

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39000

1. Entity Name

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 038 ****61.25

0091400

Principal Place of Business

Mailing Address

585 STEWART AVE.
 GARDEN CITY NY 11530
 US

585 STEWART AVE.
 GARDEN CITY NY 11530
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2106778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, RAYMOND V
 180 N.E. 128 TERRACE
 MIAMI FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME PT
 STREET ADDRESS SCHWAB, GILBERT
 CITY-ST-ZIP 31 STAUBER DRIVE
 PLAINVIEW NY ☐ Delete

TITLE
 NAME S
 STREET ADDRESS DINERSTEIN, ROBERT J
 CITY-ST-ZIP 6080 JERICHO TURNPIKE
 COMMACK NY 11725 ☐ Delete

TITLE
 NAME T
 STREET ADDRESS ASCHER, PETER
 CITY-ST-ZIP 32 MARION AVENUE
 MERRICK NY 11566 ☐ Delete

TITLE
 NAME ED
 STREET ADDRESS WEINBERG, ALLAN D
 CITY-ST-ZIP 993 WOODOAK DRIVE
 BALDWIN NY ☐ Delete

TITLE
 NAME T
 STREET ADDRESS KOBRICK, STUART
 CITY-ST-ZIP 350 FIFTH AVENUE, STE 4309
 NEW YORK NY 10118 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS 2171 Jericho Turnpike
 CITY-ST-ZIP COMMACK NY 11725 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS 108 Lake Shore Dr.
 CITY-ST-ZIP Marina Towers #440
 No. Palm Bch, FL 33408 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Peter Ascher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Form 990

Attachment
Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2001 calendar year, or tax year beginning

, 2001, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.Children's Leukemia Research Assn., Inc.
d/b/a National Leukemia Research Assoc.
585 Stewart Avenue #536
Garden City, NY 11530

D Employer Identification Number

11-2106778

E Telephone number

(516) 222-1944

F Accounting method:

☐ Cash☒ Accrual☐ Other (specify) _____

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to Section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'yes,' enter number of affiliates _____

H (c) Are all affiliates included? ☐ Yes ☐ No
(If 'no,' attach a list. See instructions.)H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group GEN _____

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).G Web site: www.childrensleukemia.org

J Organization type (check only one)

☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 269,367.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	263,576.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 263,576. noncash \$)	1d	263,576.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe See Statement 1)	7	5,791.	
8a Gross amount from sales of assets other than inventory	(A) Securities 8a (B) Other		
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	269,367.	
13 Program services (from line 44, column (B))	13	303,560.	
14 Management and general (from line 44, column (C))	14	22,911.	
15 Fundraising (from line 44, column (D))	15	49,823.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	376,294.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-106,927.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	491,701.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	384,774.	

Attachment #039000 / 870163

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 165,000. non-cash \$)	22	165,000.	165,000.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	49,000.			
26 Other salaries and wages	26	63,596.	50,532.	10,388.	2,676.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	6,092.	5,179.	609.	304.
30 Professional fundraising fees	30	37,580.			37,580.
31 Accounting fees	31	8,013.	6,410.	1,603.	
32 Legal fees	32	2,864.	2,578.	286.	
33 Supplies	33				
34 Telephone	34	3,083.	2,621.	308.	154.
35 Postage and shipping	35	9,110.	6,052.	717.	2,341.
36 Occupancy	36	13,663.	11,614.	1,366.	683.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1,592.	938.	321.	333.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	469.	399.	47.	23.
43 Other expenses not covered above (itemize): a See Statement 2	43a	65,232.	52,237.	7,266.	5,729.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	425,294.	303,560.	22,911.	49,823.

Joint Costs. Check ☐ if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to program services \$; (iii) the amount allocated to management and general \$; and (iv) the amount allocated to fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a See Statement 3	
(Grants and allocations \$ 165,000.)	303,560.
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	303,560.

