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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

A	For the 20	09 calendar	year, or tax year beginning 07/01/09, and ending 06/	/30/10			
-	Check if applica	able: Please	C Name of organization			D Emplo	oyer identification number
П	Address chang	e use IRS	Lucaneous Lymphoma Foundario	on, Inc	3.		
Ħ	Name change	label or	Di-Di-L			38-	-3443135
H		type.	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		none number
님	Initial return	See	P.O. Box 374			248	8-644-9014
	Termination	Specific Instruc-	0.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			G Gross rece	
П	Amended retur		Birmingham MI 48012				
同	Application per	nding F Nan	ne and address of principal officer:			H(a) Is this	a group return for
	- pp.nocuon po.					affiliate	
						H(b) Are al include	
					PA	If "No,	" attach a list. (see instructions)
	Tax-exempt		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527				
			clfoundation.org			- Commission of the Commission	exemption number
1 Good agrandan	NAME OF THE PARTY	zation: X Co	prporation Trust Association Other	L Ye	ear of formation: 1	.998	M State of legal domicile: MI
<u> P</u>	art I	Summa					
	1	-					
e			and administer funds for the purpose of p				
Jan			and information to patients and physician	s as w	ett		
Veri							
& Governance			if the organization discontinued its operations or disposed of more				7
රේ	3 Nun	nber of votin	g members of the governing body (Part VI, line 1a)			. 3	0
ties			pendent voting members of the governing body (Part VI, line 1b)				3
Activities			f employees (Part V, line 2a) f volunteers (estimate if necessary)				10
A			elated business revenue from Part VIII, column (C), line 12				10
	1		usiness taxable income from Form 990-T, line 34				0
_	D NCC	diretated b	dolliess taxable income non-rolling soo-r, line 64	L	Prior Ye		Current Year
a)	8 Con	tributions ar	nd grants (Part VIII, line 1h)		49	5,195	1,039,040
nue	9 Prog	gram service	e revenue (Part VIII, line 2g)				
Revenue	10 Inve	stment inco	me (Part VIII, column (A), lines 3, 4, and 7d)		· · · · · · · · · · · · · · · · · · ·	6,376	4,444
L.			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			579	213
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		50	2,150	1,043,697
			ilar amounts paid (Part IX, column (A), lines 1–3)			2	14,300
			or for members (Part IX, column (A), line 4)		15	1,618	141,012
Ses			compensation, employee benefits (Part IX, column (A), lines 5–10)			1,010	121,012
Expenses	h Tota	essional iur	draising fees (Part IX, column (A), line 11e) g expenses (Part IX, column (D), line 25) ▶ 10,663				
Exp	17 Oth	ır ovnansırıç	(Part IX, column (A), lines 11a–11d, 11f–24f)		21	7,104	380,666
			Add lines 13–17 (must equal Part IX, column (A), line 25)			8,722	535,978
	1		xpenses. Subtract line 18 from line 12	and the second s		3,428	507,719
P or	10 1100		Application of the first that the fi		Beginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20 Tota	al assets (Pa	art X, line 16)			8,195	1,187,671
t As	21 Tota		Part X, line 26)	1		2,454	4,211
			and balances. Subtract line 21 from line 20		67	5,741	1,183,460
_P	art II		re Block				
		Under pena	alties of perjury, I declare that I have examined this return, including accompanying it is true, correct, and complete. Declaration of preparer (other than officer) is base	schedules a d on all infor	and statements, a mation of which	and to the be preparer has	st of my knowledge any knowledge.
Cia			1,1151			1 /	1/3/10
Sig		1				Deta	12/10
He	16	1 1	dre of officer () adith Jones	Presid	lent	Date	
			or print name and title	120020			-
				Date	Check	if	Preparer's identifying number
Pai	id	Preparer's signature	Harold H. Swenson	11/02	self_		(see instructions) P00013177
	eparer's		Swenson & Nell, P.C.	/ 02	, = 9 emplo	EIN	38-2942849
Us	e Only	Firm's nam if self-emplo	e (or yours			Phone	
		address, ar					248-912-1070
May	the IRS o	liscuss this	return with the preparer shown above? (see instructions)			110.	X Yes No
For	Privacy A		erwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)
DAA		3					

