## we can see the end of cancer from here

JTLESS



2013 annual report

**someday** there'll be a cure for cancers. But why can't we end them now, the way we sent other diseases packing? We can. You can make it happen. This is the most momentous time of cancer research ever. The end of many cancers is almost within reach. To reach that end, it will take continued research. For over 60 years, The Leukemia & Lymphoma Society has helped pioneer innovations once thought impossible: multi-drug chemotherapy, stem-cell transplantation, and other treatments that have changed the landscape of blood cancers. Leukemia medicines like Gleevec<sup>®</sup>

are now used to treat patients with other cancers. Velcade<sup>®</sup>, approved for myeloma patients, is now being tested against lung, brain, breast, colon and prostate cancers. LLS saves lives by bringing better therapies to today's cancer patients. If all of us concentrate our funds and volunteer our efforts through LLS, we will create a force for good that will bring down these diseases sooner. We can really do this. The power of millions starts with one heart deciding: Someday has got to be today. With one individual declaring: Cancer ends with me is today





ella survivor lymphoma

# president & chairman's message.

Last year was a period of significant investment in launching "Someday is Today" as an expression of our organization's commitment to ending blood cancers. This is more than a tagline for LLS. It is a statement of our belief in the progress being made against blood cancers. And it is even more true now than it was just 12 months ago. As a result of the daring research LLS is sponsoring and the policies we are advocating, more lives are being saved, more patients are able to afford the miraculous treatments we help to advance, and we are closing in on several blood cancers.

It is thrilling to say we can see the end of any cancer from here. We can see it in the faces of the new generation of cancer survivors whose portraits grace this year's report, and who represent thousands of other patients who are in remission or are living normal lives, some managing their condition with only a daily pill.

We can see it in the scientific advances we've made happen. Take T-cell immunotherapies, which have received considerable press this year because they can train a patient's own immune system to seek out and kill cancer cells specifically. LLS has been funding teams pursuing this approach since 1992, and progress is continuing to happen. Because of the expertise of our research staff and medical and scientific advisory board, LLS has deep perspective and insight on which approaches might really work.

Other progress includes our success in working with the FDA and legislators at the federal and state level. We have a unique opportunity to help put the FDA in a better position to understand the science, the medicine and the patient need. This can ease potential bottlenecks in moving therapies through the regulatory evaluation process. We spent more than \$50 million this year to help 44,000 patients afford their treatment, and we sounded our strong voice in statehouses and the halls of Congress to advocate for access to treatments for all blood cancer patients.

Advancing against a serious enemy like cancer requires mobilizing our most effective forces. Most charities still operate the way they have for 50 years: They wait for scientists to approach them with ideas. LLS takes a different tack. LLS pursues a research agenda with our medical and scientific advisory board. For a significant part of our research funding, we decide proactively where our dollars are likely to have the greatest impact. For those parts of our work, we go to the researchers instead of waiting for them to come to us. And we have been able to do this while also keeping the tried and true traditional research-funding approach as part of our portfolio.

Today LLS is in an extraordinary position to act as a catalyst for collaboration. We increasingly have been able to bring together the most important players in the ecosystem of innovation: Academic researchers, biotech and pharmaceutical companies, physicians, healthcare providers, third party payers, the FDA. Rather than work independently of one another, these parties are finding it advantageous to align their interests with ours. This is a watershed development.

Yet, with all this achievement, we continue to lose someone to a blood cancer every 10 minutes.

One such person was Kethan, diagnosed at age four with acute lymphoblastic leukemia. LLS is an organization that will move heaven and earth to help a single person; but despite LLS's efforts to give Kethan access to an experimental treatment after numerous remissions over seven years, he succumbed to pneumonia in July. The death of a beautiful 11-year-old boy reminds us how much more we have to do, and why your support has never been more crucial.

Junty Dunat

John E. Walter. President & CEO.

Timothy S. Durst. Chair.



sadie survivor ALL

### as a unique catalyst for collaboration LLS advances innovation by bringing all the right players together.

LLS is well positioned to align the key players in the ecosystem of cancer innovation. This has led to new and groundbreaking partnerships:

■ LLS's Therapy Acceleration Program<sup>®</sup> added many new partners from biopharmaceutical industry and academic institutions. One of the most important was the Knight Cancer Institute at Oregon Health & Science University (OHSU). The Beat AML initiative, led by Brian Druker, MD, includes major technology companies like Intel, which provides big data computing technology, and Illumina, which provides advanced genetic sequencing. The goal is to identify the many mutations that drive acute myeloid leukemia and identify drugs that can target these mutations.

■ In July 2013, LLS announced a partnership with **Johns Hopkins University School of Medicine** to advance a novel immunotherapy for patients with poor prognosis myeloma. Under the leadership of Ivan Borrello, MD, researchers are testing a method using immune system T-cells that are specifically trained to recognize and kill myeloma cells. The approach shows promise for patients with other blood cancers as well.

■ In June 2013, **Dana-Farber Cancer Institute** joined LLS to establish clinical testing of innovative blood cancer therapies in community oncology settings across the country.

### THE BLOOD CANCER RESEARCH PARTNERSHIP WILL BRING CLINICAL TRIALS TO PATIENTS WHERE THEY LIVE

This unprecedented Blood Cancer Research Partnership will bring clinical trials to patients where they live and address one of the primary bottlenecks to new cancer therapies: the need for more patients to take part in trials.

LLS committed funding to **Valor Biotherapeutics, LLC**, a joint venture between ImmunGene and Caliber companies, to develop a novel protein therapeutic that may improve outcomes for many patients with indolent lymphomas who do not respond to standard therapy with Rituxan<sup>®</sup>. Valor's biotherapeutic is produced by fusing lymphoma-seeking antibodies to tumor-cell-killing proteins in a single, genetically engineered molecule.

■ The APL Project: LLS initiated a project with Anand Jillella, MD, Chief of Hematology, Oncology and Bone Marrow Transplant at Emory University, to reduce the mortality rate for patients diagnosed with acute promyelocytic leukemia (APL) by providing community oncologists/hematologists with a simple, optimized treatment protocol for the care of newly diagnosed patients with APL, a rare molecular subtype of acute myeloid leukemia.

■ LLS partnered with **Affimed Therapeutics AG** to co-fund a phase 2 trial of a novel multi-targeted antibody in Hodgkin lymphoma (HL) patients for whom currently available treatments have failed. This therapeutic is directed against two different molecules, CD30 and CD16A, to bring cancer-killing immune cells directly to the HL cells. It is a first-in-class immunotherapy designed to treat HL patients and patients with other CD30-positive malignancies.



jeff survivor lymphoma

### **NEW GRANTS PROGRAMS IN 2013**

LLS unveiled new grants programs this year:

■ New Idea. This is a new grant program designed to identify highly novel research strategies with potential to fundamentally increase our understanding of specific blood cancers and significantly change the way blood cancer patients are diagnosed and treated. This program supports academic researchers with approaches that are likely to help improve patient outcomes. The researchers will receive a one-year \$100,000 grant.

Screen to Lead. LLS also recently solicited applications from researchers who are identifying (screening) potential drugs that inhibit recently discovered cancer-driving molecules (targets) and/or optimizing the chemical properties of novel inhibitors. This Screen to Lead initiative acknowledges a significant need to help investigators discover and improve drug-like compounds that can be further tested in the lab and in the clinic.