Attachment 870163
#P39000

Part IV Balance Sheets (See instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing.....	293,313.	45	89,014.
	46 Savings and temporary cash investments.....	127.	46	122,197.
	47a Accounts receivable.....	152,058.		
	b Less: allowance for doubtful accounts.....		47c	152,058.
	48a Pledges receivable.....			
	b Less: allowance for doubtful accounts.....		48c	
	49 Grants receivable.....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51a Other notes & loans receivable (attach sch.).....			
	b Less: allowance for doubtful accounts.....		51c	
	52 Inventories for sale or use.....		52	
	53 Prepaid expenses and deferred charges.....	38,527.	53	34,294.
	54 Investments — securities (attach schedule).....	8,801.	54	9,148.
	55a Investments — land, buildings, & equipment: basis.....			
	b Less: accumulated depreciation (attach schedule).....		55c	
56 Investments — other (attach schedule).....		56		
57a Land, buildings, and equipment: basis.....	5,335.			
b Less: accumulated depreciation (attach schedule).....	4,852.	57c	483.	
58 Other assets (describe ▶.....)	953.	58		
59 Total assets (add lines 45 through 58) (must equal line 74).....	511,147.	59	407,194.	
LIABILITIES	60 Accounts payable and accrued expenses.....	19,446.	60	22,420.
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....		64b	
	65 Other liabilities (describe ▶.....)		65	
	66 Total liabilities (add lines 60 through 65).....	19,446.	66	22,420.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....	461,701.	67	384,774.
	68 Temporarily restricted.....	30,000.	68	
	69 Permanently restricted.....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21).....	491,701.	73	384,774.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73).....	511,147.	74	407,194.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Attachment

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P39000

Form 990 (2001) Children's Leukemia Research Assn., Inc.

11-2106778

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Part VI Other Information (See specific instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.			
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If 'Yes,' enter the name of the organization		N/A	X
81a	Enter direct or indirect political expenditures. See line 81 instructions.	81a	0.	
81b	Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A	
85c	Dues, assessments, and similar amounts from members.	85c	N/A	
85d	Section 162(e) lobbying and political expenditures.	85d	N/A	
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices.	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A	
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A	
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911	0.	Section 4912	0.
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.			X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958.		0.	
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.	
90a	List the states with which a copy of this return is filed	various		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions).		0	
91	The books are in care of	Children's Leukemia Rsch Assn	Telephone number	(516) 222-1944
	Located at	585 Stewart Avenue, Garden City, NY	ZIP + 4	11530
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.		N/A	
	and enter the amount of tax-exempt interest received or accrued during the tax year.	92		N/A

Attachment # 870163
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Form 990 (2001) Children's Leukemia Research Assn., Inc.

11-2106778

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Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income			14	5,791.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,791.	
105 Total (add line 104, columns (B), (D), and (E))					5,791.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here:
Signature of Officer: Anthony R. Pasqua Date: 6/12/02
Type or Print Name and Title: Anthony R. Pasqua, Vice President

Paid Preparer's Use Only:
Preparer's Signature: Shapiro & Goldberg Date: 6/10/02
Firm's name (or yours if self-employed) and address, and ZIP + 4: Shapiro & Goldberg EPA PLLC
71 Clinton Road, 2nd Floor
Garden City, NY 11530
Check if self-employed: ☐ Preparer's SSN or PTIN (see General Instruction W): 000169243
EIN: 11-3576484
Phone no: 516-294-0360

BAA

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Attachment 870163
Organization Exempt Under # P39000
Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

Supplementary Information - (see separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2001

Name of the Organization

Children's Leukemia Research Assn., Inc.
d/b/a National Leukemia Research Assoc.

Employer Identification Number

11-2106778

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000

0

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services

0

Attachment

870163
#P39000

Schedule A (Form 990 or 990-EZ) 2001

Children's Leukemia Research Assn., Inc.

11-2106778

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Part IV: A Support Schedule(Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	494,489.	469,960.	451,574.	199,540.	1,615,563.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	320.	305.	276.	251.	1,152.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	494,809.	470,265.	451,850.	199,791.	1,616,715.
24 Line 23 minus line 17	494,809.	470,265.	451,850.	199,791.	1,616,715.
25 Enter 1% of line 23	4,948.	4,703.	4,519.	1,998.	

