inspection**

Employer identification number
13-564916

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).

(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
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET, LURIE BUI CHICAGO IL 60611	36-2656113	3	200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET, LURIE BUI CHICAGO IL 60611	36-2656113	3	65,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET, LURIE BUI CHICAGO IL 60611	36-2656113	3	55,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET, LURIE BUI CHICAGO IL 60611	36-2656113	3	200,000				RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET, LURIE BUI CHICAGO IL 60611	36-2656113	3	1,250,000				RESEARCH GRANT
OHIO STATE UNIVERSITY RESEARCH FOUNDATION, 1960 KENNY ROA COLUMBUS OH 43210-1063	31-6401599	3	1,250,000				RESEARCH GRANT
OHIO STATE UNIVERSITY 892 BIOMEDICAL RESEARCH TOWER, 460 COLUMBUS OH 43210-2207	31-6401599	3	110,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD, L5 PORTLAND OR 97239	23-7083114	3	110,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY SPONSORED PROJECTS ADMINISTRATION, PORTLAND OR 97201	23-7083114	3	1,250,000				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 1103A, 3181 S.W. SAM JACKSON PARK RD PORTLAND OR 97239-3098	23-7083114	3	110,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 2 NEW YORK NY 10065	13-1624158	3	55,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

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THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

Employer identification number

13-5644916

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 2 NEW YORK NY 10065	13-1624158	3	55,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 2 NEW YORK NY 10065	13-1624158	3	110,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 2 NEW YORK CITY NY 10065	13-1624158	3	55,000				RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 2 NEW YORK CITY NY 10065	13-1624158	3	55,000				RESEARCH GRANT
STANFORD UNIVERSITY STANFORD CANCER CENTER PALO ALTO CA 94304	94-1156365	3	1,250,000				RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO CA 94144-4253	94-1156365	3	65,000				RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO CA 94144-4253	94-1156365	3	200,000				RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO CA 94144-4253	94-1156365	3	200,000				RESEARCH GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO CA 94144-4253	94-1156365	3	65,000				RESEARCH GRANT
STANFORD UNIVERSITY 5152 CCSR-SOUTH, RM 1255269 STANFORD CA 94305	94-1156365	3	110,000				RESEARCH GRANT
STANFORD UNIVERSITY 5152 269 CAMPUS DRIVE, 1245CCSR STANFORD CA 94305-5152	94-1156365	3	200,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 MC 5149 269 CAMPUS DRIVE CCSR 1215A STANFORD CA 94305-5149	94-1156365	3	110,000				RESEARCH GRANT
STANFORD UNIVERSITY 5166 269 CAMPUS DRIVE CCSR 2215 STANFORD CA 94305	94-1156365	3	200,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA 1000 EAST 50TH STREET KANSAS CITY MO 64110	43-6384454	3	55,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA 1000 EAST 50TH STREET KANSAS CITY MO 64110	43-6384454	3	55,000				RESEARCH GRANT
STOWERS INSTITUTE FOR MEDICAL RESEA 1000 EAST 50TH STREET KANSAS CITY MO 64110	43-6384454	3	65,000				RESEARCH GRANT
TBD 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605		N/A	100,000				RESEARCH GRANT
TBD 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605		N/A	431,000				RESEARCH GRANT
THE SALK INSTITUTE FOR BIOLOGICAL S 10010 NORTH TORREY PINES ROAD LA JOLLA CA 92037-1099	95-2160097	3	55,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE MB-3 10550 NORTH TORREY PINES ROAD LA JOLLA CA 92037	33-0435954	3	110,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE MB-3 10550 NORTH TORREY PINES ROAD LA JOLLA CA 92037	33-0435954	3	110,000				RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE MB-3 10550 NORTH TORREY PINES ROAD LA JOLLA CA 92037	33-0435954	3	55,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Department of the Treasury
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Continuation Sheet for Schedule I (Form 990)

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13-5644916

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
THE SCRIPPS RESEARCH INSTITUTE MB-3 10550 NORTH TORREY PINES ROAD LA JOLLA CA 92037	33-0435954	3	65,000				RESEARCH GRANT
UMDNJ--ROBERT WOOD JOHNSON MEDICAL CENTER FOR ADVANCED BIOTECHNOLOGY A PISCATAWAY NJ 08854	22-2552329	3	200,000				RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM WTI 520C, 1530 3RD AVENUE SOUTH BIRMINGHAM AL 35294	63-6005395	3	110,000				RESEARCH GRANT
UNIVERSITY OF ARIZONA LIFE SCIENCES SOUTH BLDG, RM 414 10 TUCSON AZ 85721-0106	74-2652689	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, BERKELEY UNIVERSITY OF CALIFORNIA, BERKELEY BERKELEY CA 94720-3200	94-6002123	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, BERKELEY THE REGENTS OF THE UNIVERSITY OF CA BERKELEY CA 94720-1103	94-6002123	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, LOS ANGELES REGENTS OF THE UNIVERSITY OF CALIF LOS ANGELES CA 90095-1735	94-6002123	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, LOS ANGELES MBI RM 659 JAMES BOWIE LAB UCLA61 LOS ANGELES CA 90095-1570	95-6006143	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, LOS ANGELES CHS 23-234 650 CE YOUNG DRIVE SOUTH LOS ANGELES CA 90095	95-6006143	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, LOS ANGELES 10833 LECONTE AVENUE CENTER FOR HEAL LOS ANGELES CA 90095-1678	95-6006143	3	200,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

