



CLASSMATES.COM



# Engaging the Community



2010 Annual Report

Cure leukemia, lymphoma,  
Hodgkin's disease and myeloma, and  
improve the quality of life  
of patients and their families.

## Our Mission

# President & Chairman's Message

Throughout our 60+ year history, The Leukemia & Lymphoma Society (LLS) has been committed to being innovative in all ways to find cures for blood cancers and improve the lives of patients and their families.

Using social media is one such innovation. Its vast reach and immediacy provide a better way for people to connect and has changed the way we communicate in our daily lives. We saw its potential as a way to efficiently connect more directly with our patients, friends and supporters early on when we created the LLS blog and transferred our discussion boards to our own social network over two years ago.

In the past year, we decided to more fully capitalize on this growing and effective communications venue. We realized that expanding our social media network would help us more fully engage all members of the LLS community while showcasing [www.lls.org](http://www.lls.org), our National website. People interact online – “posting,” “tweeting,” “following,” “liking” and “chatting” every day, and it made sense for us to do likewise. So we added new blogs, expanded our discussion boards, enhanced our webcast series and increased our presence on popular social networking sites such as Facebook, Twitter and YouTube.

We're proud to say that our efforts have paid off. As this year's Annual Report shows, our expanded social networking presence has made a difference in the key areas of Patient Services, Fundraising, Advocacy and Research. Visit our online community and you'll see cancer patients and survivors interacting on discussion boards, “commenting” on our Facebook Fan Pages, “retweeting” our Twitter posts, and blogging on a myriad of cancer-related topics.

Social media lets us reach the LLS community faster and more efficiently than ever before. We are where you are. Together, we will continue to make progress in our fight against blood cancers.



A handwritten signature in black ink that reads "J. E. Walter".

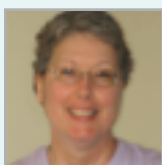
**John E. Walter**  
President and CEO



A handwritten signature in black ink that reads "Steven L. Hooker".

**Steven L. Hooker**  
Chair

# Engaging the LLS Communities



**Melynn**  
LLS Fan Page

## First Connection is

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an amazing resource.

I remember last year feeling so lost and I received a call from someone who was about 52 when she got ALL. She's been cancer-free for over 12 years!

I have her name and number tucked in my notebook and am so thankful for that phone call.

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Commenting on the LLS blog post, "First Connection, Lasting Friendships"

Social media combines the vast reach of a massive audience with the intimacy of a personal conversation. Used extensively by our Home Office and chapters throughout the US and Canada to support the LLS community, it also provides efficient channels for our patients, fundraisers, researchers and supporters to correspond quickly and easily with each other.

People with similar interests and issues can “talk” to each other whenever and wherever they like – whether it’s galvanizing support nationwide to affect legislation, promoting a local LLS fundraiser, or discussing how to cope with treatment side effects – social media moves our mission forward. Fiscal year 2010 saw a 56% increase in the size of our social networking community, which now exceeds 1.7 million contacts. When you consider that each person, on average, is linked into several other online networks, you understand the potential of what can be accomplished by keeping our online community engaged.

In addition to expanding our social media presence on the leading networks, we’ve enhanced our own social network (located at [community.lls.org](http://community.lls.org)). The blogs we host there (The LLS Blog, @LLS Blog, and Team In Training Blog) serve as the foundation for a communications program which reports on the latest research breakthroughs while it celebrates stories from our community. Just as important, social media gives everyone touched by cancer the opportunity to communicate, share and support one another, because we believe no one should have to fight this disease alone.

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## The Word from our Patient Services Community

We have expanded our social media presence to let LLS patients and their caregivers more readily connect with our many patient support resources.

The LLS Blog, The Blood Cancer Discussion Boards, our LLS Facebook Fan Page, and our chat series let patients interact candidly about what they’re going through with others who are going, or have been, through the same experience themselves. They can ask questions about specific treatments, inspire others with words of encouragement, offer support, and share the joys as well as the “bumps” on the road to recovery.

Our updated **Blood Cancer Discussion Boards** make it easier for participants to read and post messages on a wide range of issues. Several discussion threads offer peer-to-peer forums on topics such as “Waiting for a Diagnosis,” “My Child Has Cancer,” and “Living With...” discussions of specific blood cancers. In addition, participants can now personalize their LLS Community homepage ([community.lls.org](http://community.lls.org))

to display the discussions they prefer, create their own blog and tag content so that others can more readily find pertinent topics.

We now have nearly 2,500 online blood cancer discussions, with more than 7,000 active participants helping hundreds of patients and their families get the support they need, because even a few words of encouragement can mean so much to those battling cancer.

# The Talk from our Fundraising Community

What better way to spread the word about our hundreds of fundraising activities than by going directly where most of our donors can be found – ONLINE!

## > Gap Give and Get Promotion

LLS was included in three Gap Give and Get Promotions in fiscal year 2010. For 4 days in August and November 2009, and March 2010, we were given a 30% discount coupon from Gap, with 5% of the sales from each customer using the coupon going to LLS. Each Gap Promotion featured a patient story and was promoted aggressively through our

social media network. In fact, the success of the Gap Promotion provided our first insight into the power of fully engaging our social networking communities.

Since the promotion ran for a very limited time, we had to spread the word as quickly and extensively as possible. The Gap Promotion was featured on the @LLS blog and highlighted through



**Christen**  
@LLS Blog

With every support group meeting, with every fundraising event – I'm reminded how powerful my story is and what **a source of hope and inspiration** it can provide to others. People thank me all the time for sharing my story because I remind them that 'Cancer Survivors Have Miracles Too.'

**The more I give back, the more I'm aware of the importance of doing so – just like Gap!**

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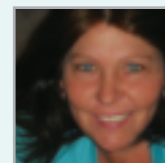
Commenting on the importance of the Gap Give and Get Promotion to Benefit The Leukemia & Lymphoma Society

I just read your blog. I am so sorry for your loss. I also lost my mom to non-Hodgkin lymphoma 9 years ago.

And I am doing the L.A. Rock 'n' Roll half marathon in her honor.

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Commenting on a Team Nancy post



**Darelyne**  
TNT Blog

### > Team Nancy

Tam Driscoll of Portland, OR had raised funds for LLS's Team In Training (TNT) for several years. Then, her sister Nancy was diagnosed with an inoperable brain tumor linked to lymphoma and succumbed to the disease in 2009 after a brave six-year battle.

"I realized something wonderful about the power of TNT and LLS. I could see that our actions were helping people survive cancer and would someday lead to a cure. I also realized that alone you can race, but together you can really make a difference."

Tam persuaded her five other sisters, who live in North Carolina and Virginia, to run with her in the Nike Women's Marathon to Benefit The Leukemia & Lymphoma Society in San Francisco and raise \$40,000 to honor their beloved sister's memory.

And so Team Nancy was born.

To enhance their fundraising efforts, Tam and her sisters created a TNT Team Nancy eFundraising page where people could make donations online and offer words of encouragement. The sisters also spread the word through their own social media connections, as did other family members and friends.

Their social networking efforts paid off and Team Nancy is well on its way to reaching its fundraising goal.

our social networks – our Fan Pages on Facebook, our profiles on MySpace, and among our LinkedIn Groups on both the national and local level.

In fiscal 2010, our intensive online efforts for the Gap Promotion proved successful and helped generate **\$1.6 million** in donations across the US and Canada. To date, thanks to the focused fundraising efforts of our friends and donors, LLS has received **\$2.2 million** from the Gap Promotion since our initial involvement in 2009, illustrating the tremendous power of our online community.



# Congrats! I'm so proud...

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to be associated with the Iowa Chapter :).

I've been a volunteer with TNT Iowa since 2003 and continue to do events with TNT & LTN (Team Dennis).

The mission of LLS hits close to home. The Iowa Chapter has been a force for good for families throughout the state.

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Commenting on the Victory in Iowa post on the LLS Facebook Fan Page



**Amanda**  
LLS Fan Page

## The Dialogue from our **Advocacy Community**

We have used the power of social media to support several state campaigns and coalition-based efforts to pass legislation that will benefit our patients and their families.

### > **Victory in Iowa**

One such legislation requires health insurance plans to provide routine care coverage (doctor visits, hospital stays, x-rays and lab tests) for cancer patients participating in clinical trials.

Clinical trials are a critical step in the development of new cancer treatments. However, less than 5 percent of adult cancer patients participate

in trials, as many insurers consider these studies to be "experimental" and therefore won't extend coverage. This uncertainty prevents many cancer patients from participating in trials that could aid in their recovery, and makes it difficult for researchers to conduct the studies that might lead to new breakthroughs in cancer cures.



## It amazes me...

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the possibility of cutting these funds was seriously considered. Cutting funding for cancer research & education is unfathomable.

Everyone on this site has been personally affected by cancer (self-family-friend). Let's join together & wrestle this beast to improve survivorship & cure possibilities. Thanks.

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Post about "Advocacy Network win the Fight to Retain Blood Cancer Education Program"



**George**  
LLS Fan Page

The LLS Iowa chapter sprung into action when a bill was proposed requiring insurance companies to extend routine medical coverage to patients in clinical trials (House File 2075). Using various social media outlets, the chapter got the word out to patients, family members and volunteers to e-mail their state representatives, urging them to support the bill.

We're happy to report that our efforts worked. House File 2075 was passed unanimously in both the Iowa House and Senate and in February 2010, Governor Chet Culver signed the bill into law. Several volunteers from

the Iowa chapter, including cancer survivors Lorna Johns and Dave Hubler, were on-hand to witness the Governor's signature. As Dave said at the ceremony: "I am here today because of clinical trials, after other methods had failed."