■ Quest for Cures. In February 2013, LLS asked the academic researcher community to propose research focusing on three priority areas: Monitoring tumor cell heterogeneity and its contribution to response or resistance to therapy; molecular mechanisms to identify and direct subsets of patients with B-cell malignancies to the right therapy; and the role of the tumor microenvironment in initiation and maintenance of blood cancers. Quest for Cures is enabled by funding from Celgene through our new Targets Leads & Candidates Program<sup>®</sup>. This program identifies and funds priority research areas, with support from biotechnology and pharmaceutical company partners.

LLS continues to support the development of breakthrough cancer therapies in academic settings, committing substantial funding to researchers around the world.

### LLS RESEARCH MILESTONES

■ Celator. Our Therapy Acceleration Program passed an important milestone in January 2013 when Celator announced enrollment of the first patient in the phase 3 clinical trial of a novel drug formulation, CPX-351, for older patients with especially high-risk cases of acute myeloid leukemia (AML).

CPX-351 employs a novel technology to ensure that the most effective ratio of two standard drugs gets directly to the leukemia cells, and that leukemia cells are preferentially killed. This is an example of a promising therapy that might otherwise not be developed because it benefits a small patient population. We hope the phase 3 trial will ultimately support approval of a much-needed treatment option for AML patients, for whom there have been few advances over the past three decades.

**Curis, Inc.**, a drug development company seeking to develop next-generation targeted anti-cancer drugs, announced that the first patient has been treated in a phase 1 clinical study of a new drug, CUDC-907, for patients with relapsed or refractory lymphoma or multiple myeloma.

CUDC-907 is a first-in-class oral drug designed as a dual inhibitor of two enzyme classes that are both abnormally active in many cancers, known as phosphatidylinositol-3-kinase (PI3K) and histone deacetylase (HDAC).

■ Constellation Pharmaceuticals, Inc., is focused on the emerging area of "epigenetics," i.e. non-mutation changes to genes and gene-binding proteins that, like gene mutations, can promote cancers. The company announced that it has initiated a phase 1 clinical trial of CPI-0610, a novel inhibitor of the "BET" family of gene-binding proteins, in patients with previously treated and progressive lymphomas.



victoria survivor ALL

This first-in-human trial is currently open at The Sarah Cannon Research Institute in Nashville, Tennessee and at the John Theurer Cancer Center in Hackensack, New Jersey. Additional U.S. study sites will join the trial over the next several months. Studies of CPI-0610 are also planned in patients with multiple myeloma and in patients with acute leukemias or myelodysplastic syndromes.

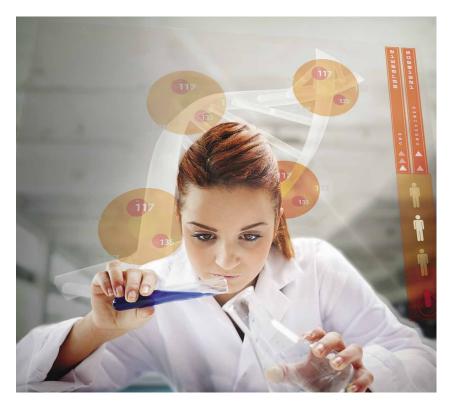
### VENTURE PHILANTHROPY: LLS LEADS THE WAY IN CANCER INNOVATION

LLS provides the seed money to encourage innovative research in areas of unmet medical need. This high-risk, high-reward strategy is helping save lives through partnerships with universities and biotechnology companies, giving critical support to research and advancing therapies that might otherwise go undeveloped.

■ In fiscal year 2013, LLS venture philanthropy leadership was underscored when three LLS Therapy Acceleration Program (TAP) partners saw major business transactions that made the headlines.

In 2011, LLS partnered with **Epizyme** to drive the early development of a DOT1L-targeted therapy for patients with mixed lineage leukemia. In fiscal year 2013, the importance of this project was recognized by a \$90 million licensing partnership with **Celgene Corporation** and a subsequent Epizyme initial public offering (IPO) in May.

In 2010, LLS entered a partnership with **Onconova Therapeutics**, **Inc**. to support a phase 3 clinical trial testing rigosertib, a novel multi-kinase inhibitory agent in the treatment of high-risk myelodysplastic syndromes. In fiscal year 2013, the importance of the project was recognized by a \$50 million licensing partnership with Baxter International Inc. and a subsequent IPO by Onconova. This IPO, in July 2013, raised almost \$78 million, which will support continued development of rigosertib. In 2011, LLS partnered with **Acetylon Pharmaceuticals, Inc.** to accelerate the development of a novel treatment for multiple myeloma. The innovative nature of this project was recognized in fiscal year 2013 when Celgene Corporation signed a \$100 million agreement to further develop Acetylon's group of HDAC6-selective histone deacetylase (HDAC) inhibitors.



In each case above, large pharmaceutical companies and the public markets recognized the promise of new therapies being supported by LLS by making significant additional investments. These investments enable our biotechnology partners to overcome risk thresholds and move promising new treatments forward.



judy survivor CML

### it's not enough to conduct an aggressive research agenda. we have to make sure patients can afford their treatments.

Not only is LLS helping to move therapies faster through the research process, but our LLS mission team continues to ensure that all blood cancer patients have access to the best treatments.

We implemented a regionalization plan to form strong teams that are better positioned to drive our cures and access agenda.

New regional mission director roles were created to strengthen our delivery of mission in the field to help ensure the best available care for blood cancer patients. We also created the role of regional state government affairs directors to deepen our relationships with key policymakers at the state level and put LLS in a leadership role to advocate for access.

■ Affordable Care Act. Open enrollment in the new marketplaces (also known as exchanges) began October 1<sup>st</sup>. LLS has been working to help patients and their families understand how enrolling in these insurance plans in the exchanges may impact them. There are many factors to consider other than the policy premium, including

whether certain therapies will be covered and what a patient will incur in out-of-pocket expenses.

### LLS HAS CREATED A SPECIAL SECTION ON OUR WEBSITE LLS.ORG TO HELP PATIENTS KNOW THE RIGHT QUESTIONS TO ASK WHEN REVIEWING HEALTH INSURANCE PLAN OPTIONS

**Specialty tiers bill: 72 co-sponsors and counting**. You've spoken up about the importance of stopping unfair cost-sharing practices from keeping crucial medications out of reach for many cancer patients. And 72 members of Congress have listened.

Thanks in part to your letters, calls, personal stories and in-person meetings both on Mission Day and every day, these representatives have signed on as co-sponsors of the Patients' Access to Treatments Act (HR 460).

**Mission Day** was a resounding success for us in Washington, DC. We held almost 250 meetings on Capitol Hill, nearly a third of which were with members of Congress and the remainder with Congressional staff. We are now hearing from staff on both sides of the aisle about their interest in supporting HR 460.

We were honored to have Emmy Awardwinning *New York Times* Well columnist **Suleika Jaouad**, an AML and MDS survivor, join us for meetings on Capitol Hill. See her post mentioning Mission Day in her column, *Life, Interrupted*.





chartese survivor lymphoma

### helping everyone see the end of cancer.

As a donor-supported organization, it's one thing to talk about finding cures and ensuring access to the best available treatments for all blood cancer patients. It's another to convince people we are succeeding in our mission—and to create a sense of urgency. That is why we have stepped up our communications efforts over the last year, with remarkable results.