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Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number
13-5644916

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UNIVERSITY OF CALIFORNIA, SAN DIEGO UCSD/OFF_CTRCTS-GRTS_ADMIN, 9500_GI_ LA JOLLA CA 92093-0934	95-6006144	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN DIEGO UCSD/OFF_CTRCTS-GRTS_ADMIN, 9500_GI_ LA JOLLA CA 92093-0934	95-6006144	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO ROOM_HSE1000A_BOX_0414UNIVERSITY_O_ SAN FRANCISCO CA 94143	94-6036493	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 513_PARNASSUS_BOX_05 SAN FRANCISCO CA 94143	94-6036493	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO BOX_0414_513_PARNASSUS_AVENUE_ROOM_H_ SAN FRANCISCO CA 94143-0414	94-6036493	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO BOX_0519_513_PARNASSUS_AVENUE_ROOM_30_ SAN FRANCISCO CA 94143	94-6036493	3	200,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO N412F_GENENTECH_HALL, SAN FRANCISCO CA 94158-2517	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1270_505_PARNASSUS_AVE SAN FRANCISCO CA 94143	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 600_16TH_STREET_BOX_22 SAN FRANCISCO CA 94158	94-6036493	3	55,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 505_PARNASSUS_AVENUE_SUITE_M1286, B_ SAN FRANCISCO CA 94143	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1_IRVING_STREET,_AC_ SAN FRANCISCO CA 94143-0441	94-6036493	3	200,000				RESEARCH GRANT

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
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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 United States (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 513 PARNASSUS AVE, BOX 0519 SAN FRANCISCO CA 94143-0519	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO CA 94143-0897	94-6036493	3	110,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO CA 94143-0897	94-6036493	3	65,000				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM STREET, SUITE 425, BOX SAN FRANCISCO CA 94143-0897	94-6036493	3	55,000				RESEARCH GRANT
UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE, MC 1089 CHICAGO IL 60637	36-2177139	3	110,000				RESEARCH GRANT
UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE, MC 1089 CHICAGO IL 60637	36-2177139	3	200,000				RESEARCH GRANT
UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE, MC 1089 CHICAGO IL 60637	36-2177139	3	1,050,000				RESEARCH GRANT
UNIVERSITY OF CHICAGO UNIVERSITY RESEARCH ADMIN, 970 EAST CHICAGO IL 60637-1470	36-2177139	3	65,000				RESEARCH GRANT
UNIVERSITY OF CINCINNATI UNIVERSITY OF CINCINNATI MEDICAL CE CINCINNATI OH 45267-0524	31-6000989	3	110,000				RESEARCH GRANT
UNIVERSITY OF COLORADO HEALTH SCIEN PO BOX 6508 FITZSIMONS BLDG 500 AURORA CO 80045-0508	84-6000555	3	55,000				RESEARCH GRANT
UNIVERSITY OF COLORADO, UNIVERSITY 8101 P.O. BOX 6511 AURORA, CO AURORA CO 80045	84-6000555	3	200,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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Continuation Sheet for Schedule I (Form 990)

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UNIVERSITY OF ILLINOIS BOARD OF TRUSTEES, 809 S. MARSHFIELD CHICAGO IL 60612-7205	37-6000511	3	110,000				RESEARCH GRANT
UNIVERSITY OF ILLINOIS - CHICAGO MAIL CODE: 734 COLLEGE OF MEDICINE CHICAGO IL 60612-3725	36-2177139	3	200,000				RESEARCH GRANT
UNIVERSITY OF IOWA 3-501 WOMEN SCIENCE BUILDING 51 NEW IOWA CITY IA 52241	42-6004813	3	55,000				RESEARCH GRANT
UNIVERSITY OF MARYLAND, BALTIMORE ATTN: MGR. RESTRICTED FUNDS ACCOUNT BALTIMORE MD 21203-6428	52-6002033	3	200,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET, LAB ROOM 622 WORCESTER MA 01605	04-3167352	3	110,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET, LAB ROOM 622 WORCESTER MA 01605	04-3167352	3	110,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET, LAB ROOM 622 WORCESTER MA 01605	04-3167352	3	200,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET, LAB ROOM 622 WORCESTER MA 01605	04-3167352	3	55,000				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET, LAB ROOM 622 WORCESTER MA 01655	04-3167352	3	55,000				RESEARCH GRANT
UNIVERSITY OF MIAMI SCHOOL OF MEDIC PO BOX 016960 1611 NW 12TH AVENUE MIAMI FL 33136	59-0624458	3	200,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN DIVISION OF HEMATOLOGY / ONCOLOGY ANN ARBOR MI 48109-0848	38-6006309	3	65,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

