Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2013, or tax year beginning 07/01 , 2013, and ending 06/30 , 20 14

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-1879

2013

Name of exempt organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

Check the box for the type of return being filed with Form 8453-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 of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ [X]	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	1b 310,095,987.00
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, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 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)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here ▶ Signature of officer | Date 2/6/15 | ▶ Title CAO & CFO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶	Date	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN / Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DEVIN DUNCAN	Devin Duncan	2/5/15		P01249521
Firm's name ▶ KPMG LLP			Firm's EIN ▶	13-5565207
Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154			Phone no.	212-758-9700

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13 , and ending 06/30/14

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

C Name of organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC
Inc.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 1311 MAMARONECK AVENUE

Room/suite: #310

City or town, state or province, country, and ZIP or foreign postal code: WHITE PLAINS NY 10605

D Employer identification number: 13-5644916

E Telephone number: 914-949-5213

G Gross receipts $: 422,686,143

F Name and address of principal officer:
LOUIS J. DEGENNARO, PRESIDENT & CEO
1311 MAMARONECK AVENUE
WHITE PLAINS NY 10605

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.LLS.ORG

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

L Year of formation: 1949

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.

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	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1439
6 Total number of volunteers (estimate if necessary)	6	3000000
7a Total 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)	279,789,665	302,437,152
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,133,222	6,995,117
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,435,580	663,718
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	290,358,467	310,095,987
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	117,726,007	130,249,475
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	90,034,581	94,185,722
16a Professional fundraising fees (Part IX, column (A), line 11e)	10,134,488	7,178,370
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,314,811		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	89,083,589	85,584,715
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	306,978,665	317,198,282
19 Revenue less expenses. Subtract line 18 from line 12	-16,620,198	-7,102,295

	Beginning of Current Year	End of Year
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	236,325,556	242,581,527
21 Total liabilities (Part X, line 26)	135,316,123	145,444,419
22 Net assets or fund balances. Subtract line 21 from line 20	101,009,433	97,137,108

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: 2/6/15

ROSEMARIE LOFFREDO CAO & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KPMG, LLP	KPMG, LLP	02/06/15		P01249521

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 Park Avenue
New York, NY 10154-0102 — Phone no. 212-758-9700

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 82,095,311 including grants of $ 78,325,341) (Revenue $)

A) RESEARCH PROGRAMS:

With advisory input from recognized biomedical research experts, LLS funds exemplary projects across the entire research continuum relevant to improved outcomes for blood cancer patients, from basic laboratory science through clinical trials, and from investigator-initiated research to private-sector drug development alliances. LLS is deliberate and purposeful in finding and supporting research that is most likely to help patients as soon as possible.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 96,728,148 including grants of $ 51,924,134) (Revenue $)

B) PATIENT & COMMUNITY SERVICES:

An estimated 1,129,813 people across the United States (US) currently battle leukemia, lymphoma and myeloma. The Leukemia & Lymphoma Society (LLS) offers a free, comprehensive array of services to blood cancer patients and their families, volunteer caregivers and advocates, healthcare professionals and the public.

(CONTINUED ON SCHEDULE O)

LLS is committed to providing the most accurate and up-to-date blood cancer information. Professional volunteer clinical advisors work with LLS staff to review all of the information LLS provides through healthcare

4c (Code:) (Expenses $ 42,730,205 including grants of $) (Revenue $)

C) PUBLIC HEALTH EDUCATION:

INFORMATION AND EDUCATION

Information Resource Center

Paying for medical care, making treatment choices, communicating with healthcare providers, family members and friends-these are some of the stresses that come with a cancer diagnosis.

(CONTINUED ON SCHEDULE O)

LLS Information Specialists are Master's level oncology social workers,

4d Other program services. (Describe in Schedule O.)

(Expenses $ 19,047,085 including grants of $) (Revenue $)

4e Total program service expenses ▶ 240,600,749

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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	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	11b	X	
c	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	11c		X
d	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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 (or a family member thereof) 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, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 11b 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

Check if Schedule O contains a response or note to any line in this Part V X

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	998		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	24		
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	1439		
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 (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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: ▶ Canada See instructions for 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?		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 as charitable contributions?		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
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 governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ SEE SCHEDULE O.

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ROSEMARIE LOFFREDO 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605 914-949-5213

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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.

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES A. BECK	2.00									
BOD MEMBER	0.00	X						0	0	0
(2) WILLIAM G. BEHNKE	2.00									
BOD MEMBER	0.00	X						0	0	0
(3) JORGE L. BENITEZ	2.00									
BOD MEMBER	0.00	X						0	0	0
(4) PETER B. BROCK	2.00									
BOD MEMBER	0.00	X						0	0	0
(5) A. DANA CALLOW JR.	2.00									
BOD MEMBER	0.00	X						0	0	0
(6) SCOTT A. CARROLL	2.00									
BOD MEMBER	0.00	X						0	0	0
(7) ELIZABETH J. CLARK	2.00									
BOD MEMBER	0.00	X						0	0	0
(8) Rodman N. Myers	2.00									
Life Member	0.00	X						0	0	0
(9) JAMES H. DAVIS, PHD	2.00									
VICE CHAIR	3.00	X		X				0	0	0
(10) TIMOTHY DURST	2.00									
CHAIR	3.00	X		X				0	0	0
(11) BERNARD H. GARIL	2.00									
BOD MEMBER	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PAMELA JO HAYLOCK	2.00									
BOD MEMBER	0.00	X						0	0	0
(13) RAANAN HOROWITZ	2.00									
BOD MEMBER	0.00	X						0	0	0
(14) RICHARD M. JEANNERET	2.00									
BOD MEMBER	0.00	X						0	0	0
(15) RALPH LAWSON	2.00									
BOD MEMBER	0.00	X						0	0	0
(16) JOSEPH B. KELLEY	2.00									
BOD MEMBER	0.00	X						0	0	0
(17) MARIE V. MCDEMMOND	2.00									
BOD MEMBER	0.00	X						0	0	0
(18) STEVEN T. ROSEN, MD, FACP	2.00									
BOD MEMBER	0.00	X						0	0	0
(19) KENNETH M. SCHWARTZ	2.00									
SECRETARY/TREASURER	3.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								3,229,133		393,657
d Total (add lines 1b and 1c)								3,229,133		393,657

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 ▶ 145

		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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
OLIVER STAFFING, INC. 350 LEXINGTON AV. SUITE 401 NEW YORK NY 10016	TEMP STAFFING	6,567,519
PATIENT ADVOCACY FOUNDATION 421 BUTLER FARM RD HAMPTON VA 23666	PAT ASSIST PROC	4,567,715
MAIL AMERICA 174 ELKTON FARM RD FOREST VA 24551	FUNDRAISING SER	3,745,936
INFOCISION 325 SPRINGSIDE DRIVE AKRON OH 44333	FUNDRASING SERV	1,728,035
PARADYZ MATERA 5 HANOVER SQUARE NEW YORK NY 10004	FUNDRAISING SER	1,320,036

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 54

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KATHRYN C. VECELLIO	2.00									
BOD MEMBER	0.00	X						0	0	0
(13) LOUISE E. WARNER	2.00									
BOD MEMBER	0.00	X						0	0	0
(14) JAMES E. BRADNER	2.00									
BOD MEMBER	0.00	X						0	0	0
(15) BETH E. HAWLEY	2.00									
BOD MEMBER	0.00	X						0	0	0
(16) GILLES LEGAULT	2.00									
BOD MEMBER	0.00	X						0	0	0
(17) DONALD PROCTOR	2.00									
BOD MEMBER	0.00	X						0	0	0
(18) FRANK O. SMITH	2.00									
BOD MEMBER	0.00	X						0	0	0
(19) KEITH S. WHITE	2.00									
BOD MEMBER	0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

		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		
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		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GRACIELA C. ELETA	2.00									
BOD MEMBER	0.00	X						0	0	0
(13) JOHN E. WALTER	45.00									
PRES&CEO Term 2/2014	3.00			X				628,359	0	63,346
(14) LOUIS J. DEGENNARO	45.00									
PRESIDENT & CEO	3.00			X				446,200	0	94,307
(15) JAMES T. NANGLE	45.00									
SVP&CFO Term 9/2013	0.00			X				408,402	0	42,373
(16) ROSEMARIE A. LOFFREDO	45.00									
CAO&CFO Start 7/2013	0.00			X				136,466	0	5,319
(17) LISA STOCKMON	45.00									
EVP-CHIEF MKTG OFFIC	0.00					X		348,455	0	35,824
(18) GEORGE J. OMIROS	45.00									
EVP-Chief Camp&FIELD	0.00					X		334,718	0	45,253
(19) MARK VELLECA	45.00									
Chief Policy & Advoc	0.00					X		323,322	0	47,780
1b Sub-total ▶								2,625,922		334,202
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

		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		
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		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARK ROITHMAYR	45.00									
Chief Development Of	0.00					X		320,714	0	25,806
(13) BRIAN ROSEN	45.00									
Chief Policy & Advoc	0.00					X		282,497	0	33,649
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								603,211		59,455
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

		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		
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		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 2,194,082				
	b Membership dues	1b				
	c Fundraising events	1c 163,590,328				
	d Related organizations	1d 58,002				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 136,594,740				
	g Noncash contributions included in lines 1a-1f: $ 890,755					
	h **Total.** Add lines 1a–1f ▶		302,437,152			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,200,545			1,200,545
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		3,320			3,320
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities 90,871,363 / (ii) Other				
	b Less: cost or other basis & sales exps.	85,076,791				
	c Gain or (loss)	5,794,572				
	d Net gain or (loss) ▶		5,794,572			5,794,572
	8a Gross income from fundraising events (not including $ 163,590,328 of contributions reported on line 1c). See Part IV, line 18 a	27,272,894				
	b Less: direct expenses b	27,272,894				
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a	795,990				
	b Less: direct expenses b	240,471				
	c Net income or (loss) from gaming activities ▶		555,519			555,519
	10a 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	Busn. Code				
	11a OTHER MISCELLANEOUS	900099	104,879			104,879
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		104,879			
	12 **Total revenue.** See instructions. ▶		310,095,987	0	0	7,658,835

