

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning 07/01, 2012, and ending 06/30, 20 13

2012

Department of the Treasury
Internal Revenue Service

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

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	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>290,358,467.00</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	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 2012 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  Date 2/12/14 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 <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	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 <input type="checkbox"/> if self-employed	PTIN
	D. DUNCAN		02/12/14		P01249521
	Firm's name <u>KPMG LLP</u>	Firm's address <u>345 PARK AVENUE</u> <u>NEW YORK, NY 10154</u>		Firm's EIN <u>13-5565207</u>	Phone no. <u>212-758-9700</u>

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

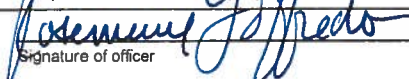
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC		D Employer identification number 13-5644916
	Doing Business As		E Telephone number 914-949-5213
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1311 MAMARONECK AVENUE		#310
City, town or post office, state, and ZIP code WHITE PLAINS NY 10605		G Gross receipts \$ 376,034,972	
F Name and address of principal officer: LOUIS J. DEGENNARO, INTERIM PRES&CEO 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.LLS.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1949	M State of legal domicile: NY

Part I Summary		Prior Year	Current Year
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 <input type="checkbox"/> 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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1580
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	282,672,073	279,789,665
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,039,879	8,133,222
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,111,041	2,435,580
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,822,993	290,358,467
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	115,731,627	117,726,007
	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)	86,776,477	90,034,581
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,175,403	10,134,488
	b Total fundraising expenses (Part IX, column (D), line 25) 48,057,833		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,711,007	89,083,589
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	292,394,514	306,978,665
19 Revenue less expenses. Subtract line 18 from line 12	428,479	-16,620,198	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	223,445,924	236,325,556
	21 Total liabilities (Part X, line 26)	109,397,145	135,316,123
	22 Net assets or fund balances. Subtract line 21 from line 20	114,048,779	101,009,433

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		2/12/14
	ROSEMARIE LOFFREDO	CAO & CFO
	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KPMG, LLP	Preparer's signature KPMG, LLP	Date 02/12/14	Check <input type="checkbox"/> if self-employed	PTIN 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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes No

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

4 Describe the 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 \$ **76,025,725** including grants of \$ **72,086,215**) (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)

To date, LLS has invested almost \$1 billion in research aimed at helping all blood cancer patients live better, longer lives. We will

4b (Code:) (Expenses \$ **107,397,528** including grants of \$ **45,639,792**) (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 professional and patient education programs, publications and the LLS

4c (Code:) (Expenses \$ **41,981,280** 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, 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

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

(Expenses \$ **9,062,232** including grants of \$) (Revenue \$)4e Total program service expenses **234,466,765**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		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	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	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	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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)	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	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	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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		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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	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		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		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 to any question in this Part VI

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 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.		
	22		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	22		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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		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?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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?		

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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 to any question 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	0.00	X		X			0	0	0	
(10) TIMOTHY DURST	2.00									
CHAIR	0.00	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	
(13) RAANAN HOROWITZ	2.00									
BOD MEMBER	0.00	X						0	0	
(14) RICHARD M. JEANNERET	2.00									
BOD MEMBER	0.00	X						0	0	
(15) JORGE CORTES	2.00									
BOD MEMBER	0.00	X						0	0	
(16) JOSEPH B. KELLEY	2.00									
BOD MEMBER	0.00	X						0	0	
(17) MARIE V. MCDEMMOND	2.00									
BOD MEMBER	0.00	X						0	0	
(18) MATTHEW WINTER	2.00									
BOD MEMBER	0.00	X						0	0	
(19) STEVEN T. ROSEN, MD, FACP	2.00									
BOD MEMBER	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								2,745,676	282,843	
d Total (add lines 1b and 1c)								2,745,676	282,843	

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 **▶ 108**

	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	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	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		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
MAIL AMERICA FOREST VA 24551	174 ELKTON FARM RD FUNDRAISING SER	4,010,903
INFOCISION AKRON OH 44333	325 SPRINGSIDE DRIVE FUNDRAISING SERV	1,791,410
PARADYZ MATERA NEW YORK NY 10004	5 HANOVER SQUARE FUNDRAISING SER	1,766,306
ROBERT MICHAEL EDUCATIONAL INSTITUTE VORHEES NJ 08043	101 LAUREL ROAD EDUCATIONAL SER	1,671,489
DIRECT PRINT COMMUNICATIONS SANTA ANA CA 92707	201 EAST SANDPOINTE FUNDRAISING	1,382,841