26 Organizations described on lines 10 or 11:a Enter 2% of amount in column (e), line 24: N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for Section 509(a)(1) test: Enter line 24, column (e)

d Add: Amounts from column (e) for lines:

18

19

22

26b

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:

(2000)

0. (1999)0. (1998)0. (1997)0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2000)

0. (1999)0. (1998)0. (1997)0.

c Add: Amounts from column (e) for lines:

15

1,615,563.

16

17

20

21

d Add: Line 27a total

0.

and line 27b total

0.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

27f1,616,715.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	1,615,563.
27d	0.
27e	1,615,563.
27g	99.93 %
27h	0.07 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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Schedule A (Form 990 or 990-EZ) 2001 Children's Leukemia Research Assn. 11-2106778

Page 4

Part V Private School Questionnaire (See instructions.)
(To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

Yes No

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.			

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#P39000

Schedule A (Form 990 or 990-EZ) 2001 Children's Leukemia Research Assn.,

11-2106778

Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Assn. 11-210677

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

(i) Cash.....

(ii) Other assets.....

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization.....

(ii) Purchases of assets from a noncharitable exempt organization.....

(iii) Rental of facilities, equipment, or other assets.....

(iv) Reimbursement arrangements.....

(v) Loans or loan guarantees.....

(vi) Performance of services or membership or fundraising solicitations.....

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.....

c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	b (vi)
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:	c

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2001

Name of Organization

Children's Leukemia Research Assn., Inc.
d/b/a National Leukemia Research Assoc.

Employer Identification Number

11-2106778

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 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 box(es) for both the general rule and a special rule — see instructions.)

General Rule --

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

Special Rules --

- ☐ For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Attachment

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Schedule B (Form 990, 990-EZ, 990-PF) (2001)

Page 1 to 1 of Part I

Name of Organization

Children's Leukemia Research Assn., Inc.

Employer Identification Number

11-2106778

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Estate of John Misko Forest Avenue Mahwah, NJ	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
2	F.M. Kirby Foundation, Inc. 17 De Hart Street Morristown, New Jersey 07963	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
3	E/O EMANUEL J. PERILLO 361 ATLANTIC AVENUE EAST ROCKAWAY, NY 11518	\$ 17,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
4	NELL POLIAT ESTATE 303 WEST MAIN ST ARTESIA, NM 88211-7526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

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Page 1 to 1

Employer Identification Number
11-2106778

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions)

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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2001

Federal Statements

Page 1

Children's Leukemia Research Assn., Inc.
d/b/a National Leukemia Research Assoc.

11-2106778

Statement 1
Form 990, Part I, Line 7
Other Investment Income

Dividend income..... \$ 5,791.
Total \$ 5,791.

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Consulting	49,000.	39,200.	4,900.	4,900.
Insurance	2,436.	1,218.	1,218.	
Miscellaneous	40.	33.	5.	2.
Office expenses	6,310.	5,364.	631.	315.
Patient Aid	4,886.	4,886.		
Registration fees	2,560.	1,536.	512.	512.
Total	\$ 65,232.	\$ 52,237.	\$ 7,266.	\$ 5,729.

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Research-Grants made to doctors and scientists for research in leukemia treatment and non designated patient services. Grant allocation is determined by Board of Trustees and members of the medical advisory committee.	165,000.	298,674.
Patient Aid-Reimbursements and other aid given to persons or family members (in case of minors) who have leukemia, including public information and education. Approximately 125 patients were helped.		4,886.
	\$ 165,000.	\$ 303,560.

Attachment

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2001

Federal Statements

Page 2

Children's Leukemia Research Assn., Inc.
d/b/a National Leukemia Research Assoc.

11-2106778

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 5,335.	\$ 4,852.	\$ 483.
Total	\$ 5,335.	\$ 4,852.	\$ 483.

