Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20 ___

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

OMB No. 1545-1878

2009

Name of exempt organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

Name and title of officer: GREG LEE, CFO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	41770001
2a Form 990-EZ check here ▶ [ ]	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MAXWELL LOCKE & RITTER LLP (ERO firm name) to enter my PIN 00661 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 6/24/2010

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 74294022601 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 6/23/10

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

923051
03-02-10

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: LANCE ARMSTRONG FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 2201 EAST 6TH STREET — Room/suite

City or town, state or country, and ZIP + 4: AUSTIN, TX 78702

D Employer identification number 74-2806618

E Telephone number 512-236-8820

G Gross receipts $ 42,198,275.

F Name and address of principal officer: DOUG ULMAN
SAME AS C ABOVE

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LIVESTRONG.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997 **M** State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE LANCE ARMSTRONG FOUNDATION (LAF) PROVIDES A BROAD MENU OF MISSION-RELATED PROGRAMS CENTERED ON

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	90
6	Total number of volunteers (estimate if necessary)	6	116
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	31,620,519.	40,996,742.
	9	Program service revenue (Part VIII, line 2g)	6,107.	490,500.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	517,921.	505,987.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,623.	-223,228.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,111,924.	41,770,001.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,660,293.	4,992,485.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,705,558.	5,892,864.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,450,865.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,272,472.	18,013,407.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,638,323.	28,898,756.
	19	Revenue less expenses. Subtract line 18 from line 12	4,473,601.	12,871,245.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	38,407,100.	46,948,094.
	21	Total liabilities (Part X, line 26)	11,369,623.	4,980,890.
	22	Net assets or fund balances. Subtract line 21 from line 20	27,037,477.	41,967,204.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ GREG LEE, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MAXWELL LOCKE & RITTER LLP
401 CONGRESS AVENUE, SUITE 1100
AUSTIN, TX 78701-9682

EIN ▶

Phone no. ▶ (512) 370-3200

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE LANCE ARMSTRONG FOUNDATION (LAF) PROVIDES A BROAD MENU OF
MISSION-RELATED PROGRAMS CENTERED ON THE CANCER COMMMUNITY. THESE
INCLUDE GRANTS FOR SURVIVORSHIP RESEARCH; GRANTS TO COMMUNITY
PROGRAMS; DELIVERY OF CANCER SURVIVORSHIP EDUCATION; INFORMATION,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 24,056,363. including grants of $ 4,992,485.) (Revenue $ 268,236.)
PROGRAM SERVICES:
MISSION - THE FOUNDATION CONTINUES TO PROVIDE AN EXPANDED MENU OF
MISSION-RELATED PROGRAMS. THESE INCLUDE GRANTS FOR CANCER SURVIVORSHIP
RESEARCH; GRANTS TO COMMUNITY PROGRAMS; DELIVERY OF CANCER SURVIVORSHIP
EDUCATION, INFORMATION, AND REFERRAL AND SUPPORT SERVICES; AND GRANTS
TO SURVIVORSHIP CENTERS AT ACADEMIC MEDICAL INSTITUTIONS. THE
FOUNDATION IS COMMITTED TO ENSURING THAT EACH AND EVERY INDIVIDUAL
AFFECTED BY CANCER HAS THE OPPORTUNITY TO ACHIEVE THE HIGHEST QUALITY
OF LIFE POSSIBLE. TO THAT END, THE FOUNDATION WORKS TIRELESSLY TO
ENSURE THAT THE ISSUES AFFECTING CANCER SURVIVORSHIP ARE ADDRESSED BY
ORGANIZATIONS AND ENTITIES AROUND THE NATION SO THAT THE NEEDS OF THE
APPROXIMATELY 12 MILLION CANCER SURVIVORS IN THE UNITED STATES ARE MET.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 24,056,363.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	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*	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*	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*	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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes: X; No:	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	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 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, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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 U.S. Information Returns. Enter -0- if not applicable	1a 217			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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 covered by this return?		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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	16		
b	Enter the number of voting members that are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
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 become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KY,ME

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.

[X] Own website [X] Another's website [X] Upon request

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: ▶

GREG D. LEE, CPA - 512-279-8380

2201 EAST 6TH ST, AUSTIN, TX 78702

SEE SCHEDULE O FOR FULL LIST OF STATES

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 did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LANCE ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
J. DENNIS CAVNER DIRECTOR	1.00	X						0.	0.	0.
MARK MCKINNON DIRECTOR	1.00	X						0.	0.	0.
E. LEE WALKER DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SHERWIN DIRECTOR	1.00	X						0.	0.	0.
DR. CRAIG NICHOLS DIRECTOR	1.00	X						0.	0.	0.
JOSEPH ARAGONA DIRECTOR	1.00	X						0.	0.	0.
KAREN COOK DIRECTOR	1.00	X						0.	0.	0.
DR. HAROLD FREEMAN DIRECTOR	1.00	X						0.	0.	0.
JEFFREY C. GARVEY DIRECTOR	1.00	X						0.	0.	0.
DR. DAVID JOHNSON DIRECTOR	1.00	X						0.	0.	0.
DR. AMELIE RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
BLAINE ROLLINS DIRECTOR	1.00	X						0.	0.	0.
MITCH STOLLER DIRECTOR	1.00	X						0.	0.	0.
DR. SANJAY GUPTA DIRECTOR	1.00	X						0.	0.	0.
NAV SOOCH DIRECTOR	1.00	X						0.	0.	0.
GREG D. LEE CFO	40.00			X				182,942.	0.	12,645.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BETTY S. OTTER-NICKERSON COO	40.00			X				213,122.	0.	14,079.
DOUGLAS E. ULMAN PRESIDENT	40.00			X				285,000.	0.	11,498.
PHILIPPE G. HILLS EVP, DEVELOPMENT	40.00			X				293,200.	0.	15,429.
MORGAN L. BINSWANGER CHIEF OF STAFF	40.00			X				191,935.	0.	5,373.
JOHN A. MILLER EVP, MISSION	40.00			X				145,396.	0.	10,894.
MELISSA DOUTHIT EVP, ADVOCACY & ENGAGEME	40.00			X				124,010.	0.	9,587.
MONA PATEL EVP, PEOPLE & ORGANIZATI	40.00			X				119,193.	0.	3,884.
KATHERINE A. MCLANE HIGHLY COMPENSATED EMPLO	40.00					X		114,060.	0.	11,634.
RONALD A. KOLENIC HIGHLY COMPENSATED EMPLO	40.00					X		109,212.	0.	9,032.
1b Total ▶								1,778,070.	0.	104,055.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 10