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 **▶ 47**

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) KENNETH M. SCHWARTZ	2.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(13) KATHRYN C. VECELLIO	2.00									
BOD MEMBER	0.00	X					0	0	0	
(14) LOUISE E. WARNER	2.00									
BOD MEMBER	0.00	X					0	0	0	
(15) JOHN WALTER	45.00									
PRESIDENT & CEO	0.00			X			573,622	0	54,985	
(16) JAMES T. NANGLE	45.00									
SVP & CFO	0.00			X			236,728	0	46,062	
(17) LOUIS DEGENNARO	45.00									
CHIEF MISSION OFFICE	0.00					X	382,058	0	41,269	
(18) RICHARD WINNEKER	45.00									
SVP RESEARCH	0.00					X	296,242	0	18,732	
(19) GEORGE OMIROS	45.00									
CHIEF CAMPAIGN&FIELD	0.00					X	279,616	0	41,135	
1b Sub-total							1,768,266		202,183	
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) KETING CHU	45.00									
VP RES THERAPY	0.00				X		273,019	0	17,758	
(13) DAVID TIMKO	45.00									
SVP VOLUNTEER ENGAGE	0.00				X		252,850	0	40,191	
(14) NANCY KLEIN	0.00									
CHIEF MKTG & REVENUE	0.00					X	451,541	0	22,711	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							977,410		80,660	
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 to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 2,264,122				
	b Membership dues	1b				
	c Fundraising events	1c 161,261,897				
	d Related organizations	1d 681,316				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 115,582,330				
	g Noncash contributions included in lines 1a-1f:	\$ 1,094,571				
	h Total. Add lines 1a-1f	▶ 279,789,665				
Program Service Revenue	2a	Busn. Code				
	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)	▶ 2,256,195			2,256,195	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 4,441			4,441	
	6a Gross rents	(i) Real				
		(ii) Personal				
	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	57,803,147			
		(ii) Other				
	b Less: cost or other basis & sales exps.	51,926,120				
	c Gain or (loss)	5,877,027				
	d Net gain or (loss)	▶ 5,877,027			5,877,027	
	8a Gross income from fundraising events (not including \$ 161,261,897 of contributions reported on line 1c). See Part IV, line 18	a 33,429,268				
	b Less: direct expenses	b 33,429,268				
c Net income or (loss) from fundraising events	▶					
9a Gross income from gaming activities. See Part IV, line 19	a 778,030					
b Less: direct expenses	b 321,117					
c Net income or (loss) from gaming activities	▶ 456,913	456,913				
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 GRANT TERMINATION	541900	1,844,147			1,844,147	
b OTHER MISCELLANEOUS	900099	130,079			130,079	
c						
d All other revenue						
e Total. Add lines 11a-11d	▶	1,974,226				
12 Total revenue. See instructions.	▶	290,358,467	456,913	0	10,111,889	

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 to any question 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	69,323,914	69,323,914		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	45,639,792	45,639,792		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,762,301	2,762,301		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	917,839	678,319	110,907	128,613
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	68,352,738	50,515,387	8,259,440	9,577,911
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,238,353	2,959,935	531,305	747,113
9 Other employee benefits	11,672,840	8,151,949	1,463,265	2,057,626
10 Payroll taxes	4,852,811	3,389,053	608,331	855,427
11 Fees for services (non-employees):				
a Management				
b Legal	659,004	373,369	111,307	174,328
c Accounting	215,134	121,887	36,336	56,911
d Lobbying	637,152	360,986	107,617	168,549
e Professional fundraising services. See Part IV, line 17	10,134,488			10,134,488
f Investment management fees	223,721	126,754	37,787	59,180
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,094,016	10,251,427	3,056,114	4,786,475
12 Advertising and promotion	13,394,628	6,552,320	2,306,078	4,536,230
13 Office expenses	27,205,388	13,221,915	4,238,769	9,744,704
14 Information technology	4,892,378	2,771,847	826,331	1,294,200
15 Royalties				
16 Occupancy	8,610,084	6,187,615	1,059,436	1,363,033
17 Travel	4,263,241	3,034,995	551,923	676,323
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,313,049	3,605,205	314,856	392,988
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,987,271	1,921,375	392,513	673,383
23 Insurance	598,330	403,614	70,768	123,948
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	2,654,051	1,948,374	313,112	392,565
b DUES & SUBSCRIPTIONS	336,142	164,432	57,872	113,838
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	306,978,665	234,466,765	24,454,067	48,057,833
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	16,986,590	9,382,892		7,603,698

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	6,532,613	1	5,620,937
	2 Savings and temporary cash investments	17,034,917	2	19,656,020
	3 Pledges and grants receivable, net	5,178,782	3	7,252,079
	4 Accounts receivable, net	264,507	4	81,719
	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	5,875,009	9	4,851,345
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,600,484		
	b Less: accumulated depreciation	10b 11,006,325	10c 6,641,060	10,594,159
	11 Investments—publicly traded securities	138,026,930	11	112,406,398
	12 Investments—other securities. See Part IV, line 11	43,892,106	12	75,862,899
	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)	223,445,924	16	236,325,556	
Liabilities	17 Accounts payable and accrued expenses	19,660,610	17	20,652,928
	18 Grants payable	72,815,341	18	80,460,957
	19 Deferred revenue	16,921,194	19	34,202,238
	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	109,397,145	26	135,316,123
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	100,978,174	27	90,324,737
	28 Temporarily restricted net assets	10,221,074	28	7,775,266
	29 Permanently restricted net assets	2,849,531	29	2,909,430
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	114,048,779	33	101,009,433	
34 Total liabilities and net assets/fund balances	223,445,924	34	236,325,556	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	290,358,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	306,978,665
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,620,198
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,048,779
5	Net unrealized gains (losses) on investments	5	3,666,259
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	-85,407
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,009,433

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	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? _____		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 _____		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1342082639
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	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1342082639
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)						141,092,274
6 Public support. Subtract line 5 from line 4.						1200990365

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1342082639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,950,554	4,962,639	3,145,637	2,705,046	2,260,636	20,024,512
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,816,918	1,925,834	1,779,485	1,502,044	1,974,227	9,998,508
11 Total support. Add lines 7 through 10						1372105659
12 Gross receipts from related activities, etc. (see instructions)					12	179,352,415

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 2012 (line 6, column (f) divided by line 11, column (f))	14	87.53%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	91.31%
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to 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 \$ 9,734,908

OTHER MISC. REVENUE \$ 263,600

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.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

13-5644916

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Employer identification number 13-5644916
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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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(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)		(b)
	Yes	No	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		114,447
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		538,408
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		132,952
i Other activities?	X		637,152
j Total. Add lines 1c through 1i			1,422,959
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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) if Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; 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 NATIONAL COALITION FOR CANCER RESEARCH, ALLIANCE FOR A STRONGER FDA, FRIENDS OF CANCER RESEARCH, CANCER LEADERSHIP COUNCIL, PATIENT ADVOCATE FOUNDATION, AMERICA ASSOCIATION FOR CANCER RESEARCH, CHILDREN'S CAUSE FOR CANCER ADVOCACY 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)

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. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage restricted, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 Yes No