orm 990 (2	009) Cutaneous	Lymphoma	Foundation,	Inc.	38-3443135
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Pa	rt III Statement of Program	ocivice Accomplianinchia		
1	Briefly describe the organization's miss			
R	eceive and administe	er funds for the pu	rpose of provid	ling
	support and informat:			
	s promote CTCL resea		· · · · · · · · · · · · · · · · · · ·	
-	is promote titl resea	21.011.		
2	Did the organization undertake any sign			
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services o	n Schedule O.		
3	Did the organization cease conducting,	or make significant changes in how it of	onducts, any program	
	services?			Yes X No
	If "Yes," describe these changes on So			
4	Describe the exempt purpose achievem		o largest program convices by	ovnoncos
7				
	Section 501(c)(3) and 501(c)(4) organiz			it of grants and
	allocations to others, the total expenses	s, and revenue, if any, for each program	service reported.	
	(Code:) (Expenses \$	493,463 including grants of	of \$ 14,300) (Revenue \$
P	atient advocacy orga	anization dedicated	to supporting	
r	patients with mycosis	s fungoides. Sezarv	syndrome and	
-	ther forms of cutan	POUR T-cell lymphoma	as by promoting	
~	rearcases and educate	ion advanging nation	ant care and	
a	wareness and educat.	ion, advancing pacts	siic care and	
Ι	acilitating research	l.		
	·			
	*			
4b	(Code:) (Expenses \$	including grants of	of \$) (Revenue \$
4b				
4b	·			
4b	·			
4b	·			
4b				
4c	(Code:) (Expenses \$	including grants of		
4c	(Code:) (Expenses \$	including grants of	of \$	
4c	(Code:) (Expenses \$	including grants of		

	<u> </u>			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ			
	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	 . [2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	 . [
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	 . [
	Schedule C, Part II	 . L	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	 L	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I	 L	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	 L	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III	 .	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part				
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV	 .	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V	 . -	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable	 .	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI.				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	F	40	v	
404	Schedule D, Parts XI, XII, and XIII.	 .	12	Х	
12A		No X			
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A Let the erganization a school described in section 170(h)(1)(A)(ii)2 If "Yes," complete Schoolule F.		12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	 · F	14a		Λ
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	 · -	140		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	 ·	.,		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	 ·			
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ·	••		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	 .			
. •			19		x
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X

_ F	art IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	140
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schodulo I Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		<u> </u>
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
29		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 20		x
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
20	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32				x
••	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			.
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1					
	U.S. Information Returns. Enter -0- if not applicable	1a	1				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rel	portable)				
	gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						
_	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			n -		v
					3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			·····	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		У				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin				40		x
b	account)? If "Yes," enter the name of the foreign country: u				4a		22
b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	 Rank					
	and Financial Accounts.	Dank					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	tion?			5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			·····			
	Prohibited Tax Shelter Transaction?	_			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible?			(6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
	gifts were not tax deductible?			🕒	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods					
	and services provided to the payor?				7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as					
	required to file Form 8282?				7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p						
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7e		
1	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	• • •		· · · · · · · · · · · · · · · · · · ·	/t 70		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		• • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	7g		
"	70 miles al O				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			·····			
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			9	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			1.4	9b		
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		1	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

