

Form **8453-EO**

### Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2011, or tax year beginning July 1, 2011, and ending June 30, 20 12

**2011**

Department of the Treasury  
Internal Revenue Service

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

▶ See instructions on back.

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>292,822,993</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 2011 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 ▶ *James T. Nangle* 2/13/13 ▶ Sr. VP & Chief Financial Officer  
 Signature of officer Date Title

#### 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 ▶ <u><i>James T. Nangle</i></u>	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 <u><i>Robert A. Robinson</i></u>	Date <u>2/13/13</u>	Check <input type="checkbox"/> If self-employed	PTIN <u>P00741489</u>
	Firm's name ▶	KPMG, LLP			Firm's EIN ▶ <u>13-5565207</u>
	Firm's address ▶	345 PARK AVENUE, NEW YORK, NY 10154			Phone no. <u>212-758-9700</u>

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12**

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b></p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>1311 MAMARONECK AVENUE #310</b></p> City or town, state or country, and ZIP + 4 <p><b>WHITE PLAINS NY 10605</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>13-5644916</b></p>
<b>F</b> Name and address of principal officer: <p><b>JOHN WALTER, PRESIDENT &amp; CEO</b>  <b>1311 MAMARONECK AVENUE</b>  <b>WHITE PLAINS NY 10605</b></p>		<b>E</b> Telephone number <p style="text-align: center;"><b>914-949-5213</b></p>
<b>I</b> 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		<b>G</b> Gross receipts \$ <b>416,500,338</b>
<b>J</b> Website: ▶ <b>WWW.LLS.ORG</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1949</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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 OUR PATIENTS AND THEIR FAMILIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>1942</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3000000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	270,364,921	282,672,073
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,990,644	8,039,879
	<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,476,936	2,111,041
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	283,832,501	292,822,993
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	109,608,494	115,731,627
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	83,658,857	86,776,477
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	9,810,826	10,175,403
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,258,877	77,762,947
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,762,947	79,711,007
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	280,841,124	292,394,514
	<b>20</b> Total assets (Part X, line 16)	2,991,377	428,479
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	224,271,874	223,445,924
		104,487,981	109,397,145
		119,783,893	114,048,779

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>JAMES T. NANGLE</b></p> Type or print name and title	Date <p style="text-align: center;"><b>SR VICE PRESIDENT &amp; CFO</b></p>
	Print/Type preparer's name <b>KPMG, LLP</b>	Preparer's signature <b>KPMG, LLP</b>
<b>Paid Preparer Use Only</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01420019</b>
	Firm's name ▶ <b>KPMG LLP</b>	Firm's EIN ▶ <b>13-5565207</b>
	Firm's address ▶ <b>345 PARK AVENUE NEW YORK, NY 10154-0102</b>	Phone no. <b>212-758-9700</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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 OUR 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **70,324,176** including grants of \$ **66,713,099** ) (Revenue \$ )

**A) RESEARCH PROGRAMS:**

**WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES. LLS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE.**

(CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ **105,745,731** including grants of \$ **49,018,526** ) (Revenue \$ )

**B) PATIENT & COMMUNITY SERVICES:**

**AN ESTIMATED 1,012,533 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)

4c (Code: ) (Expenses \$ **38,321,146** 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)

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

(Expenses \$ **8,532,346** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **222,923,399**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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	<b>X</b>	
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>X</b>	
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> 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	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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	<b>X</b>	
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<b>X</b>
<b>b</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, XII, and XIII is optional	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>X</b>	
<b>b</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	<b>X</b>	
<b>15</b> 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	<b>X</b>	
<b>16</b> 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		<b>X</b>
<b>17</b> 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)	<b>X</b>	
<b>18</b> 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	<b>X</b>	
<b>19</b> 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	<b>X</b>	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</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	<b>X</b>	
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	<b>X</b>	
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	<b>X</b>	
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
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		<b>X</b>
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		<b>X</b>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
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		<b>X</b>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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		<b>X</b>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<b>X</b>	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
b 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	<b>X</b>	
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		<b>X</b>
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		<b>X</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<b>X</b>	

**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		
1a	1198		
1b	22		
c	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		
2a	1942		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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
b	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	
b	If "Yes," enter the name of the foreign country: <b>CANADA</b> 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
8			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

**Section A. Governing Body and Management**

			Yes	No	
<b>1a</b>	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.	<b>1a</b>	<b>26</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	<b>26</b>		
<b>2</b>	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?		<b>2</b>		<b>X</b>
<b>3</b>	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?		<b>3</b>		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>4</b>		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>5</b>		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>6</b>	<b>X</b>	
<b>7a</b>	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?		<b>7a</b>	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>7b</b>	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b>	The governing body?		<b>8a</b>	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		<b>8b</b>	<b>X</b>	
<b>9</b>	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		<b>9</b>		<b>X</b>

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

			Yes	No	
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>10a</b>	<b>X</b>	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		<b>10b</b>	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>11a</b>	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>12a</b>	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>12b</b>	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<b>12c</b>	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?		<b>13</b>	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>14</b>	<b>X</b>	
<b>15</b>	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?				
<b>a</b>	The organization's CEO, Executive Director, or top management official		<b>15a</b>	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>15b</b>	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>16a</b>		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		<b>16b</b>		

**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.  
 Own website  Another's website  Upon request

**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: ► **JAMES T. NANGLE** **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 (describe hours for related organizations in Schedule O)	(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) <b>JAMES A. BECK</b> BOD MEMBER	2.00	X					0	0	0	
(2) <b>WILLIAM G. BEHNKE</b> BOD MEMBER	2.00	X					0	0	0	
(3) <b>JORGE L. BENITEZ</b> BOD MEMBER	2.00	X					0	0	0	
(4) <b>PETER B. BROCK</b> BOD MEMBER	2.00	X					0	0	0	
(5) <b>A. DANA CALLOW JR.</b> BOD MEMBER	2.00	X					0	0	0	
(6) <b>ELIZABETH J. CLARK</b> BOD MEMBER	2.00	X					0	0	0	
(7) <b>JORGE CORTES, MD</b> BOD MEMBER	2.00	X					0	0	0	
(8) <b>JAMES H. DAVIS, PHD</b> BOD MEMBER	2.00	X					0	0	0	
(9) <b>BERNARD H. GARIU</b> BOD MEMBER	2.00	X					0	0	0	
(10) <b>D. GARY GILLILAND, MD, PHD</b> BOD MEMBER	2.00	X					0	0	0	
(11) <b>PAMELA JO HAYLOCK</b> BOD MEMBER	2.00	X					0	0	0	
(12) <b>RAANAN HOROWITZ</b> BOD MEMBER	2.00	X					0	0	0	
(13) <b>RICHARD M. JEANNERET</b> BOD MEMBER	2.00	X					0	0	0	
(14) <b>ARMAND KEATING, MD</b> BOD MEMBER	2.00	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 (describe hours for related organizations in Schedule O)	(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			
(15) JOSEPH B. KELLEY BOD MEMBER	2.00	X						0	0	0
(16) MARIE V. MCDEMMOND BOD MEMBER	2.00	X						0	0	0
(17) RODMAN N. MYERS BOD MEMBER	2.00	X						0	0	0
(18) STEVEN T. ROSEN, MD, FACP BOD MEMBER	2.00	X						0	0	0
(19) KENNETH M. SCHWARTZ BOD MEMBER	2.00	X						0	0	0
(20) KATHRYN C. VECELLIO BOD MEMBER	2.00	X						0	0	0
(21) WILLIAM M. WARD JR. BOD MEMBER	2.00	X						0	0	0
(22) LOUISE E. WARNER BOD MEMBER	2.00	X						0	0	0
(23) MATTHEW J. WINTER BOD MEMBER	2.00	X						0	0	0
(24) JOHN WALTER PRESIDENT & CEO	45.00			X				581,743	0	53,168
(25) JAMES T. NANGLE SVP&CFO	45.00			X				244,684	0	45,548
<b>1b Sub-total</b>								<b>826,427</b>		<b>98,716</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>1,519,943</b>		<b>167,800</b>
<b>d Total (add lines 1b and 1c)</b>								<b>2,346,370</b>		<b>266,516</b>

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 **▶ 127**

	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	<b>X</b>	
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	<b>X</b>	
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		<b>X</b>

**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
PARADYSZ MATERA NEW YORK NY 10004	5 HANOVER SQUARE FUNDRAISING SER	2,641,112
DIRECT PRINT COMMUNICATIONS SANTA ANNA CA 92707	201 EAST SANDPOINTE FUNDRAISING SERV	2,324,784
INFOCISION CORPORATION AKRON OH 44333	325 SPRINGSIDE DRIVE FUNDRAISING SER	2,010,620
MSP PITTSBURGH PA 15264	PO BOX 641114 FUNDRAISING SER	1,954,908
ROBERT MICHAEL EDUCATIONAL INSTITUTE VOORHESS NJ 08043	101 LAUREL ROAD EDUCATIONAL SER	1,502,644

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 **▶ 72**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) SCOTT A. CARROLL CHAIR	2.00	X		X				0	0	
(16) TIMOTHY DURST VICE CHAIR	2.00	X		X				0	0	
(17) STEVEN HOOKER SECRETARY/TREASURER	2.00	X		X				0	0	
(18) LOUIS DEGENNARO CHIEF MISSION OFFICE	45.00					X		382,478	0	
(19) NANCY KLEIN CHIEF MARKETING&REVE	45.00					X		374,498	0	
(20) RICHARD WINNEKER SVP RESEARCH	45.00					X		269,975	0	
(21) DAVID TIMKO SVP VOLUNTEER ENGAGE	45.00					X		247,798	0	
(22) MICHAEL OSSO SVP REVENUE GENERATI	45.00					X		245,194	0	
(23) JAY SILVER BOD MEMBER	2.00						X	0	0	
(24) DEREK RAGHAVAN BOD MEMBER	2.00						X	0	0	
(25) .....										
<b>1b Sub-total</b> .....								<b>1,519,943</b>	<b>167,800</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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
<b>3</b> 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 .....		
<b>4</b> 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 .....		
<b>5</b> 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 .....		