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	6,000,186	6,059,994	5,023,902	4,481,610	5,228,375
b Contributions			111,064		
c Net investment earnings, gains, and losses	482,520	48,916	938,068	563,236	730,333
d Grants or scholarships	-450,000				
e Other expenditures for facilities and programs					
f Administrative expenses	-5,049	-9,992	-13,040	-20,944	-16,432
g End of year balance	6,027,657	6,000,186	6,059,994	5,023,902	4,481,610

- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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		859,421	380,255	479,166
d Equipment		18,564,912	8,800,199	9,764,713
e Other		2,176,151	1,825,871	350,280
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,594,159

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other FUND OF HEDGE FUNDS- OPERATING	69,452,037	Market
(A) LIMITED PARTNERSHIP EQUITIES-OPERATI	2,492,002	Market
(B) FUND OF HEDGE FUNDS-ENDOWMENT	2,317,410	Market
(C) 457B PLAN	1,357,371	Market
(D) LIMITED PARTNERSHIP EQUITIES-ENDOWME	244,079	Market
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	75,862,899	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

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

1	Total revenue, gains, and other support per audited financial statements	1	314,316,096
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,666,259
b	Donated services and use of facilities	2b	7,750,188
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	13,446,219
e	Add lines 2a through 2d	2e	24,862,666
3	Subtract line 2e from line 1	3	289,453,430
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	223,721
b	Other (Describe in Part XIII.)	4b	681,316
c	Add lines 4a and 4b	4c	905,037
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	290,358,467

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

1	Total expenses and losses per audited financial statements	1	327,691,856
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,750,188
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	13,186,724
e	Add lines 2a through 2d	2e	20,936,912
3	Subtract line 2e from line 1	3	306,754,944
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	223,721
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	223,721
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	306,978,665

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 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 REVENUE CODE SECTION 511. LLS DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2013 AND 2012.

Part XIII Supplemental Information (continued)**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

LLS Canada Revenue	\$ 13,446,524
Rounding	\$ -305

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

LSRP Contribution	\$ 681,316
-------------------	------------

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

LLS CANADA EXPENSES	\$ 13,101,520
Foreign Currency Translation Adjustment	\$ 83,698
Rounding	\$ 1,506

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)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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)	2	2	RESEARCH FUNDING	RESEARCH GRANTS	436,347
EUROPE					
(2)	6	7	RESEARCH FUNDING	RESEARCH GRANTS	762,288
NORTH AMERICA					
(3)	7	12	RESEARCH FUNDING	RESEARCH GRANTS	1,563,666
CENTRAL AMERICA & CARIBBEAN					
(4)			INVESTMENTS	INVESTMENTS	20,938,231
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	15	21			23,700,532
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	15	21			23,700,532

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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	RESEARCH GRANT & PACIFIC	50,000	CHECK			ACCRUAL
(2)			EAST ASIA	RESEARCH GRANT & PACIFIC	100,000	CHECK			ACCRUAL
(3)			EAST ASIA	RESEARCH GRANT & PACIFIC	190,657	CHECK			ACCRUAL
(4)			EAST ASIA	THERAPY ACCELERATION & PACIFIC	95,690	CHECK			ACCRUAL
(5)			EUROPE	RESEARCH GRANT	110,000	CHECK			ACCRUAL
(6)			EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL
(7)			EUROPE	RESEARCH GRANT	50,000	CHECK			ACCRUAL
(8)			EUROPE	RESEARCH GRANT	100,000	CHECK			ACCRUAL
(9)			EUROPE	THERAPY ACCELERATION	331,503	CHECK			FMV
(10)			EUROPE	THERAPY ACCELERATION	82,300	CHECK			FMV
(11)			EUROPE	THERAPY ACCELERATION	23,485	CHECK			FMV
(12)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(13)			NORTH AMERICA	RESEARCH GRANT	50,000	CHECK			ACCRUAL
(14)			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(15)			NORTH AMERICA	RESEARCH GRANT	505,594	CHECK			ACCRUAL
(16)			NORTH AMERICA	RESEARCH GRANT	100,000	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 **16**

3 Enter total number of other organizations or entities **16**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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	55,000	CHECK			ACCRUAL
(2)			NORTH AMERICA	RESEARCH GRANT	241,290	CHECK			ACCRUAL
(3)			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(4)			NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
(5)			NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
(6)			NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
(7)									
(8)									
(9)									
(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) 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 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) 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) 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 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 No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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	\$ 436,347	\$ 0
EUROPE	\$ 762,288	\$ 0
NORTH AMERICA	\$ 1,563,666	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 0	\$ 20,938,231

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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? 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 fundraiser have custody or control of contributions?		(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
		Yes	No			
MAIL AMERICA COMMUNICATIONS INC. 1 174 ELKTON FARM ROAD FOREST VA 24551	Direct Mai		X	0	4,010,903	-4,010,903
INFOCISION 2 325 SPRINSIDE DRIVE AKRON OH 44333	TELEMARKET		X	0	1,791,410	-1,791,410
PARADYZ MATERA 3 5 HANOVER SQUARE, 6TH FLOOR NEW YORK NY 10004	DIRECT MAI		X	0	1,766,306	-1,766,306
DIRECT PRINT COMMUNICATIONS 4 201 EAST SANDPOINTE, SUITE 400 SANTA ANA CA 92707	DIRECT MAI		X	0	1,382,841	-1,382,841
THOMPSON, HABIB & DENISON 5 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	DIRECT MAI		X	0	670,953	-670,953
DONOR CARE CENTER INC. 6 4345 STRAUSSSER ST NW NOTH CANTON OH 44720	TELEMARKET		X	0	400,252	-400,252
BLACKBAUD 7 1800 DIAGONAL ROAD, SUITE 400 ALEXANDRIA VA 22314	DIRECT MAI		X	0	111,823	-111,823
8						
9						
10						
Total					10,134,488	-10,134,488