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
OGILVY PO BOX 8500-3900, PHILADELPHIA, PA 19178	PROGRAM PRODUCTION SERVICES	3,808,772.
SPAW MAXWELL 2424 S LAMAR BLVD, AUSTIN, TX 78704	CONSTRUCTION SERVICES	2,025,071.
RAY BLOCH PRODUCTIONS 144 PECHAMDALE AVENUE, PELHAM, NY 10803	PRODUCTION SERVICES	1,183,447.
PATIENT ADVOCATE FOUNDATION, 700 THIMBLE SHOALS BLVD, NEWPORT NEWS, VA 23606	MEDIATION SERVICES FOR PATIENTS	678,614.
GINNY'S COPYING PO BOX 143924, AUSTIN, TX 78714	PRINTING AND COPYING SERVICES	675,749.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 20

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	1,203,450.			
d Related organizations	1d	25,509,524.			
e Government grants (contributions)	1e	1,145,173.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	13,138,595.			
g Noncash contributions included in lines 1a-1f: $ 13,893.					
h **Total.** Add lines 1a-1f ▶		40,996,742.			
Program Service Revenue	Business Code				
2 a EVENT REVENUE	900099	628,565.	628,565.		
b EVENT INCENTIVES	900099	-138,065.	-138,065.		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶		490,500.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		488,004.			488,004.
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross Rents					
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	178,380.				
b Less: cost or other basis and sales expenses	160,397.				
c Gain or (loss)	17,983.				
d Net gain or (loss) ▶		17,983.			17,983.
8 a Gross income from fundraising events (not including $ 1,203,450. of contributions reported on line 1c). See Part IV, line 18	a 45,613.				
b Less: direct expenses	b 267,877.				
c Net income or (loss) from fundraising events ▶		-222,264.	-222,264.		
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a CURRENCY LOSS	541100	-964.			-964.
b					
c					
d All other revenue					
e **Total.** Add lines 11a-11d ▶		-964.			
12 **Total revenue.** See instructions. ▶		41,770,001.	268,236.	0.	505,023.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,946,285.	4,946,285.		
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	46,200.	46,200.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,882,125.	1,579,135.	89,915.	213,075.
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	3,132,789.	1,917,899.	350,204.	864,686.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	126,786.	88,416.	11,817.	26,553.
9 Other employee benefits	420,515.	279,723.	47,770.	93,022.
10 Payroll taxes	330,649.	233,153.	29,324.	68,172.
11 Fees for services (non-employees):				
a Management				
b Legal	1,025,871.	560,668.	49,821.	415,382.
c Accounting	54,366.	30,561.	6,434.	17,371.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,961.	3,913.	824.	2,224.
g Other	7,945,775.	7,691,172.	69,206.	185,397.
12 Advertising and promotion	2,202,764.	2,032,996.	96,944.	72,824.
13 Office expenses	1,054,040.	785,634.	72,462.	195,944.
14 Information technology	1,273,329.	915,344.	195,050.	162,935.
15 Royalties				
16 Occupancy	348,930.	88,692.	104,095.	156,143.
17 Travel	1,945,905.	1,556,425.	52,582.	336,898.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	499,342.	345,789.	25,181.	128,372.
20 Interest	38,933.	9,740.	11,676.	17,517.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	429,683.	107,421.	128,905.	193,357.
23 Insurance	23,568.	7,956.	5,869.	9,743.
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 MERCHANDISE GIVEAWAY	597,003.	405,473.	23,727.	167,803.
b BAD DEBT EXPENSE	516,222.	350,609.	20,516.	145,097.
c MISCELLANEOUS EXPENSES	110,591.	75,112.	4,395.	31,084.
d DUES	78,792.	53,515.	3,131.	22,146.
e FUNDRAISING EXPENSES	-138,668.	-55,468.	-8,320.	-74,880.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	28,898,756.	24,056,363.	1,391,528.	3,450,865.
26 **Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2,702,043.	2	9,364,299.
	3	Pledges and grants receivable, net		7,376,779.	3	6,728,143.
	4	Accounts receivable, net		94,168.	4	1,123,866.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,095.	8	1,210.
	9	Prepaid expenses and deferred charges		248,855.	9	382,479.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,744,705.			
	b	Less: accumulated depreciation	10b 1,447,133.	7,781,380.	10c	10,297,572.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12,692,004.	12	15,286,154.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		564,390.	14	564,392.
	15	Other assets. See Part IV, line 11		6,941,386.	15	3,199,979.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		38,407,100.	16	46,948,094.
Liabilities	17	Accounts payable and accrued expenses		1,867,156.	17	1,721,934.
	18	Grants payable		6,833,099.	18	3,057,033.
	19	Deferred revenue		4,340.	19	201,923.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		2,665,028.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		11,369,623.	26	4,980,890.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,567,157.	27	35,462,368.
	28	Temporarily restricted net assets		5,470,320.	28	6,504,836.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		27,037,477.	33	41,967,204.
	34	Total liabilities and net assets/fund balances		38,407,100.	34	46,948,094.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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?	3a	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.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii)	A family member of a person described in (i) above?	**11g(ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,859,892.	24,102,216.	27,316,914.	31,620,519.	40,996,742.	147,896,283.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	23,859,892.	24,102,216.	27,316,914.	31,620,519.	40,996,742.	147,896,283.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						147,896,283.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	23,859,892.	24,102,216.	27,316,914.	31,620,519.	40,996,742.	147,896,283.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,268,476.	1,371,209.	1,708,676.	417,422.	505,023.	5,270,806.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			2,146,554.	30,001.	268,236.	2,444,791.
11 **Total support.** Add lines 7 through 10						155,611,880.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... 14 95.04 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ..... 15 91.21 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

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 ..... ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization	**Employer identification number**
LANCE ARMSTRONG FOUNDATION	74-2806618

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 on line H 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).

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

Name of organization	Employer identification number
LANCE ARMSTRONG FOUNDATION	74-2806618

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CASEY & LAURA WASSERMAN 12100 WEST OLYMPIC BLVD. SUITE 400 LOS ANGELES, CA 90064	$ 1,000,000.	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
		$	Person [ ] 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
		$	Person [ ] 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
		$	Person [ ] 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
		$	Person [ ] 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
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	**Employer identification number**
LANCE ARMSTRONG FOUNDATION	74-2806618

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

LHA

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		6,603.
e	Publications, or published or broadcast statements?	X		6,309.
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		68,116.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		43,438.
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			124,466.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization LANCE ARMSTRONG FOUNDATION

Employer identification number 74-2806618

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 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 a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,018,400.		1,018,400.
b Buildings		8,364,906.		8,364,906.
c Leasehold improvements				
d Equipment		2,361,399.	1,447,133.	914,266.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				10,297,572.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
LIMITED PARTNERSHIPS	563,643.	END-OF-YEAR MARKET VALUE
TIFF MULTI-ASSET FUND	11,585,203.	END-OF-YEAR MARKET VALUE
TIFF SHORT-TERM FUND	3,137,308.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	15,286,154.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	3,199,979.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	3,199,979.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	41,770,001.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,898,756.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	12,871,245.
4	Net unrealized gains (losses) on investments	4	2,058,482.
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	2,058,482.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	14,929,727.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	43,805,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	2,058,482.		
b	Donated services and use of facilities	2b	365,043.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	238,738.		
e	Add lines **2a** through **2d**			2e	2,662,263.
3	Subtract line **2e** from line **1**			3	41,143,368.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	626,633.		
c	Add lines **4a** and **4b**			4c	626,633.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	41,770,001.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	28,875,904.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	365,043.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	238,738.		
e	Add lines **2a** through **2d**			2e	603,781.
3	Subtract line **2e** from line **1**			3	28,272,123.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	626,633.		
c	Add lines **4a** and **4b**			4c	626,633.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	28,898,756.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE: $238,738

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRA REVENUE FOR BENEFITS TO DONORS: $626,633

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

SPECIAL EVENT EXPENSE: $238,738

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FOR BENEFITS TO DONORS: $626,633

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **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 the grants or assistance? ..... [X] **Yes** [ ] **No**

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.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	CANCER RESEARCH	8,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	CANCER RESEARCH	38,200.
Totals ..... ▶	0	0			46,200.