Statement 5
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Allan Weinberg 993 Woodoak Drive Baldwin, NY 11530	Exec Director None	\$ 49,000.	\$ 0.	\$ 0.
Gilbert Schwab 31 Stauber Drive Plainview, NY 11803	President None	0.	0.	0.
George Delaney c/o Summit Res. 51 Colby Lane Briarcliff Manor, NY 10510	Trustee None	0.	0.	0.
Robert Dinerstein 2171 Jericho Tpke Commack, NY 11725	Secretary None	0.	0.	0.
Peter Ascher 32 Marion Avenue Merrick, NY 11566	Treasurer None	0.	0.	0.
Stuart Kobrick 350 Fifth Avenue New York, NY 10116	Trustee None	0.	0.	0.
Anthony R. Pasqua 200 White Plains Road Tarrytown, NY 10591	Trustee None	0.	0.	0.
Total		\$ 49,000.	\$ 0.	\$ 0.

Statement 6
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

Disbursements made by the organization to qualifying recipients in furtherance of exempt purposes must have the approval of the Board of Trustees of Patient Aid Committee and Medical Advisory Board. A three member committee appointed by the board reviews and recommends research grant applications. The board makes the final approval based on scientific worth and budget requirements. The Patient Aid

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2001

Federal Statements

Page 3

Children's Leukemia Research Assn., Inc.
d/b/a National Leukemia Research Assoc.

11-2106778

Statement 6 (continued)
Schedule A, Part III, Line 3

Qualifications of Recipients Receiving Grants or Loans

committee is responsible for determining what help will be provided to the eligible leukemia patients. Patient's applications for assistance must have a doctor's confirmation that the patient has leukemia.

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Attachment**
**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ☐
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.
Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	
	CHILDREN'S LEUKEMIA RESEARCH ASSN., INC.	
	Employer identification number	
	11-2106778	
Number, street, and room or suite no. If a P.O. box, see instructions.		
585 STEWART AVENUE #536		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
GARDEN CITY, NY 11530		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 01 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Clark J. J...Title ► CPADate ► 5/10/02

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

Attachment

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#P39000

CHILDREN'S LEUKEMIA
RESEARCH ASSOCIATION, INC.

FINANCIAL STATEMENTS

AS AT DECEMBER 31, 2001 AND 2000

Attachment
CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.

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Statements of Functional Expenses for the years ended December 31, 2001 and 2000	4
Statements of Cash Flows for the years ended December 31, 2001 and 2000	5
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Attachment

SHAPIRO & GOLDBERG CPA PLLC

CERTIFIED PUBLIC ACCOUNTANTS

71 CLINTON ROAD

GARDEN CITY, NEW YORK 11530

(516) 294-0360

FAX: (516) 294-4273

870163

#P39000

MELVIN GOLDBERG, CPA
MARK C. GOLDBERG, CPA
STANLEY PULVIRENT, CPA
ANITA C. JACOBSEN, CPA

BARRY M. SHAPIRO, CPA (1988-1995)

INDEPENDENT AUDITOR'S REPORT

To: The Board of Trustees of
Children's Leukemia Research Association, Inc.

We have audited the accompanying statements of financial position of the Children's Leukemia Research Association, Inc. (a not-for-profit organization) as of December 31, 2001 and 2000 and the related statements of activities, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Children's Leukemia Research Association, Inc. as of December 31, 2001 and 2000, and the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles in the United States of America.

Shapiro & Goldberg

Garden City, New York
February 4, 2002

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2001 AND 2000

Attachment

ASSETS

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	<u>2001</u>	<u>2000</u>
Cash and cash equivalents (Note 2)	\$ 211,211	\$ 293,440
Contributions receivable (Note 4)	152,058	169,426
Marketable security (Note 3)	77,566	54,552
Prepaid fee - American Charities	32,325	36,604
Prepaid expenses	1,969	1,923
Property and equipment - net (Notes 1 and 6)	<u>483</u>	<u>953</u>
Total Assets	\$ <u>475,612</u>	\$ <u>556,898</u>

LIABILITIES AND NET ASSETS

Liabilities:

Accounts Payable	\$ <u>22,420</u>	\$ <u>19,446</u>
Total Liabilities	<u>22,420</u>	<u>19,446</u>

Commitments and contingencies (Note 7)

Net Assets:

Unrestricted:

Undesignated	373,192	342,452
Designated for specific purposes (Note 5)	<u>80,000</u>	<u>165,000</u>
Total Unrestricted	453,192	507,452