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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	69,785,159	69,785,159		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	51,924,134	51,924,134		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	8,540,182	8,540,182		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	818,776	569,152	110,390	139,234
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	72,881,314	50,661,660	9,826,189	12,393,465
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,359,951	2,837,221	714,376	808,354
9 Other employee benefits	11,051,482	7,191,706	1,810,781	2,048,995
10 Payroll taxes	5,074,199	3,302,015	831,405	940,779
11 Fees for services (non-employees):				
a Management				
b Legal	704,547	386,222	118,487	199,838
c Accounting	276,417	151,527	46,486	78,404
d Lobbying	558,530	306,176	93,931	158,423
e Professional fundraising services. See Part IV, line 17	7,178,370			7,178,370
f Investment management fees	198,971	109,074	33,462	56,435
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,118,168	9,383,918	2,878,834	4,855,416
12 Advertising and promotion	11,443,327	4,600,579	1,727,542	5,115,206
13 Office expenses	24,283,597	10,735,405	3,515,242	10,032,950
14 Information technology	5,796,747	3,177,688	974,862	1,644,197
15 Royalties				
16 Occupancy	8,442,768	5,677,843	1,330,818	1,434,107
17 Travel	5,174,411	3,495,450	683,781	995,180
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,874,939	2,938,562	251,127	685,250
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,928,364	2,372,972	750,378	805,014
23 Insurance	600,054	386,432	103,072	110,550
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	2,887,044	1,948,337	436,748	501,959
b DUES & SUBSCRIPTIONS	296,831	119,335	44,811	132,685
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	317,198,282	240,600,749	26,282,722	50,314,811
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☒ if following SOP 98-2 (ASC 958-720)	20,809,131	8,971,856		11,837,275

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		5,620,937	1	6,268,949
	2	Savings and temporary cash investments		19,656,020	2	20,220,498
	3	Pledges and grants receivable, net		7,252,079	3	8,575,572
	4	Accounts receivable, net		81,719	4	311
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,851,345	9	4,955,078
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,199,936			
	b	Less: accumulated depreciation	10b 14,790,328	10,594,159	10c	16,409,608
	11	Investments—publicly traded securities		112,406,398	11	125,935,503
	12	Investments—other securities. See Part IV, line 11		75,862,899	12	60,216,008
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		236,325,556	16	242,581,527
Liabilities	17	Accounts payable and accrued expenses		20,652,928	17	20,275,231
	18	Grants payable		80,460,957	18	99,130,986
	19	Deferred revenue		34,202,238	19	26,038,202
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		135,316,123	26	145,444,419
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		90,324,737	27	67,582,758
	28	Temporarily restricted net assets		7,775,266	28	26,592,408
	29	Permanently restricted net assets		2,909,430	29	2,961,942
		Organizations that do not follow SFAS 117 (ASC 958), 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		101,009,433	33	97,137,108
	34	Total liabilities and net assets/fund balances		236,325,556	34	242,581,527

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ... X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	310,095,987
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,198,282
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,102,295
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,009,433
5	Net unrealized gains (losses) on investments	5	6,349,371
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,119,401
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	97,137,108

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ... X

			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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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		

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.	13-5644916

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 ☒ 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–Non-functionally integrated

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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	238,080,823	270,043,865	282,672,072	279,789,664	302,437,152	1373023576
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	238,080,823	270,043,865	282,672,072	279,789,664	302,437,152	1373023576
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)						194,613,347
6 **Public support.** Subtract line 5 from line 4.						1178410229

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	238,080,823	270,043,865	282,672,072	279,789,664	302,437,152	1373023576
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,962,639	3,145,637	2,705,046	2,260,636	1,203,865	14,277,823
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.)	1,925,834	1,779,485	1,502,044	1,974,227	104,879	7,286,469
11 **Total support.** Add lines 7 through 10						1394587868
12 Gross receipts from related activities, etc. (see instructions)					12	171,720,181

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 2013 (line 6, column (f) divided by line 11, column (f))	14	84.50 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	87.53 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** 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—2012.** 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 ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

GRANT TERMINATIONS & REFUNDS	$ 6,966,780
OTHER MISC. REVENUE	$ 319,689

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETY, INC
Inc.

Employer identification number
13-5644916

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, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization	Employer identification number
THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.	13-5644916

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 the filing organization made payments. 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-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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.		

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.

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-		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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	
e Publications, or published or broadcast statements?	X		239,637
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		786,711
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		90,017
i Other activities?	X		558,530
j Total. Add lines 1c through 1i			1,674,895
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) 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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1

LLS is a member of a number of coalitions including Friends of Cancer Research, Alliance For A Stronger FDA, National Coalition For Cancer Research, Patient Advocate Foundation, America Association For Cancer Research, Children's Cause For Cancer Advocacy, The Cancer Leadership Council and The Anticancer Agent Development And Validation Workshop. LLS

Part IV Supplemental Information (continued)

partners with a number of lobbying firms who work with our public policy staff to carry out our lobbying objectives.

LLS mobilizes patient-advocates and volunteers to engage with their federal and state legislators through digital advocacy - sending letters; sharing their personal stories; signing petitions; and encouraging their legislators to support LLS' policy priorities. In conjunction with LLS employees, patient-advocates also visit their legislators in their local offices, in Washington, DC and in state capitols to further LLS' policy agenda.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETY, INC
Inc.

Employer identification number
13-5644916

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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register	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 XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 [X] 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 XIII.

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 [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII [ ]

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	6,027,657	6,000,186	6,059,994	5,023,902	4,481,610
b Contributions				111,064	
c Net investment earnings, gains, and losses	313,872	482,520	48,916	938,068	563,236
d Grants or scholarships	-215,000	-450,000			
e Other expenditures for facilities and programs					
f Administrative expenses	-3,831	-5,049	-9,992	-13,040	-20,944
g End of year balance	6,122,698	6,027,657	6,000,186	6,059,994	5,023,902

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 48.00 %
- c Temporarily restricted endowment ▶ 52.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		953,362	434,856	518,506
d Equipment		27,556,719	11,922,469	15,634,250
e Other		2,689,855	2,433,003	256,852
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				16,409,608

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other FUND OF HEDGE FUNDS- OPERATING	54,020,325	Market
(A) LIMITED PARTNERSHIP EQUITIES-OPERATI	2,597,869	Market
(B) FUND OF HEDGE FUNDS-ENDOWMENT	1,653,526	Market
(C) 457B PLAN	1,648,380	Market
(D) LIMITED PARTNERSHIP EQUITIES-ENDOWME	295,908	Market
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	60,216,008	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	339,832,605
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	6,349,371		
b	Donated services and use of facilities	2b	10,982,172		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	12,662,047		
e	Add lines 2a through 2d			2e	29,993,590
3	Subtract line 2e from line 1			3	309,839,015
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	198,971		
b	Other (Describe in Part XIII.)	4b	58,001		
c	Add lines 4a and 4b			4c	256,972
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	310,095,987

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	343,191,816
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	10,982,172		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	15,210,333		
e	Add lines 2a through 2d			2e	26,192,505
3	Subtract line 2e from line 1			3	316,999,311
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	198,971		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	198,971
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	317,198,282

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 4 - Collections and Relation to Exempt Purpose

THE LLS COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS.

Part V, Line 4 - Intended Uses for Endowment Funds

LLS'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT LLS'S PUBLIC EDUCATION PROGRAMS.

Part X - FIN 48 Footnote

LLS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO LLS'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENE CODE SECTION 511. LLS DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2014 AND 2013.

Part XIII Supplemental Information (continued)

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

LLS Canada Revenue	$ 12,662,047

Part XI, Line 4b - Revenue Amounts Included on Return - Other

LSRP Contribution	$ 58,002
Rounding	$ -1

Part XII, Line 2d - Expense Amounts Included in Financials - Other

LLS CANADA EXPENSES	$ 11,853,901
Foreign Currency Transalation Adjustment	$ 153,433
Rounding	$ -4
Write-off of Contributions Receivable	$ 3,507,289
Grant refund expensed in prior year	$ -304,286

Part XIII - Supplemental Financial Information

LLS maintains a small photograph collection for public exhibition which has an estimated value of between $20,000 and $50,000. As this represents a relatively small percentage of LLS's assets, it is not separately disclosed in the financial statements or footnotes.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
EAST ASIA (1)		4	RESEARCH FUNDING	RESEARCH GRANTS	1,548,714
EUROPE (2)		13	RESEARCH FUNDING	RESEARCH GRANTS	4,389,865
NORTH AMERICA (3)	7	13	RESEARCH FUNDING	RESEARCH GRANTS	2,601,603
CENTRAL AMERICA & CARIBBEAN (4)			INVESTMENTS	INVESTMENTS	25,156,350
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	7	30			33,696,532
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	7	30			33,696,532

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated 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)
(1)			EAST ASIA & PACIFIC	RESEARCH GRANT	55,000	Check			ACCRUAL
(2)			EAST ASIA & PACIFIC	RESEARCH GRANT	1,250,000	Check			ACCRUAL
(3)			EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	Check			ACCRUAL
(4)			EAST ASIA & PACIFIC	THERAPY ACCELERATION	43,713	Check			FMV
(5)			EUROPE	RESEARCH GRANT	110,000	Wire			ACCRUAL
(6)			EUROPE	RESEARCH GRANT	110,000	Wire			ACCRUAL
(7)			EUROPE	RESEARCH GRANT	1,250,000	Check			ACCRUAL
(8)			EUROPE	RESEARCH GRANT	398,748	Check			ACCRUAL
(9)			EUROPE	THERAPY ACCELERATION	750,000	Check			FMV
(10)			EUROPE	THERAPY ACCELERATION	750,000	Check			FMV
(11)			EUROPE	THERAPY ACCELERATION	9,554	Check			FMV
(12)			EUROPE	THERAPY ACCELERATION	1,000,000	Check			FMV
(13)			EUROPE	THERAPY ACCELERATION	11,563	Check			FMV
(14)			NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(15)			NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(16)			NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶ 20

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated 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)
(1)		NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(2)		NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(3)		NORTH AMERICA	RESEARCH GRANT	505,999	Check			ACCRUAL
(4)		NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(5)		NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(6)		NORTH AMERICA	RESEARCH GRANT	300,000	Check			ACCRUAL
(7)		NORTH AMERICA	RESEARCH GRANT	363,353	Check			ACCRUAL
(8)		NORTH AMERICA	THERAPY ACCELERATION	25,338	Check			FMV
(9)		NORTH AMERICA	THERAPY ACCELERATION	5,132	Check			FMV
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	[X] Yes	[ ] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	[ ] Yes	[X] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	[ ] Yes	[X] No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS,EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
EAST ASIA	$ 1,548,714	$ 0
EUROPE	$ 4,389,865	$ 0
NORTH AMERICA	$ 2,601,603	$ 0
CENTRAL AMERICA & CARIBBEAN	$ 0	$ 25,156,350

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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 [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [X] Solicitation of government grants
- g [X] Special fundraising events

2a 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? [X] 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) 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
1	MAIL AMERICA COMMUNICATIONS INC. 174 ELKTON FARM ROAD FOREST VA 24551	DIRECT MAI		X	0	3,745,937	-3,745,937
2	INFOCISION 325 SPRINSIDE DRIVE AKRON OH 44333	TELEMARKET		X	0	1,728,035	-1,728,035
3	PARADYZ MATERA 5 HANOVER SQUARE, 6TH FLOOR NEW YORK NY 10004	DIRECT MAI		X	0	1,320,036	-1,320,036
4	EPSILON DALLAS 6021 CONNECTION DR. IRVING TX 75039	DIRECT MAI		X	0	1,259,581	-1,259,581
5	DIRECT PRINT COMMUNICATIONS 201 EAST SANDPOINTE, SUITE 400 SANTA ANA CA 92707	DIRECT MAI		X	0	991,528	-991,528
6	THOMPSON, HABIB & DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	DIRECT MAI		X	0	672,496	-672,496
7	DONOR CARE CENTER INC. 4345 STRAUSSSER ST NW NOTH CANTON OH 44720	TELEMARKET		X	0	245,058	-245,058
8	BLACKBAUD 1800 DIAGONAL ROAD, SUITE 400 ALEXANDRIA VA 22314	DIRECT MAI		X	0	101,502	-101,502
9							
10							
Total		▶				10,064,173	-10,064,173

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

All states as well the District of Columbia and Puerto Rico

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 NIKE WOMEN HALF (event type)	(b) Event #2 NIKE WOMENS MAR (event type)	(c) Other events 1027 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	4,339,846	8,884,317	177,639,059	190,863,222
	2 Less: Contributions	3,606,608	6,946,142	153,037,578	163,590,328
	3 Gross income (line 1 minus line 2)	733,238	1,938,175	24,601,481	27,272,894
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	733,238	1,938,175	24,601,481	27,272,894
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				27,272,894
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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.