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

Enter the number of voting members of the governing body 1a 7 1b 0 0 0 0 0 0 0 0 0	Sec	tion A. Governing Body and Management				Τ.,	т	_
b Enter the number of voting members that are independent any other officer, director, trusted, or key employee? 2 Did any officer, director, trusted, or key employee? 3 Special control officers, directors or thustens, or key employee? 4 Special control of officers, directors or thustens, or key employees to a meanagement company or other person? 5 Did the organization become aware during the year of a material diversion of the organization have members or stochholders? 5 Did the organization have members or stochholders? 6 Does the organization have members as other officers, or other persons who may elect one or more members 6 of the governing body? 7 Does the organization have members or stochholders? 8 Did the organization have members as other officers, or other persons who may elect one or more members 7 The Special Control of the coverning body? 8 Death committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee Isted in Part VI, Section A, who cannot be reached at the organizations mailing address? If Yes, Truste the near addresses in Schedule O 9 Is X Section B. Policies (This Section B requests information about policies not required by the Internal 1 Has the organization have local chapters, branches, or affiliates? 1 If Yes, Todos the organization have written policies and procedures governing the activities of such chapters, 1 If Yes, does the organization have a written organization to review this Form 990. 1 If Yes, does the organization have a written organization for the process, and the process, and they written policies and procedures governing the activities of such chapters, 1 If Yes, does the organization have a written organization for required by the Internal 1 Has the organization provided act open of the Themson of its governing body before filing the 1 If Yes, does the organization have a written organization or even with Form 990. 1 If Yes, it was the organization have a written organization or the organization or even	4.	Enter the number of voting members of the governing hady	1 40	7		Yes	No	<u>)</u>
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization oblegate control over management dulies customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a material deversion of the organization's assess? 5 Does the organization have members a stockholders, or other persons who may elect one or more members 5 Does the organization have members as stockholders, or other persons who may elect one or more members 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7 Ta	_	Enter the number of voting members of the governing body						
supervision of officers, directors, trustees, or key employee? 3 Did the organization delegates control over management dulies customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 L X 5 Did the organization hole was regular to the supervision of the company or other person? 5 L X 5 Did the organization have members or stockholders? 6 L X 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 D L X 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 D Ave any decessions of the governing body subject to approval by members, stockholders, or other persons? 7 D L X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 B AX 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations maling address? If "Yes," provide the names and addresses in Schedule O. 9 L X 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or offliates? 10 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and the companization have a written conflict of internation provided act only of the form and addresses in Schedule O. 10 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11 L Section in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O how this is done 13 Describe in Schedule O how this is done 14 Describe in Schedule O how this is done 15 Describe in Schedule O how this is done 16 Describe in Schedule O how this i		Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	מו					
3 Did the organization delegate control over management of ubins customally performed by or under the direct supervision of officens, directors or fustless, or key employees to a management company or other person? 3	2	any other officer director trustee or key employee?			2		x	
supervision of officers, directors of trustees, or key employees to a management company or other person? 4	3						+**	-
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members subchholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization or the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization members and subchinders or written actions undertaken during the year by the following: 8 The governing body? 8 Sa X 8 Lack committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization mailing address? If "Yes" provide the names and addresses in Schedule O 9 X 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 10a Does the organization have local chapters, branches, or effliaters? 10b I "Yes", does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 11 Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to remain their operations are consistent with those of the organization. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Describe in Schedule O the process, if any, used by the organization to revie	3	supporting of officers directors or trustoes or key employees to a management company or other person?			3		x	
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13	С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's cere or key employees of the organization 15 The organization in 15 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16 With a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed u AK,AL,AR,AZ,CA,CO,CT,DE,FL,GA,HI,ID,IN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Judith A. Jones 709 Shirley		describe in Schedule O how this is done			120	:		_
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed u AK,AL,AR,AZ,CA,CO,CT,DE,FL,GA,HI,ID,IN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Judith A. Jones 709 Shirrley	13				13			
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Judith A. Jones 709 Shirley	13		iOI C S l					
organization: u Judith A. Jones 709 Shirley	20		of the					
*		Todith A Tomos						
	В:	*	09		248-6	44-	9014	4

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization	n did not compe	nsat	sate any current officer, director, or trustee.								
(A) Name and Title	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Judith A. Jones	40.00	Ī									
President	40.00	X	-	X		_		0	0	0	
Claudia Day	1.00	x						0	0	0	
Stuart Lessin Director	1.00	x						0	0	0	
Michael Young											
Director	1.00	X						0	0	0	
Christopher Shipp											
Vice Pres.Treasurer	1.00	X		X				0	0	0	
Leora Lowenthal								_	_	_	
Director	1.00	X						0	0	0	
Susan Thornton											
Secretary	1.00	X		X				0	0	0	
Jennifer Viano Cief Executive Offic	40.00			x				19,436	0	1,944	

form 990 (2009) Cutaneous Lymphoma Foundation, Inc. 38-3443	orm 990 (2009)	Cutaneous	Lymphoma	Foundation,	Inc.	38-3443135
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ı aı	rt VII Section A. Officers (A) Name and Title	(B) Average				C)	_		(D) Reportable	(E) Reportable	(F)		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amour othe compens from organize and rel organize	er sation the ation ated	
	Total							u	19,436	<u></u>		1,	944
2	Total number of individuals (in reportable compensation from	_			thos	e list	ted a	lbove	e) who received more than	\$100,000 in			
3	Did the organization list any fo	ormer officer, dire	ector	r or t	ruste	e, k	ey eı	mplo	yee, or highest compensat	red		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	e 1a, is the sum	of re	eport	able	com	npen	satio	n and other compensation	from	 3		X
	the organization and related o individual										 4		х
5	Did any person listed on line a services rendered to the organ	1a receive or acc	crue	com	pens	atior	n fror	n ar	ıy unrelated organization fo	r	5		Х
	tion B. Independent Contracto	ors											
1	Complete this table for your five compensation from the organization	zation.	ensa	ated	indep	pend	ent o	contr					
	Name and	(A) business address							Descrip	(B) tion of services	Co	(C) mpensat	ion
2	Total number of independent of more than \$100,000 in compe		_				d to	thos	se listed above) who receiv	red	0		