### **SOMEDAY IS TODAY**

**LLS launched a powerful new branding platform** in February with a public service announcement airing on national cable and broadcast outlets. The goal is to ensure patients know that LLS is a trusted source of education and support, and to highlight the many ways that LLS is changing the landscape of cancer.



**Someday is Today** features a mix of television, print, digital and outdoor advertising. The first round of the campaign garnered considerable media attention, with articles in *Adweek, MedAdNews, Medical Media & Marketing,* and *DailyRX.* The print ad appeared in high-profile media outlets, including the back page of *The New York Times* Science section and *The New Yorker*. The television spot appeared in six pilot media markets: New York, Chicago, Los Angeles, San Francisco, Washington, DC, and Dallas, and nationally on cable television and network morning shows.

LLS upgraded the web site to showcase the new branding platform, with a special landing page for Someday is Today; a "Someday People" gallery of survivor stories; and a Someday is Today video gallery.

"We felt it was time to rally support by shining the spotlight on our work to find cures and ensure access to treatments for all blood cancer survivors," says John Walter, LLS CEO. "People talk about curing cancer at some point in the future, but for LLS, someday is today. Contributions made to this organization through partners, volunteers and generous donors are driving cures right now."

Our ad placement during the Robin Roberts interview on ABC's 20/20 generated a spike in traffic to our website and social media channels. On a typical Friday, LLS sees about 6,500 hits to the site, but on Friday, February 22, we had 2,068 more hits than average, for a total of 8,515 visits. This was a significant 32% jump.

The combination and full effect of the national and regional advertising, along with a publicity blitz and a strong social media presence, will continue to create excitement and engagement with LLS in the months to come.

### SIT 2.0 CAMPAIGN TO LAUNCH

We are preparing to launch Someday is Today 2.0 in fiscal year 2014, which makes the Someday is Today theme even more personal by inviting people to realize that *Cancer Ends with Me* and to declare their support.



andy survivor multiple myeloma

■ Blood Cancer Awareness Month. In September 2013, LLS took full advantage of this month-long opportunity to showcase our role in advancing treatments to the widest possible audience. We shared results of a survey that reveals an alarming lack of knowledge among adults of all ages about blood cancers. Less than half polled believe that blood cancers are one of three leading causes of cancer death in the U.S., despite blood cancers being the third leading cause of cancer death. Four in five adults (82%) were surprised to learn that more than one million U.S. adults are currently living with a blood cancer.



LLS CEO John Walter and lymphoma survivor Jessica Melore participated in a satellite TV/radio media tour of more than 25 media outlets across the country.

■ **Hispanic program**. During fiscal year 2013 we developed an integrated Hispanic Market action plan that will generate awareness of LLS and its free Spanish language services via multiple channels; engage potential patients, volunteers, donors, and advocates; and form relationships with key influencers and community leaders.

We are building an independent Spanish language LLS web site that employs consistent LLS branding and clear Spanish language navigation; and rolling out Someday Is Today (Algun Dia es Hoy) in 10 major US markets.

### new breakthroughs and milestones in fundraising.

■ Nike Women's Marathon. A new Nike Women's Half Marathon in Washington, DC, was added in fiscal year 2013. To date, through the fundraising efforts of our participants, the Nike race series has generated more than \$132 million to help LLS advance life-saving therapies and ensure access for patients.

**Team In Training 25.** In January 2013, we kicked off our celebration of the 25th anniversary of Team In Training (TNT). More than 600,000 TNT fundraising participants have raised \$1.4 billion to date.

Rye, New York resident Bruce Cleland started TNT in 1988 by forming a team to run the New York City Marathon while raising funds for LLS in honor of his daughter, Georgia, who was diagnosed at age two with ALL: "I was trying to get past feelings of such helplessness and fear," said Cleland. "At the time she was diagnosed, the five-year survival rate for young children like Georgia with ALL was only around 50 percent. A deep desire to help her and others like her was my fuel, and day after day it literally got me up on my feet, out onto the road and eventually over the finish line."

This team of 38 runners raised \$320,000 for LLS's Westchester/ Hudson Valley Chapter in New York. Thanks to the pioneering efforts of Cleland and the Westchester/Hudson Valley Chapter, TNT was born.

Georgia's story is the embodiment of LLS's mission. Now 29 and cancer-free, Georgia completed three TNT half-marathons in 2012 and her fourth, the Nike Women's Marathon, in 2013.



yolanda survivor lymphoma

■ This year, our New York City chapter launched a new fundraising program under the TNT umbrella, called Moms In Training. The program involved 196 moms who have raised \$325,000 this year for LLS. Plans are to expand the successful new campaign to 20 chapters next year.

■ Our 2013 Man & Woman of the Year campaign exceeded last year's record, raising \$22.8 million. In its 23rd year, more than 850 dynamic community leaders participated as candidates and collectively surpassed last year's fundraising record by \$3.6 million. Sixteen-year-old San Antonio leukemia survivor Daniel Edelen and Illinois resident Barbara Bernick earned the titles of national Man of the Year and Woman of the Year. Edelen is the youngest national title winner in the campaign's history, raising an astounding \$466,000 — the most ever raised by any Man & Woman of the Year candidate to date. Bernick raised \$232,050 in memory of her mother, who died from leukemia 20 years ago.

**School & Youth**. More than 29,000 schools participated in the School & Youth programs in 2013, raising a total of \$27.7 million nationally this year. A new School & Youth fundraising record was set by Walt Whitman High School from the Washington, DC, metro area, whose students raised a total of \$91,761.16—the most ever raised by a school in the program's history.

■ Light The Night Walk fiscal year 2013 concluded another successful season, with participants in the U.S. and Canada raising nearly \$56 million.

For the 12th consecutive year, Burlington has served as the number-one national corporate partner and honored friend of the Light The Night Walk campaign, raising more than \$3.4 million. In total, Burlington employees and customers have raised more than \$16 million to benefit LLS.

**Leukemia Cup Regatta**. More than 10,000 sailors and their friends participated in Leukemia Cup Regattas throughout North America in fiscal year 2013, raising more than \$4 million. The top fundraising Leukemia Cup took place at the San Francisco Yacht Club and raised more than \$800,000, with Ted Turner serving as

the VIP speaker. Since its inception, the Leukemia Cup Regatta has raised more than \$46 million, with renowned sailor Gary Jobson serving as national chair. Jobson, a lymphoma survivor, has chaired the Leukemia Cup series since 1993. More than 100 top fundraisers from the Leukemia Cup Regattas participated in the Fantasy Sail with Jobson in New Orleans.

### **TARGETED GIVING AND BEQUESTS**

The **Edward P. Evans Foundation** dedicated \$5 million over five years to fund a new research initiative focused on myelodysplastic syndromes (MDS) and acute myeloid leukemia (AML). This is one of the largest major gifts in our history.

The **Paul E. Singer Foundation** is providing \$1.875 million to support a TAP project under way at Weill Cornell Medical Center.

This year, LLS received more than \$4 million in bequests of all sizes, and we welcomed many new members to our Legacy Circle.

### **MY LLS FREE FUNDRAISING MOBILE APP**

■ My LLS app. LLS is adapting mobile tools and applications to enhance our fundraising in real time. My LLS is a free mobile app that makes fundraising more fun and efficient for Team In Training and Light The Night Walk participants, volunteers and teams.