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 AS 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		NIKE WOMEN HALF (event type)	NIKE WOMENS MAR (event type)	1050 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	6,347,050	9,777,032	178,435,083	194,559,165
	2	Less: Contributions	5,108,549	6,741,163	149,412,185	161,261,897
	3	Gross income (line 1 minus line 2)	1,238,501	3,035,869	29,154,898	33,429,268
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,238,501	3,035,869	29,154,898	33,429,268
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			778,030
Direct Expenses	2	Cash prizes			13,067	13,067
	3	Noncash prizes			263,649	263,649
	4	Rent/facility costs			25,239	25,239
	5	Other direct expenses			19,162	19,162
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 9.00% <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					321,117
8	Net gaming income summary. Combine line 1, column d, and line 7					456,913

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	1.00 %
b	An outside facility	13b	99.00 %
- 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. Complete this part to 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 INFOCISON, MAIL AMERICA COMMUNICATIONS, DONOR CARE CENTER INC., AND THOMPSON, HABIB & DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS. THESE PROGRAMS GENERATED GROSS RECEIPTS OF \$21,722,519 DURING FISCAL YEAR 2013. LLS USED DIRECT PRINT COMMUNICATIONS, PARADYZ MATERA AND BLACKBAUD FOR ALL OF ITS OTHER FUNDRAISING EVENTS DURING FISCAL YEAR 2013.

SCHEDULE G, PART III, LINE 9-STATES WITH GAMING OPERATIONS
ARIZONA, CALIFORNIA, CONNECTICUT, DISTRICT OF COLUMBIA, IOWA, KANSAS, LOUISIANA, MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NEW YORK, NORTH CAROLINA, 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:

13a		%
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. Complete this part to 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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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	110,000		ACCRUAL		RESEARCH GRANT
(3)	Albert Einstein College of Medicine 1300 Morris Park Ave. Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77030	74-1613878	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77002	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Beckman Research Institute of the C 1500 Duarte Road 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 ▶ 321

3 Enter total number of other organizations listed in the line 1 table ▶ 14

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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.

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(1)	Beth Israel Deaconess Medical Centre 330 Brookline Ave Boston MA 02108	04-2103881	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Beth Israel Deaconess Medical Centre 330 Brookline Ave Boston MA 02108	04-2103881	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Beth Israel Deaconess Medical Centre 330 Brookline Ave Boston MA 02108	04-2103881	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Brigham and Women's Hospital, Inc. 75 Francis St Boston MA 02115	04-2312909	3	1,250,000		ACCRUAL		RESEARCH GRANT
(5)	Brigham and Women's Hospital, Inc. 75 Francis St Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Brigham and Women's Hospital, Inc. 75 Francis st Boston MA 02115	04-2312909	3	100,000		ACCRUAL		RESEARCH GRANT
(7)	Brigham and Women's Hospital, Inc. 101 Huntington Ave Suite 300 Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Brigham and Women's Hospital, Inc. 101 Huntington Ave Suite 300 Boston MA 02115	04-2312909	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	California Institute of Technology 1200 East CA Blvd Pasadena CA 91125	95-1643307	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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DAA

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

Yes No

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)	Case Western Reserve University - S 10900 Euclid Avenue Cleveland OH 44106	34-1018992	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Children's Hospital Corporation 300 Longwood Av. Boston MA 02108	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Children's Hospital Corporation 300 Longwood Av. Boston MA 02108	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Children's Hospital Los Angeles 4650 Sunset Blvd Los Angeles CA 90001	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Children's Hospital of Boston 300 Longwood Avenue Boston MA 02108	04-2774441	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

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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**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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(1)	Children's Hospital of Boston 300 Longwood Avenue Boston MA 02108	04-2774441	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Children's Hospital of Boston 300 Longwood Avenue Boston MA 02108	04-2774441	3	323,707		FMV		THERAPY ACCELERATION
(3)	Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland OH 44195	34-0714585	3	270,000		FMV		THERAPY ACCELERATION
(4)	Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland OH 44195	34-0714553	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT

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

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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)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT

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

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**SCHEDULE I
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Department of the Treasury
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Yes No

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(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	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

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(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	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

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Department of the Treasury
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(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	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

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Department of the Treasury
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Yes No

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(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 44 Binney street Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 44 Binney street Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 44 Binney Street Boston MA 02108	04-2263040	3	388,850		FMV		THERAPY ACCELERATION
(5)	Duke University Medical Center 3813 Box Research Drive Durham NC 27710	56-0532129	3	492,061		ACCRUAL		RESEARCH GRANT
(6)	Duke University Medical Center 324 Blackwll street Durham NC 27710	56-0532129	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Emory University 201 Dowman Drive Atlanta GA 30322	58-0566256	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	55,000		ACCRUAL		RESEARCH GRANT

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

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Department of the Treasury
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(1)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	GHSU Research Institute Inc. 1120 15th Street Augusta GA 30912	58-1418202	3	344,189		FMV		THERAPY ACCELERATION
(5)	Harvard University Massachusetts Hall, Cambridge MA 02138	53-0199180	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Harvard University Massachusetts Hall, Cambridge MA 02138	53-0199180	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Harvard University Massachusetts Hall, Cambridge MA 02138	53-0199180	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	Indianapolis University 620 Union Drive, Room 518 Indianapolis IN 46201	35-6018940	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Institute of Biosciences & Technolo 400 Harvey Mitchell Parkway South, College Station TX 77845	33-0328688	3	65,000		ACCRUAL		RESEARCH GRANT

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

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OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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)	Immune Disease Institute (Aka) The Blackfan Cir Boston MA 02115	04-2158520	3	1,250,000		ACCRUAL		RESEARCH GRANT
(2)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	500,000		FMV		THERAPY ACCELERATION
(3)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	400,000		FMV		THERAPY ACCELERATION
(4)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

13-5644916

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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.