**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**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	2,413,381				
	1b	Membership dues					
	1c	Fundraising events	157,234,611				
	1d	Related organizations					
	1e	Government grants (contributions)	14,969				
	1f	All other contributions, gifts, grants, and similar amounts not included above	123,009,112				
	g	Noncash contributions included in lines 1a-1f:	\$ 803,655				
	h	<b>Total.</b> Add lines 1a-1f		282,672,073			
<b>Program Service Revenue</b>	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		2,703,601		2,703,601	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,445		1,445	
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental exps.					
	c	Rental inc. or (loss)					
	d	<b>Net rental income or (loss)</b>					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	91,812,719			
			(ii) Other				
	b	Less: cost or other basis & sales exps.	86,476,441				
	c	Gain or (loss)	5,336,278				
	d	<b>Net gain or (loss)</b>		5,336,278		5,336,278	
	8a	Gross income from fundraising events (not including \$ 157,234,611 of contributions reported on line 1c).					
	a	See Part IV, line 18	36,867,938				
b	Less: direct expenses	36,867,938					
c	<b>Net income or (loss) from fundraising events</b>						
9a	Gross income from gaming activities. See Part IV, line 19	940,518					
b	Less: direct expenses	332,966					
c	<b>Net income or (loss) from gaming activities</b>		607,552	607,552			
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	<b>Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue		Busn. Code					
11a	GRANT TERMINATION	541900	1,477,090		1,477,090		
b	OTHER MISCELLANEOUS	900099	24,954		24,954		
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		1,502,044				
12	<b>Total revenue.</b> See instructions.		292,822,993	607,552	0	9,543,368	

**Part IX Statement of Functional Expenses**

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

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	60,600,563	60,600,563		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	49,018,526	49,018,526		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,112,538	6,112,538		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	934,832	693,373	108,381	133,078
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	65,894,279	48,874,387	7,639,571	9,380,321
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,977,818	2,789,860	475,995	711,963
9 Other employee benefits	11,297,662	7,923,662	1,351,904	2,022,096
10 Payroll taxes	4,671,886	3,276,647	559,048	836,191
11 Fees for services (non-employees):				
a Management				
b Legal	657,011	373,063	102,391	181,557
c Accounting	256,761	145,793	40,014	70,954
d Lobbying	568,404	322,748	88,583	157,073
e Professional fundraising services. See Part IV, line 17	10,175,403			10,175,403
f Investment management fees	598,320	339,738	93,244	165,338
g Other	14,166,395	8,043,931	2,207,736	3,914,728
12 Advertising and promotion	5,841,570	2,397,725	1,155,048	2,288,797
13 Office expenses				
14 Information technology	4,127,452	2,343,640	643,234	1,140,578
15 Royalties				
16 Occupancy	8,500,974	6,090,214	1,018,748	1,392,012
17 Travel	3,864,333	2,773,731	479,994	610,608
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,068,549	3,420,109	289,541	358,899
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,719,990	1,757,140	343,440	619,410
23 Insurance	523,304	365,915	55,456	101,933
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 <b>PRINTING</b>	16,202,162	6,650,325	3,203,634	6,348,203
b <b>POSTAGE</b>	10,330,621	3,787,901	1,588,979	4,953,741
c <b>MISCELLANEOUS</b>	3,514,511	2,500,416	410,393	603,702
d <b>TELEPHONE</b>	3,475,172	2,200,173	298,479	976,520
e All other expenses	295,478	121,281	58,425	115,772
25 Total functional expenses. Add lines 1 through 24e	292,394,514	222,923,399	22,212,238	47,258,877
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)	19,790,406	9,427,344		10,363,062

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	15,624,105	2	23,567,530
	3 Pledges and grants receivable, net	19,055,089	3	5,178,782
	4 Accounts receivable, net	328,134	4	264,507
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,423,864	9	5,875,009
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,733,329		
	b Less: accumulated depreciation	10b 11,092,269	10c	6,641,060
	11 Investments—publicly traded securities	128,104,890	11	138,026,930
	12 Investments—other securities. See Part IV, line 11	51,553,483	12	43,892,106
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	224,271,874	16	223,445,924	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	17,155,530	17	19,660,610
	18 Grants payable	70,833,146	18	72,815,341
	19 Deferred revenue	16,499,305	19	16,921,194
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (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 <b>Total liabilities.</b> Add lines 17 through 25	104,487,981	26	109,397,145
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	93,670,008	27	100,978,174
	28 Temporarily restricted net assets	23,328,394	28	10,221,074
	29 Permanently restricted net assets	2,785,491	29	2,849,531
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	119,783,893	33	114,048,779	
34 <b>Total liabilities and net assets/fund balances</b>	224,271,874	34	223,445,924	

**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	292,822,993
2	Total expenses (must equal Part IX, column (A), line 25)	2	292,394,514
3	Revenue less expenses. Subtract line 2 from line 1	3	428,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,783,893
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,163,593
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	114,048,779

**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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		
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
3b	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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

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—Other

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	256,914,242	269,156,149	238,668,944	270,731,343	283,279,625	1318750303
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	256,914,242	269,156,149	238,668,944	270,731,343	283,279,625	1318750303
<b>5</b> 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)						83,283,998
<b>6 Public support.</b> Subtract line 5 from line 4						1235466305

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	256,914,242	269,156,149	238,668,944	270,731,343	283,279,625	1318750303
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,451,748	6,950,554	4,962,639	3,145,637	2,705,046	25,215,624
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,098,580	2,816,918	1,925,834	1,779,485	1,502,044	9,122,861
<b>11 Total support.</b> Add lines 7 through 10						1353088788
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	187,378,474

**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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	91.31%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	94.64%

- 16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2011.** 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—2010.** 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**

<b>GRANT TERMINATIONS &amp; REFUNDS</b>	<b>\$</b>	<b>8,847,557</b>
<b>OTHER MISC. REVENUE</b>	<b>\$</b>	<b>275,304</b>
<b>5 YEAR CUMMULATIVE TOTAL</b>	<b>\$</b>	<b>9,122,861</b>

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

**Schedule of Contributors**

OMB No. 1545-0047

**2011**

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

<b>Name of the organization</b>  <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	<b>Employer identification number</b>  <b>13-5644916</b>
--	--

Organization type (check one):

- |                    |   |  |
|--------------------|---|--|
| <b>Filers of:</b>  | <b>Section:</b>   |  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | <input type="checkbox"/> 527 political organization   |  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | <input type="checkbox"/> 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on 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

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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 <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	Employer identification number <b>13-5644916</b>
---	---

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

**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
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?	X		121,269
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		264,232
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		568,404
<b>j</b> Total. Add lines 1c through 1i			953,905
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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).**

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

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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; 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 RESEARCH AMERICA, ONE VOICE AGAINST CANCER, NATIONAL COALITION FOR CANCER RESEARCH, COALITION FOR THE ADVANCEMENT OF MEDICAL RESEARCH, ALLIANCE FOR A STRONGER FDA, FRIENDS OF CANCER RESEARCH, PATIENT ADVOCATE FOUNDATION, AND THE CENTER FOR ADVANCED HEALTH. LLS PARTNERS WITH A NUMBER OF LOBBYING FIRMS WHO WORK WITH

**Part IV** Supplemental Information (continued)

**OUR PUBLIC POLICY STAFF TO CARRY OUT OUR LOBBYING OBJECTIVES.**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.



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

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

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

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

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

**Part IV Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,059,994	5,023,902	4,481,610	5,228,375	
b Contributions		111,064			
c Net investment earnings, gains, and losses	48,916	938,068	563,236	730,333	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-9,992	-13,040	-20,944	-16,432	
g End of year balance	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  53.00 %
- c Temporarily restricted endowment  47.00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

4 Describe in Part XIV 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		903,003	730,475	172,528
d Equipment		15,354,736	9,351,645	6,003,091
e Other		1,475,590	1,010,149	465,441
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				<b>6,641,060</b>

**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 <b>FUND OF HEDGE FUNDS- OPERATING</b>	<b>36,168,519</b>	<b>MARKET</b>
(A) <b>LIMITED PARTNERSHIP EQUITIES-OPERATI</b>	<b>4,979,287</b>	<b>MARKET</b>
(B) <b>FUND OF HEDGE FUNDS-ENDOWMENT</b>	<b>1,274,336</b>	<b>MARKET</b>
(C) <b>457B PLAN</b>	<b>1,195,568</b>	<b>MARKET</b>
(D) <b>LIMITED PARTNERSHIP EQUITIES-ENDOWME</b>	<b>274,396</b>	<b>MARKET</b>
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>43,892,106</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	292,822,993
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	292,394,514
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	428,479
4	Net unrealized gains (losses) on investments	4	-5,492,300
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,202,263
9	Total adjustments (net). Add lines 4 through 8	9	-6,694,563
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-6,266,084

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

1	Total revenue, gains, and other support per audited financial statements	1	305,088,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-5,492,300
b	Donated services and use of facilities	2b	5,328,250
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	13,028,146
e	Add lines 2a through 2d	2e	12,864,096
3	Subtract line 2e from line 1	3	292,224,673
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	598,320
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	598,320
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	292,822,993

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

1	Total expenses and losses per audited financial statements	1	311,221,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,328,250
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	14,097,012
e	Add lines 2a through 2d	2e	19,425,262
3	Subtract line 2e from line 1	3	291,796,194
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	598,320
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	598,320
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	292,394,514

**Part XIV Supplemental Information**

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

**PART 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 XIV Supplemental Information (continued)****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, 2012 AND 2011.