Form 990 (2009) Cutaneous Lymphoma Foundation, Inc. 38-3443135

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	12	Federated campaigns	1a				revenue		312, 313, 01 314
Program Service Revenue Contributions, gifts, grants Program Service Revenue	h.u	Manakanakan	1b						
₽ĕ	5	From the factor of the second of	1c						
ifts		Related organizations	1d						
nig Big	u	Government grants (contributions)	1e						
sis	<u>.</u>		ie						
je je		All other contributions, gifts, grants, and similar amounts not included above	1f	1	039,040				
in the second					039,040				
anc	9	Noncash contributions included in lines 1a-		\$		1,039,040			
_	n	Total. Add lines 1a–1f			1 1	1,039,040			
JU (Busn. Code				
eve	2a	• • • • • • • • • • • • • • • • • • • •							
ë R	b	• • • • • • • • • • • • • • • • • • • •							
Š	C								
Se	d								
ran	е								
rog	f	All other program service rever							
	9	Total. Add lines 2a–2f							
	3	Investment income (including	divider	nds, intere	est, and				
						4,444			4,444
	4	Income from investment of tax			l l				
	5	Royalties							
		(i) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less: rental exps.							
	C	Rental inc. or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (i) Securities							
		sales of assets (i) Securities	·	(11)	Other				
	_	other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
	l	Gain or (loss)							
		Net gain or (loss)		<u></u>	u				
<u>e</u>	8a	Gross income from fundraising even							
Other Revenue		(not including \$							
Rev		of contributions reported on line 1c)							
er	_	See Part IV, line 18	a						
育		Less: direct expenses							
_		Net income or (loss) from fund	7	events .	u				
	9a	Gross income from gaming activities							
	_	See Part IV, line 19							
	l	Less: direct expenses	• •						
	l	Net income or (loss) from gam	ing ac	tivities	u				
	10a	Gross sales of inventory, less							
		returns and allowances							
	l	Less: cost of goods sold							
	С	Net income or (loss) from sales		ventory .					
		Miscellaneous Revenue	!		Busn. Code	7 70			
		Jersey Sales				1,196			1,196
	b	Cost of Jersey Sales				-983			-983
	C .	*							
		All other revenue				01.0			
		Total. Add lines 11a–11d				213	^	^	4 655
	12	Total Revenue. See instruction	1S	<u> </u>	u	1,043,697	0	0	4,657