Temporarily Restricted (Note 2)	<u>0</u>	<u>30,000</u>
Total Net Assets	<u>453,192</u>	<u>537,452</u>

Total Liabilities And Net Assets	\$ <u>475,612</u>	\$ <u>556,898</u>
----------------------------------	-------------------	-------------------

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2001 AND 2000

attachment

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#P39000

	2001		2000	
	Unrestricted	Temporarily Restricted	Total	
SUPPORT AND OTHER INCOME				
Contribution Income	\$ 181,330	\$ 0	\$ 181,330	\$ 199,575
Foundations and Grants	4,237	25,000	29,237	29,000
Bequests, Wills and Memorials	50,009	3,000	53,009	265,914
Investment Return	22,667	0	22,667	(14,690)
Other Investment Income	5,791	0	5,791	320
Net Assets Released from Restrictions (Note 9)	58,000	(58,000)	0	0
Total Support and Other Income	322,034	(30,000)	292,034	480,119
EXPENSES				
Program Services:				
Research and Patient Aid	259,007	0	259,007	236,445
Public Information and Education	44,551	0	44,551	44,177
Total Program Services	303,558	0	303,558	280,622
Supporting Services:				
Fund Raising Costs	49,825	0	49,825	76,228
Administration	22,911	0	22,911	28,523
Total Supporting Services	72,736	0	72,736	104,751
Total Expenses	376,294	0	376,294	385,373
Donated Revenues (Note 8)	1,575	0	1,575	1,500
Less: Donated Services Utilized	(1,575)	0	(1,575)	(1,500)
Net Donated Services	0	0	0	0
(Decrease) Increase in Net Assets	(54,260)	(30,000)	(84,260)	94,746
Net Assets, beginning of year	507,452	30,000	537,452	442,706
Net Assets, end of year	\$ 453,192	\$ 0	\$ 453,192	\$ 537,452

The accompanying notes are an integral part of this statement.

Attachment 870163
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NATIONAL LEUKEMIA RESEARCH ASSOCIATION, INC.									
STATEMENTS OF FUNCTIONAL EXPENSES (Note 11)									
FOR THE YEARS ENDED DECEMBER 31, 2001 AND 2000									
	Programs			Management and General		Fund Raising		Totals	
	Research & Patient Aid	Public Info. & Education						2001	2000
Special Services:									
Grants	\$165,000	\$0		\$0		\$0		\$165,000	\$120,000
Patient Aid	4,886	0		0		0		4,886	5,932
Fund Raising Fee	0	0		0		37,580		37,580	43,008
Total Special Services	169,886	0		0		37,580		207,466	168,940
Allocated Expenses:									
Salaries	32,492	18,040		10,388		2,676		63,596	60,603
Payroll taxes & Benefits	3,412	1,767		609		305		6,092	5,320
Professional fees	7,786	1,202		1,889				10,877	10,781
Office expenses	4,102	1,262		631		316		6,310	8,623
Telephone	2,313	308		308		154		3,084	3,025
Postage and shipping	2,994	3,038		717		2,341		9,110	16,389
Rent expense	8,881	2,733		1,366		683		13,663	26,330
Printing and publications	454	484		321		333		1,592	32,193
Depreciation	305	94		47		23		469	829
Consulting	24,500	14,700		4,900		4,900		49,000	47,000
Insurance	1,218			1,218				2,436	2,315
Registration fees	640	896		512		512		2,560	2,964
Miscellaneous	25	8		4		2		38	62
Total Allocated Expenses	89,121	44,551		22,911		12,245		168,827	216,434
Total Functional Expenses	\$259,007	\$44,551		\$22,911		\$49,825		\$376,293	\$385,374

The accompanying notes are an integral part of this statement.