TRANSLATION ADJUSTMENT CANADIAN DOLLAR TO US DOLLAR	\$	-133,400
LLS CANADA REVENUE	\$	12,985,138
LSRP REVENUE	\$	43,009
ROUNDING	\$	2
LLS CANADA EXPENSES	\$	-13,424,218
LSRP	\$	-1,502
UNCOLLECTABLE MULTI-YEAR PLEDGES	\$	-671,292

**PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

LLS CANADA REVENUE	\$	12,985,138
LSRP REVENUE	\$	43,009
ROUNDING	\$	-1

**PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

LLS CANADA EXPENSES	\$	13,424,218
LSRP	\$	1,502
UNCOLLECTABLE MULTI-YEAR PLEDGES	\$	671,292

**PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION**

**Part XIV** Supplemental Information (continued)

LLS MAINTAINS A SMALL PHOTOGRAPH COLLECTION FOR PUBLIC EXHIBITION WHICH HAS AN ESTIMATED VALUE BETWEEN \$20,000 AND \$50,000. AS THIS REPRESENTS A RELATIVELY SMALL PERCENTAGE OF LLS'S ASSETS, IT IS NOT SEPERATELY DISCLOSED IN THE FINANCIAL STATEMENTS OR FOOTNOTES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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
<b>EAST ASIA</b>					
(1)	2	2	RESEARCH FUNDING	RESEARCH GRANTS	1,450,000
<b>EUROPE</b>					
(2)	6	8	RESEARCH FUNDING	RESEARCH GRANTS	1,821,142
<b>NORTH AMERICA</b>					
(3)	12	19	RESEARCH FUNDING	RESEARCH GRANTS	2,641,396
<b>MIDDLE EAST</b>					
(4)	1	1	RESEARCH FUNDING	RESEARCH GRANTS	200,000
<b>CENTRAL AMERICA &amp; CARIBBEAN</b>					
(5)			INVESTMENTS	INVESTMENTS	19,169,448
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....	<b>21</b>	<b>30</b>			<b>25,281,986</b>
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals (add lines 3a and 3b)</b>	<b>21</b>	<b>30</b>			<b>25,281,986</b>

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 **THE LEUKEMIA & LYMPHOMA SOCIETY, INC 13-5644916**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA & PACIFIC	RESEARCH GRANT	1,250,000	CHECK			ACCRUAL
(2)			EUROPE	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(3)			EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL
(4)			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(5)			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(6)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(7)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(8)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(9)			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(10)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(11)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(12)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(13)			NORTH AMERICA	RESEARCH GRANT	110,000	CHECK			ACCRUAL
(14)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(15)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(16)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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

3 Enter total number of other organizations or entities

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

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(2)			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(3)			MIDDLE EAST	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(4)			EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(5)			EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL
(6)			EUROPE	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(7)			EUROPE	RESEARCH GRANT	1,250,000	CHECK			ACCRUAL
(8)			EUROPE	RESEARCH GRANT	110,000	CHECK			ACCRUAL
(9)			EUROPE	RESEARCH GRANT	200,000	CHECK			ACCRUAL
(10)			NORTH AMERICA	THERAPY ACCELERATION	75,000	CHECK			FMV
(11)			NORTH AMERICA	THERAPY ACCELERATION	49,925	CHECK			FMV
(12)			NORTH AMERICA	THERAPY ACCELERATION	31,475	CHECK			FMV
(13)			EUROPE	THERAPY ACCELERATION	21,142	CHECK			FMV
(14)			NORTH AMERICA	THERAPY ACCELERATION	9,996	CHECK			FMV
(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

**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	\$ 1,450,000	\$ 0
EUROPE	\$ 1,821,142	\$ 0
NORTH AMERICA	\$ 2,641,396	\$ 0
MIDDLE EAST	\$ 200,000	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 0	\$ 19,169,448

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2011**

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			
1 PARADYZ MATERA 5 HANOVER SQUARE, 6TH FLOOR NEW YORK NY 10004	DIRECT MAI		X	0	2,641,112	0
2 DIRECT PRINT COMMUNICATIONS 201 EAST SANDPOINTE, SUITE 400 SANTA ANA CA 92707	DIRECT MAI		X	0	2,324,784	0
3 INFOCISION 325 SPRINSIDE DRIVE AKRON OH 44333	TELEMARKET		X	0	2,010,620	0
4 MSP PO BOX 641114 PITTSBURGH PA 15264	DIRECT MAI		X	0	1,954,908	0
5 THOMPSON, HABIB & DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	DIRECT MAI		X	0	664,097	0
6 HAINES & COMPANY 8050 FREEDOM AVENUE CANTON OH 44720	TELEMARKET		X	0	261,594	0
7 BLACKBAUD 1800 DIAGONAL ROAD, SUITE 400 ALEXANDRIA VA 22314	DIRECT MAI		X	0	191,860	0
8 DONOR CARE CENTER INC. 4345 STRAUSSSER ST NW NOTH CANTON OH 44720	TELEMARKET		X	0	126,428	0
9						
10 SEE SCHEDULE G, PART IV FOR REVENUE EXPLANATION						
<b>Total</b>					<b>10,175,403</b>	

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	
		<u>NIKE WOMENS MAR</u> (event type)	<u>ROCK N ROLL MAR</u> (event type)	<u>1051</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	10,133,172	6,943,611	177,025,766	194,102,549
	2	Less: Charitable contributions	7,218,103	4,823,819	145,192,689	157,234,611
	3	Gross income (line 1 minus line 2)	2,915,069	2,119,792	31,833,077	36,867,938
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,915,069	2,119,792	31,833,077	36,867,938
	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			940,518
Direct Expenses	2	Cash prizes		5,208	5,208	
	3	Noncash prizes		290,575	290,575	
	4	Rent/facility costs		20,511	20,511	
	5	Other direct expenses		16,672	16,672	
	6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 12.00% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					332,966
8	Net gaming income summary. Combine line 1, column d, and line 7					607,552

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? 9a  Yes  No

b If "No," explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a  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:
- |          |                             |            |                |
|----------|-----------------------------|------------|----------------|
| <b>a</b> | The organization's facility | <b>13a</b> | <b>1.00 %</b>  |
| <b>b</b> | An outside facility         | <b>13b</b> | <b>99.00 %</b> |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **JAMES T. NANGLE**  
**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 ▶ \_\_\_\_\_

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, HAINES & COMPANY, DONOR CARE CENTER INC., AND THOMPSON, HABIB & DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS. THESE PROGRAMS GENERATED GROSS RECEIPTS OF \$26,431,738 DURING FISCAL YEAR 2012. LLS USED DIRECT PRINT COMMUNICATIONS, PARADYZ MATERA AND BLACKBAUD FOR ALL OF ITS OTHER FUNDRAISING EVENTS DURING FISCAL YEAR 2012.

**SCHEDULE G, PART III, LINE 9-STATES WITH GAMING OPERATIONS**  
 ARIZONA, CALIFORNIA, CONNECTICUT, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, ILLINOIS, IOWA, KANSAS, LOUISIANA, MASSACHUSETTS, MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NEVADA, NEW JERSEY, NEW YORK, OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, TEXAS, VIRGINIA, WASHINGTON, WISCONSIN.

**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

**2011**

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX NY 10461	13-1624225	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON TX 77002	74-1613878	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON TX 77002	74-1613878	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON TX 77002	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON TX 77002	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	BECKMAN RESEARCH INSTITUTE OF THE C 1500 EAST DUARTE ROAD DUARTE CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	BECKMAN RESEARCH INSTITUTE OF THE C 1500 EAST 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 **▶ 289**

3 Enter total number of other organizations listed in the line 1 table **▶ 19**

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

**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

**2011**

Open to Public  
Inspection

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-564916**

**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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BECKMAN RESEARCH INSTITUTE OF THE C 1500 EAST DUARTE ROAD DUARTE CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON MA 02108	04-2103881	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON MA 02108	04-2103881	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON MA 02108	04-2103881	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM MA 02453	04-2103552	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	BRIGHAM AND WOMEN'S HOSPITAL, INC. 1 BLACKFAN CIRCLE BOSTON MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	BRIGHAM AND WOMEN'S HOSPITAL, INC. 1 JIMMY FUND WAYSMITH BUILDING, ROO BOSTON MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON MA 02115	04-2312909	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON MA 02115	04-2312909	3	1,250,000		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

**2011**

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. Check this box if no one recipient 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)	CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES CA 90001	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	CHILDRENS HOSPITAL LOS ANGELES 513 PARNASSUS AVENUE SAN FRANCISCO CA 94143	95-1690977	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	CHILDRENS HOSPITAL LOS ANGELES 513 PARNASSUS AVENUE SAN FRANCISCO CA 94143	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	CHILDRENS HOSPITAL MEDICAL CENTER-C 7013 3333 BURNET AVENUE CINCINNATI OH 45202	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	CHILDRENS HOSPITAL MEDICAL CENTER-C 7013 3333 BURNET AVENUE CINCINNATI OH 45202	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	CHILDRENS HOSPITAL MEDICAL CENTER-C 7013 3333 BURNET AVENUE CINCINNATI OH 45202	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	CHILDRENS HOSPITAL MEDICAL CENTER-C 7013 3333 BURNET AVENUE CINCINNATI OH 45202	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	CHILDRENS HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON MA 02108	04-2774441	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND OH 44195	34-0714553	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

**2011**

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. Check this box if no one recipient 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)	COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST. NICHOLAS AVENUE NEW YORK NY 10001	13-5598093	3	1,250,000		ACCRUAL		RESEARCH GRANT
(2)	COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST. NICHOLAS AVENUE NEW YORK NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST. NICHOLAS AVENUE NEW YORK NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST. NICHOLAS AVENUE NEW YORK NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST. NICHOLAS AVENUE NEW YORK NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST. NICHOLAS AVENUE NEW YORK NY 10001	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST. NICHOLAS AVENUE NEW YORK NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	CORNELL UNIVERSITY 1300 YORK AVENUE ROOM C-338 NEW YORK NY 10065	15-0532082	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON MA 02115	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

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.