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(1)	KUMC Research Institute Inc. 3901 Rainbow Boulevard, MS 1039 Kansas City KS 66160	48-1202402	3	300,000		FMV		THERAPY ACCELERATION
(2)	La Jolla Institute for Allergy and 9420 Athena Circle La Jolla CA 92037	33-0328688	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	La Jolla Institute for Allergy and 9420 Athena Circle La Jolla CA 92037	33-0328688	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	200,000		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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OMB No. 1545-0047
2012
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13-5644916

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(1)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	1,250,000		ACCRUAL		RESEARCH GRANT
(2)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Mayo Clinic Rochester 200 First street SW Rochester MN 55905	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Mayo Clinic Rochester 200 First street SW Rochester MN 55905	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Mayo Clinic Rochester 200 First street SW Rochester MN 55905	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	MD Anderson Cancer Center 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	55,000		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**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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2012

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Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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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.

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(1)	Medical College of WI, Inc. 8701 Watertown Plank Rd. P.O. Box 2 Milwaukee WI 53226	39-0806261	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Memorial Sloan Kettering 633 Third Avenue New York NY 10017	91-2154267	3	114,350		FMV		THERAPY ACCELERATION
(3)	Moffitt Cancer Center and Research 12902 Magnolia Dr. Tampa FL 33612	59-2451713	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Mount Sinai School of Medicine 1079 One Gustave I. Levy Place NY NY 10029	13-6171197	3	1,250,000		ACCRUAL		RESEARCH GRANT
(5)	Mount Sinai School of Medicine 1428 Madison Avenue NY NY 10029	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Mount Sinai School of Medicine 1428 Madison Avenue NY NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	National Institutes of Health, NIH 6705 Rockledge Dr Bethesda MD 20892	52-0858115	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT

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DAA

**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.
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OMB No. 1545-0047
2012
Open to Public Inspection

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

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(1)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	1,250,000		ACCRUAL		RESEARCH GRANT
(3)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY 10001	13-6171197	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT

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(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	NY University School of Medicine 545 First Avenue GBH / SC1-55 NY 10001	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	1,250,000		ACCRUAL		RESEARCH GRANT
(7)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	1,250,000		ACCRUAL		RESEARCH GRANT
(9)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	2,222,000		FMV		THERAPY ACCELERATION

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**SCHEDULE I
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(1)	Pennsylvania State University 123 S Burrowes st State College PA 16801	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	President & Fellows of Harvard Coll 6th Floor, Holyoke Center 1350 MA A Cambridge MA 02138	04-2103580	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Princeton University 200 Elm Drive Princeton NJ 08544	21-0634501	3	335,145		ACCRUAL		RESEARCH GRANT
(4)	Regents of the University of MN - 450 McNamara Alumni Center 200 Oak Minneapolis MN 55401	41-6007513	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Rhode Island Hospital 593 Eddy street, Aldrich 3-317 Providence RI 02903	26-3020947	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Robert Wood Johnson Medical School 335 George street, Liberty Plaza 4t New Brunswick NJ 08901	22-1776306	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT

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Department of the Treasury
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(1)	Rockefeller University 1230 York Avenue NY NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Rockefeller University 1230 York Avenue NY NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Saint Jude Children's Research Hosp 262 Danny Thomas Place Memphis TN 38105	62-0646012	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Scripps Research Institute 10550 North Torrey Pines Road La Jolla CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Scripps Research Institute 10550 North Torrey Pines Road La Jolla CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT

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(1)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10001	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10065	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10065	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10065	91-2154267	3	500,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I
(Form 990)**

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Internal Revenue Service

Name of the organization

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(1)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10065	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10065	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Saint Louis University 3700 West Pine Mall St. Louis MO 63104	43-0654872	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Stanford University 9500 Gilman Drive La Jolla CA 92037	23-7121131	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Stanford University 9500 Gilman Drive La Jolla CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	500,000		ACCRUAL		RESEARCH GRANT
(8)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	110,000		ACCRUAL		RESEARCH GRANT

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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.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

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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**

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	100,000		ACCRUAL		RESEARCH GRANT
(3)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	Stowers Institute for Medical Research 1000 East 50th street Kansas City MO 64110	43-1684454	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	SUNY Upstate Medical University 750 East Adams street Syracuse NY 13210	14-1368361	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	SUNY Upstate Medical University - 750 E Adams st. Syracuse NY 13210	14-1368361	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

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

Yes No

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.

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(1)	Temple University 3400N. Board street Philadelphia PA 19140	23-1365971	3	200,000	ACCURAL			RESEARCH GRANT
(2)	The Board of Trustees of the Univer 809 S. Marshfield Avenue, M/C 551 Chicago IL 60607	37-6000511	3	110,000	ACCURAL			RESEARCH GRANT
(3)	The Children's Hospital of Philadel 3615 Civic Center Blvd Philadelphia PA 19104	23-1352166	3	110,000	ACCURAL			RESEARCH GRANT
(4)	The Children's Hospital of Philadel 3615 Civic Center Blvd Philadelphia PA 19104	23-1352166	3	110,000	ACCURAL			RESEARCH GRANT
(5)	The Hospital for Special Surgery 535 East 70th. street NY NY 10021	13-6714749	3	200,000	ACCURAL			RESEARCH GRANT
(6)	The Ohio State University 320 West 10th Avenue Columbus OH 43210	31-6401599	3	1,250,000	ACCURAL			RESEARCH GRANT
(7)	The Regents of the University of CA 2150 Shattuck Avenue Berkeley CA 94720	94-6002123	3	65,000	ACCURAL			RESEARCH GRANT
(8)	The Regents of the University of CA 2150 Shattuck Avenue Berkeley CA 94720	94-6002123	3	65,000	ACCURAL			RESEARCH GRANT
(9)	The Regents of the University of CA 2150 Shattuck Avenue Berkeley CA 94720	94-6002123	3	55,000	ACCURAL			RESEARCH GRANT