Revenue / Direct Expenses		(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			795,990	795,990
Direct Expenses	2 Cash prizes			7,653	7,653
	3 Noncash prizes			230,067	230,067
	4 Rent/facility costs				
	5 Other direct expenses			2,751	2,751
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☒ Yes 71.00 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				240,471
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				555,519

9 Enter the state(s) in which the organization operates gaming activities: SCHEDULE G, PART IV

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

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? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	25.00 %
b An outside facility	13b	75.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ROSEMARIE LOFFREDO
1311 MAMARONECK AVENUE
Address ▶ WHITE PLAINS NY 10605

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

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 ▶ SEE SCHEDULE G, PART IV

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? ☐ Yes ☒ No

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 ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G, Page 3, Part IV - Additional Information
SCHEDULE G PART I, LINE 2B
LLS USED INFOCISION, MAIL AMERICA COMMUNICATIONS, DONOR CARE CENTER INC., EPSILON AND THOMPSON, HABIB & DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS. THESE PROGRAMS GENERATED GROSS RECEIPTS OF $19,483,579 DURING FISCAL YEAR 2014. LLS USED DIRECT PRINT COMMUNICATIONS, PARADYZ MATERA AND BLACKBAUD FOR ALL OF ITS OTHER FUNDRAISING EVENTS DURING FISCAL YEAR 2014.

SCHEDULE G, PART III, LINE 9 - STATES WITH GAMING OPERATIONS
ARIZONA, DISTRICT OF COLUMBIA, IOWA, KANSAS, LOUISIANA, MICHIGAN, NEVADA, NEW YORK, OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, TEXAS, WISCONSIN.

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART III, LINE 16

THE LEUKEMIA & LYMPHOMA SOCIETY DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES. EACH GAMING EVENT IS MANAGED LOCALLY BY THE SPECIFIC CHAPTER STAFF.

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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. Part II can be duplicated 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
(1) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(3) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	110,000		ACCRUAL		RESEARCH GRANT
(4) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	110,000		ACCRUAL		RESEARCH GRANT
(6) Baylor College of Medicine 1 Baylor Plaza Houston TX 77030	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(7) Baylor College of Medicine 1 Baylor Plaza Houston TX 77030	74-1613878	3	1,250,000		ACCRUAL		RESEARCH GRANT
(8) Beckman Research Institute of the C 1500 East Duarte Rd Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Beckman Research Institute of the C 1500 East Duarte Rd Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 109

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 12

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Inc.

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Part I General Information on Grants and Assistance

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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. Part II can be duplicated 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
(1) Beckman Research Institute of the C 1500 East Duarte Rd Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Beth Israel Deaconess Medical Cente 330 Brookline Avenue Boston MA 02215	04-2103881	3	110,000		ACCRUAL		RESEARCH GRANT
(3) Beth Israel Deaconess Medical Cente 330 Brookline Avenue Boston MA 02215	04-2103881	3	55,000		ACCRUAL		RESEARCH GRANT
(4) Beth Israel Deaconess Medical Cente 330 Brookline Avenue Boston MA 02215	04-2103881	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Board of Regents of the University 4400 Emile St Omaha NE 68198	47-0049123	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Brandeis University 415 South St. Waltham MA 02453	04-2103552	3	55,000		ACCRUAL		RESEARCH GRANT
(7) Brigham and Women's Hospital, Inc 75 Francis Street Boston MA 02115	04-2312909	3	190,657		ACCRUAL		RESEARCH GRANT
(8) Brigham and Women's Hospital, Inc. 75 Francis Street Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
(9) Brigham and Women's Hospital, Inc. 75 Francis Street Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Employer identification number: 13-5644916

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? ☐ 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. Part II can be duplicated 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
(1) Brigham and Women's Hospital, Inc. 75 Francis Street Boston MA 02115	04-2312909	3	1,250,000		ACCRUAL		RESEARCH GRANT
(2) Stanford University Medical Center 291 Campus Dr Stanford CA 94305	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT
(3) Stanford University Medical Center 291 Campus Dr Stanford CA 94305	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
(4) Stanford University Medical Center 291 Campus Dr Stanford CA 94305	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT
(5) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(6) CA Institute of Technology 1200 E California Blvd Pasadena CA 91125	95-1643307	3	55,000		ACCRUAL		RESEARCH GRANT
(7) CA Institute of Technology 1200 E California Blvd Pasadena CA 91125	95-1643307	3	55,000		ACCRUAL		RESEARCH GRANT
(8) Case Western Reserve University - S 2109 Adelbert Rd Cleveland OH 44106	34-1018992	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Children's Hospital Boston 300 Longwood Ave Boston MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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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? ☐ 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.

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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
(1) Children's Hospital Boston 300 Longwood Ave Boston MA 02115	04-2774441	3	1,329,926		ACCRUAL		RESEARCH GRANT
(2) Children's Hospital Boston 300 Longwood Ave Boston MA 02115	04-2774441	3	65,000		ACCRUAL		RESEARCH GRANT
(3) Children's Hospital Boston 300 Longwood Ave Boston MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(4) Children's Hospital Boston 300 Longwood Ave Boston MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(5) Children's Hospital Boston and Harv 300 Longwood Ave Boston MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(6) Childrens Hospital Los Angeles 4650 Sunset Blvd Los Angeles CA 90027	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
(7) Childrens Hospital Medical Center-C 3333 Burnet Ave Cincinnati OH 45229	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
(8) Childrens Hospital Medical Center-C 3333 Burnet Ave Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Children's Hospital Philadelphia 34th Street and Civic Center Boule Philadelphia PA 19104	23-1352166	3	400,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Inc.

Employer identification number: 13-5644916

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? ☐ Yes ☐ No

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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
(1) Cincinnati Children's Hospital Medi 3333 Burnet Ave Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Cincinnati Children's Hospital Medi 3333 Burnet Ave Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(3) Cleveland Clinic Foundation 9200 Euclid Ave Cleveland OH 44195	91-2153073	3	200,000		ACCRUAL		RESEARCH GRANT
(4) Cleveland Clinic Foundation 9200 Euclid Ave Cleveland OH 44195	91-2153073	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Columbia University 116th St & Broadway New York NY 10027	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Columbia University 615 West 131 Street New York NY 10027	13-5598093	3	400,000		ACCRUAL		RESEARCH GRANT
(7) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
(8) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
(9) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

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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
(1) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(2) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(3) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(4) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Columbia University Medical Center 630 W 168th Street New York NY 10032	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(7) Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	136,590		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	288,910		ACCRUAL		RESEARCH GRANT
(2) Dana Farber Cancer Institute /The J 10 Brookline Place West Brookline MA 02445	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3) Dana Farber Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	194,425		FMV		THERAPY ACCELERATION
(4) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(5) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(6) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(7) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(8) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(9) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT

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3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
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(1) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(2) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(4) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(5) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(6) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(7) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(8) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(9) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

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Internal Revenue Service

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OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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? ☐ 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. Part II can be duplicated 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
(1) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(2) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(3) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(4) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(7) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	1,250,000		ACCRUAL		RESEARCH GRANT
(3) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	37,500		ACCRUAL		RESEARCH GRANT
(4) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(5) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(6) Dana-Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(7) Dana-Farber Cancer Institute 450 Brookline Avenue Boston MA 02215	04-2263040	3	400,000		ACCRUAL		RESEARCH GRANT
(8) Duke University Medical Center 324 Blackwell Street Durham NC 27708	56-0532129	3	382,081		ACCRUAL		RESEARCH GRANT
(9) Emory University 201 Dowman Dr. Atlanta GA 30322	58-0566256	3	110,000		ACCRUAL		RESEARCH GRANT

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Emory University PO Box 935084 Altanta GA 31193	58-0566256	3	450,000		FMV		THERAPY ACCELERATION
(2) Fox Chase Cancer Center 333 Cottman Ave Philadelphia PA 19111	23-2003072	3	200,000		ACCRUAL		RESEARCH GRANT
(3) Fred Hutchinson Cancer Research Cen 1100 Fairview Ave N Seattle WA 98109	23-7156071	3	65,000		ACCRUAL		RESEARCH GRANT
(4) Fred Hutchinson Cancer Research Cen 1100 Fairview Ave N Seattle WA 98109	23-7156071	3	55,000		ACCRUAL		RESEARCH GRANT
(5) Fred Hutchinson Cancer Research Cen 1100 Fairview Ave N Seattle WA 98109	23-7156071	3	55,000		ACCRUAL		RESEARCH GRANT
(6) Fred Hutchinson Cancer Research Cen 1100 Fairview Ave N Seattle WA 98109	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
(7) Fred Hutchinson Cancer Research Cen 1100 Fairview Ave N Seattle WA 98109	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Fred Hutchinson Cancer Research Cen 1100 Fairview Ave N Seattle WA 98109	23-7156071	3	100,000		ACCRUAL		RESEARCH GRANT
(9) Fred Hutchinson Cancer Research Cen 1100 Fairview Ave N Seattle WA 98109	23-7156071	3	110,000		ACCRUAL		RESEARCH GRANT