People were able to follow this historic day online in real time through updates, photos and video posted on the @LLS Blog, as well as LLS posts on Facebook, Twitter, LinkedIn and Flickr.

Currently, 32 states and the District of Columbia have signed similar bills into law.

# Advances In Research

We use social media to convey the latest news on LLS-funded research, clinical trials, and other breakthroughs in the treatment of blood cancers.

Social media is also a great way to share the success of our researchers. For example, when LLS-funded researcher **Dr. Larry Kwak** was named one of the **World's 100 Most Influential People** by *Time Magazine*, we celebrated the occasion by issuing a blog post and sharing it with the LLS Community.

Dr. Kwak was honored for his work in developing “personalized” anti-lymphoma vaccines. He and his research team recently received a five-year, \$6.25 million grant from LLS to extend the promise of anti-cancer vaccines to leukemia and myeloma as well as lymphoma patients.

We were also proud to spread the word when **Dr. Brian Druker** received the prestigious 2009 **Lasker-DeBakey Clinical Medical Research Award** for his ground-breaking work with the drug Gleevec<sup>®</sup>, which greatly improves the survival rate for patients with chronic myelogenous leukemia (CML). LLS has funded Dr. Druker's work since 1995. Gleevec was approved by the FDA in 2001.



**Marilyn**  
LLS Fan Page

## Congratulations Dr. Kwak...

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for your good work.

Research is key – and always looking for better and newer treatments.

Look forward to seeing the article and will look for it.

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Commenting on the LLS blog post, “LLS-Funded Researcher is on *Time Magazine's* List of 100 Most Influential People”

On the following pages are examples of the progress we made in 2010 in our mission to cure blood cancers and improve the quality of life of patients and their families.

## Patient Information and Services

### > Informational Support

Nearly **78,000** inquiries were handled by Masters-level Information Specialists, helping patients navigate the various treatments, clinical trial options and support services.

Over 5,060 clinical trial searches were conducted using Trial Check, a tool that lists available clinical trials by specific blood cancer. Trial Check was created in partnership with the Coalition of Cancer Cooperative Groups.

### > Financial Support

More than **\$14 million** was awarded through the LLS Co-Pay Assistance Program to help patients with prescription drug co-pays and insurance premium obligations.

### > Educational Support

Over **438,000** patients, caregivers and healthcare professionals attended LLS national telephone/web blood cancer education programs, and nearly 55,000 participants attended community-based LLS chapter blood cancer education programs.

In addition, about **2,600** school personnel, healthcare professionals and parents attended the LLS program *Welcome Back: Facilitating the School Experience for Childhood Cancer Survivors*.

### > Community Support

LLS chapters offered **531** family support groups across the US and Canada. Chapter staff and volunteers strengthened their existing relationships and established new ones with more than **636** community-based organizations serving Latino/Hispanic, African-American, rural, and other underrepresented cancer patients.

In all, **32,833** cancer patients and caregivers participated in **479** activities and programs, made possible by the outreach and collaborative efforts of LLS chapters to underrepresented groups across the US and Canada.

In addition, we're proud to report that **5,376** First Connection matches were made between patients, their family members and trained peer volunteers.

### > New Programs

We launched **YAconnect – Straight Talk for Young Adults Facing Cancer**, a series of programs to help young adults age 18 to 39 deal with “the serious and sometimes absurd” sides of cancer. Weekly moderated online chats were designed for small groups to maximize information sharing among participants.

LLS launched *Navigating Employment and Insurance*, the first of three YAconnect Web casts, featuring an interactive panel of professionals and young adult cancer survivors.



“YAconnect ([www.lls.org/yaconnect](http://www.lls.org/yaconnect)) is...a great service for young adults navigating the whole ‘cancer thing’. So nice to see that our age group isn’t forgotten. I know that I will rely on some of the resources provided...as I make the transition from full-time graduate student to jobseeker.”

» YAconnect webcast participant

## Research



*John C. Byrd, M.D.*



*Brian J. Druker, M.D.*

Our second recipient, **Brian J. Druker, M.D.**, first received LLS funding in 1995 that was instrumental in the development of Gleevec as a frontline treatment for patients with chronic myelogenous leukemia (CML). The Druker team continues to develop new targeted therapies, diagnostic tests that can identify which new drug might work best for each patient, and novel clinical trial designs that allow individual patients to receive therapies that best match their disease.

### > Grants & Awards

LLS continues to support the development of breakthrough cancer therapies, committing substantial funding to researchers throughout the world. This fiscal year, we reviewed 521 grant applications and granted **99 new awards**, including 66 for Career Development and 31 for Translational Research.

Two grants were also given through our Specialized Center of Research (SCOR) initiative, which has provided over \$210 million in grants since its inception in 2000. Both recipients have long-time connections to LLS. **John C. Byrd, M.D.**, who first received a grant from LLS in 2001, is targeting molecular processes that allow cancers to evolve and survive today's standard therapies.

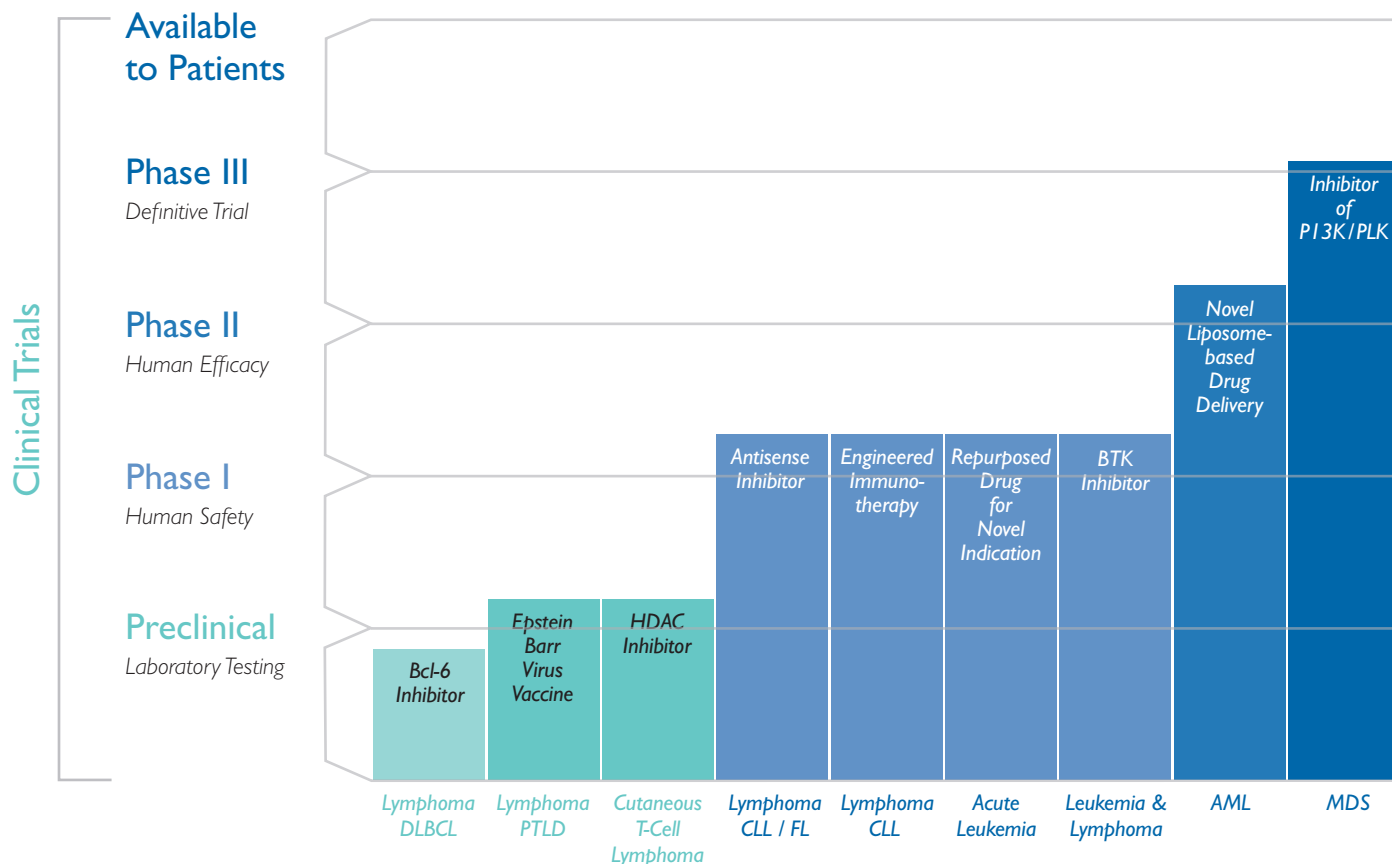
### > Biotech Alliance Partnerships

LLS partners directly with biotechnology companies to shorten the timeline for identifying potential new cancer therapies and advance them through the FDA drug approval process. This fiscal year, we forged four new biotech company alliances:

**Avila** > LLS is providing up to \$3.2 million for the clinical development of AVL-292 to treat adults with B-cell cancers. The drug entered a clinical trial in September 2010.

**FORMA Therapeutics** > LLS is partnering with FORMA to develop small molecule compounds to inhibit Bcl-6, a key lymphoma drug target. Approximately 85 percent of non-Hodgkin lymphomas originate from B cells.

## LLS Therapy Pipeline: Advancing Therapies through Biotech Partnerships



### > Progress in Clinical Trials

**Onconova** > LLS is providing up to \$10 million in funding to support the clinical advancement of ESTYBON™ to treat patients with high-risk myelodysplastic syndrome (MDS).