**2011**

**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 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. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed. ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	100,000		ACCRUAL		RESEARCH GRANT
(9)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET 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

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

**2011**

**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 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. Check this box if no one recipient received more than \$5,000.**

Part II can be duplicated if additional space is needed  ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	55,000		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	200,000		ACCRUAL		RESEARCH GRANT
(5)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET 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

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

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

**Part I General Information on Grants and Assistance**

Employer identification number

**13-5644916**

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.**

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(1)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	DREXEL UNIVERSITY 497 245 N 15TH STREET PHILADELPHIA PA 19102	23-1352630	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.

**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.

**2011**

Open to Public Inspection

**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

**2011**

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. Check this box if no one recipient 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)	DUKE UNIVERSITY MEDICAL CENTER 3813 BOX RESEARCH DRIVE DURHAM NC 27710	56-0532129	3	55,000	ACCRUAL			RESEARCH GRANT
(2)	DUKE UNIVERSITY MEDICAL CENTER 3813 BOX RESEARCH DRIVE DURHAM NC 27710	56-0532129	3	110,000	ACCRUAL			RESEARCH GRANT
(3)	EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA GA 30303	58-0566256	3	110,000	ACCRUAL			RESEARCH GRANT
(4)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	200,000	ACCRUAL			RESEARCH GRANT
(5)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	200,000	ACCRUAL			RESEARCH GRANT
(6)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	55,000	ACCRUAL			RESEARCH GRANT
(7)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	23-7156071	3	65,000	ACCRUAL			RESEARCH GRANT
(8)	HARVARD MEDICAL SCHOOL 1 BLACKFAN CIRCLE BOSTON MA 02108	53-0199180	3	65,000	ACCRUAL			RESEARCH GRANT
(9)	HARVARD MEDICAL SCHOOL 1 BLACKFAN CIRCLE BOSTON MA 02108	53-0199180	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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**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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▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

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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

Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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)	HARVARD MEDICAL SCHOOL							RESEARCH GRANT
	1 BLACKFAN CIRCLE	53-0199180	3	65,000		ACCRUAL		RESEARCH GRANT
	BOSTON MA 02108							
(2)	HEALTH RESEARCH INCORPORATED, ROSWE							RESEARCH GRANT
	1 ELM & CARLTON STREETS	14-1402155		110,000		ACCRUAL		RESEARCH GRANT
	BUFFALO NY 14201							
(3)	INDIANA UNIVERSITY							RESEARCH GRANT
	1044 W. WALNUT STREET	35-6018940	3	200,000		ACCRUAL		RESEARCH GRANT
	INDIANAPOLIS IN 46201							
(4)	JOAN & SANFORD I. WEILL MEDICAL COL							RESEARCH GRANT
	435 EAST 70TH STREET	13-3376695	3	55,000		ACCRUAL		RESEARCH GRANT
	NEW YORK NY 10001							
(5)	JOAN & SANFORD I. WEILL MEDICAL COL							RESEARCH GRANT
	435 EAST 70TH STREET	13-3376695	3	65,000		ACCRUAL		RESEARCH GRANT
	NEW YORK NY 10001							
(6)	JOAN & SANFORD I. WEILL MEDICAL COL							RESEARCH GRANT
	435 EAST 70TH STREET	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
	NEW YORK NY 10001							
(7)	JOAN & SANFORD I. WEILL MEDICAL COL							RESEARCH GRANT
	435 EAST 70TH STREET	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
	NEW YORK NY 10001							
(8)	JOAN & SANFORD I. WEILL MEDICAL COL							RESEARCH GRANT
	435 EAST 70TH STREET	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
	NEW YORK NY 10001							
(9)	JOAN & SANFORD I. WEILL MEDICAL COL							RESEARCH GRANT
	435 EAST 70TH STREET	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
	NEW YORK NY 10001							
	NEW YORK NY 10001	13-3376695	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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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**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. ....

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JOAN & SANFORD I. WEILL MEDICAL COL 435 EAST 70TH STREET NEW YORK NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	JOAN & SANFORD I. WEILL MEDICAL COL 435 EAST 70TH STREET NEW YORK NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	JOAN & SANFORD I. WEILL MEDICAL COL 435 EAST 70TH STREET NEW YORK NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET BALTIMORE MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET BALTIMORE MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	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

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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

Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.**

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	JOHNS HOPKINS UNIVERSITY, SCHOOL OF 725 NORTH WOLFE STREET BALTIMORE MD 21201	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	LA JOLLA INSTITUTE FOR ALLERGY & IM 9420 ATHENA CIRCLE LA JOLLA CA 92037	33-0328688	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	LA JOLLA INSTITUTE FOR ALLERGY & IM 9420 ATHENA CIRCLE LA JOLLA CA 92037	33-0328688	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA CA 92037	33-0328688	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA CA 92037	33-0328688	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	LUDWIG INSTITUTE FOR CANCER RESEARCH 9500 GILMAN DRIVE, CMM-EAST LA JOLLA CA 92093	23-7121131	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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DAA



**SCHEDULE I  
(Form 990)**

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

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OMB No. 1545-0047

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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 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

Yes  No

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. Check this box if no one recipient received more than \$5,000.**

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MASSACHUSETTS GENERAL HOSPITAL (THE) 50 STANIFORD STREET BOSTON MA 02108	04-1564655	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	MASSACHUSETTS GENERAL HOSPITAL (THE) 50 STANIFORD STREET BOSTON MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	MASSACHUSETTS GENERAL HOSPITAL (THE) 50 STANIFORD STREET BOSTON MA 02108	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	MASSACHUSETTS GENERAL HOSPITAL (THE) 50 STANIFORD STREET BOSTON MA 02108	04-1564655	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	MASSACHUSETTS GENERAL HOSPITAL (THE) 50 STANIFORD STREET BOSTON MA 02108	04-1564655	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	MASSACHUSETTS GENERAL HOSPITAL (THE) 50 STANIFORD STREET BOSTON MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE MA 02138	04-2103594	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE MA 02138	04-2103594	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	MAYO CLINIC ARIZONA, D/B/A MAYO CLINIC 13400 EAST SHEA BOULEVARD SCOTTSDALE AZ 85250	86-0800150	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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DAA

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Inspection

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Internal Revenue Service

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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. Check this box if no one recipient received more than \$5,000.

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(1)	MAYO CLINIC ARIZONA, D/B/A MAYO CLI 13400 EAST SHEA BOULEVARD SCOTTSDALE AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	MAYO CLINIC ARIZONA, D/B/A MAYO CLI 13400 EAST SHEA BOULEVARD SCOTTSDALE AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE FL 32224	59-3337028	3	100,000		ACCRUAL		RESEARCH GRANT
(4)	MAYO CLINIC ROCHESTER 200 FIRST STREET, SW ROCHESTER MN 55905	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	MAYO CLINIC ROCHESTER 200 FIRST STREET, SW ROCHESTER MN 55905	41-1506440	3	100,000		ACCRUAL		RESEARCH GRANT
(6)	MAYO CLINIC ROCHESTER 200 FIRST STREET, SW ROCHESTER MN 55905	41-6011702	3	200,000		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)	MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE WI 53226	39-0806261	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

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

**Part I General Information on Grants and Assistance**

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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. Check this box if no one recipient 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)	MEMORIAL SLOAN KETTERING CANCER CEN 633 THIRD AVENUE NEW YORK NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE NEW YORK NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE NEW YORK NY 10001	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE NEW YORK NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE NEW YORK NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE NEW YORK NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	MOUNT SINAI SCHOOL OF MEDICINE 1079 ONE GUSTAVE L. LEVY PLACE NEW YORK NY 10029	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	MOUNT SINAI SCHOOL OF MEDICINE 1130 ONE GUSTAVE L. LEVY PLACE NEW YORK NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	MPN RESEARCH FOUNDATION 180 N. MICHIGAN AVENUE CHICAGO IL 60601	36-4330967	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.

