

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning July 1, 2010, and ending June 30, 20 11. ▶ See separate instructions.

OMB No. 1545-0687

2010

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year <u>224,271,877</u>	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) The Leukemia & Lymphoma Society, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 1311 Mamaroneck Avenue City or town, state, and ZIP code White Plains, NY 10605	D Employer identification number (Employees' trust, see instructions.) 13-5644916
		E Unrelated business activity codes (See instructions.) 525990
F Group exemption number (See instructions.) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity. ▶ **Investment in Limited Partnerships**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **James T. Nangle, Senior Vice President & CFO** Telephone number ▶ **914-949-5213**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-1,562	-1,562
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	-1,562	-1,562

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19	250	
20	Charitable contributions (See instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29	250	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,812	
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	-1,000	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34		35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d			40e
41 Subtract line 40e from line 39			41
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)			42
43 Total tax. Add lines 41 and 42			43
44a Payments: A 2009 overpayment credited to 2010	44a		
b 2010 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	44g		
45 Total payments. Add lines 44a through 44g			45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>			49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Canada	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 2,409,742		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title **Senior Vice President & CFO**

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

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name: **KPMG LLP** Firm's EIN: **13-5565207**

Firm's address: **345 Park Avenue, New York, NY 10154** Phone no.: **631-425-6023**

Check if self-employed PTIN: **P00741489**

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A). ▶	Enter here and on page 1, Part I, line 7, column (B). ▶
Totals ▶				
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). ▶	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). ▶	
Totals ▶					

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

The Leukemia & Lymphoma Society, Inc.

EIN: 13-5644916

For the fiscal year ended June 30, 2011

FORM 990-T, LINE 5 - INCOME/(LOSS) FROM PARTNERSHIPS

ENHANCED RAFI US LARGE, L.P. (EIN: 20-1886896) (PARTNER #22)	(1,494)
ENHANCED RAFI US LARGE, L.P. (EIN: 20-1886896) (PARTNER #23)	<u>(68)</u>
INCOME/(LOSS) FROM PARTNERSHIPS	<u><u>(1,562)</u></u>

The Leukemia & Lymphoma Society, Inc.

EIN: 13-5644916

For the fiscal year ended June 30, 2011

Federal Net Operating Loss Carryforward

Year Generated	Amount	Year Utilized	Utilized Amount	Carryforward amount
June 30, 2010	(6,739)			(6,739)
June 30, 2011	(1,562)			(1,562)
	<u>(8,301)</u>			<u>(8,301)</u>



CT-13

Unrelated Business Income Tax Return

Amended return

Tax Law - Article 13

All filers enter tax period:

beginning 7/1/10 ending 6/30/11

Employer identification number 13-5644916, File number, Business telephone number (914) 949-5213, Legal name of corporation The Leukemia & Lymphoma Society, Inc., Mailing name 1311 Mamaroneck Avenue, White Plains, NY 10605, NAICS business code number 525990, Principal unrelated business activity Partnership Investments

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs. (See instructions for details.) Payment enclosed 250

Computation of income and tax

Table with 25 rows for computation of income and tax. Line 1: Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction (1,812). Line 2: New York State Article 13 and Article 23 tax deducted on federal return (250). Line 6: Add lines 1 through 5 (1,562). Line 11: Taxable income before net operating loss deduction (1,562). Line 13: Taxable income (1,562). Line 14: Allocated taxable income (1,562). Line 16: Minimum tax (250.00). Line 17: Tax (250). Line 22: Balance due (250).

See page 3 for third-party designee, certification, and signature entry areas.

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990T Other: Attach a complete copy of your federal return.

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A	B
		New York State	Everywhere
26	Real estate owned (see instructions)	26.	
27	Gross rents (attach list; see instructions)	27.	
28	Inventories owned.....	28.	
29	Other tangible personal property owned (see instructions)	29.	
30	Total (add lines 26 through 29)	30.	
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31.	%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State.....	32.	
33	All sales of tangible personal property.....	33.	
34	Services performed.....	34.	
35	Rentals of property	35.	
36	Other business receipts	36.	
37	Total (add lines 32 through 36)	37.	
38	Percentage in New York State (divide line 37, column A, by line 37, column B)	38.	%
39	Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39.	
40	Percentage in New York State (divide line 39, column A, by line 39, column B)	40.	%
41	Total of New York State percentages (add lines 31, 38, and 40)	41.	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)	42.	%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43	Payment with extension request, Form CT-5, line 5	43.
44a	Second installment from Form CT-400	44a.
44b	Third installment from Form CT-400	44b.
44c	Fourth installment from Form CT-400	44c.
45	Amount of overpayment credited from prior years	45.
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • _____

Net operating loss (NOL) carryback... Capital loss carryback.....

Federal return filed Form 1139 • Amended Form 990T.....

Third - party designee <i>(see instructions)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i> KPMG LLP	Designee's phone number (631) 425-6023
	Designee's e-mail address Robert.Robinson@KPMG.com		PIN
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.			
Authorized person	Signature of authorized person		Official title SVP & CFO
	E-mail address of authorized person nanglej@lls.org		Date
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> KPMG LLP		Firm's EIN
	Preparer's PTIN or SSN 13-5565207		
	Signature of individual preparing this return	Address 345 Park Avenue	City New York
		State NY	ZIP code 10154
	E-mail address of individual preparing this return Robert.Robinson@KPMG.com	Preparer's NYTPRIN	Date

See instructions for where to file.