**Shape Pharmaceuticals** > LLS is providing up to \$3.3 million for the clinical development of SHP-141, a first-in-class topical histone deacetylase inhibitor to treat both early- and late-stage cutaneous T-Cell lymphoma (CTCL).

LLS continues to make progress in existing programs with our biotech alliance partners. Celator Pharmaceuticals reported promising results in their phase 2 clinical trial of **CPX-351** for older patients with acute myelogenous leukemia (AML), with an impressive 68 percent of patients achieving complete response.

Our alliance partner, Memgen, reported complete response and durable remission for a third of patients in their phase I clinical trial of **ISF35** for the treatment of chronic lymphocytic leukemia (CLL).

We have also helped advance the drug **Ciclopirox Olamine** into a phase I clinical trial to further its development in the treatment of acute myelogenous leukemia (AML).

## Fundraising

### > Team In Training®

[www.teamintraining.org](http://www.teamintraining.org)

We are proud to announce that Team In Training (TNT) has reached an amazing milestone, raising **\$1 billion** through national and local sports events since its inception in 1988.

TNT formalized its longstanding partnership with Competitor Group Inc. (CGI), organizers of the Rock 'n' Roll Series events. TNT was designated as the exclusive charity of the renamed **Rock 'n' Roll San Diego Marathon & 1/2 Marathon to Benefit The Leukemia & Lymphoma Society**. The half marathon was added to encourage even more participants in this premier fundraising event. TNT has taken part in the

San Diego Marathon since its inception in 1998. This year, we brought over 4,000 participants who raised nearly **\$12 million** to help find cures for blood cancers.

In addition, our goal this year has been to re-engage TNT alumni as higher level volunteers, assisting them in identifying and securing corporate teams to participate with TNT at the national or local level. We also encouraged alumni to serve as fundraising coaches to help TNT participants – especially first-timers – succeed in their fundraising efforts and physical training. This proactive approach to alumni re-engagement has not only introduced new individual, group and corporate sponsors to the program, but has also helped increase overall retention.



### > Man & Woman of the Year

[www.mwoy.org](http://www.mwoy.org)

This spirited campaign brings together an incredible group of dynamic community leaders with the single goal of raising as much money as possible in 10 weeks to benefit LLS's mission. This year, the campaign grew to new heights, with **650** honored candidates participating in **58** campaigns around the country – including 9 new campaigns. All candidates who confirmed their participation by February 12th were formally thanked in a full-page *USA Today* advertisement.

As part of our fundraising strategy, we emphasized that candidates actively engage their campaign teams through all elements of their fundraising plan. Our 2010 National Man & Woman of the Year are a testament to this strategy. **Man of the Year Bob Mills** and **Woman of the Year Janice Bender** had their campaign teams send out letters to potential donors, make personal donation requests, plan events and much more. While Bob and Janice come from different states and professional backgrounds, they both proved the power of teamwork. Together, their campaign teams raised over \$500,000. In fact, of the 650 participating candidates, 51 raised enough funds to qualify for the research naming rights incentive.

### > School & Youth® Programs

[www.schoolandyouth.org](http://www.schoolandyouth.org)

Nearly a quarter of the nation's schools participated in LLS School & Youth Programs, where students learn the value of working together to raise funds, increase awareness, and make a difference in the fight against cancer. This year, a successful strategy was the distribution of colorful collection boxes for students to take home and collect spare change – a visible reminder for family members to join in the effort and the fun.





> **Light The Night® Walk**

[www.lightthenight.org](http://www.lightthenight.org)

Our annual Light The Night Walk raised nearly **\$39 million** in donations, attracting more than **250,000** participants in **218** communities across the US and Canada.

We continued to focus on recruiting more businesses to participate in the program. Walking side by side with our family and friends teams in 2009, more than 82 National Partners raised \$6.8 million for LLS research and patient services programs. Setting the standard, once again, was **Burlington Coat Factory**, our top corporate partner in the Light The Night Walk. This year, they set another milestone by raising more than **\$2 million** for LLS, breaking their previous \$1 million mark established in 2007. Burlington Coat Factory has raised over \$7 million since our partnership began in 2002.

> **Legacy & Targeted Giving**

This year, we received more than **\$7 million** in legacy gifts from individuals. Several new members were added to **The Legacy Circle** by naming LLS as a beneficiary in their will, trust, life insurance policy, or retirement plan. These generous individuals have graciously given us permission to list their names so that their gifts can inspire others to do the same.

In addition, we received several **Targeted Giving** contributions, which will provide much needed support for LLS research and patient programs. For example, when California entrepreneur Steve Kirsch was diagnosed with a rare blood cancer known as Waldenstrom's macroglobulinemia (WM), he turned to LLS to help find new

treatments for this disease. Mr. Kirsch and an anonymous donor joined LLS and the International Waldenström's Macroglobulinemia Foundation (IWMMF) to fund four research grants to develop WM cell lines, a critical link in discovering new and more effective treatments for this currently incurable disease.

The family of **Mina Yanney**, a 41-year old Pennsylvania investment analyst who died of lymphoma in 2004, had a different idea for their targeted donation. Mina had a strong family network to drive him to treatments at a downtown Philadelphia cancer center. Sadly, many other patients did not and had to drive themselves. In Mina's honor, his family provided funds to help local cancer patients secure round-trip transportation for their treatments.

# Advocacy

The **LLS Advocates Network**

([www.lls.org/advocacy](http://www.lls.org/advocacy)) grew significantly this fiscal year and now numbers nearly **50,000** volunteers. We are working to segment our volunteers for more targeted participation and effective communications.

LLS joined forces with other patient advocacy groups to ensure that national health care reform includes insurance coverage of routine care costs (doctor visits, hospital stays, x-rays, and lab tests) for patients enrolled in clinical trials.

This provision provides a coverage "floor" for state-based insurers, pre-empting state plans that provide fewer patient protections, but also allowing the states to exceed this minimum coverage.

As this provision will impact every type of insurance, state-based legislation is more critical than ever for providing the best patient protections possible.

LLS volunteer advocates in our Florida, Iowa, and South Carolina chapters led coalition efforts to pass state laws ensuring full coverage of routine medical care for cancer patients participating in potentially life-saving clinical trials. This coverage is now required by 32 states and the District of Columbia.

We are also advocating on the state level for laws that provide patients greater access to oral cancer treatments by requiring insurance companies to provide coverage for oral chemotherapy equal to what is covered for intravenous (IV) treatments.



# Research Grants

## The Marshall A. Lichtman Specialized Center of Research

The Specialized Center for Research Program funds multi-disciplinary research by teams of leading-edge academic investigators that hastens the discovery and development of better treatments for leukemia, lymphoma and myeloma patients. A center is composed of at least three independent research programs that are integrated and supported by scientific core laboratories.

### Jerry Adams, PhD

Walter & Eliza Hall Institute of Medical Research

### Frederick Alt, PhD

Immune Disease Institute

### Jon Aster, MD, PhD

Brigham & Women's Hospital

### Irwin Bernstein, MD

Fred Hutchinson Cancer Research Center

### John Byrd, MD\*<sup>1</sup>

Ohio State University

### Riccardo Dalla-Favera, MD<sup>2</sup>

Columbia University

### Brian Druker, MD\*

Howard Hughes Medical Institute, Oregon Health & Science University Cancer Institute

### Carolyn Felix, MD<sup>3</sup>

The Children's Hospital of Philadelphia

### Anthony Green, MD, PhD<sup>4</sup>

University of Cambridge

### James Griffin, MD<sup>5</sup>

Dana-Farber Cancer Institute

### Helen Heslop, MD

Baylor College of Medicine

### Carl June, MD

University of Pennsylvania

### Thomas Kipps, MD, PhD<sup>6</sup>

University of California, San Francisco

### Larry Kwak, MD, PhD<sup>7</sup>

University of Texas  
M.D. Anderson Cancer Center

### Ronald Levy, MD<sup>8</sup>

Stanford University

### Jonathan Licht, MD

Northwestern University  
School of Medicine

### Scott Lowe, PhD<sup>9</sup>

Cold Spring Harbor Laboratory

### Beverly S. Mitchell, MD<sup>10</sup>

Stanford University

### Stephen Nimer, MD

Memorial Sloan-Kettering Cancer Center

### Michael Thirman, MD<sup>11</sup>

The University of Chicago

### Cheryl Willman, MD

University of New Mexico

## Career Development Program

The Career Development Program provides stipends to investigators of exceptional promise in the early stages of their careers, helping them devote their careers to leukemia, lymphoma and/or myeloma research.