**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.

**2011**

Open to Public Inspection

Employer identification number  
**13-5644916**

**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

**2011**

**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. Check this box if no one recipient 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)	NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK NY 10001	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET CHICAGO IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET CHICAGO IL 60601	36-2656113	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

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

**2011**

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NORTHWESTERN UNIVERSITY - CHICAGO 303 E SUPERIOR STREET CHICAGO IL 60611	36-2656113	3	1,250,000		ACCRUAL		RESEARCH GRANT
(2)	OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND OR 97239	23-7083114	3	1,250,000		ACCRUAL		RESEARCH GRANT
(3)	OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND OR 97239	23-7083114	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	SAINT LOUIS UNIVERSITY 1402 SOUTH GRAND AVE SAINT LOUIS MO 63104	43-0654872	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	SLOAN-KETTERING INSTITUTE FOR CANCER 1275 YORK AVENUE NEW YORK NY 10065	13-1924236	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	SLOAN-KETTERING INSTITUTE FOR CANCER 1275 YORK AVENUE NEW YORK NY 10021	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	SLOAN-KETTERING INSTITUTE FOR CANCER 1275 YORK AVENUE NEW YORK NY 10065	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	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.

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

**2011**

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. Check this box if no one recipient 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 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(2)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	1,250,000		ACCRUAL		RESEARCH GRANT
(7)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	STANFORD UNIVERSITY 9500 GILMAN DRIVE LA JOLLA CA 92037	23-7121131	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

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.

**2011**

**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

Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 MEDICAL CENTER 3901 LICKMILL BLVD SANTA CLARA CA 95054	77-0465765	3	65,000		ACCRUAL		RESEARCH GRANT
(2)	STANFORD UNIVERSITY MEDICAL CENTER 279 CAMPUS DRIVE STANFORD CA 94305	77-0465765	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	STANFORD UNIVERSITY MEDICAL CENTER 279 CAMPUS DRIVE STANFORD CA 94305	77-0465765	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	THE BOARD OF TRUSTEES OF THE IELAND 279 CAMPUS DRIVE WEST STANFORD CA 94305	37-6000511	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	THE BOARD OF TRUSTEES OF THE UNIVER 900 S ASHLAND AVE CHICAGO IL 60607	37-6000511	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	THE CBR INSTITUTE FOR BIOMEDICAL RE 1 BLACKFAN CIRCLE BOSTON MA 02115	04-2158520		1,250,000		ACCRUAL		RESEARCH GRANT
(7)	THE CHILDREN'S HOSPITAL OF PHILADEL 3615 CIVIC CENTER BLVD. PHILADELPHIA PA 19104	23-1352166	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	THE OHIO STATE UNIVERSITY 320 WEST 10TH AVENUE COLUMBUS OH 43210	31-6401599	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	THE OHIO STATE UNIVERSITY 320 WEST 10TH AVENUE COLUMBUS OH 43210	31-6401599	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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**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

**2011**

**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. Check this box if no one recipient 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)	THE OHIO STATE UNIVERSITY 320 WEST 10TH AVENUE COLUMBUS OH 43210	31-6401599	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	THE OHIO STATE UNIVERSITY 320 WEST 10TH AVENUE COLUMBUS OH 43210	31-6401599	3	1,250,000		ACCRUAL		RESEARCH GRANT
(3)	THE REGENTS OF THE UNIVERSITY OF CA 731 STANLEY HALL MS 3220 BERKELEY CA 94720	94-6002123	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	THE REGENTS OF THE UNIVERSITY OF CA 731 STANLEY HALL MS 3220 BERKELEY CA 94720	94-6002123	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	THE REGENTS OF THE UNIVERSITY OF CA 731 STANLEY HALL MS 3220 BERKELEY CA 94720	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	THE REGENTS OF THE UNIVERSITY OF CA 2150 SHATTUCK AVENUE, SUITE 313 BERKELEY CA 94704	94-6002123	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	THE REGENTS OF THE UNIVERSITY OF CA 11000 KINROSS AVENUE, SUITE 102 LOS ANGELES CA 90095	95-6006143	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE LOS ANGELES CA 90095	95-6006143	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE LOS ANGELES CA 90095	95-6006143	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

Name of the organization

**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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**2011**

Open to Public  
Inspection

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE LA JOLLA CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE LA JOLLA CA 92093	95-2872494	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE LA JOLLA CA 92093	95-2872494	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE LA JOLLA CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE LA JOLLA CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	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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**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.

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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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
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	THE REGENTS OF THE UNIVERSITY OF CA 505 PARNASSUS AVENUESUITE M1286, BO SAN FRANCISCO CA 94143	94-6036493	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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OMB No. 1545-0047

**2011**

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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

Yes

No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 505 PARNASSUS AVENUESUITE M1286, BOX 941143 SAN FRANCISCO CA 941143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 505 PARNASSUS AVENUESUITE M1286, BOX 941143 SAN FRANCISCO CA 941143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 505 PARNASSUS AVENUESUITE M1286, BOX 941143 SAN FRANCISCO CA 941143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315 SAN FRANCISCO CA 941143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	THE REGENTS OF THE UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	THE REGENTS OF THE UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	THE REGENTS OF THE UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	THE REGENTS OF THE UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	THE REGENTS OF THE 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

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

**2011**

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. Check this box if no one recipient 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)	THE REGENTS OF THE UNIVERSITY OF MI 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	THE REGENTS OF THE UNIVERSITY OF MI 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	THE REGENTS OF THE UNIVERSITY OF MI 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	THE REGENTS OF THE UNIVERSITY OF MI 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 202 NEW YORK NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 202 NEW YORK NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 202 NEW YORK NY 10065	13-1624158	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, BOX 202 NEW YORK NY 10065	13-1624158	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	THE SCRIPPS RESEARCH INSTITUTE 10550, NORTH TORREY PINES ROAD LA JOLLA CA 92037	33-0435954	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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**2011**

**Open to Public  
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

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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. Check this box if no one recipient 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)	THE SCRIPPS RESEARCH INSTITUTE 10550, NORTH TORREY PINES ROAD LA JOLLA CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	THE UNIVERSITY OF ALABAMA AT BIRMIN 720 SOUTH 20TH STREET BIRMINGHAM AL 35294	63-6001138	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	THE UNIVERSITY OF CHICAGO 900 EAST 57TH STREET CHICAGO IL 60601	36-2177139	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	THE UNIVERSITY OF CHICAGO 900 EAST 57TH STREET CHICAGO IL 60601	36-2177139	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	THE UNIVERSITY OF CHICAGO 900 EAST 57TH STREET CHICAGO IL 60601	36-2177139	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	THE UNIVERSITY OF CHICAGO 900 EAST 57TH STREET CHICAGO IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	THE UNIVERSITY OF CHICAGO 900 EAST 57TH STREET CHICAGO IL 60601	36-2177139	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	TRUSTEES OF DARTMOUTH COLLEGE 1 MEDICAL CENTER DRIVE LEBANON NH 03756	02-0222111	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	UMDNJ--ROBERT WOOD JOHNSON MEDICAL 335 GEORGE STREET NEW BRUNSWICK NJ 08901	22-1776306	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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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**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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**2011**

**Open to Public  
Inspection**

**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. Check this box if no one recipient 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)	UNIV OF TEXAS HEALTH SCIENCE CENTER 8230 14960 OMICRON DRIVE SAN ANTONIO TX 78245	74-1717115	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	UNIV OF TEXAS HEALTH SCIENCE CENTER 8230 14960 OMICRON DRIVE SAN ANTONIO TX 78245	74-1717115	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	UNIVERSITY OF ARKANSAS FOR MEDICAL 4301 WEST MARKHAM, #7 LITTLE ROCK AR 72205	71-6046242	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF CINCINNATI 231 ALBERT SABIN WAY CINCINNATI OH 45202	31-6000989	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	UNIVERSITY OF COLORADO 3415 COLORADO AVE, UCB 596 AURORA CO 80045	84-6000555	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	UNIVERSITY OF COLORADO 3415 COLORADO AVE, UCB 596 AURORA CO 80045	84-6000555	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	UNIVERSITY OF COLORADO DENVER 3415 COLORADO AVE, UCB 596 AURORA CO 80045	84-6000555	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	UNIVERSITY OF COLORADO DENVER 3415 COLORADO AVE, UCB 596 AURORA CO 80045	84-6000555	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	UNIVERSITY OF COLORADO AT BOULDER 3415 COLORADO AVE, UCB 596 AURORA CO 80045	84-6000555	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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**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

**2011**

**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. Check this box if no one recipient 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 FLORIDA 113001 PO BOX GAINESVILLE FL 32601	59-6002052	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	UNIVERSITY OF FLORIDA 113001 PO BOX GAINESVILLE FL 32601	59-6002052	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	UNIVERSITY OF MARYLAND, BALTIMORE 655 WEST BALTIMORE STREET BALTIMORE MD 21201	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF MARYLAND, BALTIMORE 655 WEST BALTIMORE STREET BALTIMORE MD 21201	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET WORCESTER MA 01605	04-3167352	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	UNIVERSITY OF MASSACHUSETTS MEDICAL 364 PLANTATION STREET WORCESTER MA 01605	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DRIVE ANN ARBOR MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	UNIVERSITY OF MINNESOTA - TWIN CITY 321 CHURCH STREET SE MINNEAPOLIS MN 55401	41-6007513	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	UNIVERSITY OF MINNESOTA - TWIN CITY 321 CHURCH STREET SE MINNEAPOLIS MN 55401	41-6007513	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

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

**Part I General Information on Grants and Assistance**

Employer identification number

**13-5644916**

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

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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 MINNESOTA - TWIN CITY 321 CHURCH STREET SE MINNEAPOLIS MN 55401	41-6007513	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 450 WEST DRIVE CHAPEL HILL NC 27599	56-6001393	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	UNIVERSITY OF NORTH CAROLINA HOSPITAL 450 WEST DRIVE ROOM 22-039 CHAPEL HILL NC 27599	56-6001393	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	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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**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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**2011**

Open to Public Inspection



**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

**2011**

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Inspection**

Name of the organization

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Employer identification number

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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. Check this box if no one recipient received more than \$5,000.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section number, 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 PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	1,250,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	UNIVERSITY OF PENNSYLVANIA 421 CURIE BOULEVARD BRBII/III, RM 53 PHILADELPHIA PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	UNIVERSITY OF PITTSBURGH 5117 CENTER AVE PITTSBURGH PA 15213	25-0965591	3	110,000		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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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 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	110,000		ACCRUAL		RESEARCH GRANT
(2)	UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE ROCHESTER NY 14603	16-0473209	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE ROCHESTER NY 14603	16-0473209	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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(1)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF TEXAS M.D. ANDERSON C 1515 HOLCOMBE BLVD. HOUSTON TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	UNIVERSITY OF TEXAS SOUTHWESTERN ME 5323 HARRY HINES BOULEVARD DALLAS TX 75390	75-6002868	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112	87-6000525	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112	87-6000525	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112	87-6000525	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.