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

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	2009 CANCER IN AFRICA CONFERENCE	8,000.	CHECK	0.		
		NORTH AMERICA	2009 THIRD INTERNATIONAL CANCER CONTROL CONFERENCE	13,200.	CHECK	0.		
		NORTH AMERICA	FIRST GLOBAL LEADERSHIP FORUM FOR CANCER CONTROL	25,000.	CHECK	0.		

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

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: THE ORGANIZATIONS ARE REQUIRED BY LEGAL AGREEMENT TO USE THE FUNDS ONLY FOR THE PURPOSES STATED WITHIN THE INCORPORATED PROPOSAL, AND ALSO MUST SUBMIT A NARRATIVE AND FINANCIAL REPORT ON USE OF FUNDS UPON COMPLETION OF GRANT TERM.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ..... ▶						

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MARATHONS (event type)	(b) Event #2 CORPORATE RECEPTION (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,202,643.	46,420.		1,249,063.
	2 Less: Charitable contributions	1,172,810.	30,640.		1,203,450.
	3 Gross income (line 1 minus line 2)	29,833.	15,780.		45,613.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	154,304.			154,304.
	6 Rent/facility costs				
	7 Food and beverages	41,905.			41,905.
	8 Entertainment				
	9 Other direct expenses	42,529.	29,139.		71,668.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(267,877)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-222,264.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOS 2365 HUNTERS WAY CHARLOTTESVILLE, VA 22911	04-3720121	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE
ASSOCIATION OF ONCOLOGY SOCIAL WORKERS - 100 NORTH 20TH ST. 4TH FLOOR - PHILADELPHIA, PA 19103	13-3736895	501(C)(3)	10,000.	0.			ANNUAL CONFERENCE
ASSOCIATION OF PEDIATRIC ONCOLOGY SOCIAL WORKERS - PMB #239, 540 MENDENHALL AVE, STE 12 - MEMPHIS, TN 38117	25-1428562	501(C)(3)	5,000.	0.			ANNUAL CONFERENCE
CANCERCARE, INC. 275 SEVENTH AVE NEW YORK, NY 10001	13-1825919	501(C)(3)	50,000.	0.			ANNUAL CANCER SURVIVORSHIP SERIES
CANYON RANCH INSTITUTE 8600 E. ROCKCLIFF RD TUCSON, AZ 85750	82-0566227	501(C)(3)	53,049.	0.			LIVESTRONG WEEK AT CANYO RANCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. BOSTON, MA 02115	04-2263040	501(C)(3)	266,629.	0.			SURVIVORSHIP CENTER

2 Enter total number of section 501(c)(3) and government organizations ▶ 46.

3 Enter total number of other organizations ▶

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATIONS ARE REQUIRED BY LEGAL

AGREEMENT TO USE THE FUNDS ONLY FOR THE PURPOSES STATED WITHIN THE

INCORPORATED PROPOSAL, AND ALSO MUST SUBMIT A NARRATIVE AND FINANCIAL

REPORT ON USE OF FUNDS UPON COMPLETION OF GRANT TERM.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CANCER INSTITUTE OF NEW JERSEY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CANCER SURVIVOR EDUCATIONAL

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENACCT 9507 DALLAS AVE. SILVER SPRING, MD 20901	75-3170106	501(C)(3)	434,714.	0.			PILOT EDUCATION PROGRAM
MASCC 105 N. ROSE STREET ESCONDIDO, CA 92027	72-1510213	501(C)(3)	10,000.	0.			MASCC SYMPOSIUM
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10021	13-1924236	501(C)(3)	312,500.	0.			SURVIVORSHIP CENTER OF EXCELLENCE
ONCOLOGY NURSING SOCIETY 125 ENTERPRISE DR. PITTSBURGH, PA 15275	51-0183279	501(C)(3)	10,000.	0.			ANNUAL ONCOLOGY NURSING SOCIETY CONGRESS
OREGON HEALTH AND SCIENCE UNIVERSITY - 2525 SW 1ST AVE. STE 125 - PORTLAND, OR 97201	93-1176109	501(C)(3)	43,837.	0.			RETROSPECTIVE ANALYSIS OF GERM CELL TUMOR DATA
PATIENT ADVOCATE FOUNDATION 700 THIMBLE SHOALS BLVD, STE 200 NEWPORT NEWS, VA 23606	54-1806317	501(C)(3)	10,000.	0.			ANNUAL PATIENT CONGRESS
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 4101 MCGAVRAN-GREENBURG HALL, PITTSBORO RD - CHAPEL HILL, NC 27599-7435	56-6001393	501(C)(3)	249,932.	0.			NETWORK ETHNOGRAPHIC PROJECT
THE WELLNESS COMMUNITY 919 18TH STREET, NW, STE 54 WASHINGTON, DC 20006	95-4163931	501(C)(3)	10,000.	0.			LEADERSHIP CONFERENCE

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 4101 MCGAVRAN-GREENBURG HALL, PITTSBORO RD - CHAPEL HILL, NC 27599-7435	56-6001393	501(C)(3)	370,433.	0.			LIVESTRONG UNC CENTER OF EXCELLENCE IN CANCER SURVIVORSHIP
THE BREAKFAST CLUB, INC 2737 DIVIDEND PARK DRIVE FLORISSANT, MO 63031	43-0852689	501(C)(3)	50,000.	0.			EARS (EDUCATION, AWARENESS, RESOURCES AND SUPPORT)
THE ACADEMY OF MEDICINE, ENGINEERING AND SCIENCE OF TEXAS (TAMEST) - PO BOX 7247 - AUSTIN, TX 78713	20-1014851	501(C)(3)	10,000.	0.			FRONTIERS OF CANCER RESEARCH CONFERENCE
RAND PO BOX 2138 SANTA MONICA, CA 90407	95-1958142	501(C)(3)	160,808.	0.			ANALYSIS AND DEVELOPMENT OF THE LANCE ARMSTRONG FOUNDATION POST-TREATMEN SURVIVORSHIP SURVEY
PREVENT CANCER FOUNDATION 1600 DUKE STREET, SUITE 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	10,000.	0.			SUBMIT SERIES ON CLINICA TRIALS
OREGON HEALTH AND SCIENCE UNIVERSITY - DEPARTMENT OF BEHAVIORAL NEUROSCIENCE CR131, 3181 S.W. SAM JACKSON PARK RD -	93-1176109	501(C)(3)	74,846.	0.			AYA TREATMENT AND SURVIVORSHIP COHORT
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET, PHIPPS 383 BALTIMORE, MD 21287	52-0595110	501(C)(3)	10,000.	0.			GLOBAL BREAST CANCER CONFERENCE
IPOS 2365 HUNTERS WAY CHARLOTTESVILLE, VA 22911	13-3345696	501(C)(3)	10,000.	0.			APOS 11TH WORLD CONGRESS OF PSYCHO-ONCOLOGY