### Tahamtan Ahmadi, MD, PhD\*

University of Pennsylvania

### Ioannis Aifantis, PhD

New York University School of Medicine

### Arash Alizadeh, MD, PhD\*

Stanford University

### Shannon Anderson, PhD

University of California, San Francisco

### Philippe Armand, MD, PhD

Dana-Farber Cancer Institute

### Scott Armstrong, MD, PhD

Children's Hospital Boston

### Laura Attardi, PhD

Stanford University

### Cynthia Barber, PhD\*

Brandeis University

### Craig Bassing, PhD\*

The Children's Hospital of Philadelphia

### Satarupa Basu, PhD\*

University of Pennsylvania

### Uttiya Basu, PhD

Immune Disease Institute

### Michael Begley, PhD

Beth Israel Deaconess Medical Center

### Cristian Bellodi, PhD\*

University of California, San Francisco

### Micah Benson, PhD

Harvard Medical School

### Avinash Bhandoola, MD, PhD

University of Pennsylvania

### Anja-Katrin Bielinsky, PhD

University of Minnesota, Twin Cities

### Susan Biggins, PhD

Fred Hutchinson Cancer Research Center

### Daniel Billadeau, PhD

Mayo Clinic and Foundation

### Debabrata Biswas, PhD

Rockefeller University

### Dale Bixby, MD, PhD

University of Michigan

### Marie Bleakley, MD<sup>12</sup>

Fred Hutchinson Cancer Research Center

### Marzenna Blonska, PhD

University of Texas  
M.D. Anderson Cancer Center

### Michael Boddy, PhD

The Scripps Research Institute

### Catherine Bollard, MD

Baylor College of Medicine

### Niccolo Bolli, MD

Dana-Farber Cancer Institute

### Ivan Borrello, MD

Johns Hopkins University  
School of Medicine

### Marina Bousquet, PhD<sup>13</sup>

Whitehead Institute  
for Biomedical Research

### Troy Brady, PhD\*

University of Pennsylvania

### Andrea Bredemeyer, PhD\*

Brigham & Women's Hospital

### Jennifer Brown, MD, PhD\*

Dana-Farber Cancer Institute

### Claudio Brunstein, MD\*

University of Minnesota, Twin Cities

### Lihua Budde, MD, PhD

Fred Hutchinson Cancer Research Center

### Gerd Bungartz, PhD

Massachusetts General Hospital

### Denis Calado, PhD\*

Immune Disease Institute

### Kenneth Campellone, PhD

University of California, Berkeley

### Pedro Carvalho, PhD

Harvard Medical School

### Lucio Castilla, PhD<sup>14</sup>

University of Massachusetts  
Medical School

### Asher Chanan-Khan, MD

Health Research Incorporated,  
Roswell Park Cancer Institute Division

### Jing Chen, PhD\*

Emory University

### Wei-Yi Chen, PhD

Rockefeller University

### Xi Chen, PhD

Harvard University School  
of Public Health

### Yi-Bin Chen, MD

Massachusetts General Hospital

### Tao Cheng, MD

University of Pittsburgh

### Uhn-Soo Cho, PhD\*

Harvard Medical School

### Yoonsu Choi, PhD

University of Texas  
M.D. Anderson Cancer Center

### Yuh Min Chook, PhD\*

University of Texas,  
Southwestern Medical Center

### Eric Chow, MD

Fred Hutchinson Cancer Research Center

### Wen-Ming Chu, MD, PhD

Brown University

### Elaine Chung, PhD

University of Pennsylvania

### Maria Ciofani, PhD

New York University School of Medicine

### Pasquale Cirone, PhD

Yale University

### Kenneth Cooke, MD

Case Western Reserve University

### Naomi Courtemanche, PhD\*

Yale University

<sup>1</sup> Dr. John Byrd is funded in part by Douglas A. and Phyllis Smith, Elaine Smith and Michael and Jacqueline Thomas.

<sup>2</sup> Dr. Riccardo Dalla-Favera is funded in part by the Paul E. Singer Family Foundation, Joseph S. and Diane H. Steinberg Charitable Trust, and J.T. Tai & Co. Foundation.

<sup>3</sup> Dr. Carolyn Felix is funded in part by The Bryce Foundation.

<sup>4</sup> Dr. Anthony Green is funded in part by an anonymous donor.

<sup>5</sup> Dr. James Griffin is funded in part by the F.M. Kirby Foundation and the Karyn Research Fund.

<sup>6</sup> Dr. Thomas Kipps is funded in part by the Silicon Valley Community Foundation and an anonymous donor.

<sup>7</sup> Dr. Larry Kwak is funded in part by Gerry Golub.

<sup>8</sup> Dr. Ronald Levy is funded in part by Guy and Linda Nohra.

<sup>9</sup> Dr. Scott Lowe is funded in part by The Altschul Foundation/Reichman Memorial.

<sup>10</sup> Dr. Beverly S. Mitchell is funded in part by the Joseph C. Sanfilippo Memorial Fund and the Harry T. Mangurian, Jr. Foundation, Inc.

<sup>11</sup> Dr. Michael Thirman is funded in part by The Pamela B. Katten Memorial Leukemia Research Foundation, the Alerin M. Cornell Foundation, Paul and Joan Rubsclager Foundation, the Helen Brach Foundation, The Dr. Ralph and Marion Falk Medical Research Trust, the Kluth Family Foundation, Alberto-Culver Company, The Bohnen Family Foundation and the Kenneth and Angela Paulan Fund.

**John Crispino, PhD**  
Northwestern University  
School of Medicine

**Vincenzo D'Angiolella, MD, PhD**  
New York University School of Medicine

**Louise D'Cruz, PhD**  
University of California, San Diego

**Monique Dail, PhD**  
University of California, San Francisco

**Mari Dallas, MD**  
St. Jude Children's Research Hospital

**Blossom Damania, PhD**  
University of North Carolina  
at Chapel Hill

**Michael Davis, PhD**  
Fred Hutchinson Cancer Research Center

**Renee de Pooter, PhD**  
University of Oxford

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**Kolja Eppert, PhD<sup>15</sup>**  
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**Maria Figueroa, MD\***  
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of Cornell University

**Noelle Frey, MD**  
University of Pennsylvania

**Jonathan Friedberg, MD<sup>16</sup>**  
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**Maxim Frolov, PhD\***  
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**Kyriaki Galani, PhD**  
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**Boyi Gan, PhD**  
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**Jason Garrison, PhD**  
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**Allan Gurtan, PhD**  
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**Sara Hamilton, PhD**  
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**Karen Keeshan, PhD<sup>18</sup>**  
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**Scott Kogan, MD**  
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**Minoree Kohwi, PhD**  
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**Motonari Kondo, MD, PhD**  
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**Mei Kong, PhD**  
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**Rhett Kovall, PhD**  
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**Mijung Kwon, PhD**  
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**Adam Lazorchak, PhD**  
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**Sang Eun Lee, PhD**  
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M.D. Anderson Cancer Center

**Francene Lemoine, PhD**  
Northwestern State University  
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**Gustavo Leone, PhD**  
Ohio State University

**Anthony Letai, MD, PhD<sup>19</sup>**  
Dana-Farber Cancer Institute

**Anthony Leung, PhD**  
Massachusetts Institute of Technology

**Mark Levis, MD, PhD<sup>20</sup>**  
Johns Hopkins University  
School of Medicine

**Erin Lew, PhD**  
The Salk Institute for Biological Studies

**Zachary Lewis, PhD**  
University of Oregon

<sup>12</sup> Dr. Marie Bleakley is funded in part by the Douglas Kroll Research Foundation.

<sup>13</sup> Dr. Marina Bousquet is fully funded by Gertrude B. Elion Research Fund.

<sup>14</sup> Dr. Lucio Castilla is funded in part by The Robert H. Lyon Leukemia Foundation and the Remillard Family Foundation.

<sup>15</sup> Dr. Kolja Eppert, a Stephen Birnbaum Scholar, is fully funded by The Stephen Birnbaum Foundation.

<sup>16</sup> Dr. Jonathan Friedberg, a Millennium: The Takeda Oncology Company Scholar, is fully funded by Millennium: The Takeda Oncology Company.

<sup>17</sup> Dr. Tarun Kapoor is funded in part by The Robert H. Lyon Leukemia Foundation.

<sup>18</sup> Dr. Karen Keeshan, a Stephen Birnbaum Scholar, is fully funded by The Stephen Birnbaum Foundation.

<sup>19</sup> Dr. Anthony Letai, a Millennium: The Takeda Oncology Company Scholar, is fully funded by Millennium: The Takeda Oncology Company.

\* Newly awarded or renewed grants in fiscal year 2011

<sup>20</sup> Dr. Mark Levis is funded in part by the Douglas Kroll Research Foundation and the Rally Foundation for Childhood Cancer Research.

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Medical School

**Willis Li, PhD**  
University of Rochester

**Zejuan Li, MD, PhD\***  
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**Zihai Li, MD, PhD**  
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**Sergiy Libert, PhD**  
Massachusetts Institute of Technology

**Weei-Chin Lin, MD, PhD**  
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The Scripps Research Institute

**Aaron Schimmer, MD, PhD**  
University Health Network

**Stephen Schoenberger, PhD**  
La Jolla Institute for Allergy  
and Immunology

<sup>21</sup> Dr. Xin Lin is funded in part by an anonymous donor.

<sup>22</sup> Dr. Geeta Narlikar is funded in part by Walter and Beth Grant.

<sup>23</sup> Dr. Qishen Pang is funded in part by The Marge & Charles J. Schott Foundation.

<sup>25</sup> Dr. Linda Resar is funded in part by the Cora and John H. Davis Foundation.

<sup>24</sup> Dr. Danilo Perrotti is funded in part by Charles and Lynda Kraemer and Mark and Christine Kraemer.

<sup>26</sup> Dr. Tannishtha Reya, a Ryan Gibson Foundation Scholar, is partly funded by The Ryan Gibson Foundation.

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University of California, San Diego

**Suzanne Schubert, PhD<sup>27</sup>**  
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**Ralph Scully, MD, PhD**  
Beth Israel Deaconess Medical Center

**Rosalie Sears, PhD**  
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**Camile Semighini, PhD**  
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**Neil Shah, MD, PhD<sup>28</sup>**  
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**Wei-Jong Shia, PhD<sup>29</sup>**  
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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.