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UNIVERSITY OF MICHIGAN 2200 109 ZINA PITCHER PLACE - ROOM - ANN ARBOR MI 48109	38-6006309	3	110,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 6308 CCGC, SPC 5942 1500 EAST MEDIC ANN ARBOR MI 48109-5942	38-6006309	3	200,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DRIVE 312 CA ANN ARBOR MI 48109	38-6006309	3	200,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S. STATE ST -3089 WOLVERINE TO ANN ARBOR MI 481095942	38-6006309	3	200,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S. STATE ST -3089 WOLVERINE TO ANN ARBOR MI 48109-1287	38-6006309	3	110,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S. STATE ST -3089 WOLVERINE TO ANN ARBOR MI 48109-1274	38-6006309	3	55,000				RESEARCH GRANT
UNIVERSITY OF MICHIGAN 3003 S. STATE ST -3089 WOLVERINE TO ANN ARBOR MI 48109-1287	38-6006309	3	200,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA SPONSORED PROGRAMS ADMINISTRATION, MINNEAPOLIS MN 55455	41-6007513	3	110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITY 6-155 JACKSON HALL 321 CHURCH STREE MINNEAPOLIS MN 55455-1214	41-6007513	3	110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITY MMC 109 420 DELAWARE STREET SE MINNEAPOLIS MN 55455	41-6007513	3	200,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITY 6-256 BSB 312 CHURCH ST. SE MINNEAPOLIS MN 55455	41-6007513	3	65,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

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Continuation Sheet for Schedule I (Form 990)

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13-5644916

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).

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UNIVERSITY OF MINNESOTA, TWIN CITIES 312 CHURCH ST. SE, 6-116 NILS HASSE MINNEAPOLIS MN 55405	41-6007513	3	110,000				RESEARCH GRANT
UNIVERSITY OF MINNESOTA-TWIN CITIES SPONSORED PROGRAMS ADMINISTRATION, MINNEAPOLIS MN 55455	41-6007513	3	55,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA 715 MEJB, CB# 7290 CHAPEL HILL NC 27599-7290	56-6001393	3	200,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA 715 MEJB, CB# 7290 CHAPEL HILL NC 27599	56-6001393	3	65,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA CB 7295, 102 MASON FARM ROAD CHAPEL HILL NC 27599	56-6001393	3	110,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA 104 AIRPORT DRIVE SUITE 2200 CHAPEL HILL NC 27599-1350	56-6001393	3	200,000				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA 101 MANNING DRIVE CHAPEL HILL NC 27514	56-6001393	3	110,000				RESEARCH GRANT
UNIVERSITY OF OREGON INSTITUTE OF NEUROSCIENCE 1254 UNIV EUGENE OR 97403	93-6001786	3	55,000				RESEARCH GRANT
UNIVERSITY OF OREGON 1229 INSTITUTE OF MOLECULAR BIOLOGY EUGENE OR 97403-1229	93-6001786	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA BBB 2/3 ROOM 720 421 CURIE BOULEVAR PHILADELPHIA PA 19104	23-1352685	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA 2 MALONEY 3600 SPRUCE STREET PHILADELPHIA PA 19104	23-1352685	3	200,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