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	10,000.	0.			BREAST CANCER IN DEVELOPING COUNTRIES CONFERENCE, TRAVEL SCHOLARSHIPS
GEORGE WASHINGTON CANCER INSTITUTE 2300 I STREET, NW WASHINGTON, DC 20037	53-0196584	501(C)(3)	10,000.	0.			CANCER SURVIVORSHIP RESEARCH AND HEALTH DISPARITIES SYMPOSIUM, SCHOLARSHIPS
FSMB FOUNDATION PO BOX 619850 DALLAS, TX 75261	36-3071272	501(C)(3)	30,000.	0.			SHIPPING AND HANDLING FO FSMB BOOK
FRIENDS OF CANCER RESEARCH 2231 CRYSTAL DRIVE, SUITE 200 ARLINGTON, VA 22202	52-1983273	501(C)(3)	5,000.	0.			CLINICAL CANCER RESEARCH MEETING
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. N, MAILSTOP D5-280 - SEATTLE, WA 98109	23-7156071	501(C)(3)	388,923.	0.			LIVESTRONG SURVIVORSHIP CENTER OF EXCELLENCE
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. N, MAILSTOP D5-280 - SEATTLE, WA 98109	23-7156071	501(C)(3)	5,000.	0.			NCI-TREC CONFERENCE
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH - 9650 ROCKVILLE PIKE - BETHESDA, MD 20814	52-1986675	501(C)(3)	13,913.	0.			AYA HOPE STUDY
FAMILIAS EN ACCION 2710 NE 14TH AVE PORTLAND, OR 97209	93-1284335	501(C)(3)	139,656.	0.			DE LA MANO FRENTE AL CANCER / HAND IN HAND CONFRONTING CANCER

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

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMILLO NARES FOUNDATION 1811 FT. STOCKTON DR. SAN DIEGO, CA 92103	13-4229276	501(C)(3)	159,050.	0.			RIDE WITH EMILLO PATIENT TRANSPORTATION PROGRAM CHILDREN'S HOSPITAL ORANGE COUNTY
DELL CHILDREN'S MEDICAL CENTER 1301 BARBARA JORDAN BLVD, STE 402 AUSTIN, TX 78723	20-0468031	501(C)(3)	155,555.	0.			LIVESTRONG SURVIVORSHIP CENTER
C-CHANGE 1776 EYE STREET NW, 9TH FLOOR WASHINGTON, DC 20006	16-1641769	501(C)(3)	30,000.	0.			CANCER EDUCATION AND RESEARCH
CHILDREN'S ONCOLOGY CAMP FOUNDATION - P.O. BOX 1450 - MISSOULA, MT 59806	81-0472959	501(C)(3)	5,000.	0.			HEADS UP CONFERENCE
CANCER LEGAL RESOURCE CENTER 919 ALBANY STREET LOS ANGELES, CA 90015	95-2960607	501(C)(3)	149,955.	0.			CANCER LEGAL INFORMATION FOR HEALTH CARE PROFESSIONALS
CANCER INSTITUTE OF NEW JERSEY FOUNDATION - 120 ALBANY STREET, 2ND TOWER 4TH FLOOR - NEW BRUNSWICK, NJ 08903	20-2959012	501(C)(3)	100,000.	0.			CANCER SURVIVOR EDUCATIONAL INITIATIVE FOR THE PRIMARY CARE WORKFORCE, BUILDINGS &
ABERDEEN AREA TRIBAL CHAIRMEN'S HEALTH BOARD - 1770 RAND ROAD - RAPID CITY, SD 57702	46-0420063	501(C)(3)	150,000.	0.			NORTHERN PLAINS NATIVE AMERICAN CANCER SUPPORT GROUP
THE WELLNESS COMMUNITY 919 18TH STREET, NW, STE 54 WASHINGTON, DC 20006	95-4163931	501(C)(3)	51,175.	0.			EXPANDING ACCESS ONLINE TO CANCER TRANSITIONS

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, IRVINE 101 THE CITY DRIVE, BDG 56 RM 205 ORANGE, CA 92868	95-2226406	501(C)(3)	147,377.	0.			IMPROVING SURVIVORSHIP OF PATIENTS WITH PEDIATRIC, ADOLESCENT, AND YOUNG ADULT CANCER
UNIVERSITY OF COLORADO PO BOX 6510, MS: F704 AURORA, CO 80045	84-6000555	501(C)(3)	329,354.	0.			LIVESTRONG SURVIVORSHIP CENTER OF EXCELLENCE
UNIVERSITY OF PENNSYLVANIA, ABRAMSON CANCER CENTER - 1428 PENN TOWER, 3400 SPRUCE - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,000.	0.			6TH ANNUAL FOCUS ON MELANOMA
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 301439, UNIT 1330 - HOUSTON, TX 77230	74-6000203	501(C)(3)	18,700.	0.			SUPPLEMENT FOR WEIGHT GAIN PREVENTION OR BREAS CANCER SURVIVORS
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1400 PRESSLER STREET, FCT 11.5045 - HOUSTON, TX 77030	74-6000203	501(C)(3)	150,000.	0.			CARDIOLOGY & ONCOLOGY PARTNERSHIP: CARDIOVASCULAR DISEASE I CANCER PATIENTS
UNIVERSITY OF WISCONSIN 406 SCIENCE DRIVE, SUITE 202 MADISON, WI 53711	39-6006492	501(C)(3)	180,146.	0.			CREATING BALANCED REGULATORY POLICY TO IMPROVE PAIN MANAGEMENT PRACTICE: THE IMPERATIVE
WGBH EDUCATIONAL FOUNDATION PO BOX 414670 BOSTON, MA 02241	04-2104397	501(C)(3)	137,303.	0.			LIVESTRONG WITH ARTHUR
YMCA ACTIVATE AMERICA 101 NORTH WACKER DRIVE CHICAGO, IL 60606	36-3253696	501(C)(3)	359,763.	0.			CANCER SURVIVORSHIP PHYSICAL ACTIVITY AND WELLNESS PROGRAM