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Georgia Center for Oncology Researc 50 Hurt Plaza Altanta GA 30303	57-1159979	3	190,494		FMV		THERAPY ACCELERATION
(2) H. Lee Moffitt Cancer Center & Rese 12902 USF Magnolia Dr Tampa FL 33612	59-3238636	3	65,000		ACCRUAL		RESEARCH GRANT
(3) Harvard Medical School 25 Shattuck St Boston MA 02115	04-2103580	3	65,000		ACCRUAL		RESEARCH GRANT
(4) Harvard Medical School 25 Shattuck St Boston MA 02115	04-2103580	3	55,000		ACCRUAL		RESEARCH GRANT
(5) Harvard Medical School 25 Shattuck St Boston MA 02115	04-2103580	3	55,000		ACCRUAL		RESEARCH GRANT
(6) Harvard Medical School 25 Shattuck St Boston MA 02115	04-2103580	3	55,000		ACCRUAL		RESEARCH GRANT
(7) Icahn School of Medicine at Mount S 1428 Madison Ave New York NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(8) Immune Disease Institute (fka) The 3 Blackfan Cir Boston MA 02115	04-2103580	3	1,250,000		ACCRUAL		RESEARCH GRANT
(9) Indiana University 420 University Blvd Indianapolis IN 46202	35-6001673	3	110,000		ACCRUAL		RESEARCH GRANT

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(1) Joan & Sanford I. Weill Cornell Med 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	110,000		ACCRUAL		RESEARCH GRANT
(3) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	55,000		ACCRUAL		RESEARCH GRANT
(4) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(7) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) Joan & Sanford I. Weill Medical Col 1300 York Ave New York NY 10065	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Johns Hopkins University 733 North Broadway Baltimore MD 21205	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(3) Johns Hopkins University 733 North Broadway Baltimore MD 21205	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(4) Johns Hopkins University 733 North Broadway Baltimore MD 21205	52-0595110	3	277,750		ACCRUAL		RESEARCH GRANT
(5) Johns Hopkins University Centr 12529 Collections Center Drive Chicago IL 60693	52-0595110	3	350,000		FMV		THERAPY ACCELERATION
(6) Johns Hopkins University Centr 12529 Collections Center Drive Chicago IL 60693	52-0595110	3	700,000		FMV		THERAPY ACCELERATION
(7) Johns Hopkins University School of 733 N Broadway Baltimore MD 21205	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(8) Johns Hopkins University School of 733 N Broadway Baltimore MD 21205	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(9) Johns Hopkins University School of 733 N Broadway Baltimore MD 21205	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) Johns Hopkins University School of 733 N Broadway Baltimore MD 21205	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(2) La Jolla Institute for Allergy and 9420 Athena Cir La Jolla CA 92037	33-0328688	3	200,000		ACCRUAL		RESEARCH GRANT
(3) Ludwig Institute for Cancer Researc 666 Third Ave, 28th Fl New York NY 10017	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(4) Massachusetts General Hospital 55 Fruit St Boston MA 02114	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
(5) Massachusetts General Hospital 55 Fruit St Boston MA 02114	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(6) Massachusetts General Hospital 55 Fruit St Boston MA 02114	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
(7) Massachusetts General Hospital 55 Fruit St Boston MA 02114	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Massachusetts General Hospital 55 Fruit St Boston MA 02114	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(9) Massachusetts Institute of Technolo 77 Massachusetts Ave Cambridge MA 02139	04-2103594	3	55,000		ACCRUAL		RESEARCH GRANT

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(1) Massachussets General Hospital 55 Fruit Street Boston MA 02114	04-1564655	3	356,484		ACCRUAL		RESEARCH GRANT
(2) Mayo Clinic Arizona 13400 E Shea Blvd Scottsdale AZ 85259	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
(3) Mayo Clinic Arizona 13400 E Shea Blvd Scottsdale AZ 85259	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(4) Mayo Clinic Arizona, d/b/a Mayo Cli 13400 E Shea Blvd Scottsdale AZ 85259	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Mayo Clinic Arizona, d/b/a Mayo Cli 13400 E Shea Blvd Scottsdale AZ 85259	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Mayo Clinic Arizona 13400 E Shea Blvd Scottsdale AZ 85259	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(7) Mayo Clinic Arizona 13400 E Shea Blvd Scottsdale AZ 85259	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Memorial Sloan Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(9) Memorial Sloan Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	65,000		ACCRUAL		RESEARCH GRANT

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(1) Memorial Sloan Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(2) Memorial Sloan Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(3) Memorial Sloan-Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(4) Memorial Sloan-Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Memorial Sloan-Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Memorial Sloan-Kettering Cancer Cen 1275 York Avenue New York NY 10065	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
(7) Moffitt Cancer Center and Research 12902 USF Magnolia Dr Tampa FL 33612	59-3238636	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Mount Sinai School of Medicine 1428 Madison Ave New York NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(9) Mount Sinai School of Medicine 1428 Madison Ave New York NY 10029	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) MPN Research Foundation 180 N. Michigan Avenue, Suite 1870 Chicago IL 60601	36-4330967	3	400,000		ACCRUAL		RESEARCH GRANT
(2) New York University School of Medic 550 1st Avenue New York NY 10016	13-5562308	3	110,000		ACCRUAL		RESEARCH GRANT
(3) New York University School of Medic 550 1st Avenue New York NY 10016	13-5562308	3	65,000		ACCRUAL		RESEARCH GRANT
(4) New York University School of Medic 550 1st Avenue New York NY 10016	13-5562308	3	1,250,000		ACCRUAL		RESEARCH GRANT
(5) New York University School of Medic 550 1st Avenue New York NY 10016	13-5562308	3	65,000		ACCRUAL		RESEARCH GRANT
(6) New York University School of Medic 550 First Ave GBH-SC1-47 New York NY 10016	13-5562308	3	100,000		FMV		THERAPY ACCELERATION
(7) Northwestern University 633 Clark St Evanston IL 60208	36-2167817	3	297,404		ACCRUAL		RESEARCH GRANT
(8) Northwestern University - Chicago C 750 N Lake Shore Dr Chicago IL 60611	36-2167817	3	55,000		ACCRUAL		RESEARCH GRANT
(9) Northwestern University - Chicago C 750 N Lake Shore Dr Chicago IL 60611	36-2167817	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY,INC Inc.

Employer identification number: 13-5644916

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? ☐ 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. Part II can be duplicated 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
(1) Northwestern University - Chicago C 750 N Lake Shore Dr Chicago IL 60611	36-2167817	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Northwestern University - Chicago C 750 N Lake Shore Dr Chicago IL 60611	36-2167817	3	200,000		ACCRUAL		RESEARCH GRANT
(3) Northwestern University - Chicago C 750 N Lake Shore Dr Chicago IL 60611	36-2167817	3	1,250,000		ACCRUAL		RESEARCH GRANT
(4) Ohio State University 281 W Lane Ave Columbus OH 43210	31-6025986	3	300,000		ACCRUAL		RESEARCH GRANT
(5) Oregon Health & Science University 3181 SW Sam Jackson Park Rd Portland OR 97239	93-1176109	3	55,000		ACCRUAL		RESEARCH GRANT
(6) Oregon Health & Science University 3181 SW Sam Jackson Park Rd Portland OR 97239	93-1176109	3	1,250,000		ACCRUAL		RESEARCH GRANT
(7) Oregon Health & Science University 0690 SW Bancroft St Portland OR 97239	93-1176109	3	555,500		FMV		THERAPY ACCELERATION
(8) Oregon Health & Science University 0690 SW Bancroft St Portland OR 97239	93-1176109	3	1,111,000		FMV		THERAPY ACCELERATION
(9) President & Fellows of Harvard Coll Massachusetts Hall Cambridge MA 02138	04-2103580	3	200,000		ACCRUAL		RESEARCH GRANT

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Department of the Treasury
Internal Revenue Service

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(1) President & Fellows of Harvard Coll Massachusetts Hall Cambridge MA 02138	04-2103580	3	65,000		ACCRUAL		RESEARCH GRANT
(2) President & Fellows of Harvard Coll Massachusetts Hall Cambridge MA 02138	04-2103580	3	55,000		ACCRUAL		RESEARCH GRANT
(3) Regents of the University of Michi Box 223131 Pittsburgh PA 15251	38-6006309	3	20,059		FMV		THERAPY ACCELERATION
(4) Regents of the University of Michi Box 223131 Pittsburgh PA 15251	38-6006309	3	168,259		FMV		THERAPY ACCELERATION
(5) Regents of the University of Michi Box 223131 Pittsburgh PA 15251	38-6006309	3	26,587		FMV		THERAPY ACCELERATION
(6) Regents of the University of Michi Box 223131 Pittsburgh PA 15251	38-6006309	3	13,012		FMV		THERAPY ACCELERATION
(7) Regents of the University of Michi Box 223131 Pittsburgh PA 15251	38-6006309	3	286,084		FMV		THERAPY ACCELERATION
(8) Regents of the University of Michi Box 223131 Pittsburgh PA 15251	38-6006309	3	260,211		FMV		THERAPY ACCELERATION
(9) Regents of the University of Michi Box 223131 Pittsburgh PA 15251	38-6006309	3	217,067		FMV		THERAPY ACCELERATION

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Internal Revenue Service

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(1) Regents of the University of Minnes 420 JohH, Johnston Hall, 101 Pleasa Minneapolis MN 55455	41-6007513	3	200,000		ACCRUAL		RESEARCH GRANT
(2) Regents of the University of Minnes 420 JohH, Johnston Hall, 101 Pleasa Minneapolis MN 55455	41-6007513	3	100,000		ACCRUAL		RESEARCH GRANT
(3) Rhode Island Hospital 593 Eddy St Providence RI 02903	05-0258954	3	65,000		ACCRUAL		RESEARCH GRANT
(4) Saint Louis University 221 N Grand Blvd St. Louis MO 63103	43-0654872	3	200,000		ACCRUAL		RESEARCH GRANT
(5) Sloan Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(6) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(7) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	500,000		ACCRUAL		RESEARCH GRANT
(8) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT

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(1) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(2) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(3) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	65,000		ACCRUAL		RESEARCH GRANT
(4) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(5) Sloan-Kettering Institute for Cance 1275 York Avenue New York NY 10065	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(6) St. Jude Children's Research Hospit 262 Danny Thomas Pl Memphis TN 38105	62-0646012	3	65,000		ACCRUAL		RESEARCH GRANT
(7) Stanford University 291 Campus Dr Stanford CA 94305	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT
(8) Stanford University 291 Campus Dr Stanford CA 94305	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
(9) Stanford University 291 Campus Dr Stanford CA 94305	94-1156365	3	500,000		ACCRUAL		RESEARCH GRANT

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(1) Stanford University 291 Campus Dr Stanford CA 94305	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT
(2) Stanford University 291 Campus Dr Stanford CA 94305	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT
(3) Stanford University 291 Campus Dr Stanford CA 94305	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
(4) Stanford University 291 Campus Dr Stanford CA 94305	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
(5) Stanford University PO Box 44253 San Francisco CA 94144	94-1156365	3	326,076		FMV		THERAPY ACCELERATION
(6) Stowers Institute for Medical Resea 1000 E 50th St Kansas City MO 64110	20-2993509	3	55,000		ACCRUAL		RESEARCH GRANT
(7) SUNY Upstate Medical University 750 E Adams St. Syracuse NY 13210	16-6038703	3	110,000		ACCRUAL		RESEARCH GRANT
(8) The Board of Regents of the Univers 1860 Van Hise Hall, 1220 Linden Dr Madison WI 53706	39-6006492	3	215,000		ACCRUAL		RESEARCH GRANT
(9) The Board of Trustees of the Leland 291 Campus Dr Stanford CA 94305	94-1156365	3	268,353		ACCRUAL		RESEARCH GRANT