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UNIVERSITY OF PENNSYLVANIA STELLAR CHANCE BUILDING 422 CURIE B PHILADELPHIA PA 19104	23-1352685	3	200,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	55,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA 372E OLD VETPATHOBIOLOGY3800 SPRUCE PHILADELPHIA PA 19014	23-1352685	3	55,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	200,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD PHILADELPHIA PA 19104	23-1352685	3	1,250,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	200,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	55,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	65,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RESEARCH SERVICES, P-221 FRANKLIN B PHILADELPHIA PA 19104-6205	23-1352685	3	55,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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UNIVERSITY OF PENNSYLVANIA 454 BRBLI/III, 421 CURIE BLVD., PA 19104 PHILADELPHIA PA 19104	23-1352685	3	110,000				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA RM 264/266 JOHN MORGAN BUILDING, 37 PHILADELPHIA PA 19104	23-1352685	3	110,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 5117 CENTRE AVENUE, SUITE 1.19A, PITTSBURGH PA 15213	25-0965591	3	200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 5117 CENTER AVE. ROOM 2.42, HILLMAN C. PITTSBURGH PA 15213	25-0965591	3	110,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH UPMC CANCER PAVILION, #5685150 CEN PITTSBURGH PA 15232	25-0965591	3	200,000				RESEARCH GRANT
UNIVERSITY OF PITTSBURGH 2.18A HILLMAN RESEARCH PAVILION 511 PITTSBURGH PA 15213	25-0965591	3	200,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER JAMES P. WILMOT CANCER CENTER 601 E ROCHESTER NY 14642	16-0473209	3	110,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER OFFICE OF RESEARCH, 517 Hylan Build ROCHESTER NY 14642	16-0473209	3	200,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER 601 ELWOOD AVENUE, BOX 633, KWMB 2 ROCHESTER NY 14642	16-0473209	3	110,000				RESEARCH GRANT
UNIVERSITY OF ROCHESTER 517 Hylan Building, Box 270140 ROCHESTER NY 14642	16-0473209	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS SOUTHWESTERN GRANTS MANAGEMENT, PO DALLAS TX 75284-1753	76-0300816	3	110,000				RESEARCH GRANT

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UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030-2399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030	76-0300816	3	1,250,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030-2399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030-2399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030-2399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030-2399	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77230-1402	76-0300816	3	110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77054	76-0300816	3	55,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030	76-0300816	3	110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030	76-0300816	3	200,000				RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, 1515 HOL -- HOUSTON TX 77030-2399	76-0300816	3	200,000				RESEARCH GRANT

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

Department of the Treasury
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Name of the organization:

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Continuation Sheet for Schedule I (Form 990)

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

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UNIVERSITY OF TEXAS 15355 LAMDA DRIVE SAN ANTONIO TX 78245-3207	76-0300816	3	110,000				RESEARCH GRANT
UNIVERSITY OF TEXAS, SAN ANTONIO OFFICE OF SPONSORED PROGRAMS, 7703 SAN ANTONIO TX 78229-3900	74-1717115	3	200,000				RESEARCH GRANT
UNIVERSITY OF UTAH 391 CHIPETA WAY, SUIT SALT LAKE CITY UT 84108	87-6000525	3	200,000				RESEARCH GRANT
UNIVERSITY OF UTAH UNIVERSITY OF UTAH SCHOOL OF MEDICINE SALT LAKE CITY UT 84132	87-6000525	3	200,000				RESEARCH GRANT
UNIVERSITY OF UTAH GRANTS & CONTRACTS, 201 S PRESIDENT SALT LAKE CITY UT 84112-9020	87-6000525	3	200,000				RESEARCH GRANT
UNIVERSITY OF VIRGINIA JORDAN HALL ROOM 4233 1300 JEFFERS CHARLOTTESVILLE VA 22908	54-6001796	3	200,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON BOX 357710 DIVISION OF HEMATOLOGY SEATTLE WA 98195	91-6001537	3	200,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON SEATTLE CANCER CARE ALLIANCE 825 EA SEATTLE WA 98109	91-6001537	3	110,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON OFFICE OF SPONSORED PROJECTS, 1100 SEATTLE WA 98105	91-6001537	3	55,000				RESEARCH GRANT
UNIVERSITY OF WASHINGTON OFFICE OF SPONSORED PROJECTS, 1100 SEATTLE WA 98105	91-6001537	3	65,000				RESEARCH GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER 777 PRB 2220 PIERCE AVE NASHVILLE TN 37232-6307	62-0476822	3	200,000				RESEARCH GRANT

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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 United States (Schedule I (Form 990), Part I).

(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
VIRGINIA COMMONWEALTH UNIVERSITY 401 COLLEGE STREET PO BOX 9800 RICHMOND VA 23298-0035	54-6001758	3	200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS BOX 8118 660 S. EUCLID AVE ST LOUIS MO 63110	43-0653611	3	65,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS BOX 8118 660 S. EUCLID AVE ST LOUIS MO 63110	43-0653611	3	200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS BOX 8118 660 S. EUCLID AVE ST. LOUIS MO 63110	43-0653611	3	200,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS BOX 8118 660 S. EUCLID AVE ST. LOUIS MO 63110	43-0653611	3	55,000				RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS BOX 8118 660 S. EUCLID AVE ST. LOUIS MO 63110	43-0653611	3	110,000				RESEARCH GRANT
WAYNE STATE UNIVERSITY BARBARA ANN KARMANOS CANCER INSIT DETROIT MI 48201	38-6028429	3	200,000				RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL NINE CAMBRIDGE CENTER CAMBRIDGE MA 02142	06-1043412	3	55,000				RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL NINE CAMBRIDGE CENTER CAMBRIDGE MA 02142	06-1043412	3	55,000				RESEARCH GRANT
YALE UNIVERSITY GRANT & CONTRACT FINANCIAL ADMIN, P NEW HAVEN CT 06520-8250	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITY 333 CEDAR STREET, PO BOX 208032 NEW HAVEN CT 06520	06-0646973	3	200,000				RESEARCH GRANT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
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CMB No. 1545-0047

2009

**Open to Public
Inspection**

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 United States (Schedule I (Form 990), Part I).