Part IV Supplemental Information

INITIATIVE FOR THE PRIMARY CARE WORKFORCE, BUILDINGS & BRIDGES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING BALANCED REGULATORY POLICY

TO IMPROVE PAIN MANAGEMENT PRACTICE: THE IMPERATIVE TO INCLUDE NURSING

BOARDS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREG D. LEE	(i)	180,242.	2,500.	200.	7,218.	5,427.	195,587.	
	(ii)							
BETTY S. OTTER-NICKERSON	(i)	210,622.	2,500.		8,404.	5,675.	227,201.	
	(ii)							
DOUGLAS E. ULMAN	(i)	230,000.	10,000.	45,000.	5,792.	5,706.	296,498.	
	(ii)							
PHILIPPE G. HILLS	(i)	290,700.	2,500.		9,690.	5,739.	308,629.	
	(ii)							
MORGAN L. BINSWANGER	(i)	172,050.	19,885.			5,373.	197,308.	
	(ii)							
JOHN A. MILLER	(i)	142,896.	2,500.		5,716.	5,178.	156,290.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: ALL OFFICERS ARE ELIGIBLE TO PARTICIPATE IN A 457(B) PLAN.

MELISSA DOUTHIT, GREG LEE, AND DOUGLAS ULMAN PARTICIPATED IN THE PLAN FOR

2009. DOUGLAS ULMAN HAD $45,000 OF COMPENSATION WHICH WAS DEFERRED UNDER

THE PLAN FOR 2009.

PART I, LINE 7: ALL STAFF WERE ELIGIBLE FOR PARTICIPATION IN A MANAGEMENT

BY OBJECTIVE INCENTIVE PLAN, WHEREBY THEY WERE ELIGIBLE TO EARN A BONUS IF

THEY ACHIEVED SPECIFIC PERFORMANCE OBJECTIVES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE CANCER COMMMUNITY. THESE INCLUDE GRANTS FOR SURVIVORSHIP RESEARCH; GRANTS TO COMMUNITY PROGRAMS; DELIVERY OF CANCER SURVIVORSHIP EDUCATION; INFORMATION, REFERRAL AND SUPPORT SERVICES; AND GRANTS TO SURVIVORSHIP CENTERS AT ACADEMIC MEDICAL INSTITUTIONS. THE FOUNDATION IS COMMITTED TO ENSURING THAT EACH AND EVERY INDIVIDUAL AFFECTED BY CANCER HAS THE OPPORTUNITY TO ACHIEVE THE HIGHEST QUALITY OF LIFE POSSIBLE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REFERRAL AND SUPPORT SERVICES; AND GRANTS TO SURVIVORSHIP CENTERS AT ACADEMIC MEDICAL INSTITUTIONS. THE FOUNDATION IS COMMITTED TO ENSURING THAT EACH AND EVERY INDIVIDUAL AFFECTED BY CANCER HAS THE OPPORTUNITY TO ACHIEVE THE HIGHEST QUALITY OF LIFE POSSIBLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THE MISSION DEPARTMENT FUNDS A WIDE RANGE OF INITIATIVES ACROSS THE COUNTRY IN PARTNERSHIP WITH LEADING ACADEMIC COMMUNITY AND ADVOCACY ORGANIZATIONS TO ENSURE IT IS FULFILLING ITS MISSION.

GRANTS AND PARTNERSHIPS

RESEARCH PROGRAM - THE FOUNDATION PROVIDES RESEARCH GRANTS TO INSTITUTIONS IN THE UNITED STATES AND ABROAD THAT ADDRESS CANCER SURVIVORSHIP. APPLICANTS RESPONDED TO A PUBLISHED REQUEST FOR PROPOSAL ("RFP") AND GRANTEES ARE SELECTED BASED ON A PEER REVEIW CONDUCTED BY ADVISORS WHO REPRESENT A WIDE ARRAY OF EXPERTISE IN SURVIVORSHIP. THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

OPPORTUNITY TO SUPPORT RESEARCH THAT IS PATIENT-CENTERED REMAINS A HIGH PRIORITY OF THE FOUNDATION. WHILE THE FOUNDATION DID NOT FORMALLY RELEASE AN ORIGINAL RFP AND FUND NEW RESEARCH GRANTS IN 2009, IT CONTINUED TO MONITOR 60 ACTIVE GRANTS THAT ARE ADDRESSING KEY RECOMMENDATIONS FROM THE NATIONAL ACTION PLAN ON CANCER SURVIVORSHIP AND THE REPORTS OF THE ADOLESCENT AND YOUNG ADULT ONCOLOGY PROGRESS REVIEW GROUP. THESE GRANTS FOCUS ON AREAS OF NEED IN CANCER SURVIVORSHIP THAT WILL BUILD ON THE BODY OF KNOWLEDGE AND SERVICES FOCUSED ON ACCESS TO QUALITY SURVIVOR CARE AND SERVICES, ADOLESCENT AND YOUNG ADULT HEALTH-RELATED QUALITY OF LIFE ASSESSMENT AND COST EFFECTIVENESS OF PREVENTATIVE SURVIVORSHIP INTERVENTIONS. ADDITIONALLY, THE FOUNDATION PUBLISHED A SUPPLEMENTAL ISSUE OF THE JOURNAL OF GENERAL INTERNAL MEDICINE THAT FEATURED ARTICLES FROM THE FOUNDATION'S GRANTEES.

IN 2009, THE FOUNDATION ALSO CONVENED A BLUE-RIBBON PANEL TO REVIEW THE FOUNDATION'S PREVIOUS RESEARCH GRANT PORTFOLIO AND ITS IMPACT AND MAKE RECOMMENDATIONS FOR CHANGES MOVING FORWARD. THE PANEL RECOMMENDED THE FOUNDATION FOCUS ITS EFFORTS TO TRANSFORM CANCER RESEARCH TO BE PATIENT-CENTERED THROUGH THE EXCHANGE OF ELECTRONIC HEALTH INFORMATION. THE FOUNDATION WILL USE THESE RECOMMENDATIONS TO DEVELOP ITS NEW RESEARCH AGENDA IN 2010.

LIVESTRONG SURVIVORSHIP CENTER OF EXCELLENCE NETWORK - THE FOUNDATION HAS SUPPORTED THE WORK OF SURVIVORSHIP CENTERS SINCE 2000. THESE CENTERS HISTORICALLY WORKED AUTONOMOUSLY AND SERVED BOTH PEDIATRIC AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

ADULT SURVIVORS. IN 2005, THE FOUNDATION LAUNCHED A NEW INITIATIVE TO CREATE AND MAINTAIN A NETWORK OF SURVIVORSHIP CENTERS TO FOSTER COLLABORATION AMONG CENTERS AND FURTHER THE IMPACT ON CANCER SURVIVORSHIP. ONLY PRE-SELECTED NCI-DESIGNATED COMPREHENSIVE CANCER CENTERS ARE INVITED TO APPLY FOR FUNDING AND EACH MUST COLLABORATE WITH COMMUNITY-BASED HOSPITALS.