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	(D) Indraising kpenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 22 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(0/(1)) and persons described in section 4958(0/(1)) and persons described in section 4958(0/(3)(8)) 7 Other salaries and wages 119,290 108,484 7,746 8 Pension plan contributions (include section 401(k)) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 21,722 19,755 1,410 11 Fees for services (non-employees): a Management b Legal c Accounting 7,524 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 328 328 328 328 328 328 328 329 320 326 327 326 327 327 3367 3367	
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 119,290 108,484 7,746 Payroll taxes 21,722 19,755 1,410 Tees for services (non-employees): a Management b Legal c Accounting 7,524 1,500 12,5	2.060
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(g)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 7 7,524 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 328 328 328 328 329 320 320 321 326 327 327 328 328 328 328 328 328 328 328 328	2 060
the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 119,290 108,484 7,746 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 21,722 19,755 1,410 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 328 328 329 320 321 328 329 320 321 321 328 328 328 328	2 060
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958()(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 21,722 19,755 1,410 11 Fees for services (non-employees): a Management b Legal c Accounting c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 328 328 328 328 328 328 328 328	2 060
U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 7 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology	2.060
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 7,524 1,410 21,722 21,722 21,725 31,410 328 328 328 328 328 328 328 328 328 328	2 060
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 7 7,524 1 Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 13 Office expenses 14,469 20,643 221 14 Information technology 3,367 3,367	2 060
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trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 21,722 19,755 1,410 Fees for services (non-employees): Management Legal C Accounting 7,524 C Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other 328 328 24,469 20,643 221 Information technology 3,367 3,367	2 060
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 21,722 19,755 1,410 11 Fees for services (non-employees): a Management b Legal c Accounting 7,524 1 Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other 328 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology	2 060
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persons described in section 4958(c)(3)(B) 7 Other salaries and wages	2 060
7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other 328 328 328 12 Advertising and promotion 13 Office expenses 21,722 19,755 1,410 7,524 7,524 7,524 20,643 221 14 Information technology 3,367 3,367	2 060
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	טסט, כ
and section 403(b) employer contributions) 9	
9 Other employee benefits 10 Payroll taxes 21,722 19,755 1,410 11 Fees for services (non-employees): a Management b Legal c Accounting 7,524 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology 3,367	
10 Payroll taxes 21,722 19,755 1,410 11 Fees for services (non-employees): 21,722 19,755 1,410 11 Fees for services (non-employees): 30,410 30,410 30,410 12 Accounting 7,524 7,524 7,524 7,524 7,524 7,524 7,524 7,524 7,524 1,410 <td< th=""><td></td></td<>	
11 Fees for services (non-employees): a Management b Legal c Accounting 7,524 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology 3,367	557
a Management b Legal c Accounting 7,524 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology 3,367	
b Legal c Accounting 7,524 7,524 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology 3,367 3,367	
c Accounting 7,524 7,524 d Lobbying 9 Professional fundraising services. See Part IV, line 17 Investment management fees 328 328 g Other 328 328 12 Advertising and promotion 24,469 20,643 221 14 Information technology 3,367 3,367	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology 3,367	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 328 328 12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology 3,367 3,367	
f Investment management fees 328 328 g Other 328 328 12 Advertising and promotion 24,469 20,643 221 14 Information technology 3,367 3,367 3,367	
g Other 328 328 12 Advertising and promotion 24,469 20,643 221 14 Information technology 3,367 3,367	
12 Advertising and promotion 13 Office expenses 24,469 20,643 221 14 Information technology 3,367 3,367	
13 Office expenses 24,469 20,643 221 14 Information technology 3,367 3,367	
14 Information technology 3,367 3,367	2 605
97	3,605
15 Royalties	
To Toyanto	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 328,660 320,393 8,267	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
24 Other expenses. Itemize expenses not	
covered above. (Expenses grouped together	
and labeled miscellaneous may not exceed	
5% of total expenses shown on line 25 below.)	
a Telephone 4,643 4,424 219	2 444
b Solicitation License 3,441	3,441
c Miscellaneous 2,549 1,769 780	
d Payroll Expense 2,406 2,406	
e Office Expense 1,236 1,236	
f All other expenses 2,043 2,043	
25 Total functional expenses. Add lines 1 through 24f 535,978 493,463 31,852	10,663
26 Joint costs. Check here u if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	, , , , ,
fundraising solicitation	

			(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		210,853	1	268,174
2	Savings and temporary cash investments	<u>_</u>	472,540	2	842,731
3	Pledges and grants receivable, net			3	74,500
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, t	rustees, key			
	employees, and highest compensated employees. Comp	lete Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u				
	4958(f)(1)) and persons described in section 4958(c)(3)(E	3). Complete			
	Part II of Schedule L			6	
일 7	Notes and loans receivable, net			7	
Assets 8 8	Inventories for sale or use			8	
₹ 9	Dranaid avacage and deferred charges			9	
1 -	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	10a			
h	Less: accumulated depreciation	10h		10c	
11	Investments—publicly traded securities	100		11	
12	Investments—other securities. See Part IV, line 11			12	
13	Investments program related See Part IV, line 11			13	
	Investments—program-related. See Part IV, line 11 Intangible assets			14	
14	0		4,802		2,266
15			688,195	15	1,187,671
16	Total assets. Add lines 1 through 15 (must equal line 34)		12,454	16	4,211
17	Accounts payable and accrued expenses		12,131	17	7,21
18	Grants payable			18	
19	Deferred revenue			19	
20				20	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Escrow or custodial account liability. Complete Part IV of			21	
≜ 22	Payables to current and former officers, directors, trustee	-			
ap	employees, highest compensated employees, and disqua	alified			
5				22	
23	Secured mortgages and notes payable to unrelated third	parties		23	
24	Unsecured notes and loans payable to unrelated third pa	rties		24	
25	Other liabilities. Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		12,454	26	4,211
27 28	Organizations that follow SFAS 117, check here $\mathbf{u} \mid \mathbf{X}$	and			
2	complete lines 27 through 29, and lines 33 and 34.				
<u>ro</u> 27			675 , 741	27	591,647
28	Temporarily restricted net assets			28	591,813
29	Permanently restricted net assets			29	
[]	Permanently restricted net assets	e u 💹			
<u> </u>	and complete lines 30 through 34.				
က္က 30				30	
6 31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Ø 32	Retained earnings, endowment, accumulated income, or	other funds		32	
30 31 32 33 34			675,741	33	1,183,460
Ž 34	Total liabilities and net assets/fund balances		688,195	34	1,187,671

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
		Ye	s	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
b	Were the organization's financial statements audited by an independent accountant?	X	[]	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	,		

Form **990** (2009)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Cutaneous Lymphoma Foundation, Inc.