(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
YALE UNIVERSITY GRANT & CONTRACT FINANCIAL ADMIN, P NEW HAVEN CT 06520-8250	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITY 10 AMISTAD STREET ROOM 414 NEW HAVEN CT 06509	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITY BCMM 133 YALE UNIVERSITY 295 CONGR NEW HAVEN CT 06519	06-0646973	3	55,000				RESEARCH GRANT
YALE UNIVERSITY 333 CEDAR STREET, PO BOX 208032 NEW HAVEN CT 06520	06-0646973	3	110,000				RESEARCH GRANT
YALE UNIVERSITY YALE UNIVERSITY, BCMM 133 295, CONG NEW HAVEN CT 06519	06-0646973	3	65,000				RESEARCH GRANT
OCONOVA 375 PHEASANT RUN NEWTON PA 18940			2,000,000				THERAPY ACCELERATION
CELATOR 303B COLLEGE ROAD EAST PRINCETON NJ 08540			1,817,242				THERAPY ACCELERATION
AVILA 100 BEAVER STREET WALTHAM MA 05453			961,985				THERAPY ACCELERATION
FORMA THERAPEUTICS 790 MEMORIAL DRIVE CAMBRIDGE MA 01239			950,000				THERAPY ACCELERATION
MEMGEN 757 RAMBLER ROAD, SUITE 700 DALLAS TX 75231			837,636				THERAPY ACCELERATION
SHAPE 55 CAMBRIDGE PARKWAY, SUITE 102 CAMBRIDGE MA 02142			600,000				THERAPY ACCELERATION

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

Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC
INC.**

Employer identification number

13-5644916

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
BIOTECHNOLOGY INNOVATION & OPTIMIZA 2097 CONSTANT AVENUE LAWRENCE KS 66047			321,055				THERAPY ACCELERATIO
NANAOSYN 3760 MAVEN AVENUE MENLO PARK CA 94025			125,000				THERAPY ACCELERATION
BECKLOFF ASSOCIATES, INC. 3203 SOLUTIONS CENTER CHICAGO IL 60677			62,887				THERAPY ACCELERATION
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

SCHEDULE J
(Form 990)

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC INC.**

Employer identification number
13-5644916

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a 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

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

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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) Retirement and other 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 WALTER	(i) 460,417	45,000	13,082	30,870	19,241	568,610	0
	(ii) 0	0	0	0	0	0	0
JAMES T. NANGLE	(i) 231,456	6,283	10,282	23,146	18,763	289,930	0
	(ii) 0	0	0	0	0	0	0
LOUIS DEGENNERO, PHD	(i) 299,450	8,129	8,870	17,150	13,463	347,062	0
	(ii) 0	0	0	0	0	0	0
NANCY KLEIN	(i) 288,975	8,039	9,514	24,500	18,879	349,907	0
	(ii) 0	0	0	0	0	0	0
BARTON KAMEN, MD	(i) 129,663	0	151,270	17,150	18,907	316,990	0
	(ii) 0	0	0	0	0	0	0
DAVID TIMKO	(i) 228,375	6,826	11,813	22,837	13,374	283,225	0
	(ii) 0	0	0	0	0	0	0
JANE KARLIN	(i) 231,120	0	5,634	16,178	13,572	266,504	0
	(ii) 0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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

BARTON KAMEN, MD 141,450 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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open To Public
Inspection**

▶ Complete if the organizations 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
INC.**

Employer identification number
13-5644916

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	76	412,179	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	28		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRINTING)	X	9	0	
26 Other ▶ (FURNITURE&EQUIP)	X	9		
27 Other ▶ (VARIOUS OTHERS)	X	51		
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 noncash contributions? If "Yes," describe in Part II.	X	
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.		

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.