NETWORK MEMBERS:

- ABRAMSON CANCER CENTER, UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA, PA
- DANA-FARBER CANCER INSTITUTE, BOSTON, MA
- FRED HUTCHINSON CANCER RESEARCH CENTER, SEATTLE, WA
- MEMORIAL SLOAN-KETTERING, NEW YORK CITY, NY
- OHIO STATE UNIVERSITY CANCER INSTITUTE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE, COLUMBUS, OH
- UCLA'S JONSSON COMPREHENSIVE CANCER CENTER, LOS ANGELES, CA
- UNIVERSITY OF COLORADO CANCER CENTER, DENVER, CO
- UNIVERSITY OF NORTH CAROLINA LINEBERGER COMPREHENSIVE CANCER CENTER, CHAPEL HILL, NC

NON-NETWORK CENTERS RECEIVING FUNDING IN 2009:

- DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS -AUSTIN, TX

COMMUNITY PROGRAM - THROUGH THE COMMUNITY PROGRAM, THE FOUNDATION FUNDS INITIATIVES THAT ADDRESS THE CANCER SURVIVORSHIP ISSUES. THE RELATIONSHIP BETWEEN THE FOUNDATION AND AN ORGANIZATION FUNDED THROUGH THE COMMUNITY PROGRAM BEGINS WITH A GRANT OF FINANCIAL SUPPORT THROUGH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

A COMPETITIVE GRANT CYCLE, BUT GOES ON TO ENCOMPASS MUCH MORE THROUGH TECHNICAL AND CAPACITY-BUILDING SUPPORT. THROUGH THE RESPONSIBLE INVESTMENT OF THE FOUNDATION'S RESOURCES IN COMMUNITY-CENTERED INITIATIVES, IT IS ABLE TO JOIN FELLOW ORGANIZATIONS IN SERVING THE UNDERSERVED, RAISING AND ADDRESSING NEGLECTED SURVIVORSHIP ISSUES, AND IMPACTING PEOPLE ACROSS THE UNITED STATES IN A PERSONAL, MEANINGFUL WAY. IN 2009, THE FOUNDATION AWARDED NEARLY $1 MILLION IN GRANTS TO EIGHT COMMUNITY-BASED PROGRAMS ACROSS THE U.S. THESE GRANTS FOCUS ON EDUCATION FOR HEALTH CARE PROFESSIONALS AND EVIDENCED-BASED INTERVENTIONS.

LIVESTRONG AT THE YMCA- THE FOUNDATION AND THE YMCA HAVE PARTNERED TO CREATE LIVESTRONG AT THE YMCA, AN EVIDENCE-BASED PHYSICAL ACTIVITY AND WELLNESS PROGRAM FOR PEOPLE AFFECTED BY CANCER. IN 2009 THE PROGRAM WAS OFFERED AT YMCA BRANCHES IN 30 CITIES ACROSS THE U.S.

CANCER TRANSITIONS: MOVING BEYOND TREATMENT - THE FOUNDATION PARTNERED WITH THE WELLNESS COMMUNITY, A NON-PROFIT ORGANIZATION DEDICATED TO PROVIDING FREE EMOTIONAL SUPPORT, EDUCATION AND HOPE FOR PEOPLE WITH CANCER AND THEIR LOVED ONES, TO CREATE CANCER TRANSITIONS: MOVING BEYOND TREATMENT, A SIX-WEEK PROGRAM FOR POST-TREATMENT CANCER SURVIVORS. THE PROGRAM PROVIDES CANCER SURVIVORS WITH THE INFORMATION, SKILLS AND TOOLS TO ADDRESS EXERCISE, NUTRITION, EMOTIONAL HEALTH, QUALITY OF LIFE AND MEDICAL MANAGEMENT AFTER TREATMENT ENDS. THE FOUNDATION ALSO WORKED WITH THE WELLNESS COMMUNITY (WHICH UNDERWENT A MERGER WITH GILDA'S CLUB TO BECOME THE CANCER SUPPORT COMMUNITY) TO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

DELIVER THE PROGRAM AND ITS TRAINING MATERIALS ONLINE IN 2009.

LIVESTRONG YOUNG ADULT ALLIANCE - EACH YEAR, NEARLY 70,000 YOUNG ADULTS BETWEEN THE AGES OF 15 AND 39 ARE DIAGNOSED WITH CANCER. IN CONTRAST TO THOSE YOUNGER AND OLDER, SURVIVAL RATES FOR YOUNG ADULTS HAVE NOT INCREASED SINCE 1975, POSSIBLY DUE TO FACTORS SUCH AS LACK OF INSURANCE, LESS PARTICIPATION IN CLINICAL TRIALS AND DELAYED DIAGNOSES.

IN ADDITION, YOUNG SURVIVORS OFTEN ARE CAUGHT BETWEEN THE WORLDS OF PEDIATRIC AND ADULT ONCOLOGY. THEY MAY FACE A VARIETY OF UNIQUE LONG-TERM EFFECTS THAT WILL NEED TO BE ADDRESSED OVER THEIR LIFETIMES, SUCH AS: RE-ENTRY INTO SCHOOL OR THE WORKFORCE, INSURANCE COVERAGE ISSUES, INFERTILITY AS A RESULT OF TREATMENT, NEUROCOGNITIVE EFFECTS OR SECONDARY MALIGNANCIES.

THE LIVESTRONG YOUNG ADULT ALLIANCE (THE "ALLIANCE") IS A COALITION OF ORGANIZATIONS WITH THE GOAL TO IMPROVE THE SURVIVAL RATES AND QUALITY OF LIFE OF YOUNG ADULTS WITH CANCER BETWEEN THE AGES OF 15 AND 40. THE ALLIANCE IS COMMITTED TO PROMOTING RESEARCH AND THE INVESTIGATION OF THE PROBLEM, SERVING AS A VOICE FOR THE ISSUE AND PROMOTING EFFECTIVE SOLUTIONS.

THE FOUNDATION FORMED THE ALLIANCE WITH THE KNOWLEDGE THAT UNITY IS STRENGTH BY WORKING TOGETHER THEY CAN RAISE AWARENESS AND EFFECT POSITIVE CHANGE FOR YOUNG ADULTS WITH CANCER. SINCE ITS FOUNDING IN 2006, THE ALLIANCE HAS MORE THAN DOUBLED IN SIZE TO INCLUDE 170 MEMBER

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

ORGANIZATIONS.