Employer identification number 38-3443135

			Cucaneous ny	mpriona roundact	<u> </u>				70	J 1 1.	<u> </u>					
Pa	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this i	oart.) 🤄	See in	struct	ions.					
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	one box	.)									
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).									
2	П	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)												
3	П	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	ii).									
4	П	A medical re	search organization operated	d in conjunction with a hospital	described	in sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	ospital's	s name				
		city, and state	•	,			` ,		•		•					
5		•		of a college or university owned	or operat	ed by a c	overnme	ental uni	t descri	bed in						
-	ш		b)(1)(A)(iv). (Complete Part				,									
6	\Box	•		jovernmental unit described in s	ection 17	η(h)(1)(Δ)	W									
7	Н			substantial part of its support from				rom the	genera	l nublic						
'	ш	•	section 170(b)(1)(A)(vi). (C		oni a gove	- IIIII CIII CIII CIII CIII CIII CIII C	unit or i	ioni ine	genera	ii public	,					
				•	. 11. \											
8	x	•		70(b)(1)(A)(vi). (Complete Part	,	oontribut	iono mo	mah a rah	in food	and an						
9	Λ	•	• ,) more than 33 1/3 % of its sup						-						
		•		pt functions—subject to certain												
			•	nd unrelated business taxable in	•) irom t	usiness	es						
			•	0, 1975. See section 509(a)(2).			•									
10	Н	•		exclusively to test for public safe	•											
11	Ш	ū	•	exclusively for the benefit of, to	•		-	•								
				ed organizations described in s				. , .	•	section						
		— <u>`</u> ``		he type of supporting organizati		•	г	¬ `								
		a Type I b Type II c Type III—Functionally integrated d Type III—Other														
е	Ш	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															
		. , . ,	section 509(a)(2).													
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, o	or Type I	II suppo	orting					_		
		organization,	check this box											Ш		
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne									
		following per	sons?													
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (ii)					Yes	No		
		and (iii)	below, the governing body o	f the supported organization?								11g(i)				
		(ii) A family	member of a person describ	ped in (i) above?								11g(ii)				
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?								11g(iii)				
h		Provide the	following information about t	he supported organization(s).												
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the		(vii) Am	ount of			
	org	anization		(described on lines 1–9	1 ''	sted in your		ization in	organizati			supp	ort			
				above or IRC section (see instructions)	governing	document?	col. (i)		(i) organi U.S							
				(See mandonons)	Yes	No	Yes	No	Yes	No						
					-											
Tota	ı															

Schedule A (Form 990 or 990-EZ) 2009 Cutaneous Lymphoma Foundation, Inc. 38-3443135 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) u (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) **u** (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you che tion A. Public Support	CHEU LIE DUX U	ni iiile a Ol Fal	i. i. <i>j</i>			
	lendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	173,201	280,713	479,792	495,195	1,039,040	2,467,941
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				220,200		-,,
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	173,201	280,713	479,792	495,195	1,039,040	2,467,941
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						2,467,941
	tion B. Total Support	Г					
	lendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	173,201	280,713	479,792	495,195	1,039,040	2,467,941
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					4,444	4,444
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					4,444	4,444
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	173,201	280,713	479,792	495,195	1,043,484	2,472,385
14	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year	as a section 501(c)(3)	, _
<u></u>	organization, check this box and stop here						P L
	tion C. Computation of Public Su			(0)		T .= T	
15	Public support percentage for 2009 (line 8,						99.82%
16 Soc	Public support percentage from 2008 Schettion D. Computation of Investment						100.00%
				actume (f))		47	0/
17 10	Investment income percentage for 2009 (li		I line 47			40	<u>%</u>
18 19a	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga						%
134	17 is not more than 33 1/3 %, check this b	ox and stop here.	The organization q	ualifies as a public	ly supported orgar	nization	> X
b	33 1/3 % support tests—2008. If the orga						. —
	line 18 is not more than 33 1/3 %, check the	nis box and stop he	re. The organizati	on qualifies as a pu	ublicly supported o	organization	▶