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**Pamela Becker, MD, PhD<sup>33</sup>**  
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**Linda Bendall, PhD**  
University of Sydney

**Ravi Bhatia, MD**  
City of Hope National Medical Center

**Smita Bhatia, MD<sup>34</sup>**  
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Roswell Park Cancer Institute Division

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**Suning Chen, PhD\***  
Jiangsu Institute of Hematology,  
Soochow University

**Wei Chen, MD, PhD**  
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**Selina Chen-Kiang, PhD<sup>36</sup>**  
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**Kent Christopherson, PhD**  
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**Michael Cleary, MD**  
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University of Florida

**John Crispino, PhD**  
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School of Medicine

**Alan D'Andrea, MD<sup>37</sup>**  
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<sup>27</sup> Dr. Suzanne Schubert is funded in part by Parents Against Leukemia.

<sup>28</sup> Dr. Neil Shah is fully funded by the Estate of Virginia Hoffman.

<sup>29</sup> Dr. Wei-Jong Shia, a Stephen Birnbaum Scholar, is fully funded by The Stephen Birnbaum Foundation.

<sup>30</sup> Dr. Warren Shlomchik is fully funded by The Newman Family.

<sup>31</sup> Dr. William Wierda is funded in part by Michelle Henkel, the Silicon Valley Community Foundation and an anonymous donor.

<sup>32</sup> Dr. Ming Xu is fully funded by the Dallas Saint Valentine's Luncheon and Fashion Show.

<sup>33</sup> Dr. Pamela Becker is funded in part by the Douglas Kroll Research Foundation.

<sup>34</sup> Dr. Smita Bhatia is funded in part by Mike and Claire Shevlin – Links For Leukemia.

<sup>35</sup> Dr. John Byrd is funded in part by The Bob Cooper CLL Research Fund, the Silicon Valley Community Foundation and an anonymous donor.

<sup>36</sup> Dr. Selina Chen-Kiang is funded in part by the Dallas Saint Valentine's Luncheon and Fashion Show in memory of Lynda Adleta.

\* Newly awarded or renewed grants in fiscal year 2011

<sup>37</sup> Dr. Alan D'Andrea is funded in part by The Robert H. Lyon Leukemia Foundation.

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**Chi Dang, MD, PhD**

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**Gerald Denis, PhD**

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**Gianpietro Dotti, MD\***

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International Centre for Genetic  
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**Martin Fernandez-Zapico, MD**

Mayo Clinic and Foundation

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University of Michigan

**Christopher Flowers, MD\***

Emory University

**Richard Ford, MD, PhD**

University of Texas  
M.D. Anderson Cancer Center

**Mark Frattini, MD, PhD**

Memorial Sloan-Kettering Cancer Center

**Celine Gelinis, PhD<sup>39</sup>**

UMDNJ – Robert Wood Johnson  
Medical School

**Irene Ghobrial, MD**

Dana-Farber Cancer Institute

**Steven Grant, MD<sup>40</sup>**

Virginia Commonwealth University

**Jolanta Grembecka, PhD**

University of Michigan

**Monica Guzman, PhD<sup>41</sup>**

Weill Medical College  
of Cornell University

**Lori Hazlehurst, PhD**

H. Lee Moffitt Cancer Center  
& Research Institute

**Laurence Hurley, PhD, DSC**

University of Arizona

**Craig Jordan, PhD<sup>42</sup>**

University of Rochester

**Richard Jones, MD**

Johns Hopkins University  
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**Scott Kaufmann, MD, PhD**

Mayo Clinic and Foundation

**Scott Kaufmann, MD, PhD**

Mayo Clinic and Foundation

**Tomas Kirchhoff, PhD**

Memorial Sloan-Kettering Cancer Center

**Susan Knox, MD, PhD<sup>43</sup>**

Stanford University

**Jeanne Kowalski, PhD**

Johns Hopkins University  
School of Medicine

**Donald Kufe, MD**

Dana-Farber Cancer Institute

**Wen-Hwa Lee, PhD**

University of California, Irvine

**Suzanne Lentzsch, MD, PhD**

University of Pittsburgh

**Ross Levine, MD**

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**Shaoguang Li, MD, PhD**

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School of Medicine

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<sup>38</sup> Dr. Adolfo Ferrando is funded in part by Eli Lilly and Company and the Rally Foundation for Childhood Cancer Research.

<sup>39</sup> Dr. Celine Gelinis is funded in part by Guy Chiarello and Guy Del Grande.

<sup>40</sup> Dr. Steven Grant is funded in part by The Breeden-Adams Foundation.

<sup>41</sup> Dr. Monica Guzman is funded in part by Robert and JoAnna Behl.

<sup>42</sup> Dr. Craig Jordan is funded in part by the Douglas Kroll Research Foundation.

<sup>43</sup> Dr. Susan Knox is funded in part by The Valley Foundation.

<sup>44</sup> Dr. Ari Melnick, a Quest Diagnostics, Inc. Translational Researcher, is fully funded by Quest Diagnostics, Inc.

<sup>45</sup> Dr. Markus Muschen is funded in part by the California Community Foundation.

<sup>46</sup> Dr. Janet Rowley is funded in part by The Pamela B. Katten Memorial Leukemia Research Foundation and the Dr. Scholl Foundation.

\* Newly awarded or renewed grants in fiscal year 2011

<sup>47</sup> Dr. Felipe Samaniego is funded in part by an anonymous donor.

<sup>48</sup> Dr. Catherine Wu is funded in part by the Silicon Valley Community Foundation and an anonymous donor.



# Research Portfolios

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LLS Research Portfolios are groups of research projects organized around a specific blood cancer interest. Following is a list of the available portfolios and the donors who generously provided support during this fiscal year

**Acute Lymphocytic Leukemia<sup>1</sup>**

**Acute Myeloid Leukemia and Myelodysplastic Syndromes<sup>2</sup>**

**Chronic Lymphocytic Leukemia<sup>3</sup>**

**Chronic Myelogenous Leukemia<sup>4</sup>**

**Hodgkin Lymphoma<sup>5</sup>**

**Mantle Cell Lymphoma<sup>6</sup>**

**Myeloma<sup>7</sup>**

**Aggressive Non-Hodgkin Lymphoma<sup>8</sup>**

**Indolent Non-Hodgkin Lymphoma<sup>9</sup>**

**Pediatric and Young Adult Blood Cancers<sup>10</sup>**

**Quality of Life<sup>11</sup>**

**Therapy Acceleration Program<sup>12</sup>**

**Waldenstrom Macroglobulinemia Initiative<sup>13</sup>**

<sup>1</sup> Acute Lymphocytic Leukemia Research Portfolio is funded in part by Deborah Flanagan – Translational Research Program and David and Kim Savage – Megan's Wings, Inc.

<sup>2</sup> Acute Myeloid Leukemia and Myelodysplastic Syndromes Research Portfolio is funded in part by Ann Adams, Hildegard D. Becher Foundation, Inc., The For Julie Foundation, Inc., King & Spalding, LLP, Neil Kishter, Peter and Tina Locke, The Robert H. Lyon Leukemia Foundation, Clyde Smith McGregor – In Memory of Joan Kowing McGregor, Poster Family Foundation, Francis X. and Susan Reinhardt, Jeff and Pat Sachs, The Shimkin Foundation, Technology Concepts & Design, Inc. and the Westchester Tri Team.

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Individuals who have raised more than \$50,000 or company teams that have raised more than \$100,000 to support LLS's mission.

Rose Astorina	Ryan LaFontaine
Austaco, Inc.	Michael Lapicki
Carolyn Balling	Daniel S. Lasik
Barclays Capital	Dr. Alan Lichtin
Jack Beckman	Steven Lilly
Janice Bender*	Robin Lineberger
The Blackstone Group	The Lymphomaniacs
The Blumenfeld Family	J. David Mahoney
Burlington Coat Factory	David Mammina
Annie Caltabiano	James Marchewka
Carter's Babies and Kids	Edye McCarthy
Hope Cherry	Mary McLaughlin & The BELIEVE Campaign
Citi	Justin McMaster
Citrix Systems	Lance Meyerowich
Coach, Inc.	Michael C. Fina
Andy Collins	Bob Mills*
Jonna Kirke Crandell	Marc Moore
Credit Suisse	Sarah Moore
Dan Darcy & Band Against Blood Cancer	Steve Movius
Jim Davis	Pat Mozersky
Deloitte	Novartis
Delta Energy, LLC	Ed Offerdinger
Tam Driscoll	Lisa Pagano & Stand Up Take Notice
Lisa Dunn	Steve Paschos
Frances Duprey	Quest Diagnostics, Inc.
Elbit Systems of America, LLC	Steve Richbourg
Ashley Erickson	The Riders of the Storm
Evelyn Erives & On Air Care	Mary Kathryn Rodrigue
Ernst & Young LLP	Katie Rost & Team Believe
Joey Fago	Joe Sadowski
Darin Ferguson	Jared Salvetti
Cary Fishburne	Silicon Valley Bank
James Fitzgerald	Yuliya Singo
Alexandria Freyberg & PC Commandos	Ted St. Pierre
Sean Geiger & Raising Hope	Stater Bros. Markets
Georgia Chain Gang	Peter Strang
Georgia Pest Control Association	Fernando Suarez
Katherine G. Giuffre	Jaclyn Toll
The Greene Team	Vin Tormo
Mary Hellerstedt	Valero Energy Corporation
Michelle Henkel	Vistar
Josh Horowitz	Brad F. Wagner
Kiven, Kotler, Lieberman, Fox, Joffe, Goldschmidt & Kepes Team	Elizabeth Wahler
Jack's Mannequin — Dear Jack Foundation	Dr. Stanley Walker
Travis Janovich	Martha Whitecotton
Daniel S. Johnson	Beth R. Wiesner
Joseph B. Kelley	Yahoo
William Kenny	Dr. Zimmerman
Thomas Klein	

\* National Man & Woman of the Year

# Legacy Circle

Legacy Circle honors those who name LLS in their wills, or as beneficiaries of a trust, retirement account or insurance policy or enter into a charitable gift annuity. We list our newest members below along with those whose bequests of \$10,000 or more were received this year.