My LLS lets you accept credit card and check donations and deposit the funds directly to the LLS Team In Training or Light The Night bank account on your behalf via Android and iPhone, anytime, anywhere.



## research grants

#### THE MARSHALL A. LICHTMAN SPECIALIZED CENTER **OF RESEARCH**

The Specialized Center of Research Program funds multi-disciplinary research by teams of leading-edge academic investigators that hasten the discovery and development of better treatments for leukemia, lymphoma and myeloma patients. A center is composed of at least three independent research programs that are integrated and supported by scientific core laboratories

Jerry Adams, PhD Walter & Eliza Hall Institute of Medical Research

Frederick Alt, PhD Immune Disease Institute

Jon Aster, MD Brigham & Women's Hospital

John Byrd, MD<sup>1</sup> The Ohio State University

William Carroll, MD\* New York University School of Medicine

Riccardo Dalla-Favera, MD<sup>2</sup> Columbia University Medical Center

Brian Druker, MD<sup>3</sup> Oregon Health & Science University

Irene Ghobrial, MD\* Dana-Farber Cancer Institute

Anthony Green, MD, PhD University of Cambridge

Helen Heslop, MD<sup>3</sup> **Baylor College of Medicine** 

Carl June, MD<sup>4</sup> University of Pennsylvania

<sup>1</sup> Dr. John Bvrd is funded in part by Rita Cavanagh & Gerald Kafka, The Jim Jacobs Charitable Foundation. Elaine Smith. Phyllis & Douglas A. Smith and Judy & Michael Thomas. Thomas Kipps, MD, PhD\* University of California, San Diego

Jonathan Licht, MD<sup>5</sup> Northwestern University School of Medicine Scott Lowe, PhD 6

Sloan-Kettering Institute for Cancer Research

Beverly Mitchell, MD<sup>7</sup> Stanford University

#### CAREER DEVELOPMENT PROGRAM (SCHOLARS AND CLINICAL SCHOLARS)

The Career Development Program provides stipends to investigators of exceptional promise in the early stages of their careers. helping them devote their careers to research in leukemia, lymphoma or myeloma.

Gregory Abel, MD Dana-Farber Cancer Institute

K Mark Ansel, PhD University of California, San Francisco

Scott Armstrong, MD, PhD Children's Hospital Boston

Craig Bassing, PhD The Children's Hospital of Philadelphia

Michael Boddy, PhD The Scripps Research Institute

Jennifer Brown, MD, PhD Dana-Farber Cancer Institute

Patrick Brown, MD<sup>8</sup> Johns Hopkins University School of Medicine

Claudio Brunstein, MD, PhD University of Minnesota - Twin Cities

<sup>2</sup> Dr. Riccardo Dalla-Favera is funded in part by The Paul E. Singer Family Foundation, the Joseph S. and Diane H. Steinberg Charitable Trust and the J.T. Tai & Co. Foundation, Inc.

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George Calin, MD University of Texas M.D. Anderson Cancer Center

lain Cheeseman, PhD Whitehead Institute for **Biomedical Research** 

Jing Chen, PhD Emory University

Yuh Min Chook, PhD University of Texas Southwestern Medical Center

Christopher Cogle, MD University of Florida

Yali Dou, PhD University of Michigan

Mary Eapen, MD<sup>9</sup> Medical College of Wisconsin

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Elsa Flores, PhD

David Ferguson, MD, PhD University of Michigan

University of Texas M.D. Anderson Cancer Center

Maxim Frolov, PhD University of Illinois - Chicago

Andrei Goga, MD, PhD University of California, San Francisco

Ananda Goldrath, PhD University of California. San Diego

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Dr. Carl June is funded in part by the Amanda Wins Fund and The Orokawa Foundation.

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John Koreth, MD, PhD\* Dana-Farber Cancer Institute

Rhett Kovall, PhD University of Cincinnati

Ross Levine, MD Memorial Sloan-Kettering Cancer Center

Mark Levis, MD, PhD<sup>11</sup> Johns Hopkins University School of Medicine

Ivan Maillard, MD, PhD\* University of Michigan

Sami Malek. MD University of Michigan

William Matsui, MD 12 Johns Hopkins University School of Medicine

Hanna Mikkola, MD, PhD 13 University of California, Los Angeles

Golam Mohi, PhD\* SUNY Upstate Medical Center

James Mullov, PhD Children's Hospital Medical Center-Cincinnati

Markus Muschen, MD, PhD University of California, San Francisco

Ryoma Ohi, PhD\* Vanderbilt University Medical Center

Emmanuelle Passegué, PhD University of California, San Francisco

Cathie Pfleger, PhD Mount Sinai School of Medicine

Joel Pomerantz, PhD Johns Hopkins University School of Medicine

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Noopur Raje, MD<sup>14</sup> Massachusetts General Hospital

Jeffrey Rathmell, PhD **Duke University Medical Center** 

Pavan Reddy, MD University of Michigan

Boris Reizis, PhD Columbia University Medical Center

James Rubenstein, MD, PhD University of California. San Francisco

Loredana Ruggeri, MD, PhD University of Perugia

Davide Ruggero, PhD University of California, San Francisco

Julien Sage, PhD Stanford University

Talya Salz, PhD\* Memorial Sloan-Kettering Cancer Center

Karsten Sauer, PhD The Scripps Research Institute

Joseph Scandura, MD, PhD\* Weill Medical College of Cornell University

Neil Shah, MD, PhD University of California, San Francisco

Tait Shanafelt. MD Mavo Clinic and Foundation

Jane Skok. PhD New York University School of Medicine

Merav Socolovsky, MD, PhD University of Massachusetts Medical School

Kimberly Stegmaier, MD\* Dana-Farber Cancer Institute

Enrico Tiacci, MD\* University of Perugia

7 Dr. Beverly Mitchell is funded in part by The Joseph C. Sanfilippo Memorial Fund, an advised fund of Saratoga Monte Sereno Community Foundation, and The Harry T. Mangurian, Jr. Foundation, Inc.

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Wenvi Wei, PhD\* Beth Israel Deaconess Medical Center

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Shan Zha, MD, PhD\* Columbia University Medical Center

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Jing Zhang, PhD\* University of Wisconsin-Madison

Zhiguo Zhang, PhD Mavo Clinic and Foundation

Xiaolan Zhao, PhD\* Sloan-Kettering Institute for Cancer Research

Lee Zou. PhD Massachusetts General Hospital

Elina Zuniga, PhD University of California, San Diego

8 Dr. Patrick Brown is fully funded by The Orokawa Foundation. <sup>9</sup> Dr. Mary Eapen is funded in part by

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Inc.

#### CAREER DEVELOPMENT PROGRAM (SPECIAL FELLOWS, CLINICAL SPECIAL FELLOWS, AND FELLOWS)

The Career Development Program provides stipends to investigators of exceptional promise in the early stages of their careers, helping them devote their careers to research in leukemia, lymphoma or myeloma.