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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
(1) The Board of Trustees of the Leland 291 Campus Dr Stanford CA 94305	94-1156365	3	110,000		ACCRUAL		RESEARCH GRANT
(2) The Board of Trustees of the Univer 700 S. Halsted St., #2029 Chicago IL 60607	36-2177139	3	110,000		ACCRUAL		RESEARCH GRANT
(3) The Children's Hospital of Philadel 34th St & Civic Center Blvd Philadelphia PA 19104	23-2237932	3	110,000		ACCRUAL		RESEARCH GRANT
(4) The Children's Hospital of Philadel 34th St & Civic Center Blvd Philadelphia PA 19104	23-2237932	3	110,000		ACCRUAL		RESEARCH GRANT
(5) The Hospital for Special Surgery 535 E 70th St New York NY 10021	13-6714749	3	200,000		ACCRUAL		RESEARCH GRANT
(6) The J. David Gladstone Institutes 88 Kearny St, Suite 900 San Francisco CA 94108	23-7203666	3	100,000		ACCRUAL		RESEARCH GRANT
(7) The Ohio State University 281 W Lane Ave Columbus OH 43210	31-6025986	3	65,000		ACCRUAL		RESEARCH GRANT
(8) The Ohio State University 281 W Lane Ave Columbus OH 43210	31-6025986	3	55,000		ACCRUAL		RESEARCH GRANT
(9) The Ohio State University 281 W Lane Ave Columbus OH 43210	31-6025986	3	1,250,000		ACCRUAL		RESEARCH GRANT

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(1) The Ohio State University Research 281 W Lane Ave Columbus OH 43210	31-6025986	3	200,000		ACCRUAL		RESEARCH GRANT
(2) The Pennsylvania State University C 500 University Drive Hershey PA 17033	24-6000376	3	200,000		ACCRUAL		RESEARCH GRANT
(3) The Regents of the University of CA 2150 Shattuck Ave, Suite 300 Berkeley CA 94704	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT
(4) The Regents of the University of CA 2150 Shattuck Ave, Suite 300 Berkeley CA 94704	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT
(5) The Regents of the University of CA 2150 Shattuck Ave, Suite 300 Berkeley CA 94704	94-6002123	3	55,000		ACCRUAL		RESEARCH GRANT
(6) The Regents of the University of CA 11000 Kinross Ave, Suite 211 Los Angeles CA 90095	95-6006143	3	65,000		ACCRUAL		RESEARCH GRANT
(7) The Regents of the University of CA 11000 Kinross Ave, Suite 211 Los Angeles CA 90095	95-6006143	3	55,000		ACCRUAL		RESEARCH GRANT
(8) The Regents of the University of CA 11000 Kinross Ave, Suite 211 Los Angeles CA 90095	95-6006143	3	200,000		ACCRUAL		RESEARCH GRANT
(9) The Regents of the University of CA 9500 Gilman Dr. La Jolla CA 92093	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT

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(1) The Regents of the University of CA 9500 Gilman Dr. La Jolla CA 92093	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT
(2) The Regents of the University of CA 9500 Gilman Dr. La Jolla CA 92093	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT
(3) The Regents of the University of CA 9500 Gilman Dr. La Jolla CA 92093	95-6006144	3	55,000		ACCRUAL		RESEARCH GRANT
(4) The Regents of the University of CA 9500 Gilman Dr. La Jolla CA 92093	95-6006144	3	1,250,000		ACCRUAL		RESEARCH GRANT
(5) The Regents of the University of CA 9500 Gilman Dr. La Jolla CA 92093	95-6006144	3	55,000		ACCRUAL		RESEARCH GRANT
(6) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(7) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(8) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(9) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(2) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(3) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(4) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(5) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(6) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(7) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(8) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(9) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT

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(1) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(2) The Regents of the University of CA 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(3) The Regents of the University of Ca 9500 Gilman Dr., La Jolla CA 92093	95-6006144	3	398,316		ACCRUAL		RESEARCH GRANT
(4) The Regents of the University of Ca 11000 Kinross Ave, Suite 211 Los Angeles CA 90095	95-6006143	3	110,000		ACCRUAL		RESEARCH GRANT
(5) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(6) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(7) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(8) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(9) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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? ☐ Yes ☐ No

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(1) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(2) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(3) The Regents of the University of Mi 500 S. State St Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(4) The Rockefeller University 1230 York Avenue New York NY 10065	13-1624158	3	65,000		ACCRUAL		RESEARCH GRANT
(5) The Rockefeller University 1230 York Avenue New York NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(6) The Rockefeller University 1230 York Avenue New York NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(7) The Rockefeller University 1230 York Avenue New York NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(8) The Rockefeller University 1230 York Avenue New York NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(9) The Rockefeller University 1230 York Avenue New York NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT

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(1) The Scripps Research Institute 10550 N Torrey Pines Rd La Jolla CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
(2) The Trustees of the University of P 1 College Hall, Room 211 Philadelphia PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
(3) The Trustees of the University of P 1 College Hall, Room 211 Philadelphia PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(4) The Trustees of the University of P 1 College Hall, Room 211 Philadelphia PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
(5) The Trustees of the University of P 1 College Hall, Room 211 Philadelphia PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(6) The Trustees of the University of P 1 College Hall, Room 211 Philadelphia PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
(7) The Trustees of the University of P 1 College Hall, Room 211 Philadelphia PA 19104	23-1352685	3	1,250,000		ACCRUAL		RESEARCH GRANT
(8) The University of Alabama at Birmin 1720 2nd Ave S. Birmingham AL 35233	63-6005396	3	110,000		ACCRUAL		RESEARCH GRANT
(9) The University of Chicago 5801 S. Ellis Avenue Chicago IL 60637	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT

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SCHEDULE I (Form 990)

Department of the Treasury
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(1) The University of Chicago 5801 S. Ellis Avenue Chicago IL 60637	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(2) The University of North Carolina at CB 1350, 104 Airport Dr., Suite 220 Chapel Hill NC 27599	56-6001393	3	200,000		ACCRUAL		RESEARCH GRANT
(3) The University of North Carolina at 104 Airport Drive Chapel Hill NC 27599	56-6001393	3	397,026		ACCRUAL		RESEARCH GRANT
(4) The University of Texas MD Anderson 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT
(5) The University of Texas MD Anderson 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Trustees of Dartmouth College 6010 Parkhurst Hall, Suite 204 Hanover NH 03755	02-0222111	3	200,000		ACCRUAL		RESEARCH GRANT
(7) Tufts Medical Center 800 Washington St. Boston MA 02111	04-3400617	3	300,000		ACCRUAL		RESEARCH GRANT
(8) Univ of Texas Health Science Center 7703 Floyd Curl Dr San Antonio TX 78229	74-1586031	3	200,000		ACCRUAL		RESEARCH GRANT
(9) University of Arkansas for Medical 4301 West Markham Little Rock AR 72205	71-0236904	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) University of CA, San Diego - Healt 9500 Gilman Dr., Dept 0012 La Jolla CA 92093	95-6006144	3	55,000		ACCRUAL		RESEARCH GRANT
(2) University of California San Franci 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(3) University of California San Franci 500 Parnassus Ave San Francisco CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(4) University of Colorado at Boulder Sponsored Project Accounting, PO Bo Denver CO 80291	84-6000555	3	55,000		ACCRUAL		RESEARCH GRANT
(5) University of Connecticut Health Ce 263 Farmington Aveue Farmington CT 06032	06-0772160	3	326,189		ACCRUAL		RESEARCH GRANT
(6) University of Florida Grinter Hall, PO Box 115500 Gainesville FL 32611	59-6002052	3	110,000		ACCRUAL		RESEARCH GRANT
(7) University of Florida Grinter Hall, PO Box 115500 Gainesville FL 32611	59-6002052	3	200,000		ACCRUAL		RESEARCH GRANT
(8) University of Florida 219 Ginter Hal Gainesville FL 32611	59-6002052	3	394,882		ACCRUAL		RESEARCH GRANT
(9) University of Kansas Medical Center 4350 Shawnee Mission Parkway Fairway KS 66205	48-1202402	3	84,948		FMV		THERAPY ACCELERATION

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(1) University of Maryland, Baltimore 620 W Lexington St Baltimore MD 21201	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
(2) University of Massachusetts Medical 55 N. Lake Avenue Worcester MA 01655	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
(3) University of Massachusetts Medical 55 N. Lake Avenue Worcester MA 01655	04-3167352	3	55,000		ACCRUAL		RESEARCH GRANT
(4) University of Massachusetts Medical 55 N. Lake Avenue Worcester MA 01655	04-3167352	3	200,000		ACCRUAL		RESEARCH GRANT
(5) University of Massachusetts Medical 55 N. Lake Avenue Worcester MA 01655	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
(6) University of Massachusetts Medical 55 N. Lake Avenue Worcester MA 01655	04-3167352	3	55,000		ACCRUAL		RESEARCH GRANT
(7) University of Michigan 500 S. State St Ann Arbor MI 48109	38-6006309	3	241,290		ACCRUAL		RESEARCH GRANT
(8) University of Michigan Department o 500 S. State St Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(9) University of Michigan Department o 500 S. State St Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) University of Minnesota - Twin Citi 420 JohH, Johnston Hall, 101 Pleasa Minneapolis MN 55455	41-6007513	3	110,000		ACCRUAL		RESEARCH GRANT
(2) University of Minnesota, Twin Citie 420 JohH, Johnston Hall, 101 Pleasa Minneapolis MN 55455	41-6007513	3	200,000		ACCRUAL		RESEARCH GRANT
(3) University of North Carolina at Cha CB 1350, 104 Airport Dr., Suite 220 Chapel Hill NC 27599	56-6001393	3	55,000		ACCRUAL		RESEARCH GRANT
(4) University of Rochester 515 Hylan Building, RC Box 270140 Rochester NY 14627	16-0743209	3	200,000		ACCRUAL		RESEARCH GRANT
(5) University of Texas M.D. Anderson C 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT
(6) University of Texas M.D. Anderson C 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	500,000		ACCRUAL		RESEARCH GRANT
(7) University of TX M.D. Anderson Canc 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
(8) University of TX M.D. Anderson Canc 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
(9) University of TX M.D. Anderson Canc 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT

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(1) University of TX M.D. Anderson Canc 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
(2) University of TX M.D. Anderson Canc 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	400,000		ACCRUAL		RESEARCH GRANT
(3) University of Utah 201 Presidents Cir Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(4) University of Utah 201 Presidents Cir Salt Lake City UT 84112	87-6000525	3	111,715		ACCRUAL		RESEARCH GRANT
(5) University of Utah 201 Presidents Cir Salt Lake City UT 84112	87-6000525	3	65,000		ACCRUAL		RESEARCH GRANT
(6) University of Virginia University of Virginia School of Me Charlottesvile VA 22908	54-1682176	3	100,000		ACCRUAL		RESEARCH GRANT
(7) University of Virginia University of Virginia School of Me Charlottesvile VA 22908	54-1682176	3	100,000		ACCRUAL		RESEARCH GRANT
(8) University of Washington 4333 Brooklyn Ave, 17th Fl, UW Towe Seattle WA 98105	94-3079432	3	55,000		ACCRUAL		RESEARCH GRANT
(9) University of Washington 4333 Brooklyn Ave, 17th Fl, UW Towe Seattle WA 98105	94-3079432	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) University of Wisconsin-Madison 21 N Park St, Suite 6401 Madison WI 53715	39-6006492	3	110,000		ACCRUAL		RESEARCH GRANT
(2) UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	75-6002868	3	110,000		ACCRUAL		RESEARCH GRANT
(3) UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	75-6002868	3	110,000		ACCRUAL		RESEARCH GRANT
(4) UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	75-6002868	3	55,000		ACCRUAL		RESEARCH GRANT
(5) UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	75-6002868	3	200,000		ACCRUAL		RESEARCH GRANT
(6) Vanderbilt University Medical Cente 1211 Medical Center Dr. Nashville TN 37232	62-0476822	3	110,000		ACCRUAL		RESEARCH GRANT
(7) Virginia Commonwealth University 821 W Franklin St Richmond VA 23284	54-6001758	3	200,000		ACCRUAL		RESEARCH GRANT
(8) Wake Forest University Health Scien 1 Medical Center Blvd Winston-Salem NC 27103	22-3849199	3	200,000		ACCRUAL		RESEARCH GRANT
(9) Washington University in St. Louis 1 Brookings Dr. St. Louis MO 63130	43-0653611	3	200,000		ACCRUAL		RESEARCH GRANT

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(1) Washington University of St. Louis 660 S Euclid Ave St. Louis MO 63110	43-0653611	3	110,000		ACCRUAL		RESEARCH GRANT
(2) Washington Univesity School of Medi 660 Euclid Aveune St. Louis MO 63110	91-6001537	3	399,033		ACCRUAL		RESEARCH GRANT
(3) Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02142	06-1043412	3	110,000		ACCRUAL		RESEARCH GRANT
(4) Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02142	06-1043412	3	65,000		ACCRUAL		RESEARCH GRANT
(5) Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02142	06-1043412	3	55,000		ACCRUAL		RESEARCH GRANT
(6) Yale University 47 College St, Suite 216 New Haven CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(7) Yale University 47 College St, Suite 216 New Haven CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(8) Yale University 47 College St, Suite 216 New Haven CT 06510	06-0646973	3	100,000		ACCRUAL		RESEARCH GRANT
(9) Yale University 47 College St, Suite 216 New Haven CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT

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3 Enter total number of other organizations listed in the line 1 table ▶

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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? ☐ 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. Part II can be duplicated 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
(1) Acetylon Seaport Center, 70 Fargo Center Boston MA 02210	26-3506788		250,000		FMV		THERAPY ACCELERATION
(2) Beckloff Associates, Inc. 3203 East Solutions Center Chicago IL 60677	48-0842223		44,891		FMV		THERAPY ACCELERATION
(3) Beckloff Associates, Inc. 3203 East Solutions Center Chicago IL 60677	48-0842223		11,053		FMV		THERAPY ACCELERATION
(4) Beckloff Associates, Inc. 3203 East Solutions Center Chicago IL 60677	48-0842223		17,505		FMV		THERAPY ACCELERATION
(5) Beckloff Associates, Inc. 3203 East Solutions Center Chicago IL 60677	48-0842223		10,392		FMV		THERAPY ACCELERATION
(6) Beckloff Associates, Inc. 3203 East Solutions Center Chicago IL 60677	48-0842223		16,427		FMV		THERAPY ACCELERATION
(7) Beckloff Associates, Inc. 3203 East Solutions Center Chicago IL 60677	48-0842223		25,000		FMV		THERAPY ACCELERATION
(8) Beckloff Associates, Inc. 3203 East Solutions Center Chicago IL 60677	48-0842223		100,000		FMV		THERAPY ACCELERATION
(9) Bio TheryX Inc 20 Cabin Ridge Rd Chappaqua NY 10514	26-0501342		250,000		FMV		THERAPY ACCELERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY,INC Inc.

Employer identification number: 13-5644916

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? ☐ 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. Part II can be duplicated 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
(1) Celator Pharmaceuticals, Inc. 200 Princeton South Corporate Cente Ewing NJ 08628	20-2680869		267,145		FMV		THERAPY ACCELERATION
(2) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		36,053		FMV		THERAPY ACCELERATION
(3) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		42,750		FMV		THERAPY ACCELERATION
(4) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		72,050		FMV		THERAPY ACCELERATION
(5) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		20,816		FMV		THERAPY ACCELERATION
(6) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		6,210		FMV		THERAPY ACCELERATION
(7) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		12,820		FMV		THERAPY ACCELERATION
(8) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		13,877		FMV		THERAPY ACCELERATION
(9) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		35,658		FMV		THERAPY ACCELERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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? ☐ 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. Part II can be duplicated 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
(1) Charles River Laboratories Inc GPO Box 27812 New York NY 10087	76-0509980		614,490		FMV		THERAPY ACCELERATION
(2) Constellation Pharmaceuticals, 215 First Street Cambridge MA 02142	26-1741721		1,000,000		FMV		THERAPY ACCELERATION
(3) Constellation Pharmaceuticals, 215 First Street Cambridge MA 02142	26-1741721		250,000		FMV		THERAPY ACCELERATION
(4) Constellation Pharmaceuticals, 215 First Street Cambridge MA 02142	26-1741721		1,500,000		FMV		THERAPY ACCELERATION
(5) KP Pharmaceutical Technology, 1212 W Rappel Ave Bloomington IN 47404	35-2025958		20,588		FMV		THERAPY ACCELERATION
(6) Nanosyn, Inc. 3100 Central Expressway Santa Clara CA 95051	86-0909295		1,064,250		FMV		THERAPY ACCELERATION
(7) Nanosyn, Inc. 3100 Central Expressway Santa Clara CA 95051	86-0909295		455,740		FMV		THERAPY ACCELERATION
(8) Shape Pharmaceuticals, Inc. 47 Thorndike Street Cambridge MA 02141	26-3714475		300,000		FMV		THERAPY ACCELERATION
(9) Shape Pharmaceuticals, Inc. 47 Thorndike Street Cambridge MA 02141	26-3714475		241,000		FMV		THERAPY ACCELERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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? ☐ 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. Part II can be duplicated 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
(1) Stemline Therapeutics, Inc. 750 Lexington Ave New York NY 10022	45-0522567		1,000,000		FMV		THERAPY ACCELERATION
(2) Valor Biotherapeutics 8800 HSC Parkway Bryan TX 77807	46-1883738		400,000		FMV		THERAPY ACCELERATION
(3) Valor Biotherapeutics 8800 HSC Parkway Bryan TX 77807	46-1883738		400,000		FMV		THERAPY ACCELERATION
(4) Velesco Pharmaceutical Service 46701 N Commerce Center Drive Plymouth MI 48170	26-1330932		20,160		FMV		THERAPY ACCELERATION
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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. Part III can be duplicated 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
1 PATIENT FINANCIAL AID	25236	2,523,615			
2 COPAY ASSISTANCE CLL	2120	4,453,691			
3 COPAY ASSISTANCE LYMPHOMA	7905	17,443,678			
4 COPAY ASSISTANCE MDS	1478	3,320,299			
5 COPAY ASSISTANCE MYELOMA	6976	23,593,351			
6 COPAY ASSISTANCE MANTEL	161	435,000			
7 PATIENT TRAVEL ASSISTNCE	618	154,500			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS,EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE

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. Part III can be duplicated 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
1						
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT.

PATIENT FINANCIAL AID:

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. Part III can be duplicated 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
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR MANY EXPENSES RELATED TO THEIR TREATMENT. SOMETIMES PATIENTS HAVE TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE TREATMENT EXPENSES.

IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS HAS ESTABLISHED A PATIENT FINANCIAL AID PROGRAM THAT PROVIDES APPLICANTS, WHO RESIDE IN THE US AND HAVE A BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME

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. Part III can be duplicated 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
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

OF THESE EXPENSES.

LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA.

CO-PAY ASSISTANCE:

PATIENT APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS. ELIGIBLE PATIENTS MUST RESIDE IN THE UNITED STATES OR PUERTO RICO, HAVE A PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN

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. Part III can be duplicated 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
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MEDICAL/PRESCRIPTION INSURANCE AND HAVE HOUSEHOLD INCOME AT OR BELOW 500%

OF THE US FEDERAL POVERTY LEVEL AS ADJUSTED BY HOUSEHOLD SIZE AND COST OF

LIVING INDEX. PATEINTS MUST PROVIDE PROOF OF INSURANCE AND INCOME.

QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD.

PATIENT TRAVEL ASSISTANCE:

THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM

PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING

TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR TRANSPORTATION TO GET TO

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. Part III can be duplicated 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
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THEIR PROVIDERS, E.G. DOCTORS, HOSPITALS, TRANSPLANT CENTERS, AND RESEARCH OR CLINICAL TRIAL CENTERS. SOMETIMES PATIENTS HAVE TO TRAVEL OUT-OF-STATE TO GET THEIR PRESCRIBED AND RECOMMENDED TREATMENTS, OFTENTIMES RESULTING IN PATIENTS HAVING TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE.

IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS ESTABLISHED THE TRAVEL ASSISTANCE PROGRAM WHICH PROVIDES APPLICANTS, WHO ARE US CITIZENS OR PERMANENT RESIDENTS, HAVE AN ANNUAL INCOME AT OR BELOW 500% OF THE FEDERAL POVERTY LEVEL (FPL) AND HAVE A CONFIRMED BLOOD CANCER DIAGNOSIS, A ONE-TIME

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. Part III can be duplicated 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
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES.

LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA.