SCHEDULE M - SUPPLEMENTAL INFORMATION

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)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC
INC.**

Employer identification number
13-5644916

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

TO DATE, LLS HAS INVESTED MORE THAN \$750 MILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE LONGER, HEALTHY LIVES. WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY. IN FISCAL YEAR 2010, LLS SUPPORTED RESEARCH IN THE U.S., CANADA, AND 9 OTHER COUNTRIES. RESEARCH FUNDING WAS DISPERSED ACROSS ALL BLOOD CANCER CATEGORIES, INCLUDING:

LEUKEMIA RESEARCH: APPROXIMATELY \$25 MILLION

LYMPHOMA RESEARCH: APPROXIMATELY \$18 MILLION

THERAPY ACCELERATION: APPROXIMATELY \$8 MILLION

BASIC BIOLOGY: APPROXIMATELY \$6 MILLION

MYELOMA RESEARCH: APPROXIMATELY \$4 MILLION

IMMUNOTHERAPY: APPROXIMATELY \$4 MILLION

STEM CELL: APPROXIMATELY \$1 MILLION

OUR CRITICAL ROLE

LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY:

-BUILDING A FOCUSED RESEARCH WORK-FORCE: ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN THE BLOOD CANCER RESEARCH FIELD.

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

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TURNING DISCOVERIES INTO CLINICAL PROGRESS: BASIC SCIENCE DISCOVERIES MUST BE TRANSLATED INTO NEW, SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES.

-SUPPORTING SYNERGY: LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES.

-FILLING A VOID: RESEARCH PROJECTS THAT ARE HIGH-RISK OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY THE GOVERNMENT OR BY FOR-PROFIT COMPANIES. LLS SUPPORTS MANY PROMISING PROJECTS THAT MIGHT OTHERWISE NEVER PROVIDE ADVANCES FOR THE BLOOD CANCER PATIENTS WHO NEED THEM.

INCREASING ACCESS TO CLINICAL TRIALS: PARTNERING WITH LEADING CLINICAL TRIAL CENTERS CAN ACCELERATE THE CLINICAL TESTING OF NEW BLOOD CANCER THERAPIES THAT ARE OFTEN A PATIENT'S BEST CHANCE FOR CURE.

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

THE RESEARCH GRANT PROGRAM PROVIDES GRANT FUNDING TO SUPPORT SCIENTIFIC STUDIES AT ACADEMIC CENTERS AROUND THE WORLD, THROUGH THREE GRANT

MECHANISMS:

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

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

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

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

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

TRANSLATIONAL RESEARCH AWARDS ARE MADE FOR AN INITIAL THREE-YEAR PERIOD. AWARDS UP TO \$200,000 PER YEAR FOR THREE YEARS, FOR A TOTAL OF \$600,000 ARE GRANTED EACH YEAR. FUNDING FOR AN ADDITIONAL TWO YEARS MAY BE PROVIDED FOR HIGHLY PROMISING PROJECTS THAT ARE ENTERING PHASE I CLINICAL TRIAL.

3. THE SPECIALIZED CENTER OF RESEARCH PROGRAM ENCOURAGES MULTIDISCIPLINARY RESEARCH BY TEAMS OF LEADING-EDGE ACADEMIC INVESTIGATORS THAT HASTENS THE

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

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DISCOVERY AND DEVELOPMENT OF BETTER TREATMENTS FOR LEUKEMIA, LYMPHOMA AND MYELOMA PATIENTS. A CENTER IS COMPOSED OF AT LEAST THREE INDEPENDENT RESEARCH PROGRAMS THAT ARE INTEGRATED AND SUPPORTED BY SCIENTIFIC CORE LABORATORIES.

EACH SPECIALIZED CENTER OF RESEARCH IS FUNDED UP TO \$1.25 MILLION ANNUALLY OVER A FIVE-YEAR PERIOD, TO A TOTAL COST OF \$6.25 MILLION.

APPLICATION REVIEW PROCESS

SCIENTISTS AND PHYSICIAN SCIENTISTS WHO ARE EXPERTS IN THE FIELD OF LEUKEMIA, LYMPHOMA, AND MYELOMA RESEARCH CAREFULLY EVALUATE ALL GRANT APPLICATIONS.

GUIDELINES, INSTRUCTIONS, AND APPLICATIONS FOR LLS'S THREE RESEARCH PROGRAMS MAY BE OBTAINED BY VISITING WWW.LLS.ORG.

THE THERAPY ACCELERATION PROGRAM (TAP) IS A STRATEGIC LLS INITIATIVE LAUNCHED IN 2007 WITH \$4 MILLION IN SEED FUNDING. THIS PROGRAM PROMISES TO ACCELERATE NEW AND BETTER TREATMENTS AND CLINICAL TESTS INTO PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS. WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS, AND COMPANIES, TAP IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE MADE AVAILABLE TO PATIENTS AS SOON AS POSSIBLE.

TAP ENCOMPASSES THREE INNOVATIVE EFFORTS:

1. THE ACADEMIC CONCIERGE DIVISION IDENTIFIES CURRENT LLS-FUNDED RESEARCH WITH THE GREATEST CLINICAL PROMISE AND PROVIDES THE FUNDING AND SUPPORT NEEDED TO ADVANCE SELECTED PROJECTS TO THE PRODUCT STAGE.