ACQUISITION OF NEW ASSETS - FOR THE FIRST TIME, THE FOUNDATION ACQUIRED THE ASSETS OF TWO NON-PROFIT ORGANIZATIONS TO ENSURE THEIR CONTINUANCE AND GROWTH DURING DIFFICULT ECONOMIC TIMES. THE TWO ORGANIZATION WERE FERTILE HOPE, WHOSE MISSION IS TO SUPPORT THE FERTILITY NEEDS OF CANCER SURVIVORS, AND PLANET CANCER, WHOSE MISSION IS TO ASSIST YOUNG ADULTS WHO HAVE BEEN DIAGNOSED WITH CANCER. BOTH ORGANIZATIONS WERE WELL KNOWN TO THE FOUNDATION, HAD WELL ALIGNED MISSIONS AND THEIR PROGRAMS AND ACTIVITIES COMPLIMENTED THOSE OF THE FOUNDATION. THE FOUNDATION WORKED TO TRANSITION ALL ASSETS OF THE TWO ORGANIZATIONS INTO ITS MISSION ACTIVITIES AND BEGAN SERVING THEIR CONSTITUENTS IN 2009.

DIRECT SERVICES

PATIENT NAVIGATION CENTER - IN 2009, THE FOUNDATION MOVED INTO ITS NEW HEADQUARTERS IN AUSTIN, TEXAS. THE BUILDING CURRENTLY HAS 4,500 SQUARE FEET RESERVED TO ESTABLISH A PATIENT NAVIGATION CENTER FOR THE AUSTIN COMMUNITY THAT WILL HELP CONNECT CLINICAL, SOCIAL, AND PRACTICAL SERVICES FOR THOSE AFFECTED BY CANCER. IN 2009, EFFORTS WERE UNDERTAKEN TO RESEARCH EXISTING MODELS, PLAN SERVICES AND DESIGN THE SPACE FOR A TARGETED OPENING DATE IN MID-2010.

LIVESTRONG SURVIVORCARE - LIVESTRONG SURVIVORCARE IS FOR ANYONE AFFECTED BY CANCER. AT ANY POINT IN A SURVIVOR'S OR CAREGIVER'S CANCER EXPERIENCE, THE FOUNDATION PROVIDES FREE PROFESSIONAL SUPPORT WITH:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

- EMOTIONAL CONCERNS AND COUNSELING NEEDS

- FINANCIAL,INSURANCE AND JOB CONCERNS

- CLINICAL TRIALS AND NEW TREATMENTS IN DEVELOPMENT

- LOCATING AND ACCESSING LOCAL RESOURCES

FORM 990, PART VI, SECTION B, LINE 11: LAF STAFF ARE RESPONSIBLE FOR COMPILING AND PREPARING THE FINANCIAL STATEMENTS THAT ARE THEN AUDITED BY AN OUTSIDE FIRM. UPON COMPLETION OF THE AUDIT, AN OUTSIDE TAX FIRM IS ENGAGED TO PREPARE THE ANNUAL FORM 990 TAX RETURN. BEFORE FILING, THE RETURN IS REVIEWED IN DETAIL BY THE DIRECTOR OF ACCOUNTING AND THE CHIEF FINANCIAL OFFICER. AS A FINAL STEP THE RETURN IS PROVIDED TO THE GOVERNING BODY ELECTRONICALLY FOR THEIR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY WE REQUIRE BOARD MEMBERS TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE PRESIDENT AND ALL OFFICERS IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE POSTED AND MADE AVAILABLE TO THE PUBLIC ON THE LAF WEBSITE. ALL OTHER GOVERNING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS OF SELECTING AN INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990, PART III, LINE 4A

CONTINUATION OF PROGRAM SERVICE ACCOMPLISHMENTS

IN ADDITION TO DIRECT SUPPORT WITH CANCER NEEDS, LIVESTRONG SURVIVORCARE PROVIDES EDUCATIONAL RESOURCES THAT HELP SURVIVORS LEARN MORE ABOUT THIS DISEASE. IT HELPS SURVIVORS UNDERSTAND THEIR DIAGNOSIS AND TREATMENT OPTIONS. AND FOR HEALTHCARE PROFESSIONALS, THE FOUNDATION PROVIDES THE INFORMATION, TOOLS AND TRAINING OPPORTUNITIES TO HELP THEM EFFECTIVELY CARE FOR CANCER PATIENTS.

THROUGHOUT 2009, THE FOUNDATION TOUCHED NEARLY 750,000 LIVES OF INDIVIDUALS AFFECTED BY CANCER THROUGH THE CANCER SUPPORT INFORMATION AND SERVICES. THIS REPORT INCLUDES INFORMATION ABOUT THE FOUNDATION'S REACH TO PEOPLE AFFECTED BY CANCER THROUGH THE LIVESTRONG SURVIVOR CARE AS WELL AS ALL PRINT AND ONLINE EDUCATIONAL MATERIALS. A FEW HIGHLIGHTS FOR 2009 INCLUDE:

- THE FOUNDATION SAVED LIVESTRONG SURVIVORCARE CLIENTS APPROXIMATELY $1.5 MILLION THROUGH NEGOTIATING DISCOUNTS, MAXIMIZING AVAILABLE MEDICATION PROGRAMS AND OVERTURNING DENIALS FROM INSURANCE COMPANIES.

- THE FOUNDATION CONNECTED MORE THAN 9000 INDIVIDUALS TO:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

- INFORMATION ABOUT NEW TRIALS IN DEVELOPMENT AND CLINICAL TRIALS

- HELP WITH FINANCIAL, INSURANCE AND JOB CONCERNS

- SUPPORT FOR EMOTIONAL CONCERNS AND COUNSELING NEEDS

- THE FOUNDATION DISTRIBUTED MORE THAN 450,000 PRINTED EDUCATIONAL MATERIALS TO CANCER SURVIVORS, CAREGIVERS AND HEALTH CARE PROVIDERS, INCLUDING 10,000 OF THE NEWLY CREATED LIVESTRONG GUIDEBOOKS.

- THE FOUNDATION CREATED NEW OR EXPANDED CANCER SUPPORT INFORMATION AND SERVICES FOR UNDERSERVED POPULATIONS INCLUDING:

- A SPANISH - LANGUAGE WEBSITE AVAILABLE AT WWW.LIVESTRONG.ORG/ESPANOL

- LIVESTRONG.ORG/AYARESOURCES, A WEB PORTAL SPECIFICALLY FOR ADOLESCENTS AND YOUNG ADULTS ("AYA") WITH CANCER.

- LIVESTRONGTM: A PODCAST SERIES FOR YOUNG ADULTS WITH CANCER THAT PROVIDE AYAS CANCER INFORMATION AND SUPPORT

- CREATION OF A NEW LIVING AFTER CANCER TREATMENT BROCHURE FOR LGBT CANCER SURVIVORS.

ADVOCACY, GOVERNMENT RELATIONS AND HEALTH POLICY

LIVESTRONG DAY -EACH YEAR, THE FOUNDATION INVITES SUPPORTERS TO PARTICIPATE IN LIVESTRONG DAY, A ONE DAY INITIATIVE TO UNITE PEOPLE AFFECTED BY CANCER. THE GOAL IS TO RAISE AWARENESS AND FUNDS FOR THE CANCER FIGHT AND TO SHOW SUPPORT FOR PEOPLE AFFECTED BY CANCER WITH THESE LOCAL COMMUNITY EVENTS.