Irene Ambrosius*	Sadie Melton*
Lorraine Azrak*	Ethel Meyer*
Louise Barrows*	Stephen Milazzo
Melvin Baum*	Robert Mitchell*
Roy and Anna Bergren*	June Moran*
Andrew and Edith Berto*	Jane Moshman
Alyce Biglia*	Dorothy Mueller*
Samuel and Elenor Bjorkman*	Martin Mullen*
Edward and Christina Blanchard	Jean Murray*
Camille Blok	Maria Nechi*
Michael Boyne*	Nancy Newman*
Elizabeth Brady	Mary Ann Nielsen*
Marcia Brown*	Ralph and Carol Odgers*
Hester Joyce Burtenshaw*	William H. Owen*
Roger Busch*	Andrew and Mary Passafaro*
Coy and Lucille Byerly*	Susan Pax*
Jean Carlisle*	Ila Plantz*
John Carlson*	Jerry Price
Jenna Cavin	Dennis Primeaux*
Barry Clayton*	Rade Ratkovic*
Lauren Cohen*	Margaret Reed*
Dorothy Cox*	David Reynolds*
William and Lorraine Dalton*	Randall Richards
William Robert Davidson*	Dorothy Rittler*
Martha DeAnda	Stella Sabatelle
William DeLoach	Richard Scharff*
Nelson Doland*	Delores Schommer*
Peggy and Margaret Dupaquier*	Alice Scott*
Charles Edlin*	Scott Shields
Christina Evers*	Mr. and Mrs. Howard Silver
Robert and Carolyn Flood*	Myra Smith
Robert Gale*	Sally Smith*
John Gallo*	Robert Sommer*
Linda Gunther*	Francis Speiser*
John Russell Harris, Jr.	Irene Stevenson*
Judith Helfant*	Bruce and Anne Swartz*
Gregg Hinckley*	Florence Thornhill*
Virginia Hoffman*	Elenora Tolliver
Donald Howarth*	Bud and Vickie Urban
Selma Karr	Ira Weiner
Maxine Kilner*	Catherine Jean Wickenden Mooney*
Virginia Kintz*	James Woods
Lillian Kraus*	Elsie Wunsch*
Maurice Krisel	Dolores Zaino*
Lawrence Lane*	Joleen Zeller*
Barbara Louis*	Anonymous (3)
Yvonne Lucassen*	
Martha Elizabeth Maitland*	

\* Deceased

# Independent Auditors' Report

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The Board of Directors

The Leukemia & Lymphoma Society, Inc.:

We have audited the accompanying consolidated statement of financial position of The Leukemia & Lymphoma Society, Inc. (LLS) as of June 30, 2010, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended. These consolidated financial statements are the responsibility of LLS's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The prior year summarized comparative information has been derived from LLS's 2009 consolidated financial statements and, in our report dated September 15, 2009, we expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of LLS's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Leukemia & Lymphoma Society, Inc. as of June 30, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

**KPMG LLP**

September 15, 2010  
New York, New York



# Consolidated Statement of Financial Position

The Leukemia & Lymphoma Society, Inc. > June 30, 2010  
(With comparative amounts at June 30, 2009) (In thousands)

	2010	2009
<b>Assets</b>		
Cash and cash equivalents	\$ 21,196	\$ 28,196
Prepaid expenses and other assets	4,577	4,314
Accounts receivable	130	75
Legacies and contributions receivable, net (note 2)	18,417	22,752
Investments (note 3)	177,489	161,623
Fixed assets, less accumulated depreciation and amortization of \$7,965 and \$12,544	<u>5,132</u>	<u>4,616</u>
<b>Total assets</b>	<b><u>\$ 226,941</u></b>	<b><u>\$ 221,576</u></b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities:</b>		
Accounts payable and accrued expenses	\$ 16,448	\$ 14,682
Deferred revenue	16,940	15,479
Grants payable (notes 4 and 5)	<u>80,580</u>	<u>85,768</u>
<b>Total liabilities</b>	<b><u>113,968</u></b>	<b><u>115,929</u></b>
<b>Net assets (note 9):</b>		
Unrestricted	88,617	78,551
Temporarily restricted	20,668	23,596
Permanently restricted	<u>3,688</u>	<u>3,500</u>
<b>Total net assets</b>	<b><u>112,973</u></b>	<b><u>105,647</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$ 226,941</u></b>	<b><u>\$ 221,576</u></b>

See accompanying notes to consolidated financial statements.

# Consolidated Statement of Activities

The Leukemia & Lymphoma Society, Inc. > Year ended June 30, 2010  
(With summarized totals for the year ended June 30, 2009) (In thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
				2010	2009
<b>Revenue</b>					
Campaign contributions	\$ 247,939	\$ 31,885	\$ 84	\$ 279,908	\$ 291,521
Less direct donor benefit costs	(36,635)	–	–	(36,635)	(39,077)
Net campaign contributions	211,304	31,885	84	243,273	252,444
Legacies	4,045	3,009	–	7,054	26,459
Donated services (note 1)	6,819	–	–	6,819	6,829
Net interest and dividend income (note 3)	4,351	53	26	4,430	6,467
Net increase (decrease) in fair value of investments	11,238	19	78	11,335	(7,315)
Grant refunds	1,897	–	–	1,897	2,768
Net assets released from restrictions	37,894	(37,894)	–	–	–
<b>Total revenue</b>	<b>277,548</b>	<b>(2,928)</b>	<b>188</b>	<b>274,808</b>	<b>287,652</b>
<b>Expenses (note 10)</b>					
<i>Program Services:</i>					
Research	70,910	–	–	70,910	69,786
Patient and community service	83,406	–	–	83,406	93,448
Public health education	41,597	–	–	41,597	41,331
Professional education	8,073	–	–	8,073	8,497
<b>Total program services</b>	<b>203,986</b>	<b>–</b>	<b>–</b>	<b>203,986</b>	<b>213,062</b>
<i>Supporting Services:</i>					
Management and general	22,462	–	–	22,462	23,259
Fund raising	41,255	–	–	41,255	43,132
<b>Total supporting services</b>	<b>63,717</b>	<b>–</b>	<b>–</b>	<b>63,717</b>	<b>66,391</b>
<b>Total expenses</b>	<b>267,703</b>	<b>–</b>	<b>–</b>	<b>267,703</b>	<b>279,453</b>
Change in net assets before foreign currency translation adjustment	9,845	(2,928)	188	7,105	8,199
Foreign currency translation adjustment	221	–	–	221	(648)
<b>Change in net assets</b>	<b>10,066</b>	<b>(2,928)</b>	<b>188</b>	<b>7,326</b>	<b>7,551</b>
<b>Net Assets</b>					
Beginning of year	78,551	23,596	3,500	105,647	98,096
End of year	\$ 88,617	\$ 20,668	\$ 3,688	\$ 112,973	\$ 105,647

See accompanying notes to consolidated financial statements.

# Consolidated Statement of Functional Expenses

The Leukemia & Lymphoma Society, Inc. > Year ended June 30, 2010  
(With comparative totals for the year ended June 30, 2009) (In thousands)

	Program Services					Supporting Services			Total		Direct donor benefit costs	
	Research	Patient and community service	Public health education	Professional education	Total	Management and general	Fund raising	Total	2010	2009	2010	2009
Awards and grants	\$ 58,714	\$ -	\$ -	\$ -	\$ 58,714	\$ -	\$ -	\$ -	\$ 58,714	\$ 63,542	\$ -	\$ -
Therapy acceleration program (note 6)	8,227	-	-	-	8,227	-	-	-	8,227	2,294	-	-
Financial aid to patients	-	6,059	-	-	6,059	-	-	-	6,059	7,437	-	-
Co-pay assistance (note 5)	-	14,003	-	-	14,003	-	-	-	14,003	19,211	-	-
Donated services	1,034	5,785	-	-	6,819	-	-	-	6,819	6,829	-	-
Salaries	1,339	27,758	15,886	4,191	49,174	7,463	9,013	16,476	65,650	71,606	-	-
Employee benefits and taxes (note 7)	223	7,612	4,929	1,258	14,022	2,142	3,261	5,403	19,425	19,792	-	-
Occupancy (note 8)	40	3,378	2,363	631	6,412	1,043	1,389	2,432	8,844	9,172	-	-
Insurance	10	212	159	28	409	57	113	170	579	632	-	-
Telephone	36	1,844	1,036	167	3,083	304	1,031	1,335	4,418	5,211	-	-
Travel	48	754	549	139	1,490	293	318	611	2,101	2,305	11,633	13,054
Printing and supplies	183	2,707	5,901	378	9,169	3,762	8,746	12,508	21,677	21,812	5,813	5,781
Equipment rentals and maintenance	15	705	486	124	1,330	212	316	528	1,858	2,221	-	-
Postage and shipping	18	993	3,676	140	4,827	1,942	6,253	8,195	13,022	13,535	-	-
Meetings	423	2,396	753	204	3,776	359	412	771	4,547	4,273	8,965	9,127
Professional fees	567	7,430	4,731	509	13,237	4,212	9,646	13,858	27,095	25,101	3,496	3,776
Miscellaneous	6	1,100	672	204	1,982	493	410	903	2,885	2,763	6,728	7,339
Depreciation and amortization	27	670	456	100	1,253	180	347	527	1,780	1,717	-	-
<b>Total expenses</b>	<b>\$ 70,910</b>	<b>\$ 83,406</b>	<b>\$ 41,597</b>	<b>\$ 8,073</b>	<b>\$ 203,986</b>	<b>\$ 22,462</b>	<b>\$ 41,255</b>	<b>\$ 63,717</b>	<b>\$ 267,703</b>	<b>\$ 279,453</b>	<b>\$ 36,635</b>	<b>\$ 39,077</b>

See accompanying notes to consolidated financial statements.