Alison Adams, PhD\* Yale University

Cassandra Adams, PhD University of California, San Francisco

Colin Aitken, PhD Johns Hopkins University School of Medicine

Koshi Akahane, MD, PhD\* Dana-Farber Cancer Institute

Lukas Baitsch, PhD Dana-Farber Cancer Institute

Ami Bhatt, MD, PhD\* Dana-Farber Cancer Institute

Kivanc Birsoy, PhD\* Whitehead Institute for Biomedical Research

Jessica Blackburn, PhD\* Massachusetts General Hospital

Vincenzo Calvanese, PhD\* University of California, Los Angeles

Tiffany Chang, MD\* University of California, San Francisco

Chong Chen, PhD Memorial Sloan-Kettering Cancer Center

Mo Chen, PhD The Rockefeller University

<sup>10</sup> Dr. Ajay Gopal is fully funded by Genentech, Inc.

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<sup>11</sup> Dr. Mark Levis is the Rally Foundation for Childhood Cancer Research Scholar. Hauke Cornils, PhD Dana Farber Cancer Institute

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Anna Eiring, PhD University of Utah

Chen Fang, PhD<sup>\* 16</sup> Fred Hutchinson Cancer Research Center

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Luke Gilbert, PhD\* University of California, San Francisco

Saar Gill, MD\* University of Pennsylvania

Evisa Gjini, PhD Dana-Farber Cancer Institute

Michael Green, PhD Stanford University

Sarah Hainer, PhD\* University of Massachusetts Medical School

Yoon-Chi Han, PhD Memorial Sloan-Kettering Cancer Center

Daniel Herranz, PhD Columbia University Medical Center

Erin Hertlein, PhD The Ohio State University

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Andrew Holland, PhD Ludwig Institute for Cancer Research

Kuo-Chiang Hsia, PhD The Rockefeller University

Enfu Hui, PhD University of California, San Francisco

Alexandre Iannello, PhD\* University of California, Berkeley

Caron Jacobson, MD\* Dana-Farber Cancer Institute

Ana Janic, PhD\* Walter and Eliza Hall Institute of Medical Research

Jared Johnson, PhD Beth Israel Deaconess Medical Center

Brian Jonas, MD, PhD Stanford University

Christopher Kanakry, MD\* Johns Hopkins University

Hyungjin Kim, PhD Dana-Farber Cancer Institute

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<sup>1</sup> Acute Lymphoblastic Leukemia Research Portfolio is funded in part by Megan's Wings, Inc. and Deborah Tobias - Translational Research Program.

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## independent auditors' report

The Board of Directors The Leukemia & Lymphoma Society, Inc.:

We have audited the accompanying consolidated financial statements of The Leukemia & Lymphoma Society, Inc. (LLS), which comprise the consolidated balance sheet as of June 30, 2013, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

**Management's Responsibility for the Financial Statements:** Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility: Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion:** In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Leukemia & Lymphoma Society, Inc. as of June 30, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

**Report on Summarized Comparative Information:** We have previously audited LLS's consolidated financial statements, and we expressed an unmodified opinion on those audited consolidated financial statements in our report dated September 21, 2012. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2012 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

PMG LLP

September 18, 2013 New York, NY

## consolidated balance sheet

The Leukemia & Lymphoma Society, Inc. / June 30, 2013 (With comparative amounts at June 30, 2012) (In thousands)

	 2013	 2012
Assets		
Cash and cash equivalents (note 6)	\$ 27,300	\$ 25,972
Prepaid expenses and other assets	5,555	6,716
Legacies and contributions receivable, net (note 5)	8,026	5,413
Investments (notes 3 and 6)	190,555	184,084
Fixed assets, net (note 7)	 10,853	 6,854
Total assets	\$ 242,289	\$ 229,039
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 21,388	\$ 20,196
Deferred revenue (note 6)	35,074	17,737
Grants payable (note 2)	 82,062	 73,966
Total liabilities	 138,524	 111,899
Commitments and contingencies (notes 2 and 9)		
Net assets (note 4):		
Unrestricted	91,217	101,620
Temporarily restricted	9,105	12,163
Permanently restricted	 3,443	 3,357
Total net assets	 103,765	 117,140
Total liabilities and net assets	\$ 242,289	\$ 229,039

## consolidated statement of activities

The Leukemia & Lymphoma Society, Inc. / Year ended June 30, 2013 (With summarized totals for the year ended June 30, 2012) (In thousands)

			То	mporarily	Permanently		Total			
	Uni	restricted		estricted	restric			2013		2012
Revenue										
Campaign contributions	\$	261,258	\$	14,840	\$	_	\$	276,098	\$	275,812
Less direct donor benefit costs		(35,510)				_		(35,510)		(39,173)
Net campaign contributions		225,748		14,840		_		240,588		236,639
Co-pay contributions		_		48,143		_		48,143		54,600
Legacies		3,715		511		_		4,226		5,049
Donated services and media (note 6)		7,750		-		—		7,750		5,328
Net interest and dividend income		1,925		124		26		2,075		2,152
Net increase (decrease) in fair value										
of investments (note 3)		9,281		348		60		9,689		(155)
Grant refunds		1,844		-		-		1,844		1,477
Net assets released from restrictions:										
Co-pay assistance		42,650		(42,650)		—		-		-
Satisfaction of other donor restrictions		24,374		(24,374)		_				
Total revenue		317,287		(3,058)		86		314,315		305,090
Expenses (note 10)										
Program services:										
Research		79,234		-		_		79,234		73,512
Patient and community service		117,769		-		_		117,769		115,727
Public health education		47,875		-		_		47,875		44,772
Professional education		9,330				_		9,330		8,785
Total program services		254,208				_		254,208		242,796
Supporting Services:										
Management and general		27,258		-		_		27,258		24,869
Fundraising		46,140				_		46,140		43,557
Total supporting services		73,398						73,398		68,426
Total expenses		327,606				_		327,606		311,222
Change in net assets before foreign currency										
translation adjustment		(10,319)		(3,058)		86		(13,291)		(6,132)
Foreign currency translation adjustment		(84)		-		_		(84)		(133)
Change in net assets		(10,403)		(3,058)		86		(13,375)		(6,265)
Net Assets										
Beginning of year		101,620		12,163		3,357		117,140		123,405
End of year	\$	91,217	\$	9,105	\$	3,443	\$	103,765	\$	117,140

## consolidated statement of functional expenses

The Leukemia & Lymphoma Society, Inc. / Year ended June 30, 2013 (With comparative totals for the year ended June 30, 2012) (In thousands)