**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.

**2011**

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. Check this box if no one recipient 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 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	UNIVERSITY OF VERMONT 149 BEAUMONT AVE. BURLINGTON VT 05405	03-0179440	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	UNIVERSITY OF WASHINGTON 1100 NE 45TH STREET SEATTLE WA 98105	91-6001537	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS TX 75390	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS TX 75390	76-0300816	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	VIRGINIA COMMONWEALTH UNIVERSITY 401 COLLEGE STREET RICHMOND VA 23298	54-6001758	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVE SAINT LOUIS MO 63110	43-0653611	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.

**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

**2011**

**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. Check this box if no one recipient 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)	WASHINGTON UNIVERSITY SCHOOL OF MED 660 SOUTH EUCLID AVE SAINT LOUIS MO 63110	91-6001537	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	WHITEHEAD INSTITUTE FOR BIOMEDICAL 9 CAMBRIDGE CENTER CAMBRIDGE MA 02138	06-1043412	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	WHITEHEAD INSTITUTE FOR BIOMEDICAL 9 CAMBRIDGE CENTER CAMBRIDGE MA 02138	06-1043412	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	YALE UNIVERSITY 208250 PO BOX NEW HAVEN CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	YALE UNIVERSITY 208250 PO BOX 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	55,000		ACCRUAL		RESEARCH GRANT
(7)	YALE UNIVERSITY 208250 PO BOX NEW HAVEN CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	SHAPE 55 CAMBRIDGE PARKWAY CAMBRIDGE MA 02142	26-3714475		3,600,000		FMV		THERAPY ACCELERATION
(9)	MEMORIAL SLOAN KETTERING 633 THIRD AVENUE NEW YORK NY 10017	91-2154267	3	1,956,100		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.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

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. Check this box if no one recipient 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		1,888,218		FMV		THERAPY ACCELERATION
(2)	EPIZYME INC. 325 VASSAR STREET CAMBRIDGE MA 02139	26-1349956		1,500,000		FMV		THERAPY ACCELERATION
(3)	ACETYLON PHARMACEUTICALS 70 FARGO STREET BOSTON MA 02210	26-3506788		1,340,000		FMV		THERAPY ACCELERATION
(4)	AVILA 100 BEAVER STREET. WALTHAM MA 02453	20-4599701		517,483		FMV		THERAPY ACCELERATION
(5)	BECKLOFF ASSOCIATES, INC. 3203 SOLUTIONS CENTER CHICAGO IL 60677	48-0842223		525,686		FMV		THERAPY ACCELERATION
(6)	CHARLES RIVER LABS 251 BALLARDVILLE STREET WILMINGTON MA 01887	43-0918770		509,300		FMV		THERAPY ACCELERATION
(7)	JOHN HOPKINS UNIVERSITY 4545 NORTH CHARLES STREET BALTIMORE MD 21210	52-0595110	3	500,000		FMV		THERAPY ACCELERATION
(8)	NANOSYN, INC. 3760 MAVEN AVE MENLO PARK CA 94025	86-0909295		207,346		FMV		THERAPY ACCELERATION
(9)	FORMA THERAPEUTICS 790 MEMORIAL DRIVE CAMBRIDGE MA 02139	26-0428600		200,000		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.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

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. Check this box if no one recipient 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)	CELGENE AVILOMIC RESEARCH 45 WIGGINS AVENUE BEDFORD MA 01731	20-4599701		150,000		FMV		THERAPY ACCELERATION
(2)	CLEVELAND CLINIC 931568 PO BOX CLEVELAND OH 44193	34-0714585		118,000		FMV		THERAPY ACCELERATION
(3)	CHILDRENS HOSPITAL OF BOSTON 414413 PO BOX BOSTON MA 02241	04-2774441	3	100,000		FMV		THERAPY ACCELERATION
(4)	UNIVERSITY OF KANSAS 2385 IRVING HILL ROAD LAWRENCE KS 66045	48-0680117	3	100,000		FMV		THERAPY ACCELERATION
(5)	THE REGENTS OF THE UNIVERSITY OF MI 1500 E MEDICAL CENTER DRIVE PITTSBURGH PA 15251	38-6006309	3	60,372		FMV		THERAPY ACCELERATION
(6)	KUMC OUTPATIENT PHARMACY 3901 RAINBOW BLVD KANSAS CITY MO 65201	48-1202402		58,160		FMV		THERAPY ACCELERATION
(7)	ABC LABORATORIES, INC. 4780 DISCOVERY DRIVE COLUMBIA MO 65201	43-0918770		54,623		FMV		THERAPY ACCELERATION
(8)	SMITHERS PHARMA SERVICES 75711 PO BOX CLEVELAND OH 44101	20-1922115		25,500		FMV		THERAPY ACCELERATION
(9)	PEPTISYNTHA, INC. 23424 NETWORK PLACE CHICAGO IL 60673	76-0315292		10,000		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.

**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	30572	3,057,200			
2 COPAY ASSISTANCE CML	461	416,269			
3 COPAY ASSISTANCE CLL	1618	4,759,699			
4 COPAY ASSISTANCE LYMPHOMA	6326	20,625,358			
5 COPAY ASSISTANCE MDS	1213	2,160,000			
6 COPAY ASSISTANCE MYELOMA	4353	18,000,000			
7					

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



Schedule I (Form 990) (2011) **THE LEUKEMIA & LYMPHOMA SOCIETY, INC 13-5644916**

**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, 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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number  
**13-5644916**

**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

**2011**

Open to Public  
Inspection

**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. 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? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**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	(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	(i) 516,875 (ii) 0	50,000 0	14,868 0	30,870 0	22,298 0	634,911 0	0 0
2	JAMES T. NANGLE	(i) 217,599 (ii) 0	17,194 0	9,891 0	23,479 0	22,069 0	290,232 0	0 0
3	LOUIS DEGENNARO	(i) 331,768 (ii) 0	32,778 0	17,932 0	24,500 0	15,232 0	422,210 0	0 0
4	NANCY KLEIN	(i) 331,768 (ii) 0	26,223 0	16,507 0	24,500 0	22,270 0	421,268 0	0 0
5	RICHARD WINNEKER	(i) 221,375 (ii) 0	25,874 0	22,726 0	5,428 0	982 0	276,385 0	0 0
6	DAVID TIMKO	(i) 230,080 (ii) 0	5,827 0	11,891 0	23,591 0	15,066 0	286,455 0	0 0
7	MICHAEL OSSO	(i) 207,050 (ii) 0	20,375 0	17,769 0	21,205 0	15,026 0	281,425 0	0 0
8	JAY SILVER	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
9	DEREK RAGHAVAN	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
10		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
11		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
12		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
13		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
14		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
15		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
16		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 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 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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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

OMB No. 1545-0047

**2011**

**Open To Public Inspection**

**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	<b>X</b>	<b>71</b>	<b>803,655</b>	<b>MARKET VALUE</b>
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	<b>X</b>	<b>53</b>		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>PRINTED ITEMS</b> )	<b>X</b>	<b>2</b>		
26 Other ▶ ( <b>FURNITURE &amp; EQUIP</b> )	<b>X</b>	<b>6</b>		
27 Other ▶ ( <b>VARIOUS</b> )	<b>X</b>	<b>73</b>		
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?

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a	<b>X</b>	

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.

**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 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS**

LLS USES ITS INVESTMENT CUSTODIAN TO LIQUIDATE ANY DONATED SECURITIES.

**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

**2011**

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**

TO DATE, LLS HAS INVESTED MORE THAN \$875 MILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES. WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY. IN FISCAL YEAR 2012, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 7 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY \$66 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

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES.

- SPEEDING NEW TREATMENTS TO PATIENTS: PARTNERING WITH BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES CAN ADVANCE PROMISING THERAPIES THROUGH CLINICAL TESTING, FASTER.