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

THE CLINICAL TRIAL DIVISION PARTNERS LLS WITH CERTAIN OF THE COUNTRY'S LEADING CLINICAL TRIAL CENTERS TO ACCELERATE THE TESTING OF NEW BLOOD CANCER THERAPIES IN CLINICAL TRIALS.

3. THE BIOTECHNOLOGY ACCELERATOR DIVISION ALLIES LLS WITH COMPANIES TO COMBINE SCIENTIFIC AND FINANCIAL RESOURCES AND ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES WHICH WOULDN'T OTHERWISE BE PRIORITIZED BY THE COMPANY.

APPLICATION REVIEW PROCESS

ALL THERAPY ACCELERATION PROJECTS ARE REVIEWED AND APPROVED BY A VOLUNTEER PANEL INCLUDING MEDICAL, SCIENTIFIC, BUSINESS, AND INTELLECTUAL PROPERTY LAW EXPERTS. FUNDING IS GOVERNED BY A CONTRACT WITH EXPLICIT TIMELINES, MILESTONES, AND GO/NO GO DECISION POINTS, WHICH ALSO CONTEMPLATES A RETURN ON INVESTMENT FOR LLS. GUIDELINES, INSTRUCTIONS, AND APPLICATIONS FOR THE THERAPY ACCELERATION PROGRAM MAY BE OBTAINED BY VISITING WWW.LLS.ORG.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

-TELECONFERENCES & WEBCASTS:

LLS SPONSORS TELECONFERENCES AND WEB CASTS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTH CARE PROFESSIONALS ON LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES. A CALENDAR OF THESE FREE EVENTS AND ARCHIVES OF PAST EVENTS ARE AVAILABLE IN THE "NATIONAL EDUCATION PROGRAMS" SECTION OF WWW.LLS.ORG.

438,105 TELEPHONE AND WEB-BASED PROGRAM PARTICIPANTS IN 2010

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

-EDUCATIONAL MATERIALS:

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

1,207,000 PRINTED BOOKLETS, BROCHURES, FACT SHEETS AND DVDS DISTRIBUTED IN 2010

MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/FREEMATERIALS. DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH.

-CHAPTER-BASED PROGRAMS:

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

-COMMUNITY BASED EDUCATION:

42,848 PATIENT AND CAREGIVER PARTICIPANTS IN 2010

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11,953 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2010

EACH OF THE FOLLOWING FOUR PROGRAMS ARE OFFERED THROUGH ALL OF OUR CHAPTERS.

1. NEW DIRECTIONS IN BLOOD CANCER THERAPIES

THIS PROGRAM PROVIDES PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS WITH A CLEAR DESCRIPTION OF WHAT CLINICAL TRIALS ARE, HOW CANCER DRUGS ARE DEVELOPED, AND WHAT THE EMERGING TREATMENT OPTIONS ARE FOR LEUKEMIA, LYMPHOMA, AND MYELOMA.

2. LIVING WITH MYELOMA: AN OVERVIEW OF DIAGNOSIS AND TREATMENT

THIS PROGRAM PROVIDES PATIENTS, FAMILY MEMBERS AND CAREGIVERS WITH THE LATEST INFORMATION ON MYELOMA AND MYELOMA THERAPY, INCLUDING A QUESTION AND ANSWER SESSION WITH A MEDICAL EXPERT IN THEIR COMMUNITY.

3. GETTING THE BEST CANCER CARE AT AGE 55 AND OLDER

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

4. WELCOME BACK: FACILITATING THE SCHOOL EXPERIENCE FOR CHILDHOOD CANCER SURVIVOR

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

-SUPPORT SERVICES:

1.FAMILY SUPPORT GROUPS

LLS HAS DEVELOPED NEARLY 531 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA. LLS ALSO HAS MORE THAN 930 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK. GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, AND PROVIDE INFORMATION AND SUPPORT, AND ENCOURAGE GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTH CARE PROFESSIONALS.

10,420 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2010

2.FIRST CONNECTION

FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS. A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT. THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS.

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5,376 FIRST CONNECTIONS IN 2010

3. PATIENT FINANCIAL AID PROGRAM

FOR MORE THAN 45 YEARS, LLS HAS HELPED PATIENTS DEMONSTRATING SIGNIFICANT NEED TO OBTAIN FINANCIAL ASSISTANCE TO COVER A PORTION OF THEIR TREATMENT COSTS. THE LLS PATIENT FINANCIAL AID PROGRAM OFFERS \$150 PER YEAR TO THOSE WITH A CONFIRMED BLOOD CANCER DIAGNOSIS IN ACTIVE TREATMENT OR ONGOING FOLLOW-UP. PATIENT FINANCIAL AID FUNDS ARE SUBJECT TO AVAILABILITY.