		Р	rogram Serv	ices		Sup	oorting Servi	ces				_
		Patient and community	Public health	Professional		Management and	Fund-			otal	Benefi	Donor t Costs
	Research	service	education	education	Total	general	raising	Total	2013	2012	2013	2012
Awards and grants (note 2)	\$ 58,899	\$ -	\$ —	\$ -	\$ 58,899	\$ -	\$ -	\$ -	\$ 58,899	\$ 54,527	\$ -	\$ -
Therapy acceleration program (note 2)	14,912	-	-	-	14,912	_	_	_	14,912	13,871	_	-
Financial aid to patients	-	2,989	-	_	2,989	-	_	_	2,989	3,057	-	_
Co-pay assistance (note 2)	-	42,650	-	_	42,650	_	-	_	42,650	45,961	_	-
Donated services and media (note 6)	1,161	4,331	226	_	5,718	_	2,032	2,032	7,750	5,328	_	_
Salaries	2,332	29,556	18,503	4,347	54,738	8,659	10,098	18,757	73,495	70,840	_	_
Employee benefits and taxes (note 8)	320	7,999	5,447	1,295	15,061	2,649	3,722	6,371	21,432	20,595	_	-
Occupancy (note 10)	47	3,444	2,685	617	6,793	1,109	1,430	2,539	9,332	9,161	_	-
Insurance	12	275	161	25	473	75	130	205	678	591	_	-
Telephone	42	1,189	866	141	2,238	338	862	1,200	3,438	3,598	_	-
Travel	111	1,530	1,198	298	3,137	651	742	1,393	4,530	4,163	8,083	9,801
Printing, advertising, and supplies	36	5,035	6,408	926	12,405	4,227	8,768	12,995	25,400	21,124	5,641	6,867
Equipment rentals and maintenance	26	1,034	647	153	1,860	316	459	775	2,635	2,502	_	-
Postage and shipping	15	1,153	3,196	97	4,461	1,331	4,434	5,765	10,226	11,789	_	-
Meetings	601	1,836	1,066	147	3,650	379	628	1,007	4,657	4,355	11,989	11,129
Professional fees	652	12,585	6,063	949	20,249	6,515	11,763	18,278	38,527	32,521	2,562	3,682
Miscellaneous	8	1,140	664	189	2,001	612	393	1,005	3,006	4,471	7,235	7,694
Depreciation and amortization	60	1,023	745	146	1,974	397	679	1,076	3,050	2,768		_
Total expenses	\$ 79,234	\$ 117,769	\$ 47,875	\$ 9,330	\$ 254,208	\$ 27,258	\$ 46,140	\$ 73,398	\$327,606	\$311,222	\$ 35,510	\$ 39,173

EXPENSES		
Research	24.2%	
Patient and Community Service	36.0%	
Public Health Education	14.6%	22.4%
Professional Education	2.8%	22.4%
Total Program Services	77.6%	
Management and General	8.3%	
Fundraising	14.1%	77.6%
Total Supporting Services	22.4%	
Total Expenses	100.0%	

## consolidated statement of cash flows

The Leukemia & Lymphoma Society, Inc. / Year ended June 30, 2013 (With comparative amounts for the year ended June 30, 2012) (In thousands)

	 2013	 2012
Cash flows from operating activities:		
Change in net assets	\$ (13,375)	\$ (6,265)
Adjustments to reconcile change in net assets to		
net cash provided by operating activities:		
Net (increase) decrease in fair value of investments	(9,689)	155
Permanently restricted contributions collected	-	(257)
Depreciation and amortization	3,050	2,768
Increase in allowance for uncollectible accounts	14	40
Changes in operating assets and liabilities:		
Prepaid expenses and other assets	1,161	(1,545)
Legacies and contributions receivable	(2,627)	14,161
Accounts payable and accrued expenses	1,192	2,481
Deferred revenue	17,337	496
Grants payable	 8,096	 2,387
Net cash provided by operating activities	 5,159	 14,421
Cash flows from investing activities:		
Purchases of fixed assets	(7,049)	(4,209)
Purchases of investments	(54,862)	(94,729)
Sales of investments	 58,080	 92,366
Net cash used in investing activities	 (3,831)	 (6,572)
Cash flows from financing activities:		
Permanently restricted contributions collected	 	 257
Net cash provided by financing activities	 	 257
Net increase in cash and cash equivalents	1,328	8,106
Cash and cash equivalents at beginning of year	 25,972	 17,866
Cash and cash equivalents at end of year	\$ 27,300	\$ 25,972

### **notes** to consolidated financial statements

The Leukemia & Lymphoma Society, Inc. / June 30, 2013 (With comparative amounts as of and for the year ended June 30, 2012)

#### 1. Organization and Summary of Significant Accounting Policies

#### Organization

The Leukemia & Lymphoma Society, Inc. (LLS) exists to find cures for blood cancers and ensure access to treatments for blood cancer patients. LLS is the world's largest voluntary health agency dedicated to finding cures for blood cancer. Our mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma and improve the quality of life of patients and improve support for their families. LLS research grants have funded many of today's most promising advances for the treatment of blood cancer patients, including targeted therapies and immunotherapies. LLS is a leading source of publicly available information for blood cancer, education and support, and drives policies that accelerate the development and approval of new blood cancer therapies. LLS advocates for blood cancer patients and their families, helping patients navigate their cancer treatments and ensuring they have access to quality, affordable and coordinated care.

#### **Tax-Exempt Status**

LLS qualifies as a charitable organization as defined by Internal Revenue Code Section 501(c)(3) and, accordingly, is exempt from federal income taxes under Internal Revenue Code Section 501(a). Additionally, since LLS is publicly supported, contributions to LLS qualify for the maximum charitable contribution deduction under the Internal Revenue Code.

The Leukemia & Lymphoma Society of Canada, Inc. (LLSC) is registered as a charitable organization under the Income Tax Act (Canada) and is, therefore, not subject to income taxes if certain disbursement requirements are met.

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 Revenue Code Section 511. LLS did not recognize any unrelated business income tax liability for the years ended June 30, 2013 and 2012.

#### **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of LLS, which encompasses the National Office of LLS and its 56 chapters in the United States, LLSC and its five chapters in Canada, and LLS's not-for-profit affiliates, The Leukemia & Lymphoma Society Research Programs, Inc., and The Leukemia & Lymphoma Society Research Foundation. All significant intercompany and intra-LLS accounts and transactions have been eliminated in consolidation.

#### Estimates

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles requires LLS's management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. The significant estimates made in the preparation of these consolidated financial statements include the fair value of alternative investments, the allowance for uncollectible accounts, the allocation of expenses, and the valuation of donated services and media. Actual results could differ from those estimates.

#### **Risks and Uncertainties**

LLS invests in various investment securities. Investment securities are exposed to various risks such as interest rate risks, fluctuations in market security values, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheet.

LLS's principal source of revenue is amounts contributed by the general public. Accordingly, LLS's operations are impacted by individual contributions, which are impacted by general economic conditions, employment levels, and other factors over which LLS has little or no control. By contrast to the granularity of the general public donations, the co-pay program in 2013 and 2012 was funded by five donors.

#### **Summarized Financial Information**

The consolidated financial statements are presented with 2012 summarized or comparative information. With respect to the consolidated statement of activities, such prior year information is not presented by net asset class and, in the consolidated statement of functional expenses, 2012 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with LLS's 2012 consolidated financial statements from which the summarized information was derived.

#### Subsequent Events

LLS evaluated subsequent events after the balance sheet date of June 30, 2013 through September 18, 2013, which was the date the consolidated financial statements were issued, and concluded that no additional disclosures are required.

#### **Net Asset Classifications**

To ensure observance of limitations and restrictions placed on the use of resources available to LLS, funds that have similar characteristics have been classified into three net asset categories as follows:

Unrestricted net assets: Consist of funds that are fully available, at the discretion of LLS's Board of Directors, for LLS to utilize in any of its programs or supporting services.

*Temporarily restricted net assets:* Consist of funds that are restricted by donors for a specific time period and/or purpose.

Permanently restricted net assets: Consist of funds that contain donor-imposed restrictions requiring that the principal be invested in perpetuity. Income earned on these funds are recorded as temporarily restricted net assets and are released from restriction when the donor stipulated purpose has been fulfilled and/or the amount has been appropriated in compliance with the Board-approved spending policy (note 4).