PAST ADVANCES MADE WITH LLS RESEARCH FUNDING

GENEROUS DONORS HAVE HELPED LLS SUPPORT RESEARCH THAT HAS ALREADY BENEFITED BLOOD CANCER PATIENTS AND MANY OTHERS. ADVANCES INCLUDE:

- MULTI-DRUG THERAPIES THAT ARE MORE EFFECTIVE THAN TREATMENTS WITH SINGLE ANTI-CANCER AGENTS,
- BONE MARROW / STEM CELL TRANSPLANTATION AND SUPPORTIVE CARE TREATMENTS FOR PATIENTS WHO RELAPSE DESPITE THE BEST AVAILABLE THERAPY,
- TESTS THAT DISTINGUISH SPECIFIC CHARACTERISTICS OF PARTICULAR BLOOD CANCERS FOR ACCURATE DIAGNOSIS OF CANCER SUBTYPES, AND FOR "RISK STRATIFICATION" TO SELECT AN OPTIMAL THERAPY.

TARGETED THERAPY RESEARCH

DISCOVERING THE MOLECULAR ABNORMALITIES THAT CAUSE PARTICULAR TYPES OF BLOOD CANCER HAS BEEN USEFUL IN DIAGNOSIS AND RISK STRATIFICATION, AND IN NEW "TARGETED DRUG" DEVELOPMENT. LLS-FUNDED INVESTIGATORS HAVE HELPED ADVANCE MOLECULARLY TARGETED TREATMENTS THAT CAN SELECTIVELY KILL BLOOD CANCER CELLS VERSUS NORMAL CELLS. MANY OF THESE NEW TREATMENTS BENEFIT NOT ONLY BLOOD CANCER PATIENTS, BUT ALSO PATIENTS WITH OTHER DISEASES. FOR EXAMPLE:



Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

- GLEEVEC® IS FDA-APPROVED FOR PATIENTS OF ALL AGES WITH CHRONIC MYELOID LEUKEMIA (CML), AND IS ALSO APPROVED FOR PATIENTS WITH ONE FORM OF ACUTE LYMPHOID LEUKEMIA (ALL), MYELOYDYSPLASTIC SYNDROMES (MDS), MYELOPROLIFERATIVE DISORDERS AND RARE FORMS OF STOMACH AND SKIN CANCERS. RELATED DRUGS, SPRYCEL® AND TASIGNA®, ARE APPROVED FOR PATIENTS WHO DO NOT BENEFIT FROM GLEEVEC. ONE OR MORE OF THESE DRUGS ARE ALSO SHOWING PROMISE FOR PATIENTS WITH VARIOUS LYMPHOMAS, ACUTE MYELOID LEUKEMIA (AML), CHRONIC LYMPHOCYTIC LEUKEMIA (CLL), AND OTHER CANCERS, INCLUDING BRAIN, BREAST, HEAD-AND-NECK, LUNG, PANCREATIC, AND PROSTATE CANCERS, AND PATIENTS WITH OTHER DISEASES INCLUDING ALZHEIMER'S, ASTHMA AND PULMONARY HYPERTENSION.

- RITUXAN® WAS THE FIRST FDA-APPROVED, ANTI-CANCER ANTIBODY DRUG, DEVELOPED FOR PATIENTS WITH FORMS OF B-CELL NON-HODGKIN LYMPHOMA (NHL). IT IS NOW ALSO APPROVED FOR CLL PATIENTS AND AS A "MAINTENANCE" THERAPY FOR FOLLICULAR LYMPHOMA PATIENTS, AND SHOWING PROMISE FOR PATIENTS WITH ALL AND AFTER STEM CELL TRANSPLANTATION. IN ADDITION, IT IS APPROVED FOR TREATING PATIENTS WITH SEVERE RHEUMATOID ARTHRITIS AND TWO OTHER TYPES OF AUTOIMMUNE DISEASES. A RELATED ANTIBODY DRUG, ARZERRA®, IS APPROVED FOR CLL PATIENTS AND SHOWING WIDER PROMISE.

- VELCADE®, THALIDOMID® AND REVLIMID® ARE FDA-APPROVED FOR PATIENTS WITH MYELOMA AND ARE ALSO HELPING SOME PATIENTS WITH HODGKIN LYMPHOMA AND NHL. KRYPOLIS® WAS RECENTLY APPROVED FOR MYELOMA PATIENTS FOR WHOM AT LEAST TWO PRIOR THERAPIES WERE INSUFFICIENT. ONE OR MORE OF THESE DRUGS ARE NOW BEING TESTED FOR PATIENTS WITH T-CELL AND B-CELL FORMS OF LYMPHOMA, ACUTE LEUKEMIAS, AS WELL AS AIDS-RELATED KAPOSI SARCOMA AND BRAIN, BREAST, COLORECTAL, HEAD-AND-NECK, KIDNEY, LIVER, LUNG, OVARIAN AND PROSTATE CANCERS, AND ALZHEIMER'S DISEASE.

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

- ISTODAX®, ZOLINZA®, DACOGEN® AND VIDAZA® TARGET SMALL CHEMICAL, "EPIGENETIC" CHANGES. THE FIRST TWO DRUGS ARE APPROVED FOR PATIENTS WITH PERIPHERAL T-CELL LYMPHOMAS; THE LATTER DRUGS ARE APPROVED FOR MDS PATIENTS. ONE OR MORE OF THESE DRUGS ARE BEING TESTED FOR PATIENTS WITH 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

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

SPECIFIC TREATMENTS CAN CAUSE DEBILITATING SIDE-EFFECTS, INCLUDING LATE-EFFECTS, AND WHICH PATIENTS ARE AT RISK FOR DEVELOPING THESE COMPLICATIONS, SO THAT THEY CAN BE BETTER MANAGED OR EVEN PREVENTED.

DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS

LLS CONTINUES TO SOLICIT AND SUPPORT RESEARCH FOCUSED ON IMPROVING BLOOD CANCER PATIENTS' QUALITY OF LIFE AFTER TODAY'S CURATIVE THERAPIES. ALSO IN 2012, 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:

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

- THE ACADEMIC CONCIERGE DIVISION IDENTIFIES ESPECIALLY PROMISING  
LLS-FUNDED GRANT PROJECTS AND PROVIDES ADDITIONAL SUPPORT TO ADVANCE  
SELECTED PROJECTS TO THE PRODUCT STAGE.

- THE BIOTECHNOLOGY ACCELERATOR DIVISION PARTNERS LLS WITH COMPANIES TO  
COMBINE SCIENTIFIC AND FINANCIAL RESOURCES AND ACCELERATE THE DEVELOPMENT  
OF POTENTIAL BLOOD CANCER THERAPIES THAT OTHERWISE MIGHT NOT BE PRIORITIZED  
BY THE COMPANY..

- THE CLINICAL TRIALS DIVISION BRINGS CLINICAL TRIALS TO BLOOD CANCER  
PATIENTS IN THEIR COMMUNITIES, INCLUDING UNDER-REPRESENTED POPULATIONS, AND  
WITH THE ULTIMATE GOAL OF INCREASING PATIENT ENROLLMENT IN BLOOD CANCER  
TRIALS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

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  
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:

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS. EACH YEAR, LLS DISTRIBUTES BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS THROUGH THE INFORMATION RESOURCE CENTER AND LLS CHAPTERS.

MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER. DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH AND SPANISH.

- 1,077,533 PRINTED BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS DISTRIBUTED IN 2012

#### FINANCIAL ASSISTANCE

IN 2012, A COMBINED \$48,018,526 DOLLARS WAS AWARDED TO PATIENTS THROUGH THE LLS PATIENT FINANCIAL AID (\$3,057,200) AND CO-PAY ASSISTANCE PROGRAMS (\$45,961,326).

#### 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.

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

- 30,603 PATIENTS RECEIVED FINANCIAL AID IN 2012

#### CO-PAY ASSISTANCE PROGRAM

THIS CO-PAY ASSISTANCE PROGRAM HELPS PATIENTS WITH MANY KINDS OF BLOOD CANCERS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR CANCER. PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE 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.

- 13,971 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2012

#### 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.

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

- 43,282 PATIENT AND CAREGIVER PARTICIPANTS IN 2012

- 11,424 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2012

#### PROGRAMS FOR CHILDREN AND YOUNG ADULTS

THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER FOCUSES ON INCREASING COMMUNICATION AMONG HEALTHCARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO SUPPORT CHILDREN, ADOLESCENTS AND YOUNG ADULTS LIVING WITH CANCER. PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE IN COMMUNITIES THROUGHOUT THE US AND CANADA VIA LLS CHAPTER OFFICES. THE PROGRAM INCLUDES STAYING CONNECTED: FACILITATING THE LEARNING EXPERIENCE DURING AND AFTER CANCER TREATMENT. THIS EDUCATION PROGRAM FOR SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS DESCRIBES PHYSICAL, COGNITIVE AND PSYCHOSOCIAL SHORT-AND LONG-TERM EFFECTS THAT CHILDREN, ADOLESCENTS AND YOUNG ADULTS MAY EXPERIENCE DURING AND AFTER TREATMENT. THE PROGRAM OFFERS GUIDANCE AND NUMEROUS RESOURCES TO HELP CHILDREN, ADOLESCENTS AND YOUNG ADULTS CONTINUE THEIR EDUCATION DURING AND AFTER TREATMENT.

- 2,957 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 81 STAYING CONNECTED PROGRAMS ACROSS THE US AND CANADA IN 2012.

#### FAMILY SUPPORT GROUPS

LLS HAS DEVELOPED 419 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA. LLS ALSO HAS 786 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK. GROUPS ARE GUIDED BY TWO

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS.

- 12,113 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2012

PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM

FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS. A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT. THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS.