40,392 PATIENT FINANCIAL AID RECIPIENTS IN 2010

4. CO-PAY ASSISTANCE PROGRAM

THIS ASSISTANCE PROGRAM HELPS PATIENTS WITH MANY KINDS OF BLOOD CANCERS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR CANCER. PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT. CO-PAY ASSISTANCE IS SUBJECT TO FUND AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS. FOR MORE INFORMATION CALL, (877) LLS-COPAY [(877) 557-2672] OR VISIT WWW.LLS.ORG/COPAY.

5536 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2010

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5. THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER

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

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

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

IN FISCAL YEAR 2010 2,609 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 67 WELCOME BACK PROGRAMS ACROSS THE USA AND CANADA.

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

THIS BOOKLET OFFERS PARENTS INFORMATION ON THE LEARNING CHALLENGES CHILDREN MAY FACE DURING AND AFTER CANCER TREATMENT, LAWS THAT PROTECT THE EDUCATIONAL NEEDS OF CHILDREN WITH

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CANCER AND SPECIFIC WAYS THAT SCHOOLS CAN HELP MEET A CHILD'S
EDUCATIONAL NEEDS.

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

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.

7,159 INQUIRIES IN 2010

TRANSLATION SERVICES AVAILABLE IN MORE THAN 165 LANGUAGES

ONLINE ENGAGEMENT

THE LLS WEBSITE SERVES A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS.
USERS CAN PERSONALIZE THEIR LLS WEB PAGES TO KEEP CURRENT WITH DISEASE
SPECIFIC UPDATES AND LOCAL CHAPTER EDUCATION, SUPPORT AND EVENT ACTIVITIES.
THE SITE FEATURES A COMPREHENSIVE OVERVIEW OF LLS PROGRAMS AND SERVICES,
FAMILY SUPPORT GROUP LOCATIONS, INFORMATION ABOUT OUR PEER-TO-PEER PROGRAM
"FIRST CONNECTION", AND OTHER PROGRAMS. PATIENTS, CAREGIVERS AND HEALTHCARE
PROFESSIONALS CAN INTERACT WITH LLS IN CONVENIENT AND PERSONAL WAYS THROUGH
SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS.

3.6 MILLION UNIQUE VISITS TO PATIENT SERVICES/DISEASE INFORMATION PAGES IN

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176,847 ENEWSLETTER SUBSCRIBERS

113,493 BLOOD CANCER DISCUSSION BOARDS UNIQUE VISITS

103,994 TELECONFERENCE PODCASTS DOWNLOADS

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

D) PROFESSIONAL EDUCATION:

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

FORM 990, PART 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

SIGNIFICANT DECISIONS AFFECTING THE CHAPTERS REQUIRE AN APPROVING VOTE BY THE CHAPTER DELEGATES. DECISIONS NOT SIGNIFICANTLY AFFECTING THE CHAPTERS

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DO NOT REQUIRE APPROVAL FROM THE CHAPTER DELEGATES.

FORM 990, PART VI, LINE 10B - 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 11A - ORGANIZATION'S PROCESS 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.

ALL FORMS ARE COLLECTED AND THE AUDIT COMMITTEE REVIEWS ANY FORMS
DISCLOSING A POSSIBLE CONFLICT OF INTEREST AND DETERMINES WHETHER OR NOT A

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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

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE LEUKEMIA & LYMPHOMA SOCIETY, INC. MAKES ITS ANNUAL FINANCIAL STATEMENTS

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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.

SCH G, PART III, LINE 9 - STATES WITH GAMING OPERATIONS CALIFORNIA, CONNECTICUT, FLORIDA, LOUISIANA, MARYLAND, MICHIGAN, MINNESOTA, NEW YORK, OHIO, PENNSYLVANIA, RHODE ISLAND, TEXAS, WISCONSIN, ARIZONA, GEORGIA, MASSACHUSETTS, DIST OF COLUMBIA, NEW JERSEY, NEVADA, VIRGINIA, WASHINGTON

SCHEDULE R - GROUP EXEMPTION RELATIONSHIPS

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 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.

SCHEDULE G, PART I, LINE 2B - LLS USED INFOCISION, HAINES & CO., AND

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HOMPSON HABIB DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS. THESE PROGRAMS GENERATED GROSS RECEIPTS OF \$29,088,073 DURING FISCAL YEAR 2010.

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

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

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

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate alloc.; (i) Code V-UBI amount; (j) General or managing partner? (Yes/No)

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership

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

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

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?

	Yes	No
a Receipt of (i) interest (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)	X	
g Purchase of assets from other organization(s)	X	
h Exchange of assets	X	
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other organization(s)	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	(b) Transaction type (a-r)	(c) Amount involved
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY	D	210,113
(2)	OF CANADA		
(3)			
(4)			
(5)			
(6)			