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DAA

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Department of the Treasury
Internal Revenue Service

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(1)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	65,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT

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Governments, and Individuals in the United States**

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(1)	The Regents of the University of CA 505 Parnassus Avenue Suite M1286, San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT

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(1)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT

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DAA

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(1)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT

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(1)	The Regents of the University of Michigan 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of Michigan 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of Michigan 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of Michigan 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of Michigan 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	50,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of Michigan 1500 E Medical Center Drive Ann Arbor MI 48109	38-6006309	3	974,091		FMV		THERAPY ACCELERATION
(7)	The Research Institute of Fox Chase 333 Cottman Avenue Philadelphia PA 19111	23-2003072	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	The Trustees of the University of Pennsylvania 3451 Walnut Street Philadelphia PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	The Trustees of the University of Pennsylvania 3451 Walnut street Philadelphia PA 19104	23-1352685	3	1,250,000		ACCRUAL		RESEARCH GRANT

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(1)	The Trustees of the University of Philadelphia 3451 Walnut street, Philadelphia PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Trustees of the University of Philadelphia 3451 Walnut street, Philadelphia PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	The Trustees of the University of Philadelphia 3451 Walnut street, Philadelphia PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	The University of Chicago 900 East 57th street Chicago IL 60601	36-2177139	3	100,000		ACCRUAL		RESEARCH GRANT
(5)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Trustees of Dartmouth College 6010 Parkhurst Hall, Suite 204 Hanover NH 03755	02-0222111	3	200,000		ACCRUAL		RESEARCH GRANT

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(1)	Univ of TX Health Science Center at 7703 Floyd Curl Drive San Antonio TX 78229	04-2263040	3	200,000	ACCRUAL			RESEARCH GRANT
(2)	University of Alabama at Birmingham 1720 2nd Avenue South Birmingham AL 35294	38-6006309	3	110,000	ACCRUAL			RESEARCH GRANT
(3)	University of Arkansas for Medical 4301 W Markham st, Little Rock AR 72205	71-6046242	3	200,000	ACCRUAL			RESEARCH GRANT
(4)	University of CA at San Francisco 3333 CA st, Suite 315 San Francisco CA 94143	94-6036493	3	55,000	ACCRUAL			RESEARCH GRANT
(5)	University of California, San Francisco 500 Parnassus Ave, San Francisco CA 94143	95-1690977	3	110,000	ACCRUAL			RESEARCH GRANT
(6)	University of Cincinnati 51 Goodman Drive University Hall, Cincinnati OH 45201	04-2263040	3	110,000	ACCRUAL			RESEARCH GRANT
(7)	University of Colorado 3415 Colorado Ave, UCB 596 Aurora CO 80045	84-6000555	3	37,500	ACCRUAL			RESEARCH GRANT
(8)	University of Colorado 1250 14th Street Denver CO 80291	84-6000555	3	225,000	FMV			THERAPY ACCELERATION
(9)	University of Colorado at Boulder 3100 Marine street Boulder CO 80303	84-6000555	3	55,000	ACCRUAL			RESEARCH GRANT

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(1)	University of Colorado Denver, Ansc 13001 E 17th Place Aurora CO 80045	87-6000525	3	200,000	ACCRUAL			RESEARCH GRANT
(2)	University of Florida 113001 PO Box Gainesville FL 32601	59-6002052	3	835,253	ACCRUAL			RESEARCH GRANT
(3)	University of Florida Gainesville Gainesville FL 32611	59-6002052	3	110,000	ACCRUAL			RESEARCH GRANT
(4)	University of Florida Gainesville Gainesville FL 32601	59-6002052	3	200,000	ACCRUAL			RESEARCH GRANT
(5)	University of MA Medical School 364 Plantation street Worcester MA 01605	04-3167352	3	55,000	ACCRUAL			RESEARCH GRANT
(6)	University of MA Medical School 364 Plantation street Worcester MA 01605	04-3167352	3	110,000	ACCRUAL			RESEARCH GRANT
(7)	University of MD, Baltimore 220 Arch street, Office Level 2, Rb Baltimore MD 21201	52-6002033	3	200,000	ACCRUAL			RESEARCH GRANT
(8)	University of MD, Baltimore 220 Arch street, Office Level 2, Rb Baltimore MD 21201	52-6002033	3	200,000	ACCRUAL			RESEARCH GRANT
(9)	University of Michigan 1500 E Medical Center Drive 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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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)	University of Michigan 1500 E Medical Center Drive Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of Michigan 1500 E Medical Center Drive Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	University of Michigan 1600 Huron Parkway, 2nd Floor Ann Arbor MI 48109	38-6006309	3	34,982		FMV		THERAPY ACCELERATION
(4)	University of MN, Twin Cities 321 Church street SE Minneapolis MN 55401	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	University of Nebraska Medical Center 985100 Nebraska Medical Center Omaha NE 68105	47-0049123	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	University of North Carolina at Chapel Hill 450 West Drive Chapel Hill NC 27599	56-6001393	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	University of Pennsylvania 421 Curie Boulevard BRBII/III, Rm 53 Philadelphia PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	University of Pennsylvania 3451 Walnut street Philadelphia PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	University of Rochester 601 Elmwood Avenue Rochester NY 14603	16-0473209	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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**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.