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

Schedule A (F	Form 990 or 990-EZ)	2009	Cutane	eous	Lympho	ma I	<u>Founda</u>	tion,	Inc.	38-34	43135	Page 4
Part IV	Supplemental	Inforr	nation.	Comple	ete this par	t to pr	rovide the	e explan	ations re	quired by	Part II, line	10;
	Part II, line 17	a or i	70°, and	Pan III	, line IZ. Pi	rovide	any om	er addille	<u>onal inior</u>	mation. S	ee instructio	oris.
• • • • • • • • • • • • • • • • • • • •												
• • • • • • • • • • • • • • • • • • • •												
• • • • • • • • • • • • • • • • • • • •												

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2009

Employer identification number

Cutaneous Lymphoma Foundation, Inc. 38-3443135 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **>** \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1 of 1 of Part I

Name of organization

Cutaneous Lymphoma Foundation, Inc

Employer identification number

Cuta	neous Lympnoma Foundation, Inc.	38	-3443135
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.1		\$ 145,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
.2		\$ 159,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ 30,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.4		\$ 50,517	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
5		\$ 325,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
6		\$ 75,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990. u See separate instructions.

2009
Open to Public Inspection

Name of the organization Employer identification number Cutaneous Lymphoma Foundation, Inc. 38-3443135 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ${f u}$ _ _ _ _ _ Number of states where property subject to conservation easement is located u $_$ $_$ $_$ $_$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 _____ u \$_ _ _ _ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: **b** Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009 Cutaneous	Lymphoma Fo	undation,	Inc. 38-34	4313	5		Pa	age 2
Pa	art III Organizations Maintaining C	Collections of Art,	Historical Treas	sures, or Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession, collection items (check all that apply):						`	,	
а	Public exhibition	d Loan	or exchange prograr	ne					
_									
b	Scholarly research	e Othe	r			·			
С	Preservation for future generations								
4	Provide a description of the organization's colle Part XIV.	ections and explain how	they further the orga	anization's exempt pu	urpose in	l			
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	oe maintained as part o	f the organization's c	ollection?			Ye		No
Pa	art IV Escrow and Custodial Arrar	ngements. Comple	ete if the organiz	ation answered	"Yes"	to Form 9	90, Pa	rt	
	IV, line 9, or reported an amo	ount on Form 990	Part X, line 21.						
1a	Is the organization an agent, trustee, custodian			her assets not					
		,					☐ Ye	es 🗆	No
h	If "Yes," explain the arrangement in Part XIV ar						ш.	~ _	
D	ii res, explain the arrangement in rait Arv ar	na complete the following	ig table.		Г		Amoun	<u> </u>	
	5				-	_	Amoun		
	Beginning balance					1c			
d	Additions during the year				L	1d			
е	Distributions during the year					1e			
f						1f			
2a	Did the organization include an amount on Form	m 990, Part X, line 21?					☐ Ye	s	No
	If "Yes," explain the arrangement in Part XIV.	,							
	art V Endowment Funds. Comple	te if organization a	answered "Yes"	to Form 990 Pa	art IV I	ne 10			
		(a) Current year	(b) Prior year	1		e years back	(e) Fou	vears	hack
4.	Decimals of wear belones	(a) Carrone your	(b) I not your	(b) Two yours back	(4) 11	o youro baok	(6) 1 00	youro	Duoit
	Beginning of year balance				+				
b	Contributions				-				
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year e								
	Board designated or quasi-endowment $ {f u} $ _	%							
b	Permanent endowment \mathbf{u} %								
С	Term endowment \mathbf{u} %								
3a	Are there endowment funds not in the possessi	ion of the organization	that are held and adr	ministered for the					
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
							3a(ii)		
L	(ii) related organizations	inted on required on Se	hodulo P2				3b		
_							SD		
4	Describe in Part XIV the intended uses of the o			00 David V. Para 4					
Pa	art VI Investments—Land, Buildin			· · · · · · · · · · · · · · · · · · ·					
	Description of investment	(a) Cost or other basis	(b) Cost or of	','	cumulated		(d) Book	value	
		(investment)	basis (other	r) depr	reciation				
1a	Land								
b	Buildings								
	Lancabald immunicate								
	Equipment			+					
е	Other		1	ı		1			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009	Cutaneous	Lymphoma	Foundation, Inc.	38-3443135