#### **Foreign Currency Translation**

LLSC uses the Canadian dollar as its functional currency. Accordingly, the currency impact of the translation of the financial statements of LLSC to U.S. dollars is included as a translation adjustment in the consolidated statement of activities.

#### **Fair Value Measurements**

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that a reporting entity has the ability to access at the measurement date.
- Level 2 inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 unobservable inputs for the asset or liability.

## **notes** to consolidated financial statements

The Leukemia & Lymphoma Society, Inc. / June 30, 2013 (With comparative amounts as of and for the year ended June 30, 2012)

LLS follows the provisions of Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, for its alternative investments that do not have readily determinable fair values, including hedge funds, limited partnerships, and other funds. This guidance allows, as a practical expedient, for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value, using net asset value per share or its equivalent, as reported by the investment managers.

Most investments classified in Levels 2 and 3 consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Because the net asset value reported by each fund is used as a practical expedient to estimate the fair value of LLS's interest therein, its classification in Level 2 or 3 is based on LLS's ability to redeem its interest at or near June 30. If the interest can be redeemed in the near term, the investment is classified as Level 2. The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities.

The carrying value of cash and cash equivalents, accounts payable and accrued expenses, and grants payable approximates fair value because of their short term nature.

#### **Contributions, Grants and Deferred Revenue**

Contributions are recorded as revenue, at their fair value, when received or promised unconditionally. Contributions received with donor restrictions that limit their use are reported as either temporarily or permanently restricted revenue. When a donor restriction is met through the passage of time or fulfillment of a purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions. Conditional contributions are recognized as revenue when the conditions have been substantially met. Certain grants are accounted for as exchange transactions whereby revenue is recognized when the related expenses are incurred. Amounts received under these arrangements but not yet expended are reported as deferred revenue.

#### **Donated Services**

LLS has determined that certain of the donated services it receives meet the criteria for recognition in the consolidated financial statements. The value of contributed services was determined for volunteers who possess specialized skills, and would otherwise need to be purchased. These services are recognized as revenue and expense.

#### **Donated Media**

During 2013, LLS has conducted a national public service announcement (PSA) media campaign and benefited from donated media time that was aired on television and radio. The value of contributed media was estimated based on the placement, audience, and demographics of the PSA's. These services are recognized as revenue and expense.

#### **Cash Equivalents**

Cash equivalents consist of short-term investments with an original maturity of three months or less from date of purchase, except for amounts held for long-term purposes reported as investments.

#### Investments

Investments are stated at fair value based upon quoted market prices, except for the fair values of alternative investments which are based on net asset values provided by the fund managers or general partners, based upon the underlying net assets of the funds consistent with the concepts of ASC 820. These values are reviewed and evaluated by management.

#### **Fixed Assets and Depreciation**

Fixed assets, which consist principally of equipment, software, and leasehold improvements, are

recorded at cost, and are depreciated or amortized using the straight-line method over the estimated useful lives of the assets or the terms of the leases, if shorter, ranging two to 10 years (leasehold improvements seven years; furniture, fixtures, and office equipment seven to 10 years, and computer equipment and software two to five years).

#### **Professional Fees**

Professional fees included in the consolidated financial statements principally include fundraising counsel fees, data processing services, contracted temporary staffing, contracted software development, and legal and auditing fees.

#### Reclassifications

Certain reclassifications of 2012 amounts have been made to conform to the 2013 presentation.

#### 2. Research and Patient Assistance

LLS has various activities that are utilized to carry out its mission as presented below:

- a) Awards and Grants: Awards and grants for research are approved by LLS's Board of Directors and are recognized as expense when conditions have been satisfied. The budgets for multi-year grants, which are generally two to five years in length, are approved on an annual basis and may be terminated at the discretion of LLS's Board of Directors. LLS has multi-year grant commitments of \$93,508,000 at June 30, 2013 which are conditioned upon future events and, accordingly, are not recorded. LLS has unconditional grants payable of \$74,825,000 and \$68,315,000 at June 30, 2013 and 2012, respectively, which are anticipated to be paid in the next year.
- b) Therapy Acceleration Program (TAP): TAP is LLS's strategic initiative to speed the development of blood cancer treatments and supportive diagnostics by creating business alliances with biotechnology and pharmaceutical companies. TAP provides funding for investigational new drug-enabling studies and clinical-stage projects. TAP contracts are recognized as an expense in the year program milestones are achieved. Multi-year contracts, which are generally two to three years in length, are reviewed against milestones on a quarterly basis and may be terminated at the discretion of LLS's Board of Directors. LLS has contract commitments of \$40,964,000 and \$19,078,000 at June 30, 2013 and 2012, respectively, that are conditioned upon future events and, accordingly, are not recorded.
- c) Co-Pay Assistance Program: The Co-Pay Assistance Program offers financial assistance to patients in meeting their insurance co-pay obligations for prescription medications or private/public health insurance premiums. Amounts awarded under the program are expensed in the year approved based on the available funding in the program. Approximately \$7,237,000 and \$5,651,000 were included in the grants payable balances for amounts awarded but unpaid at June 30, 2013 and 2012, respectively.

As discussed above, commitments for the awards and grants and TAP programs are contingent upon the satisfactory completion of milestones and/or other conditions in the grant and contract agreements. If such conditions are satisfied, the amounts are estimated to be paid as follows (in thousands):

Year ending June 30:	
2014	\$ 61,285
2015	42,313
2016	22,986
2017 and therafter	7,888
Total	\$134,472

#### 3. Investments

The following tables present LLS's fair value hierarchy of investments measured at fair value on an annual basis as of June 30, 2013 and 2012 (in thousands):

	2013	Level 1	Level 2	Level 3
Money market funds and cash	\$ 1,071	\$ 1,071	\$ -	\$ -
Fixed income:				
Long duration fixed income				
(mutual fund)	63,003	63,003	_	_
Short duration fixed income				
(mutual fund)	32,316	32,316	-	-
U.S. Treasury Inflation-Protected				
Security fund (TIPS) and other	3,231	940	2,291	-
Equities:				
Large cap equity	6,901	6,901	-	-
International equity	9,739	9,739	-	-
Small/mid cap equity	2,022	2,022	-	-
Alternative investments:				
Multistrategy hedge funds	58,323	-	58,323	-
Long/short equities	3,358	-	-	3,358
Real assets Limited partnership equity indices	7,855 2,736	_	7,855 2,736	_
Limited partnership equity indices	\$190,555	\$115,992	\$ 71,205	\$ 3,358
	φ100,000	ΨΠ0,002	<u>Ψ71,200</u>	<u> </u>
	2012	Level 1	Level 2	Level 3
Money market funds and cash	\$ 956	\$ 956	\$ -	\$ -
Fixed income:				
Long duration fixed income				
(mutual fund)	70,220	70,220	-	-
Short duration fixed income				
(mutual fund)	37,159	37,159	-	-
Other	1,061	1,061	-	-
Equities:				
Large cap equity	11,484	11,484	-	-
International equity	15,958	15,958	-	-
Small cap equity Small/mid cap equity	3,963 528	3,963 528	-	_
	520	520	_	_
Alternative investments: Multistrategy hedge funds				
	21 150		24 450	
<u>, , , , , , , , , , , , , , , , , , , </u>	34,459 3 042	-	34,459	- 3 042
Long/short equities	3,042	- -	-	_ 3,042 _
<u>, , , , , , , , , , , , , , , , , , , </u>	,	- -  \$141,329	34,459 - <u>5,254</u> \$ 39,713	- 3,042  \$ 3,042

Investment expenses of \$1,301,000 and \$625,000 have been netted against the net increase in fair value of investments for the years ended June 30, 2013 and 2012, respectively. The unrealized gains and (losses) were \$3,810,000 and (\$5,514,000) for the years ended June 30, 2013 and 2012, respectively.