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
 STATEMENTS OF CASH FLOWS
 FOR THE YEARS ENDED DECEMBER 31, 2001 and 2000

Attachment
870163
P39000

	2001	2000
CASH FLOWS FROM OPERATING ACTIVITIES		
(Decrease) Increase in Net Assets	\$ (84,260)	\$ 94,746
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities:		
Depreciation	470	829
Unrealized (gain) loss on marketable security	(22,667)	14,690
Reinvested dividends	(347)	(320)
(Increase) decrease in operating assets :		
Receivables	17,368	21,669
Prepaid expenses	4,233	6,371
Increase (decrease) in operating liabilities:		
Accounts payable	2,974	(2,069)
NET CASH (USED) PROVIDED BY OPERATING ACTIVITIES	(82,229)	135,916
(DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(82,229)	135,916
CASH AND CASH EQUIVALENTS, beginning of year	293,440	157,524
CASH AND CASH EQUIVALENTS, end of year	\$ 211,211	\$ 293,440

The accompanying notes are an integral part of this statement.

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2001 AND 2000

Note 1

Summary of Significant Accounting Policies

Attachment 870103
P39000

(A) Organization

The Children's Leukemia Research Association, Inc., (a not-for-profit organization) was incorporated January 6, 1966, under the laws of The State of New York to raise funds to support research efforts into the causes and cure of leukemia, and to provide assistance in meeting the expenses incurred in leukemia treatment.

(B) Basis of Accounting

The Organization keeps its books on the accrual basis of accounting which requires income to be recorded when it is pledged instead of received and expenses to be recorded when incurred instead of paid.

(C) Revenue Recognition

Effective January 1, 1996, the organization adopted FAS No. 116 (Accounting for Contributions Received and Contributions Made). As such, contributions are recognized as revenue when received or unconditionally pledged. Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions. Restricted net assets are reclassified to unrestricted upon satisfaction of the time or purpose restrictions.

(D) Tax Status

The Organization, as a not-for-profit organization, is exempt from income tax under Section 501 (c) (3) of the Internal Revenue Code.

(E) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions. The estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

(F) Basis of Presentation

Effective January 1, 1996, the organization adopted Financial Accounting Standard Board Statement of Accounting Standards (FAS) No. 117 (Financial Statements of not-for-profit organization) for presentation of its financial statements. As such the financial statements are presented on the basis of unrestricted, temporarily restricted and permanently restricted net assets.

(G) Fixed Assets

Office equipment is stated at cost less accumulated depreciation. Depreciation is calculated on the accelerated basis over the estimated useful life of the asset.

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2001 AND 2000

Note 2

Cash and Cash Equivalents

The Organization maintains cash balances in three financial institutions in New York. The balances are insured by the Federal Deposit Insurance Corporation up to \$100,000. At December 31, 2001 all bank accounts were within the insured amounts. As of December 31, 2000 one of the accounts exceeded the insured amount by \$137,539.

There are no temporarily restricted balances as of December 31, 2001:

	2001	2000
Research and Patient Aid	\$ - 0 -	\$30,000
Expenses to be incurred in Nassau County	<u>- 0 -</u>	<u>- 0 -</u>
Temporarily Restricted	<u>\$ - 0 -</u>	<u>\$30,000</u>

Note 3

Marketable Security

The Organization elected to adopt FAS No. 124 (Accounting for Certain Investments held by Not-for-Profit organizations). Under FAS No. 124, investments in marketable securities with readily determinable fair market values are valued at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets.

The investment is adjusted for annual reinvested dividends as follows:

IBM capital stock (at cost)

	2001	2000
Beginning balance	\$8,481	\$8,481
Dividend income	<u>347</u>	<u>320</u>
Ending balance	<u>\$8,828</u>	<u>\$8,801</u>

The investment stated at fair value is as follows:

	Fair Value	Cost	Cumulative Unrealized Appreciation
IBM capital	\$77,566	\$8,828	\$68,738

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2001 AND 2000

Note 4

Contributions Receivable

Unconditional Receivables
due within one year:

	2001	2000
American Charities	\$ 90,595	\$113,900
Legacies	50,000	50,000
Pledges	<u>11,463</u>	<u>5,526</u>
Total Receivables	<u>\$152,058</u>	<u>\$ 169,426</u>

The amount of income reflected for the American Charities in 2001 is net of a write-off of \$46,307 for the 1997/1998, 1998/1999, 1999/2000 CFC and Private sector campaign.