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

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		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee		
	☒ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ 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 Regulations 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 duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(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 as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	JOHN E. WALTER	(i)	606,473	0	21,886	32,130	31,216	691,705	0
1	PRES&CEO Term 2/2014	(ii)	0	0	0	0	0	0	0
	LOUIS J. DEGENNARO	(i)	380,451	42,584	23,165	71,667	22,640	540,507	0
2	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
	JAMES T. NANGLE	(i)	155,599	0	252,803	15,606	26,767	450,775	0
3	SVP&CFO Term 9/2013	(ii)	0	0	0	0	0	0	0
	LISA STOCKMON	(i)	294,428	36,000	18,027	18,749	17,075	384,279	0
4	EVP-CHIEF MKTG OFFIC	(ii)	0	0	0	0	0	0	0
	GEORGE J. OMIROS	(i)	299,361	15,000	20,357	25,500	19,753	379,971	0
5	EVP-Chief Camp&FIELD	(ii)	0	0	0	0	0	0	0
	MARK VELLECA	(i)	289,161	21,000	13,161	17,351	30,429	371,102	0
6	Chief Policy & Advoc	(ii)	0	0	0	0	0	0	0
	MARK ROITHMAYR	(i)	301,719	0	18,995	0	25,806	346,520	0
7	Chief Development Of	(ii)	0	0	0	0	0	0	0
	BRIAN ROSEN	(i)	256,998	13,291	12,208	5,594	28,055	316,146	0
8	Chief Policy & Advoc	(ii)	0	0	0	0	0	0	0
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
LOUIS J. DEGENNARO	0	46,667	0
JAMES T. NANGLE	238,870	0	0

Part I, Line 7 - Non-Fixed Payments Provided

Bonuses were paid based on the achievement of gross revenue exceeding budgted gross revenue, employee individual performance and other metrics. Bonuses were capped according to LLS's policy. These amounts are reported on schedule J Part II, Column (B) (II).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: THE LEUKEMIA & LYMPHOMA SOCIETY, INC Inc.

Employer identification number: 13-5644916

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	122	890,755	Market Value
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	X	51		
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Printed Items)	X	13		
26	Other ▶ (Furniture&Equip)	X	4		
27	Other ▶ (Various)	X	60		
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 | 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Line 33 - Explanation for Not Reporting Revenue

LLS ONLY RECORDS DONATED SECURITIES AS REVENUE. ALL OTHER ITEMS FOR WHICH COLUMN A IS CHECKED ARE NOT RECORDED AS REVENUE OR EXPENSE BECAUSE THEY WOULD NOT HAVE BEEN PURCHASED HAD THEY NOT BEEN DONATED, AND ARE IMMATERIAL IN AMOUNT RELATIVE TO THE STATEMENTS OF LLS.

Schedule M - Supplemental Information

PART I, COLUMN (B)

LLS IS REPORTING THE NUMBER OF CONTRIBUTIONS FOR EACH OF THE ITEMS IN PART I, NOT THE NUMBER OF INDIVIDUAL ITEMS.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

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Form 990, Part III, Line 4a - First Accomplishment

To date, LLS has invested almost $1 billion in research aimed at helping all blood cancer patients live better, longer lives. We will continue to support research through our innovative and integrated funding programs, until every patient has a safe and effective therapy. In fiscal year 2014, LLS supported research in the U.S., Canada and 7 other countries with a total research disbursement of approximately $78 million. Research funding was distributed across all blood cancers.

OUR CRITICAL ROLE

LLS programs accelerate relevant research outcomes by:

- Building a focused research work-force: Assuring the next round of breakthroughs requires that young investigators be encouraged to work in blood cancer research fields.
- Turning discoveries into new therapies: Fundamental new findings can be translated into safe and effective treatments that can ultimately prolong and enhance patient lives.
- Supporting synergy: Large grants and contracts enable scientists in academia and the private-sector to collaborate, combining resources and expertise to produce more and faster advances.
- Filling a void: Research projects that are high-risk and/or address rare cancers are less likely to be funded by government agencies or for-profit companies, but may provide important advances.
- Speeding new treatments to patients: Partnering with biotechnology and

pharmaceutical companies can advance promising therapies through clinical testing, faster.

PAST ADVANCES MADE WITH LLS RESEARCH FUNDING

Generous donors have helped LLS support research that has already benefited blood cancer patients and many others. Advances include:

- Multi-drug therapies that are more effective than treatments with single anti-cancer agents,
- Bone marrow / stem cell transplantation and supportive care treatments for patients who relapse despite the best available therapy,
- Tests that distinguish specific characteristics of particular blood cancers for accurate diagnosis of cancer subtypes, and for "risk stratification" to select an optimal therapy.

TARGETED THERAPY RESEARCH

Discovering the molecular abnormalities that cause particular types of blood cancer has been useful in diagnosis and risk stratification, and in new "targeted drug" development. LLS-funded investigators have helped advance molecularly targeted treatments that can selectively kill blood cancer cells versus normal cells. Many of these new treatments benefit not only blood cancer patients, but also patients with other diseases. For example:

- Gleevec® is FDA-approved for patients of all ages with chronic myeloid leukemia (CML), and is also approved for patients with one form of acute lymphoid leukemia (ALL), myelodysplastic syndromes (MDS),

myeloproliferative disorders and rare forms of stomach and skin cancers. Related drugs, Sprycel® and Tasigna®, are approved for patients who do not benefit from Gleevec. One or more of these drugs are also showing promise for patients with various lymphomas, acute myeloid leukemia (AML), chronic lymphocytic leukemia (CLL), and other cancers, including brain, breast, head-and-neck, lung, pancreatic, and prostate cancers, and patients with other diseases including Alzheimer's, asthma and pulmonary hypertension.

- Rituxan® was the first FDA-approved, anti-cancer antibody drug, developed for patients with forms of B-cell non-Hodgkin lymphoma (NHL). It is now also approved for CLL patients and as a "maintenance" therapy for follicular lymphoma patients, and showing promise for patients with ALL and after stem cell transplantation. In addition, it is approved for treating patients with severe rheumatoid arthritis and two other types of autoimmune diseases. A related antibody drug, Arzerra®, is approved for CLL patients and showing wider promise.

- Velcade®, Thalidomid® and Revlimid® are FDA-approved for patients with myeloma and are also helping some patients with Hodgkin lymphoma and NHL. Krypolis® was recently approved for myeloma patients for whom at least two prior therapies were insufficient. One or more of these drugs are now being tested for patients with T-cell and B-cell forms of lymphoma, acute leukemias, as well as AIDS-related Kaposi sarcoma and brain, breast, colorectal, head-and-neck, kidney, liver, lung, ovarian and prostate cancers, and Alzheimer's disease.

- Istodax®, Zolinza®, Dacogen® and Vidaza® target small chemical, "epigenetic" changes. The first two drugs are approved for patients with peripheral T-cell lymphomas; the latter drugs are approved for MDS patients. One or more of these drugs are being tested for patients with

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ALL, AML, CML, CLL, myeloma and forms of NHL, after stem cell transplantation, and for patients with breast, brain, kidney, colorectal, head-and-neck, lung, stomach, prostate and ovarian cancers, melanoma as well as sickle cell disease and persistent HIV infections.

- Adcetris® was approved in 2011, and in January 2012. It is an antibody-drug conjugate that combines an anti-CD30 antibody and the cytotoxic drug monomethyl auristatin E (MMAE). It is an anti-neoplastic agent used in the treatment of Hodgkin lymphoma after failure of autologous stem cell transplant or those who are not eligible for ASCT after failure of at least 2 mutiagen chemotherapy regimens. Adcetris® was also approved for systemic anaplastic large cell lymphoma with failure of at least one prior treatment.

- Gazyva® is a humanized monoclonal antibody used as a combination treatment with chlorambucil to treat patients with untreated chronic lymphocytic leukemia. It was approved by the FDA in November 2013 and by the EHA in July 2014.

- Imbruvica® is an oral small molecule inhibitor agianst BTK kinase. It was first approved by the US FDA on November 13, 2013 for the treatment of mantle cell lymphoma patients who have recieved at least one prior treatment. On Feb. 12, 2014 the US FDA expanded the approved use of the drug to chronic lymphocytic leukemia (CLL) patients who have received at least one prior treatment. Additionally, it received further expansion to treat 17p deletion in CLL with or without prior therapy.

- Zydelig® is an oral small molecule inhibitor that blocks the delta isoform of the enzyme phosphoinositide 3-kinase. It was approved by the FDA in July 2014 to treat relapsed/refractory CLL in combination with rituxan. It was also approved to use as a monotherapy for relapsed mantle cell

lymphoma and follicular lymphoma.

OTHER ACTIVE RESEARCH DIRECTIONS

LLS-funded researchers are also exploring other areas of research that hold promise for patients:

- Novel Stem Cell Transplantation Procedures: These include so-called "mini" transplants that use less toxic pre-transplant treatments and engineered donor cells that help reduce post-transplant complications, making these potentially curative treatments available to more patients.
- Immunotherapies: Including antibodies, vaccines and engineered immune cells, these targeted therapies help a patient's immune system fight infections and kill residual cancer cells, prolonging remissions, and perhaps one day replacing toxic chemotherapies.
- Diagnostics: New technologies make it possible to characterize the abnormalities in individual cancer cases in molecular detail. This information can be used to help choose the best possible treatment for each patient, especially as more targeted therapies become available.
- Quality of Life Research: These studies increase our understanding of how specific treatments can cause debilitating side-effects, including late-effects, and which patients are at risk for developing these complications, so that they can be better managed or even prevented.

DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS

LLS continues to solicit and support research focused on improving blood cancer patients' quality of life after today's curative therapies. Also in

2014, for the third year, LLS actively recruited research proposals in six other underdeveloped research areas in which progress is likely to improve outcomes for patients with particularly urgent needs. New research is focused on:

- Development of novel therapeutic strategies for patients with non-cutaneous T-cell lymphoproliferative disorders
- Develop novel targeted therapies for CLL patients, with real curative potential
- Develop novel treatment strategeies for MDS and AML patients
- Develop novel targeted therapies for patients with high-risk myeloma
- Development of new-targeted therapies for indolent lymphoma patients
- Define genetic/molecular predispositions to long-term and late-term effects associated with standard therapies in pediatric ALL and apply this inforamtion to improve patient outcomes

THE THERAPY ACCELERATION PROGRAM

This strategic initiative was launched in 2007 to move new treatments and diagnostics through preclinical development and clinical trials, faster. Using milestone-driven contracts and working in concert with academic investigators, medical centers and companies, LLS is further bridging the gap between discovery and human applications to increase the likelihood that novel, possibly breakthrough, treatments will be available to patients as soon as possible. The program includes:

- The Academic Concierge Division identifies especially promising LLS-funded grant projects and provides additional support to advance selected projects to the product stage.

- The Biotechnology Accelerator Division partners LLS with companies to combine scientific and financial resources and accelerate the development of potential blood cancer therapies that otherwise might not be prioritized by the company.
- The Clinical Trials Division brings clinical trials to blood cancer patients in their communities, including under-represented populations, and with the ultimate goal of increasing patient enrollment in blood cancer trials.

Form 990, Part III, Line 4b - Second Accomplishment

professional and patient education programs, publications and the LLS website. A number of resources are available in Spanish for patients, caregivers and healthcare professionals.
LLS publishes an annual compilation of data available for blood cancers, including the estimated numbers of new blood cancer cases and deaths, the most recent statistics available for incidence, mortality and survival; and current and accurate information about symptoms, risk factors and treatment.