## Expenses

Research	26.5%
Patient and Community Service	31.2%
Public Health Education	15.5%
Professional Education	3.0%
<b>Total Program Services</b>	<b>76.2%</b>
Management and General	8.4%
Fundraising	15.4%
<b>Total Supporting Services</b>	<b>23.8%</b>
<b>Total Expenses</b>	<b>100.0%</b>



# Consolidated Statement of Cash Flows

The Leukemia & Lymphoma Society, Inc. > Year ended June 30, 2010  
(With comparative amounts for the year ended June 30, 2009) (In thousands)

	2010	2009
Cash flows from operating activities:		
Change in net assets	\$ 7,326	\$ 7,551
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Net (increase) decrease in fair value of investments	(11,335)	7,315
Permanently restricted revenue collected	(84)	(119)
Depreciation and amortization	1,780	1,717
Increase in allowance for uncollectible accounts	415	413
Changes in operating assets and liabilities:		
Prepaid expenses and other assets	(263)	493
Accounts receivable	(55)	1,285
Legacies and contributions receivable	3,920	(15,998)
Accounts payable and accrued expenses	1,766	(6,018)
Deferred revenue	1,461	(1,695)
Grants payable	(5,188)	4,098
<b>Net cash used in operating activities</b>	<b>(257)</b>	<b>(958)</b>
Cash flows from investing activities:		
Purchases of fixed assets	(2,296)	(1,185)
Purchases of investments	(119,968)	(186,225)
Sales of investments	115,437	180,265
<b>Net cash used in investing activities</b>	<b>(6,827)</b>	<b>(7,145)</b>
Cash flows from financing activities:		
Permanently restricted contributions collected	84	119
<b>Net cash provided by financing activities</b>	<b>84</b>	<b>119</b>
Net decrease in cash and cash equivalents	(7,000)	(7,984)
Cash and cash equivalents at beginning of year	28,196	36,180
<b>Cash and cash equivalents at end of year</b>	<b>\$ 21,196</b>	<b>\$ 28,196</b>

See accompanying notes to consolidated financial statements.

# Notes to Consolidated Financial Statements

The Leukemia & Lymphoma Society, Inc. > June 30, 2010  
(with comparative amounts as of and for the year ended June 30, 2009)

## I. Organization and Significant Accounting Policies

### Organization

The Leukemia & Lymphoma Society, Inc. (LLS) is an international not-for-profit health agency dedicated to seeking the cause and cure of leukemia, lymphoma, Hodgkin's disease, and myeloma and improving the quality of life of patients and their families. LLS's principal activities include: awarding research grants; facilitating psychosocial support groups; providing financial aid to patients; answering phone requests for blood cancer information made to LLS's Information Resource Center; and disseminating educational information about blood cancers in the form of publications, internet sites, conference calls, and symposia sponsorship for both the medical community and the general public.

### Tax-Exempt Status

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

The Leukemia & Lymphoma Society of Canada, Inc. (LLSC) is registered as a charitable organization under the Income Tax Act (Canada) and, is therefore, not subject to income taxes if certain disbursement requirements are met.

### Principles of Consolidation

The accompanying consolidated financial statements include the accounts of LLS, which encompasses the Home Office of LLS and its fifty-five chapters in the United States, LLSC, and LLS's not-for-profit affiliates, The Leukemia & Lymphoma Society Research Programs, Inc. and The Leukemia & Lymphoma Society Research Foundation. All significant intercompany and intra-LLS accounts and transactions have been eliminated in consolidation.

### Estimates

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles requires LLS's management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. The significant estimates made in the preparation of these consolidated financial statements include the fair value of alternative investments, the allowance for uncollectible accounts, and the allocation of expenses. Actual results could differ from those estimates.

### Risks and Uncertainties

LLS invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of financial position.

### Summarized Financial Information

The consolidated financial statements are presented with 2009 summarized or comparative information. With respect to the consolidated statement of activities, such prior year information is not presented by net asset class and, in the consolidated statement of functional expenses, 2009 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with LLS's 2009 consolidated financial statements from which the summarized information was derived.

### Subsequent Events

LLS evaluated subsequent events after the statement of financial position date of June 30, 2010 through September 15, 2010, which was the date the consolidated financial statements were issued, and concluded that no additional disclosures are required.

### Net Asset Classifications

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

**Unrestricted net assets:** Consist of funds that are fully available, at the discretion of LLS's Board of Directors, for LLS to utilize in any of its programs or supporting services.

**Temporarily restricted net assets:** Consist of funds that are restricted by donors for a specific time period or purpose.

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

### Foreign Currency Translation

LLSC uses the Canadian dollar as its functional currency. Accordingly, the currency impact of the translation of the financial statements of LLSC to U.S. dollars is included as a translation adjustment in the consolidated statement of activities.

### Fair Value Measurements

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The three levels of the fair value hierarchy are as follows:

**Level 1** inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that a reporting entity has the ability to access at the measurement date.

**Level 2** inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

**Level 3** inputs are unobservable inputs for the asset or liability.

LLS follows the provisions of Accounting Standards Codification (ASC) 820, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASC 820), for certain alternative investments that do not have readily determinable fair values, including hedge funds, limited partnerships, and other funds. This guidance allows, as a practical expedient, for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value, using net asset value per share or its equivalent, as reported by the investment managers.

Most investments classified in Levels 2 and 3 consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Because the net asset value reported by each fund is used as a practical expedient to estimate fair value of LLS's interest therein, its classification in Level 2 or 3 is based on LLS's ability to redeem its interest at or near June 30. If the interest can be redeemed in the near term, the investment is classified as Level 2. The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities.

### Contributions and Deferred Revenue

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

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

### Donated Services

LLS has determined that certain of the donated services it receives meet the criteria for recognition in the consolidated financial statements. Specifically, the donated services of family support group facilitators and research grant reviewers in the amount of \$6,819,000 in 2010 and \$6,829,000 in 2009 have been valued and are reported as both revenue and expense.

### Cash Equivalents

Cash equivalents consist of short-term investments with an original maturity of three months or less from date of purchase, except for amounts held for long-term purposes reported as investments.

# Notes to Consolidated Financial Statements *Continued*

The Leukemia & Lymphoma Society, Inc. > June 30, 2010  
(with comparative amounts as of and for the year ended June 30, 2009)

## Investments

Investments are stated at fair value based upon quoted market prices, except for the fair values of funds of hedge funds and limited partnerships, which are based on net asset values provided by the fund managers and general partners, respectively, based upon the underlying net assets of the funds consistent with the concepts of ASC 820. These values are reviewed and evaluated by management.

## Fixed Assets and Depreciation

Fixed assets, which consist principally of equipment, software, and leasehold improvements, are recorded at cost, if purchased, or at fair value at date of donation, if contributed, and are depreciated or amortized using the straight-line method over the estimated useful lives of the assets or the terms of the leases, if shorter.

## Recent Accounting Standards

In 2010, LLS adopted ASC 740, *Accounting for Uncertainty in Income Taxes*. LLS evaluated the impact of adopting the accounting and disclosure requirements of ASC 740 for uncertainties in income taxes recognized in the consolidated financial statements, which prescribes a threshold of more-likely-than-not for recognition and de-recognition of tax positions taken or expected to be taken in a tax return. There was no significant impact to LLS's consolidated financial statements as a result of the adoption of ASC 740.

## 2. Legacies and Contributions Receivable

LLS's legacies and contributions receivable at June 30, 2010 and 2009 consist of unconditional promises to give and legacies for which the underlying wills have been declared valid by the probate court and no other conditions are required to be met. Amounts are scheduled to be received as follows (in thousands):

	2010	2009
Less than one year	\$ 16,675	\$ 21,154
1 to 5 years	3,157	2,334
After 5 years	232	208
Subtotal	20,064	23,696
Less allowance for uncollectible accounts	(1,164)	(749)
Less discount to present value (5%)	(483)	(195)
Total	<u>\$ 18,417</u>	<u>\$ 22,752</u>

Approximately, 54% and 60% of LLS's legacies and contributions receivable are from one estate at June 30, 2010 and 2009, respectively.

## 3. Investments

The following table presents LLS's fair value hierarchy of investments measured at fair value on an annual basis as of June 30, 2010 and 2009 (in thousands).