Note 5

Grants and Fellowships

For the years 2001 and 2000 restricted research grants were authorized in the amount of \$165,000 and \$120,000, respectively. As of December 31, 2001 and 2000, there were no liabilities. (See Note 7.)

In 2001 the following grants and fellowships were incurred:

	Amount
1) Dr. Seth Corey Children's Hospital-Pittsburgh	\$ 20,000
2) Dr. Kathleen Anderson Children's Hospital-Cincinnati	20,000
3) Dr. Enrica Lerma Yale University	20,000
4) Dr. Carol Carter Research Foundation-Stony Brook University	20,000
5) Dr. Craig Jordan University of Kentuck	20,000
6) Dr. Janice Dutcher Our Lady of Mercy Medical Center-Bronx, NY	5,000
7) Dr. Alan Friedman John Hopkins Oncology Center	20,000
8) Dr. Kirugaval Hemavathy University of Massachusetts	20,000
9) Dr. David Jones Brigham and Women's Hospital	<u>20,000</u>
Total grants incurred in 2001	<u>\$ 165,000</u>

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2001 AND 2000

Note 5

Grants and Fellowships (continued)

*Attachment 870163
#P39000*

In 2000 the following grants and fellowships were incurred:

	<u>Amount</u>
1) Janice P. Dutcher OLM/NYMC	\$ 20,000
2) Ms. Iris Hall University of North Carolina	20,000
3) Stephen T. Koury State University of Buffalo	20,000
4) Synthia H. Mellon University of California, San Francisco	20,000
5) Mr. Joseph Reese The Pennsylvania State University	20,000
6) Liu Yang V.A. Puget Sound, WA	<u>20,000</u>
Total grants incurred in 2000	<u>\$ 120,000</u>

As of December 31, 2001, the Board of Trustees projected the amount to be distributed in the following year for grants and/or fellowships to be \$80,000.

Note 6

Property and Equipment

Property and equipment consists of the following:

	<u>2001</u>	<u>2000</u>
Office Equipment	\$ 5,335	\$ 5,335
Accumulated Depreciation	<u>4,852</u>	<u>4,382</u>
Total	<u>\$ 483</u>	<u>\$ 953</u>

Note 7

Commitments and Contingencies

(A) Lease

The Organization is liable under a new lease which started November 1, 2000 and expires October 31, 2003 for office space at an annual rental of \$13,500 plus future escalation for real estate taxes and building operating expenses. The annual rental increases 4 percent beginning each November 1st of the next lease year.

Rental expense for the years ended December 31, 2001 and 2000 were \$13,663 and \$26,851, respectively.

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2001 AND 2000

Note 7

Commitments and Contingencies (continued)

(B) Management Consultant

The Organization paid its Executive Director \$49,000 in the 2001 and \$47,000 in 2000.

(C) Contingency

The Organization is a beneficiary under the will of the late John Misko. They are involved in a proceeding in the County of St. Lucie, State of Florida challenging the estate. The Organization intends to pursue its right as beneficiary in regard to the title to certain real property located in New York and/or New Jersey. In the years 2001 and 2000, the Organization received from the estate distributions in the amount of \$15,000 and \$142,000, respectively. However, it is not possible to determine the outcome of this proceeding at this time.

The Organization is involved in a legal proceeding in the Surrogate's Court County of Westchester, State of New York, concerning the will of the late Alice M. Melady. The Organization feels very strongly that they are a beneficiary to this will. However, it is not possible to determine if Children's Leukemia will receive any benefit from this litigation at this time.

Note 8

Donated Materials

The amounts reflected for donated materials and/or services were for the Christmas party and gifts for the children.

Note 9

Net Assets Released from Restrictions

Net assets were released from donor restrictions during the years ended December 31, 2001 and 2000 by incurring expenses satisfying the restricted purposes.

	<u>2001</u>	<u>2000</u>
Research and Patient Aid	\$58,000	\$75,539
Expenses to be incurred		
In Nassau County	<u>- 0 -</u>	<u>20,785</u>
	<u>\$58,000</u>	<u>\$96,324</u>

Note 10

Allocation of Functional Expenses

The costs of providing various programs and supporting services have been included in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.