LLS's alternative investments are diversified across four investment strategies, as follows:

- 1. *Multistrategy hedge funds* represent investments in a broad range of investment strategies that seek to exploit opportunities as they occur in the markets due to temporary dislocations or structural inefficiencies and include event-driven strategies, distressed debt, merger and other arbitrage, and value investing.
- 2. Long/short equities primarily investments in funds that, in turn, invest in liquid, marketable securities, attempting to realize gains through the identification of mispriced securities.
- 3. *Real asset strategy* passively managed real asset portfolios comprised of REIT Index, commodities, and global natural resource stocks.
- 4. *Limited partnership equity indices* The underlying holdings of the limited partnership equity indices are principally domestic and international marketable securities.

These strategies create indirect exposure to LLS through short sales of securities, trading in future and forward contracts, and other derivative products. Derivatives are investment contracts used to hedge risk. While these financial instruments may contain varying degrees of risk, LLS's risk with respect to such transactions is limited to its capital balance in each investment.

LLS's alternative investments contain various redemption restrictions with required written notice ranging from 1 to 95 days. By contrast, all of LLS's non-alternative investments are highly liquid and can be redeemed daily without restriction. As of June 30, 2013, the following table summarizes the composition of such alternative investments at fair value by the various redemption provisions (in thousands):

Redemption period	Amount
Daily	\$ 2,291
Monthly	2,736
Quarterly	66,178
Annual	3,358
Total	\$74,563

As of June 30, 2013 and 2012, LLS has no unfunded commitments on its alternative investments. The following table presents a reconciliation for all Level 3 assets measured at fair value as of June 30, 2013 and 2012 (in thousands):

Balance at July 1 Purchases Investment expense Net increase (decrease) in fair value Balance at June 30

### **notes** to consolidated financial statements

The Leukemia & Lymphoma Society, Inc. / June 30, 2013 (With comparative amounts as of and for the year ended June 30, 2012)

#### 4. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets and the income earned on permanently restricted net assets are available for the following purposes at June 30, 2013 and 2012 (in thousands):

LLS follows the provisions of the New York Prudent Management of Institutional Funds Act (NYPMIFA), which imposes guidelines on the management and investment of endowment funds. LLS has interpreted the relevant law as allowing LLS to appropriate for expenditure or accumulate so much of an endowment fund as LLS determines is prudent considering the uses, benefits, purposes, and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

LLS has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment funds while seeking to protect the original value of the gift. The spending rate policy at June 30, 2013 was 4%, plus any additional amounts advised by donors. Under this policy, the endowment assets are invested in a manner that is intended to produce results consistent with LLS's overall investment strategy.

The following table presents changes in the donor-restricted endowment funds for the years ending June 30, 2013 and 2012 (in thousands):

#### 5. Legacies and Contributions Receivable

LLS's legacies and contributions receivable at June 30, 2013 and 2012 consist of unconditional promises to give and legacies for which the underlying wills have been declared valid by the probate court and no other conditions are required to be met. Contributions receivables are originally recorded based on discounted cash flows using a risk adjusted discount rate which is considered a level 3 input in the fair value hierarchy. Amounts are scheduled to be received as follows (in thousands):

#### 6. Deferred Revenue, Donated Services and Media

During 2013, LLS received a \$20 million grant that is planned to be utilized on research which will jointly be identified by the grantor and LLS. At June 30, 2013 these funds were held equally between cash and investments. Revenue under this grant is expected to be recognized over the next four years, as expenses are incurred. At June 30, 2013, the unexpended balance of the grant of \$19.5 million is included in deferred revenue. The remaining balance of deferred revenue includes amounts received for special events that will be held subsequent to the fiscal year-end.

The value of donated services for family support group facilitators and research grant reviewers, as well as donated media are included in both revenue and expense as shown below (in thousands):

#### 7. Fixed Assets, Net

Fixed assets at June 30, 2013 and 2012 consist of the following (in thousands):

	2013 2013	2012
Less than one year	\$ 4,733	\$ 3,766
1 to 5 years	4,130	2,300
After 5 years	<u>600</u>	<u>712</u>
Subtotal Less: Allowance for uncollectible accounts Discount to present value (1.5% to 5%)	9,463 (792) (645)	6,778 (778) (587)
Total	\$ 8,026	\$ 5,413
Leasehold improvements	\$ 1,043	\$ 1,044
Furniture, fixtures, and other office equipment	2,626	2,881
Computer equipment and software		14,303
Total	\$ 22,101	\$ 18,228
Less accumulated depreciation and amoritization	(11,248)	(11,374)
Fixed assets, net	<u>\$ 10,853</u>	<u>\$ 6,854</u>

Fully depreciated assets with a cost of \$3,176,000 were written off in 2013.

	2013	2012
Donated services	\$ 5,492	\$ 5,328
Donated media	2,258	
Total	\$ 7,750	\$ 5,328

#### 8. Pension Plan

LLS has a defined contribution 403(b) pension plan covering all employees meeting age and service requirements. Contributions are based on a percentage of each eligible employee's salary and years of service. Expenses under this plan aggregated \$4,173,000 and \$3,967,000 for the years ended June 30, 2013 and 2012, respectively.

LLS has a 457(b) deferred compensation plan (the 457 Plan), for its executive staff. The 457 Plan is a nonqualified deferred compensation plan subject to the provisions of the Internal Revenue Code Section 457. Expenses under the 457 Plan approximated \$195,000 and \$157,000 for the years ended June 30, 2013 and 2012, respectively. The assets and liabilities of the 457 Plan are included in investments and accounts payable in the accompanying consolidated balance sheet and amounted to approximately \$1,357,000 and \$1,196,000 at June 30, 2013 and 2012, respectively.

#### 9. Lease Commitments

The leases for premises, which LLS's National Office and chapters occupy, expire on various dates through September 30, 2023 and provide for certain payments subject to escalation and periodic rate increases relating to real estate taxes, operating expenses, and utilities. The National Office lease expires in March 2016.

## national leaders

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The approximate minimum aggregate future annual rental commitments are summarized as follows (in thousands):

Year ending June 30:	
2014	\$ 8,290
2015	7,839
2016	6,197
2017	3,531
2018	2,091
2019 and therafter	 4,294
Total	\$ 32,242

#### **10. Joint Costs Allocation**

For the years ended June 30, 2013 and 2012, LLS incurred joint costs for informational materials and activities that included fund raising appeals as follows (in thousands):

	2013	2012
Fund raising	\$ 10,577	\$ 11,509
Patient and community service	1,895	1,049
Public health education	8,966	9,522
Total	\$ 21,438	\$ 22,080

### executive leadership

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Danielle Gee Chief of Staff

Rosemarie Loffredo Executive Vice President Chief Financial & Administrative Officer

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Mark Velleca, MD, PhD Executive Vice President Chief Policy & Advocacy Officer

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Nancy Allen President Canadian Operations

E. Walter

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