Part VII	Investments—Other Securities. See Form 990	, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	f valuation:
	(including name of security)		Cost or end-of-year	ar market value
Financial deriv	atives			
Closely-held e				
Other	quity interests			
Out				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ${f u}$			
Part VIII	Investments—Program Related. See Form 990), Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
—	(I) I I COO D I V I (D) I I I I I			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			4) 5
	(a) Description			(b) Book value
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities. See Form 990, Part X, line 25	<u>, </u>		
1.	(a) Description of liability	(b) Amount		
Federal income		(1)	•	
- Cacrar incom	Clancs			
			-	
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	, , , , , , , , , , , , , , , , , , , ,			

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 Cutaneous Lymphoma Foundation			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1,043,697
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	535,978
3	Excess or (deficit) for the year. Subtract line 2 from line 1			507,719
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			507,719
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme			
1	Total revenue, gains, and other support per audited financial statements $\dots \dots$		1	1,043,697
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			1,043,697
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,043,697
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses	per Return	
1	Total expenses and losses per audited financial statements		1	535,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			535,978
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	535 , 978
Pa	rt XIV Supplemental Information			
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, lines 3, and 9; Part III, lines 3, and 9; Part III, lines 4, and 9; Part IIII, l	nes 1a and 4; Part IV, lines	s 1b	
and 2	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines	nes 2d and 4b. Also compl	ete	
his p	art to provide any additional information.			

Sche	dule	D ((For	n 990) 200	09	Ct	uta	\mathbf{n}	eou	s 1	ГУM	\mathbf{ph}	oma	a :	Fo	unc	lat	ior	1,	In	C.	38	-34	43	13	5						Page 5
Pa	rt)	ΚIV	-	Supp	olen	nen	tal	Info	rm	atio	n (c	ontir	านอ	<u>(</u> c									38										
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

2009

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

u Attach to Form 990. u See separate instructions.

Name of the organization Employer identification number Cutaneous Lymphoma Foundation, Inc. 38-3443135 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award X Yes No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (e) If activity listed in (d) is (a) Region (b) Number of (c) Number of (d) Activities conducted in (f) Total offices in the expenditures for employees or region (by type) (i.e., a program service, region agents in fundraising, program services, describe specific type of region grants to recipients located in region service(s) in region the region) Middle East and North Africa Research 12,500 12,500 Totals ... 11

Schedule F (Form 990) 2009 Cutaneous Lymphoma Foundation, Inc. 38-3443135 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV. line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 u Use Schedule F-1 (Form 990) if additional space is needed. (f) Manner of (g) Amount of (h) Description (i) Method of 1 (a) Name of organization (b) IRS code (d) Purpose of (e) Amount of (c) Region cash non-cash of non-cash valuation section and EIN grant cash grant disbursement assistance assistance (book, FMV. (if applicable) appraisal, other) 12,500 Wire Transfer Research Middle East and North Africa 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities _______u

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Use Schedule F-1 (Form 990) if additional space is needed. (e) Manner of (f) Amount of (g) Description (h) Method of (d) Amount of (b) Region (c) Number of (a) Type of grant or assistance valuation cash non-cash of non-cash cash grant recipients disbursement assistance assistance (book, FMV, appraisal, other)

	orm 990) 2009			phoma	Foundation	Inc.	38-344	3135		Page 4
Part IV	Suppleme Complete	ntal Inforn this part to	nation provide t	he infori	mation require	d in Par	t I, line 2,	and any other	er additional in	nformation.
										_

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

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

u Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Cutaneous Lymphoma Foundation, Inc.

Employer identification number 38-3443135

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
No review was or will be conducted.
Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed
Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan,
Minnesota, Missouri, Mississippi, Montana, North Carolina, Nebraska,
New Hampshire, New Jersey, New Mexico, Nevada, New York, Oregon,
Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee,
Texas, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
No documents available to the public
No documents available to the public

CUTANEOUS Cutaneous Lymphoma Foundation, Inc. 38-3443135 Federal Statements

11/2/2010 6:20 PM

FYE: 6/30/2010

38-3443135

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
Interest Income	\$ 4,444		14	MI	
Total	\$ 4,444				

CUTANEOUS Cutaneous Lymphoma Foundation, Inc.

Federal Statements

11/2/2010 6:20 PM

FYE: 6/30/2010

38-3443135

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses		Program Service		Management & General		Fund Raising	
Professional Fees	\$	328	\$	328	\$		\$	
Total	\$	328	\$	328	\$	0	\$	0

Form 990, Part IX, Line 24f - All Other Expenses

Description	E	Total Expenses		Program Service		Management & General		Fund Raising	
Staff Development Insurance	\$	1,115 928	\$		\$	1,115 928	\$		
Total	\$	2,043	\$	0	\$	2,043	\$	0	