IN 2009, MORE THAN 1,000 LIVESTRONG DAY ORGANIZERS ACROSS THE COUNTRY:

- HELD WEAR YELLOW DAY ON LIVESTRONG DAY AND ENCOURAGED FRIENDS, FAMILY, NEIGHBORS AND COWORKERS TO DO THE SAME

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

- WROTE LETTERS TO THE EDITORS OF LOCAL NEWSPAPERS ABOUT THE ISSUES CANCER SURVIVORS FACE AND THE NEED TO MAKE CANCER A NATIONAL AND GLOBAL PRIORITY

- CALLED AND WROTE LETTERS TO ELECTED OFFICIALS IN THEIR DISTRICT OFFICES

- TOLD THEIR STORIES TO COLLEAGUES, COMMUNITY ORGANIZATIONS AND GROUPS OF FRIENDS AND FAMILY

- DELIVERED LIVESTRONG WRISTBANDS TO ELECTED OFFICIALS IN THEIR LOCAL COMMUNITIES AND EDUCATED THEM ABOUT CANCER SURVIVORSHIP ISSUES

- HELD CANDLELIGHT VIGILS IN HONOR OF CANCER SURVIVORS IN THEIR LOCAL COMMUNITIES

- HAD A LOCAL PRIEST, MINISTER OR RABBI HOLD A SURVIVORSHIP SPIRITUAL CEREMONY AT A LOCAL PLACE OF WORSHIP

- HOSTED A LIVESTRONG DAY EVENT AT THEIR SCHOOL AND EDUCATED STUDENTS ABOUT CANCER AWARENESS THROUGH THE LIVESTRONG AT SCHOOL PROGRAM

LIVESTRONG DAY EVENTS ARE UNIQUE TO THE LOCATION; THE DAY IS ABOUT DOING SOMETHING TO MAKE A DIFFERENCE IN THE FIGHT AGAINST CANCER IN A WAY THAT IS MEANINGFUL AND COMFORTABLE TO EACH COMMUNITY.

ADVOCACY COALITIONS - THE FOUNDATION ALSO PARTICIPATES AS A MEMBER OF TWO CANCER ADVOCACY COALITIONS: THE ONE VOICE AGAINST CANCER ("OVAC") COALITION AND THE CANCER LEADERSHIP COUNCIL ("CLC") IN WASHINGTON, D.C. THE PRESIDENT'S CANCER PANEL, OF WHICH MR. LANCE ARMSTRONG IS A MEMBER, RELEASED THEIR YEARLY REPORT FOCUSING ON TRANSLATIONAL RESEARCH.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

POLICY AND GOVERNMENT RELATIONS - THE PRIMARY FOCUS OF 2009 WAS ENSURING THE FEDERAL HEALTH CARE REFORM LEGISLATION INCORPORATED ITEMS THAT WERE MEANINGFUL FOR THOSE AFFECTED BY CANCER. THE FOUNDATION WORKED WITH MEMBERS OF CONGRESS AND THE WHITE HOUSE FOR INCLUSION OF PROVISIONS THAT WOULD ALTER HEALTH INSURANCE IN THE FOLLOWING WAYS:

- REMOVE PRE-EXISTING CONDITIONS AS A DISCRIMINATORY PRACTICE
- REMOVE CAPS ON LIFETIME LIMITS FOR COVERAGE
- ENSURE ROUTINE CARE FOR THOSE ENROLLED IN CLINICAL TRIALS WAS COVERED
- MADE IT POSSIBLE FOR YOUNG ADULTS TO STAY ON THEIR PARENT'S INSURANCE UNTIL AGE 26

INTERNATIONAL PROGRAM:

IN 2009, THE FOUNDATION EMBARKED ON A GLOBAL CANCER CAMPAIGN TO MAKE CANCER A GLOBAL PRIORITY. THE GOALS WERE:

- TO END THE STIGMA OF CANCER AND TURN CANCER VICTIMS INTO CANCER SURVIVORS
- TO BUILD AN INTERNATIONAL GRASSROOTS MOVEMENT THAT WILL TAKE CANCER FROM ISOLATION TO COLLABORATION
- TOGETHER WITH WORLD LEADERS, TO TRANSFORM CANCER FROM OBSCURITY TO PRIORITIES

TO THAT END, THE FOUNDATION HELD THE FIRST GLOBAL CANCER SUMMIT IN DUBLIN, IRELAND, BRINGING TOGETHER MORE THAN 600 PEOPLE FROM 60 COUNTRIES TO ADDRESS THE GLOBAL CANCER BURDEN AND FIND NEW WAYS TO WORK TOGETHER. REPRESENTATIVES FROM GOVERNMENTS, NON-GOVERNMENTAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LANCE ARMSTRONG FOUNDATION

Employer identification number: 74-2806618

ORGANIZATIONS, ADVOCACY GROUPS, PHYSICIANS, RESEARCHERS, AND OTHERS CAME TOGETHER IN AN UNPRECEDENTED WAY AND LEFT WITH NEW TOOLS AND CONNECTIONS TO FOSTER THEIR WORK IN CANCER. IN ADDITION, MORE THAN 300 ORGANIZATIONS AND INDIVIDUALS ACROSS THE GLOBE MADE NEW AND MEANINGFUL COMMITMENTS TO FIGHT CANCER AND MORE THAT 100,000 SIGNED THE WORLD CANCER DECLARATION THROUGH THE LIVESTRONG ACTION PLATFORM.

THE FOUNDATION ALSO CREATED AND RELEASED A REPORT ON THE GLOBAL COST OF CANCER WITH THE ECONOMIST INTELLIGENCE UNIT AND CO-SPONSORED THE RELEASE OF THE WORLD TOBACCO ATLAS WITH THE AMERICAN CANCER SOCIETY.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization
LANCE ARMSTRONG FOUNDATION

Employer identification number
74-2806618

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LANCE ARMSTRONG FOUNDATION ENDOWMENT - 20-0208394, 2201 EAST 6TH STREET, AUSTIN, TX 78702	HOLDING & BUILDING THE ENDOWMENT FUND AND TO ESTABLISH OTHER ENDOWED	TEXAS	501(C)(3)	11A	N/A
LANCE ARMSTRONG FOUNDATION EVENTS - 20-4232365, 2201 EAST 6TH STREET, AUSTIN, TX 78702	FACILITATE SPECIAL EVENT COORDINATION	TEXAS	501(C)(3)	11A	N/A
LANCE ARMSTRONG FOUNDATION MERCHANDISE - 20-4232261, 2201 EAST 6TH STREET, AUSTIN, TX 78702	FACILITATE MERCHANDISE SALES	TEXAS	501(C)(3)	11A	N/A

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	**(b)** Transaction type (a-r)	**(c)** Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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