Publications

An extensive catalog of education materials is offered free-of-charge to patients and healthcare professionals. Each year, LLS distributes booklets, brochures, fact sheets, education program transcripts and DVDs through the Information Resource Center and LLS chapters.
Many materials are also available to view and download at www.LLS.org/resourcecenter. Downloadable materials are available in

English, Spanish and French.

- 742,148 printed booklets, brochures, fact sheets, education program transcripts and DVDs distributed in 2014.

Financial Assistance

In 2014, a combined $51,924,134 was disbursed to patients through the LLS Patient Financial Aid ($2,523,615),Co-Pay Assistance programs ($49,246,019) and the LLS Patient Travel Assistance Program ($154,500).

Patient Financial Assistance Programs

For more than 47 years, LLS has helped patients demonstrating significant need to obtain financial assistance to cover a portion of their treatment costs. The LLS Patient Financial Assistance Program provides a limited amount of financial assistance to help patients with significant financial need and who are under a doctor's care for a confirmed blood cancer diagnosis. Patient Financial Assistance funds are subject to availability.
- 25,854 patients received Patient Financial Assistance in 2014.

Co-Pay Assistance Program

This Co-Pay Assistance program helps patients with many kinds of blood cancers meet their health insurance or Medicare Plan Part B or D premiums or co-payment obligations related to treating their cancer. Patients with prescription drug coverage, Medicare beneficiaries under Medicare Part B and/or Medicare Part D, Medicare Supplementary Health Insurance or Medicare

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Advantage should check with LLS to see if they meet eligibility requirements to receive financial support. Co-pay Assistance is subject to fund availability by specific blood cancer diagnosis. For more information call, (877) LLS-COPAY [(877) 557-2672] or visit www.LLS.org/copay.
- 18,640 patients received LLS Co-pay Assistance in 2014

Community Programs

Each LLS chapter office is staffed with a patient services manager (PSM) who oversees services to patients and their families, caregivers and healthcare professionals. PSMs are healthcare professionals, often with a background in oncology nursing or social work. PSMs serve as liaisons with community and regional oncology/hematology healthcare professionals and treatment centers.Community-based education and outreach, support and public policy and advocacy programs are available.
- 27,459 patient and caregiver participants across the US in 2014
- 10,798 healthcare professional participants across the US in 2014

Programs for Children and Young Adults

The Trish Greene Back to School Program for Children with Cancer focuses on increasing communication among healthcare professionals, parents, patients and school personnel to support children, adolescents and young adults living with cancer. Printed literature, videos and other materials to aid the process are available in communities throughout the US and Canada via LLS chapter offices. The program includes Staying Connected: Facilitating the Learning Experience During and After Cancer Treatment. This education

program for school personnel, healthcare professionals and parents describes physical, cognitive and psychosocial short-and long-term effects that children, adolescents and young adults may experience during and after treatment. The program offers guidance and numerous resources to help children, adolescents and young adults continue their education during and after treatment.

- 1,075 school personnel, healthcare professionals and parents participated in the 22 Staying Connected programs across the US and Canada in 2014.

Family Support Groups

LLS has developed 344 Family Support Groups at chapters throughout the US and Canada. LLS also has 618 volunteer support group facilitators with backgrounds in oncology nursing or social work. Groups are guided by two volunteer oncology health professionals, providing information and support and encouraging greater communication among patients, families, friends and healthcare professionals.

- 13,811 participants in Family Support Groups across the US in 2014

Patti Robinson Kaufmann First Connection Program

First Connection is a program that links newly diagnosed patients to a peer volunteer who has experienced a similar diagnosis. A trained patient-volunteer currently in remission contacts the new patient to share information and support. This program is available through LLS chapters.

- 5,616 First Connections across the US in 2014.

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Form 990, Part III, Line 4c - Third Accomplishment

nurses and health educators who provide help with disease, treatment and clinical trial information and support. LLS Information Specialists conduct clinical-trial searches to help patients work with their doctors to find out about specific clinical trials.

Patients, families and healthcare professionals may speak to an Information Specialist at (800) 955-4572 Monday through Friday, 9 a.m. to 9 p.m., ET, email infocenter@LLS.org or chat one-on-one via the LLS website. The Information Resource Center offers translation services in more than 165 languages.

- 48,326 inquiries in 2014

The LLS Website

The LLS website, www.LLS.org, fulfills a wide variety of education and information needs. Visitors can personalize their web pages to their location to keep current with disease-specific updates and community education and support activities. The website provides access to LLS programs and services, including co-pay assistance, the most current and accurate information and statistics, weekly facilitated online chats, national telephone and web education programs, publications in English, Spanish and French, and clinical-trial searches via an online clinical-trial search service that offers patients and caregivers immediate access to listings of blood cancer clinical trials. Patients, caregivers and healthcare professionals can interact with LLS and one another through social networking, podcasts and eNewsletters.

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National Telephone/ Web Education Programs

LLS sponsors telephone and web education programs for patients, caregivers, survivors and healthcare professionals about leukemia, lymphoma, myeloma and myelodysplastic syndromes. In 2014, 9 LLS national education programs featured disease-specific updates and information about support and treatment options from world renowned clinical experts. Opportunities are provided to ask questions of experts during these programs. These programs offer continuing education credits for nurses and social workers. LLS also sponsors a range of professional education programs. Recent programs explored the administration and management of current therapies for hematologic malignancies and communication among primary care providers and hematologists/oncologists in managing patients with hematologic cancer. Upcoming programs are posted at www.LLS.org/programs and archives of past programs are available at www.LLS.org/pastprograms. Professional education programs are available at www.LLS.org/professionaled. LLS also offers disease-specific webcasts presented by world renowned clinical experts. These can be accessed at www.LLS.org/webcasts.

Form 990, Part III, Line 4d - All Other Accomplishment

D) PROFESSIONAL EDUCATION:

LLS serves the educational needs of the medical and research community through a number of professional education symposia offered throughout the year. The educational program offers varying formats to facilitate the exchange of information and ideas on the newest developments in cancer research and treatment.

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Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Canada

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

In 2013, the LLS Board of Directors (BOD) and the Board of Representatives (BOR) authorized changes to the chapters' involvement in the LLS governance. Pursuant to the changes, the LLS Bylaws were amended in January 2014 to reflect that the chapters, acting through the Chapter Chair Assembly will replace the BOR and will retain oversight over the LLS activities and programs at the chapter level. All other voting rights afforded to members under the New York Not-for-Profit Corporation Law (NPCL), including the right to elect the LLS elected directors, will now be vested in a second class of members comprised of the LLS Board of Directors.

In addition, the LLS Bylaws were amended to reflect the requirements of the New York Non-Profit Revitalization Act of 2013. The Act requires LLS to exercise increased oversight of its audit as well as its accounting and financial reporting processes. The amendment includes additional duties that the Audit Committee must carry out to comply with the Act.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The members of LLS consist of one elected representative from each chapter.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The LLS board of directors elect the elected directors and have all of the

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other voting rights afforded to members under the New York Not-for-Profit Corporation Law.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
Significant decisions affecting the chapters require an approving vote by the chapter delegates. Decisions not significantly affecting the chapters do not require approval from the chapter delegates.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Form 990 was prepared by the LLS Finance department and was reviewed by the CAO & CFO, Sr. Vice President of Finance, and KPMG for comment and suggested revisions. The Form 990 was then provided to the Audit Committee, which is a committee of the Board of Directors. The Audit Committee reviewed the 990 and provided input prior to filing.
The 990 was posted to the Board books site and was formally approved by the Audit Committee on January 29, 2015 and at the full Board Meeting on January 30, 2015.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
All employees, Board of Directors members, Board of Representatives members, Chapter Board members, Family Support Group facilitators, and TNT coaches are required to review the conflict of interest policy on an annual basis and submit a signed form acknowledging that they have reviewed the policy and disclosed any conflicts of interest.
All forms are collected and the audit committee reviews any forms disclosing a possible conflict of interest and determines whether or not a conflict exists.

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Part VI, Line 12 C:

All employees, Board of Directors members, Board of Representatives are recused from any discussion where a Conflict of Interest exists. Any questions regarding COI will go to the Audit Committee.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee, comprised of independent members of the Board of Directors, reviews and monitors the Chief Executive Officer's performance and compensation. The committee obtained a survey of other not-for-profit organizations' compensation ranges and set the Chief Executive's salary commensurately. The most recent survey was conducted in 2013. The review was documented in the Executive Committee's minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Committee, comprised of independent members of the Board of Directors, reviewed a survey of other not-for-profit organizations' compensation ranges in 2013 and compared this to the other officer's salary and determined that it was appropriate. The review was documented in the Executive Committee's minutes.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, New Hampshire, New Jersey, New Mexico, Nebraska, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin, West Virginia

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Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Leukemia & Lymphoma Society, Inc. makes its annual financial statements available to the public on its website at www.lls.org. Its governing documents are made available, when changes are made, as part of the 990 available for public inspection. Any identified conflicts of interest are disclosed in the 990.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Prior Year Adjustment for Canada	$ 83,698
Write-off of Contributions Receivable	$ -3,507,289
Grant Refund Expensed in Prior Year	$ 304,286
Rounding	$ -96
Total	$ -3,119,401

Form 990, Part XI and Schedule D

Reconciliation of Change in Net Assets on a Consolidated to Separate Company Basis:

Change in Net Assets per Consolidated Financials	$ -3,359,211
Change in Net Assets LLS Canada	$ -808,146
LSRP Contribution	$ 58,002
Financial Statements Rounding	$ -5
Foreign Currency Translation	$ 153,433
Unrealized Change on Investments	$ -6,349,371
Write-off of Contributions Receivables	$ 3,507,289
Grant Refund Expensed in Prior Year	$ -304,286
Change in Net Assets per Form 990 (Part XI, Line 3)	$ -7,102,295

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO CA M2J4P8	PART VII	CA			LLS, INC	X	
(2) THE LLS RESEARCH PROGRAMS, INC. 1311 MAMARONECK AVENUE 13-3470494 WHITE PLAINS NY 10605	PART VII	DE	501C3	11b	LLS, INC	X	
(3) THE LLS RESEARCH FOUNDATION 1311 MAMARONECK AVENUE 13-3709252 WHITE PLAINS NY 10605	PART VII	DE	501C3	11b	LLS, INC	X	
(4)							
(5)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro-portionate alloc.? 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	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)										
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY	d	87,012	COST
(2)	OF CANADA			
(3)	THE LLS RESEARCH PROGRAMS INC	c	58,002	COST
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownershi
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Schedule R - Additional Information

The Leukemia & Lymphoma Society of Canada carries out the same primary activities as The Leukemia & Lymphoma Society, Inc. in Canada.

The Leukemia Society Research Programs, Inc. and The Leukemia Research Foundation, Inc. support the activities of The Leukemia & Lymphoma Society, Inc.