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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)	University of Rochester 601 Elmwood Avenue Rochester NY 14603	16-0473209	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	500,000		ACCRUAL		RESEARCH GRANT
(9)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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. Yes No

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)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	University of Washington 1100 NE 45th street Seattle WA 98105	91-6001537	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	University of Washington 1100 NE 45th street Seattle WA 98105	91-6001537	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	University of Washington 1100 NE 45th street Seattle WA 98105	91-6001537	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	University of Washington 1100 NE 45th street Seattle WA 98105	91-6001537	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

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DAA

**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.

OMB No. 1545-0047
2012
Open to Public
Inspection

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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)	University of WI-Madison (Board of 750 University Avenue Madison WI 53706	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Vanderbilt University Medical Center 3319 West End Avenue, Suite 800 Nashville TN 37232	62-0476822	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Virginia Commonwealth University 401 College street Richmond VA 23298	54-6001758	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	WA University of Saint Louis 660 South Euclid Avenue St Louis MO 63110	43-0653611	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Wake Forest University 1834 Wake Forest Road Winston-Salem NC 27106	22-3849199	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

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DAA

**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.
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OMB No. 1545-0047

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Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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. Yes No

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)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY 10001	13-3376695	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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DAA

**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

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

Yes No

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)	Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02138	06-1043412	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02138	06-1043412	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02138	06-1043412	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Yale University 155 Whitney Avenue, PO Box 208250 New Haven CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Yale University 155 Whitney Avenue, PO Box 208250 New Haven CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Yale University 208250 PO Box New Haven CT 06510	06-0646973	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Acetylon Pharmaceuticals 70 Fargo Street Boston MA 02210	26-3506788		740,000		FMV		THERAPY ACCELERATION
(8)	Beckloff Associates, Inc. 3203 Solutions Center Chicago IL 60677	48-0842223		25,000		FMV		THERAPY ACCELERATION
(9)	Biosynthesis, Inc. 612 East Main Street Lewisville TX 75067	75-2297191		24,400		FMV		THERAPY ACCELERATION

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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Governments, and Individuals in the United States**

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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)	Celator Pharmaceuticals 303B College Road East Princeton NJ 08540	20-2680869		740,275		FMV		THERAPY ACCELERATION
(2)	Constellation Pharmaceuticals 215 First Street, Suite 200 Cambridge MA 02142	26-1741721		2,000,000		FMV		THERAPY ACCELERATION
(3)	Curis, Inc. 4 Maguire Road Lexington MA 02421	04-3505116		1,650,000		FMV		THERAPY ACCELERATION
(4)	Onconova Therapeutics 375 Pheasant Run Newtown PA 18940	22-3627252		500,000		FMV		THERAPY ACCELERATION
(5)	Integrated Analytical Solution 1456 Fourth Street, Unit C Berkeley CA 94710	20-0776697		11,025		FMV		THERAPY ACCELERATION
(6)	MicroConstants, Inc. 9050 Camino Santa Fe San Diego CA 92121	33-0809500		57,895		FMV		THERAPY ACCELERATION
(7)	Nanosyn 3100 Central Expressway Santa Clara CA 95051	86-0909295		627,175		FMV		THERAPY ACCELERATION
(8)	Peptisyntha, Inc. 23424 Network Place Chicago IL 60673	76-0315292		31,772		FMV		THERAPY ACCELERATION
(9)	Shape 55 Cambridge Parkway Cambridge MA 02142	26-3714475		300,000		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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**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.
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OMB No. 1545-0047

2012

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Inspection**

Name of the organization

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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)	Smithers Pharma Services 75711 PO Box Cleveland OH 44101	20-1922115		10,500		FMV		THERAPY ACCELERATION
(2)	Valor Biotherapeutics 15922 PO Box College Station TX 77841	46-1883738		1,300,000		FMV		THERAPY ACCELERATION
(3)								
(4)								
(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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

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 AID	29894	2,989,442			
2 COPAY ASSISTANCE CML	705	900,000			
3 COPAY ASSISTANCE CLL	2106	3,135,550			
4 COPAY ASSISTANCE LYMPHOMA	8230	10,984,800			
5 COPAY ASSISTANCE MDS	1473	4,320,000			
6 COPAY ASSISTANCE MYELOMA	5745	23,310,000			

Part IV Supplemental Information. Complete this part to 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					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to 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.

SCHEDULE J
(Form 990)

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?
- b** Any related organization?

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?
- b** Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
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				
1 JOHN WALTER PRESIDENT & CEO	(i) 520,000 (ii) 39,000 (iii) 14,622	0	0	31,500	23,485	628,607	0
2 JAMES T. NANGLE SVP & CFO	(i) 216,541 (ii) 5,508 (iii) 14,679	0	0	22,772	23,290	282,790	0
3 LOUIS DEGENNARO CHIEF MISSION OFFICE	(i) 334,670 (ii) 29,604 (iii) 17,784	0	0	25,000	16,269	423,327	0
4 RICHARD WINNEKER SVP RESEARCH	(i) 254,052 (ii) 22,413 (iii) 19,777	0	0	17,608	1,124	314,974	0
5 GEORGE OMIROS CHIEF CAMPAIGN&FIELD	(i) 254,527 (ii) 8,609 (iii) 16,480	0	0	25,000	16,135	320,751	0
6 KETING CHU VP RES THERAPY	(i) 227,038 (ii) 6,152 (iii) 39,829	0	0	4,018	13,740	290,777	0
7 DAVID TIMKO SVP VOLUNTEER ENGAGE	(i) 235,178 (ii) 0 (iii) 17,672	0	0	24,085	16,106	293,041	0
8 NANCY KLEIN CHIEF MKTG & REVENUE	(i) 188,136 (ii) 0 (iii) 263,405	0	0	13,013	9,698	474,252	0
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to 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

NANCY KLEIN 254,754 0 0

Part I, Line 7 - Non-Fixed Payments Provided

Bonuses were paid based on the achievement of gross revenue exceeding budgeted 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)**

Noncash Contributions

OMB No. 1545-0047

2012

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▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, 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	102	1,094,571	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	56		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRINTED ITEMS)	X	9	0	
26 Other ▶ (FURNITURE&EQUIP)	X	2		
27 Other ▶ (VARIOUS)	X	90		
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

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?
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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
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.

	Yes	No
30a		X
31	X	
32a		X

Part II **Supplemental Information.** Complete this part to 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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**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.