	2010	Level 1	Level 2	Level 3
Money market funds and cash	\$ 537	\$ 537	\$ –	\$ –
Fixed income:				
Long duration fixed income	53,153	53,153	–	–
Low duration fixed income	41,787	41,787	–	–
Other	3,498	–	3,498	–
Equities:				
Large cap equity	14,149	14,149	–	–
International equity	5,572	5,572	–	–
Small cap equity	3,521	3,283	238	–
Real return	8,175	8,175	–	–
Small/mid cap equity	641	–	641	–
Alternative investments:				
Funds of hedge funds	35,004	–	19,462	15,542
Limited partnership equity indices	11,452	–	11,002	450
	<u>\$ 177,489</u>	<u>\$ 126,656</u>	<u>\$ 34,841</u>	<u>\$ 15,992</u>

	2009	Level 1	Level 2	Level 3
Money market funds and cash	\$ 1,514	\$ 1,514	\$ –	\$ –
Fixed income:				
Long duration fixed income	64,162	64,162	–	–
Low duration fixed income	49,216	49,216	–	–
Other	3,490	3,490	–	–
Equities:				
Large cap equity	9,817	9,817	–	–
All cap equity	1,932	1,932	–	–
International equity	5,772	5,772	–	–
Small cap equity	6,394	6,394	–	–
Small/mid cap equity	1,023	1,023	–	–
Alternative investments:				
Funds of hedge funds	4,148	2,000	–	2,148
Limited partnership equity indices	14,155	–	–	14,155
	<u>\$ 161,623</u>	<u>\$ 145,320</u>	<u>\$ –</u>	<u>\$ 16,303</u>

Investment expenses of \$580,000 and \$568,000 have been netted against interest and dividend income for the years ended June 30, 2010 and 2009, respectively. The unrealized gains and losses were \$10,344,000 and \$(5,923,000) for the years ended June 30, 2010 and 2009, respectively.

LLS invests in certain alternative investments, through "funds of hedge funds" investments, which invest in multiple strategies through a portfolio of hedge fund managers to provide diversification and reduce manager risk. These strategies create indirect exposure to LLS through short sales of securities, trading in future and forward contracts, and other derivative products. Derivatives are investment contracts used to hedge risk. While these financial instruments may contain varying degrees of risk, LLS's risk with respect to such transactions is limited to its capital balance in each investment.

The underlying holdings of the limited partnership equity indices are principally domestic and international marketable securities.

LLS's alternative investments contain various redemption restrictions with required written notice ranging from 70 to 90 days. As of June 30, 2010, the following table summarizes the composition of such investments at fair value by the various redemption provisions (in thousands):

Redemption Period	Amount
Monthly	\$ 13,003
Quarterly	17,461
1 year lock-up	15,992
Total	<u>\$ 46,456</u>

As of June 30, 2010 and 2009, LLS has no unfunded commitments on its alternative investments.

The following table presents a reconciliation for all Level 3 assets measured at fair value as of June 30, 2010 and 2009 (in thousands).

	Level 3 Assets	
	2010	2009
Balance at July 1	\$ 16,303	\$ 19,334
Purchases	15,750	2,000
Investment expense	(131)	(103)
Investment income	–	332
Net increase (decrease) in fair value	286	(5,260)
Transfers to Level 2	(16,216)	–
Balance at June 30	<u>\$ 15,992</u>	<u>\$ 16,303</u>

# Notes to Consolidated Financial Statements *Continued*

The Leukemia & Lymphoma Society, Inc. > June 30, 2010  
(with comparative amounts as of and for the year ended June 30, 2009)

## 4. Awards and Grants

Awards and grants for research are recognized as expense in the year approved by LLS's Board of Directors. Multi-year grants, which are generally two to five years in length, are approved on an annual basis and may be terminated at the discretion of LLS's Board of Directors. In addition to unconditional grants payable of \$80,580,000 at June 30, 2010, LLS has grant commitments of \$67,433,000 that are conditioned upon future events and, accordingly, are not recorded.

## 5. Co-Pay Assistance Program

The Co-Pay Assistance program offers assistance to patients in meeting their insurance co-pay obligations for prescription medications or private/public health insurance premiums. Amounts awarded under the program are expensed in the year approved based on the available funding in the program. Approximately \$4,374,000 and \$7,448,000 were included in the grants payable balances for amounts awarded but unpaid at June 30, 2010 and 2009, respectively.

## 6. Therapy Acceleration Program (TAP)

TAP is LLS's strategic initiative to speed the development of blood-cancer treatments and supportive diagnostics by creating business alliances with biotechnology and pharmaceutical companies. TAP provides funding for investigational new drug-enabling studies and clinical-stage projects. TAP contracts are recognized as an expense in the year program milestones are achieved. Multi-year contracts, which are generally two to three years in length, are reviewed against milestones on a quarterly basis and may be terminated at the discretion of LLS's Board of Directors. LLS has contract commitments of \$22,230,000 at June 30, 2010 that are conditioned upon future events and, accordingly, are not recorded.

## 7. Pension Plan

LLS has a defined contribution 403(b) pension plan covering all employees meeting age and service requirements. Contributions are based on a percentage of each eligible employee's salary and years of service. Expense under this plan aggregated \$4,072,000 and \$4,105,000 for the years ended June 30, 2010 and 2009, respectively.

LLS has a 457(b) deferred compensation plan (the 457 Plan), for its executive staff. The 457 Plan is a nonqualified deferred compensation plan subject to the provisions of the Internal Revenue Code Section 457. Expenses under the 457 Plan approximated \$120,000 and \$170,000 for the years ended June 30, 2010 and 2009, respectively. The assets and liabilities of the 457 Plan are included in investments and accounts payable in the accompanying consolidated statement of financial position and amounted to approximately \$546,000 and \$437,000 at June 30, 2010 and 2009, respectively.

## 8. Lease Commitments

The leases for premises, which LLS's Home Office and chapters occupy, expire on various dates through May 31, 2018 and provide for certain payments subject to escalation and periodic rate increases relating to real estate taxes, operating expenses, and utilities. The Home Office lease expires in March 2016.

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

Year ending June 30:	
2011	\$ 7,502
2012	6,814
2013	5,139
2014	4,285
2015	3,889
Thereafter	2,920
Total	<u>\$ 30,549</u>

## 9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets and the income earned on permanently restricted net assets are available for the following purposes at June 30, 2010 and 2009 (in thousands):

	2010		2009	
	Temporarily Restricted	Permanently Restricted	Temporarily Restricted	Permanently Restricted
Time restrictions	\$ 12,344	\$ —	\$ 16,566	\$ —
Research	3,983	3,123	2,241	2,917
Patient service	4,180	516	4,658	420
Other	161	49	131	163
Total	<u>\$ 20,668</u>	<u>\$ 3,688</u>	<u>\$ 23,596</u>	<u>\$ 3,500</u>

LLS follows the Uniform Management of Institutional Funds Act (UMIFA). LLS has interpreted UMIFA as requiring the preservation of the original gift of the donor-restricted endowment fund absent donor stipulations to the contrary. In September 2010, New York State adopted the Uniform Prudent Management of Institutional Funds Act. In 2011, LLS will be required to adopt the net asset classification requirements of ASC 958-205, *Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for All Endowment Funds*.

The following table presents changes in the donor-restricted endowment funds for the year ended June 30, 2010 (in thousands).

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets at July 1	\$ 1,396	\$ 397	\$ 3,500	\$ 5,293
Investment (expense) income	(74)	65	104	95
Net appreciation	473	—	—	473
Contributions	—	—	84	84
Net assets released	100	(100)	—	—
Endowment net assets at June 30	<u>\$ 1,895</u>	<u>\$ 362</u>	<u>\$ 3,688</u>	<u>\$ 5,945</u>

The following table presents changes in the donor-restricted endowment funds for the year ended June 30, 2009 (in thousands).

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets at July 1	\$ 2,198	\$ 635	\$ 3,079	\$ 5,912
Investment income	43	76	9	128
Net (depreciation) appreciation	(710)	(161)	5	(866)
Contributions	—	—	119	119
Net assets released	153	(153)	—	—
Redesignation of net assets	(288)	—	288	—
Endowment net assets at June 30	<u>\$ 1,396</u>	<u>\$ 397</u>	<u>\$ 3,500</u>	<u>\$ 5,293</u>

LLS has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment funds while seeking to protect the original value of the gift. Under this policy, the endowment assets are invested in a manner that is intended to produce results consistent with LLS's overall investment strategy.

## 10. Joint Costs Allocation

For the years ended June 30, 2010 and 2009, LLS incurred joint costs for informational materials and activities that included fund raising appeals as follows (in thousands):

	2010	2009
Fund raising	\$ 12,114	\$ 12,834
Patient and community service	1,049	1,013
Public health education	10,537	10,188
Total	<u>\$ 23,700</u>	<u>\$ 24,035</u>



# National Leaders

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The Regence Group  
Portland, OR

## Vice Chair

### Scott Carroll

Jackson Lewis  
Cincinnati, OH

## Secretary/Treasurer

### Kevin R. Ryan

Citrin Cooperman & Company, LLP  
Philadelphia, PA

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## Board of Directors

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Butler, PA

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### Robert A. "Spider" Cantley

Twain Harte, CA

### Elizabeth Clark, PhD, MPH, ACSW

National Association of Social Workers  
Washington, DC

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M.D. Anderson Cancer Center  
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Toronto, Ontario, Canada

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### Marie Lauria, MSW

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### Kathryn West, RN, MSN, OCN

Amgen  
Thousand Oaks, CA

### Michele Wong

Synergex International Corporation  
Gold River, CA

# Senior Staff

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**President &  
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John E. Walter

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Research & Scientific Programs**  
Louis DeGennaro, PhD

**Chief Marketing  
& Revenue Officer**  
Nancy L. Klein

**Chief Financial Officer**  
Jimmy Nangle

**Senior Vice President  
Chief Information Officer**  
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**Senior Vice President  
Public Policy**  
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Hildy Dillon

**Senior Vice President  
Human Resources**  
Philip Kozlowski

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George Omiros

**Senior Vice President  
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Michael Osso

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**The Leukemia & Lymphoma  
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Nancy Allen

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# The Leukemia & Lymphoma Society

is a nonprofit organization that relies on the generosity of individual, foundation and corporate contributions to advance its mission.



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