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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	غم	LEUKEMIC	e toundation	N DT	1461	きゃんに	}	23-	7255	623
Pa	Reason I	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstruction	ons
The	organization is not	a private founda	ition because it is: (Fo	or lines 1	through 1	1, check	only one	box)		
1	The second second of the secon									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6 7	ASSISTANCE OF THE SECOND AND SECOND ASSISTANCE OF THE SECOND OF THE SECO									
			(A)(vi). (Complete Pa							
8			n section 170(b)(1)(A							
9	9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 11	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
	a 🗌 Type	1 b 🗆	Type II c	□ ту:	oe III-Fund	ctionally	integrate	d	d	Type III-O:her
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)									
f		ation received a	written determinati:	on from	the IRS t	hat it is	а Туре	l, Type i	II, or Typ	e III supporting
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
	(i) A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?									
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)
			a person described ir							11 g(:#)
h	Provide the fo	llowing informati	on about the support	ed organ	ization(s)					
(1)	Name of supported organization	(in) EIN	(iii) Type of prganization (described on lines 1–9 above or IPC section (see instructions))	in col (i) l	organization sted in your document?	tne organ col (i)	ou notify nization in o your oort?	organiza* (i) organi	s the ion in col zed in the S ?	on Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)			:						! !	
(C)										
(D)										

(E)

Total

Schedule A (Form 990 or 990-EZ) 2010

Scheau e A ,Form 990 or 990-EZ - 2010

P	age	2
•	ay c	٠.

	(Complete only if you checked the Part III. If the organization fails to						alify under		
Secti	on A. Public Support	y quamy onoc		rtod Bolovi, p	.0450 00177P10				
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not	•	}						
	include any "unusual grants")	20,470	21,446	40.956	36,517	26,431	145.850		
2	Tax revenues levied for the		7						
_	organization's benefit and either paid						I		
	to or expended on its behalf		}			0	0		
3	The value of services or facilities								
_	furnished by a governmental unit to the								
	organization without charge .					0	0		
4	Total. Add lines 1 through 3	20,470	21,446	40.95%	36,517	26,431	145.820		
5	The portion of total contributions by								
•	each person (other than a						 		
	governmental unit or publicly	· "好话"。至							
	supported organization) included on						1 1		
	line 1 that exceeds 2% of the amount				TE L		_		
	shown on line 11, column (f)	P	0	a.	7 2	0	0		
6	Public support. Subtract line 5 from line 4	20470	21.446	40,9%	36517	76431	145,820		
Sect	on B Total Support								
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4	20,470	2:44	40,956	36,5'7	26.431	145.820		
8	Gross income from interest, dividends.	·		·					
	payments received on securities loans,		Ì			1			
	rents, royalties and income from similar	, , ,	202	7,450	8 120	7,370	42551		
_	sources	10,6:6	8,10	1,700	6,120	1,570	12,720		
9	Net income from urrelated business						I		
	activities, whether or not the business						}		
40	is regularly carried on								
10	Other income Do not include gain or ioss from the sale of capital assets		j						
	(Explain in Part IV).		}			l	Í		
1.1	Total support. Add lines 7 through 10	21 30/	ZAVA	48.406	44.637	33801	188,436		
11 12	Gross receipts from related activities, etc	(see instruction		F THIT DG	1.03	12	188,436		
13	First five years. If the Form 990 is for the			 d third fourth	nr fifth tax w	<u></u>	n 501(c)(3)		
. •	organization, check this box and stop he		13 11101, 300011	o, tima, loal al		34. 43 4 355C	co (a)(c)		
Secti	on C. Computation of Public Suppor		e						
14	Public support percentage for 2010 (I ne I			1 column (f))		14	77 %		
15	Public support percentage from 2009 Sch			-		15	71 %		
16a	331/3% support test—2010. If the organi		•	on line 13, and	d line 14 is 33°				
	box and stop here. The organization qua						▶ ⊠		
b	331/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,								
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization	•	▶ □		
17a	10%-facts-and-circumstances test-20	010. It the orga	anization did no	ot check a box	on line 13, 16	a. or 16b. and	line 14 is		
	10% or more, and if the organization me	_							
	Part IV how the organization meets the "f								
	organization								
ď	10%-facts-and-circumstances test - 26	0 09. 1 ^s the orga	anization did n	ot check a box	or line 13, 16	a. 16b. or 17a	, and line		
	10%-facts-and-circumstances test—2009. If the organization did not check a box or 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 m								
	supported organization			•			▶ □		
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see		
	instructions		<u> </u>				<u> </u>		

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

Schedule /	A (Form	990 or	990	EΖ	2C1

Fage 3

Pari	Support Schedule for Organiza	tions Descr	bed in Secti	ion 509(a)(2)			
	(Complete only if you checked the	ne box on line	9 of Part I o	r if the organi	zation failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed bek	ow, please co	mplete Part	H.)	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gilts, grants, contributions, and membership lees	1	-				
_	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					j	
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the			}	•	}	
	organization without charge		I				
6	Total Add lines 1 through 5 .	<u> </u>	l	7			
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	!				1	
ь	Amounts included on lines 2 and 3					·	
Ū	received from other than disqualified					[]	
	persons that exceed the greater of \$5,000					l	
	or 1% of the amount on line 13 for the year			((
С	Acd lines 7s and 7b.	ć					
8	Public support (Subtract line 7c from		- 1		F		
	Ine 6) .	S. 100, 25			હતીકે શેટું કરો		
Secti	on B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Cross income from interest, dividends,						
	payments received on securities loans, rents,			f l			
	royalties and income from similar sources						
b	Unrelated business taxable income (less					ļ	
	section 511 taxes) from businesses	_				į l	
	acquired after June 30, 1975	·				<u> </u>	
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business	')] [
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Ctrier income Do not include gain or			i			
	loss from the sale of capital assets (Explain in Part IV.)						
10	·					<u> </u>	
13	Total support (Add lines 9, 10c, 11, and 12)			,			
14	First five years. If the Form 990 is for the	o propuzation	's first soon	d third fourth	or fifth lay vi	l · l	n 501/a\/2\
17	organization, check this box and stop he		is hat, secon	a, maa, room	, or man tax y	edi as a sectio	► □
Section	on C Computation of Public Suppor		<u> </u>	 			
15				3 column (fl)		15	%
16	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7						. %
	on D. Computation of Investment In-			·	· · · · · · · · · · · · · · · · · · ·	16	
17	Investment income percentage for 2010 (y line 13. co'ur	nn (f))	17	%c
18	Investment income percentage from 2009 Schedule A, Part III, line 17						%
19a	331/3% support tests—2010. If the organ			on line 14, ar	d line 15 is rr		
	17 is not more than 331/25%, check this box						
ь	331/3% support tests-2009. If the organiz		_				
	line 18 is not more than 331/5%, check this I						
20	Private foundation. If the organization di						