OMB No. 1545-0047

2012**Open to Public
Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916**Form 990, Part III, Line 4a - First Accomplishment**

continue to support research through our innovative and integrated funding programs, until every patient has a safe and effective therapy. In fiscal year 2013, LLS supported research in the U.S., Canada and 7 other countries with a total research disbursement of approximately \$72 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

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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

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lymphoid leukemia (ALL), myelodysplastic syndromes (MDS), myeloproliferative disorders and rare forms of stomach and skin cancers.

Related drugs, Sprycel® and Tassigna®, 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

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patients. One or more of these drugs are being tested for patients with 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.

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.

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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 2013, for the second year, LLS actively recruited research proposals in three other underdeveloped research areas in which progress is likely to improve outcomes for patients with particularly urgent needs. New research is focused on:

- the malignant stem cell in AML and MDS
- non-cutaneous T-cell leukemias and lymphomas
- high risk myeloma cases

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.

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- 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

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

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www.LLS.org/resourcecenter. Downloadable materials are available in English and Spanish.

- 920,398 printed booklets, brochures, fact sheets, education program transcripts and DVDs distributed in 2013

Financial Assistance

In 2013, a combined \$45,639,792 dollars was disbursed to patients through the LLS Patient Financial Aid (\$2,989,442) and Co-Pay Assistance programs (\$42,650,350).

Patient Financial Aid Program

For more than 46 years, LLS has helped patients demonstrating significant need to obtain financial assistance to cover a portion of their treatment costs. The LLS Patient Financial Aid 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 Aid funds are subject to availability.

- 29,894 patients received Financial Aid in 2013

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

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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 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.

- 18,259 patients received LLS Co-pay Assistance in 2013

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.

- 34,809 patient and caregiver participants in 2013

- 13,182 healthcare professional participants in 2013

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

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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.

- 2,412 school personnel, healthcare professionals and parents participated in the 54 Staying Connected programs across the US and Canada in 2013.

Family Support Groups

LLS has developed 415 Family Support Groups at chapters throughout the US and Canada. LLS also has 843 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.

- 9,452 participants in Family Support Groups in 2013

Patti Robinson Kaufmann First Connection Program

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THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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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.

- 6,322 First Connections in 2013

Form 990, Part III, Line 4c - Third Accomplishment
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 6 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.

- 54,682 inquiries in 2013

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 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, patient financial aid, the most current and accurate information and statistics, weekly facilitated online chats,

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national telephone and web education programs, publications in English and Spanish, 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.

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 2013, 14 LLS national education programs featured disease-specific updates and information about 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

Name of the organization

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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.

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

Canada

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 board of representatives (representing the chapters) elects the members of LLS's governing body, its National Board of Directors.

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

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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 final draft Form 990 was provided to the entire Board of Directors prior to filing by posting the form on an intranet website.

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.

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

Name of the organization

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organizations' compensation ranges and set the Chief Executive's salary commensurately. 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 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

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.

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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

Foreign Currency Translation Adjustment	\$ -83,698
Rounding	\$ -1,709
TOTAL	\$ -85,407

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	\$ -13,375,760
Change in Net Assets LLS Canada	-345,004
LSRP Contribution	681,316
Financial Statements Rounding	1,811
Unrealized Change on Investments	-3,666,259
Foreign Currency Translation Adjustment	83,698
Change in Net Assets per Form 990 (Part XI, Line 3)	\$ -16,620,198

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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Inspection**

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	THE LLS OF CANADA 804 2 IANSING SQUARE TORONTO CA M2J4P8	PART VII	CA			N/A		X
(2)	THE LLS RESEARCH PROGRAMS, INC. 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605 13-3470494	PART VII	DE	501C3	11b	LLS, INC		X
(3)	THE LLS RESEARCH FOUNDATION 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605 13-3709252	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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY	d	146,528	COST
(2)	OF CANADA			
(3)	THE ILS RESEARCH PROGRAMS INC	c	681,316	COST
(4)				
(5)				
(6)				

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

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

Table with 11 rows (1-11) and columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R - Group Exemption Relationships

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.

Form **926**
 (Rev. December 2011)
 Department of the Treasury
 Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Identifying number (see instructions) 13-5644916
---	--

- 1 If the transferor was a corporation, complete questions 1a through 1d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
Grosvenor Institutional Partners, LP	36-4336976

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) GROSVENOR COMMODITY STRATGIES FUND	4 Identifying number, if any
---	------------------------------

5 Address (including country) P.O. BOX 309 UGLAND HOUSE CAYMAN ISLANDS GRAND CAYMAN CJ KY1-1104 Cayman Islands
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6 Country code of country of incorporation or organization (see instructions) CJ
--

7 Foreign law characterization (see instructions) EXEMPTED COMPANY
--

- 8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/12		612,232		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and Temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before _____% (b) After 0.23%

10 Type of nonrecognition transaction (see instructions) ▶ IRS SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

- 13** Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:
- a Tainted property Yes No
 - b Depreciation recapture Yes No
 - c Branch loss recapture Yes No
 - d Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred? Yes No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
 (Rev. December 2011)
 Department of the Treasury
 Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ **Attach to your income tax return for the year of the transfer or distribution.**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Identifying number (see instructions) 13-5644916
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
Grosvenor Institutional Partners, LP	36-4336976

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) GROSVENOR MACRO STRATEGIES FUND LTD	4 Identifying number, if any
---	-------------------------------------

5 Address (including country) P.O. BOX 309 UGLAND HOUSE CAYMAN ISLANDS GRANDCAYMAN CJ KY1-1104 Cayman Islands
--

6 Country code of country of incorporation or organization (see instructions) CJ

7 Foreign law characterization (see instructions) EXEMPTED COMPANY

8 Is the transferee foreign corporation a controlled foreign corporation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/12		468,650		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and Temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

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- c Recapture under section 1503(d) Yes No
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- a Tainted property Yes No
- b Depreciation recapture Yes No
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15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred? Yes No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