- 6,050 FIRST CONNECTIONS IN 2012

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

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 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



Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

**LANGUAGES.**

- 60,012 INQUIRIES IN 2012

**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, 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 2012, 10 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. MANY OF THESE PROGRAMS INCLUDE

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

CONTINUING EDUCATION CREDITS FOR NURSES AND SOCIAL WORKERS. LLS ALSO SPONSORS A RANGE OF PROFESSIONAL EDUCATION PROGRAMS. RECENT PROGRAMS EXPLORED COMMUNICATION AMONG PRIMARY CARE PROVIDERS AND HEMATOLOGISTS/ONCOLOGISTS IN MANAGING PATIENTS WITH HEMATOLOGIC CANCER AND NURSING MANAGEMENT OF CHALLENGING SIDE EFFECTS. UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS. PROFESSIONAL EDUCATION PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PROFESSIONALED. LLS ALSO OFFERS DISEASE-SPECIFIC WEBCASTS PRESENTED BY WORLD RENOWNED CLINICAL EXPERTS. THESE CAN BE ACCESSED AT WWW.LLS.ORG/WEBCASTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

D) PROFESSIONAL EDUCATION:

LLS SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR. THE EDUCATIONAL PROGRAM OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT.

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.

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

## 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 CFO, VICE PRESIDENT OF FINANCE, AND KPMG FOR COMMENT AND SUGGESTED REVISIONS.

THE FORM 990 WAS THEN PROVIDED TO THE AUDIT COMMITTEE, WHICH IS A COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWED THE 990 AND PROVIDED INPUT PRIOR TO FILING.

THE 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.

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, REVIEWS AND MONITORS THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND COMPENSATION. THE COMMITTEE OBTAINED A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS' COMPENSATION RANGES AND SET THE CHIEF EXECUTIVE'S SALARY COMMENSURATELY. THE 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 , ALASKA, ALABAMA, ARKANSAS, ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, DIST OF COLUMBIA, FLORIDA, GEORGIA, HAWAII, IDAHO, 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,

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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.

FORM 990, PART VII - RELATED ORGANIZATIONS

JOHN WALTER PRESIDENT & CEO, SCOTT CARROLL BOD CHAIR, TIMOTHY DURST BOD  
 VICECHAIR, AND STEVEN HOOKER BOD SECRETARY/TREASURER SPEND LESS THAN 1  
 HOUR PER MONTH ON THE BUSINESS OF OUR RELATED ORGANIZATIONS  
 LSRP#13-3470494, AND LSRF #13-3709252. THE LARGEST AMOUNT OF TIME THEY SPEND  
 ON LSRF AND LSRP IS DURING THEIR ANNUAL REVIEW OF THE ORGANIZATIONS IRS  
 FORM 990, AND 990EZ FILINGS.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

RECONCILIATION OF CHANGE IN NET ASSETS ON A CONSOLIDATED BASIS TO SEPARATE  
 COMPANY BASIS:

CHANGE IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS	(6,266,084)
PLUS: CHANGE IN NET ASSETS LLS CANADA	439,080
PLUS: LLSRF AND LLSRP ACTIVITY	(41,507)
PLUS: FOREIGN CURRENCY TRANSLATION ADJUSTMENT	133,400
PLUS: AUDITED FINANCIAL STATEMENT ROUNDING	(3)
EQUALS: CHANGE IN NET ASSETS PER 990	(5,735,114)

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

SCHEDULE D PART XI LINE 9

(6,694,563)

CHANGE IN NET ASSETS ABOVE

530,970

990 PART XI LINE 5

(6,163,593)

THE AUDITED FINANCIAL STATEMENTS FOR THE LEUKEMIA & LYMPHOMA SOCIETY, INC.  
INCLUDE THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA  
SOCIETY RESEARCH PROGRAMS, INC., AND THE LEUKEMIA & LYMPHOMA SOCIETY  
RESEARCH FOUNDATION IN ADDITION TO LLS.

FORM 990, PART XII - ADDITIONAL INFORMATION

JAY SILVER RESIGNED FROM THE BOD APRIL 20, 2012

DEREK RAGHAVAN RESIGNED FROM THE BOD MARCH 14, 2012

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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 LANSING 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
(1) .....							
(2) .....							
(3) .....							
(4) .....							



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Sale of assets to related organization(s)		X
<b>g</b> Purchase of assets from related organization(s)		X
<b>h</b> Exchange of assets with related organization(s)		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>n</b> Sharing of paid employees with related organization(s)	X	
<b>o</b> Reimbursement paid to related organization(s) for expenses		X
<b>p</b> Reimbursement paid by related organization(s) for expenses		X
<b>q</b> Other transfer of cash or property to related organization(s)		X
<b>r</b> Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY	D	164,921	COST
(2)	OF CANADA			
(3)				
(4)				
(5)				
(6)				

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

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

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

**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.**

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

Identifying number (see instructions)

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

**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

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)  
**AURORA OFFSHORE FUND LTD II**

4 Identifying number, if any

5 Address (including country)  
**2 BLOOR STREET EAST ONTARIO  
TORONTO CA M4W1A8 CANADA**

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	09/30/11		150,000		
Stock and securities					
Debt instrument, obligations, account receivables or other property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation capture (see Temp. Regs. sec. 357(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 Regs. sec. 357(a)-4(c)					
Property to be sold (as described in Temp. Regs. sec. 357(a)-4T(d))					
Transfers of oil and gas working interests as described in Temp. Regs. sec. 357(a)-4T(e)					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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**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 0.65 %

10 Type of nonrecognition transaction (see instructions) ▶ 351

1 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

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

3 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

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

5a 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 ▶ \$ \_\_\_\_\_

6 Was cash the only property transferred?  Yes  No

7a 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**926**  
 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 1545-0028

▶ 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  <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	Identifying number (see instructions)  <b>13-5644916</b>
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- 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

- 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)**

<b>3</b> Name of transferee (foreign corporation) <b>BERENS GLOBAL VALUE FUND, LTD</b>	<b>4</b> Identifying number, if any
<b>5</b> Address (including country) <b>27 HOSPITAL ROAD, 5TH FLOOR CAYMAN ISLANDS</b> <b>GRAND CAYMAN CJ KY1-1003 CAYMAN ISLANDS</b>	
<b>6</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>7</b> Foreign law characterization (see instructions) <b>EXEMPTED COMPANY</b>	
<b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	

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	09/30/11		3,135,000		
Stock and securities					
Real estate, including mineral interests, and other interests in real property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Regs. sec. 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 Regs. sec. 367(a)-4(c)					
Property to be sold (as described in Regs. sec. 367(a)-4T(d))					
Transfers of oil and gas working interests as described in Regs. sec. 367(a)-4T(e)					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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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 1.29 %

10 Type of nonrecognition transaction (see instructions) ▶ .....

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

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

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
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

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:

Horizontal lines for describing the nature of the rights to the intangible property.

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  <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	Identifying number (see instructions)  <b>13-5644916</b>
---	--

- 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
<b>GROSVENOR INSTITUTIONAL PARTNERS, LP</b>	<b>36-4336976</b>

- 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)

<b>3</b> Name of transferee (foreign corporation) <b>BASSWOOD ENHANCED LONG SHORT FUND</b>	<b>4</b> Identifying number, if any
<b>5</b> Address (including country) <b>89 NEXUS WAY, CAMANA BAY, CAYMAN ISLANDS</b> <b>GRAND CAYMAN CJ KY1-9007 CAYMAN ISLANDS</b>	
<b>6</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>7</b> Foreign law characterization (see instructions) <b>EXEMPTED COMPANY</b>	
<b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	

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	07/01/11		184,615		
Stock and securities					
Real estate, mineral rights, oil and gas interests, or other property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Regs. sec. 367(a)-4(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased as described in final Regs. sec. 367(a)-4(c)					
Property to be sold (as described in Regs. sec. 367(a)-4(d))					
Transfers of oil and gas working interests as described in Regs. sec. 367(a)-4(e)					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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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 0.20%

0 Type of nonrecognition transaction (see instructions) 351

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

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

2 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

3 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
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

4 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

5a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

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

6 Was cash the only property transferred?

7a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

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

# 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 <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	Identifying number (see instructions) <b>13-5644916</b>
---	--

- 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 <b>GROSVENOR INSTITUTIONAL PARTNERS, LP</b>	EIN of partnership <b>36-4336976</b>
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- 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) <b>CG LONG BIASED OFFSHORE FUND, LTD.</b>	4 Identifying number, if any
5 Address (including country) <b>45 MARKET STREET, CAMANA BAY CAYMAN ISLANDS</b> <b>GRAND CAYMAN CJ KY1-1103 CAYMAN ISLANDS</b>	
6 Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
7 Foreign law characterization (see instructions) <b>EXEMPTED LIMITED COMPANY</b>	
8 Is the transferee foreign corporation a controlled foreign corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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	04/01/11		272,663		
Stock and securities					
Real estate, mineral rights, patents, copyrights, trademarks, franchises, licenses, interests in real property					
Foreign currency, other property denominated in foreign currency					
Inventory					
Assets subject to depreciation capture (see Temp. Regs. sec. 387(a)-4T(b))					
Intangible property used in trade or business not listed under another category					
Tangible property					
Property to be leased as described in final Regs. sec. 387(a)-4(c)					
Property to be sold (as described in Temp. Regs. sec. 387(a)-4T(d))					
Transfers of oil and gas working interests as described in Temp. Regs. sec. 387(a)-4T(e)					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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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	05/01/11		113,609		
Stock and securities					
Real estate					
Partnerships, trusts, estates, REMICs, or other entities					
Foreign currency					
Other property					
Inventory					
Assets subject to depletion capture (see Regs. sec. 387(a)-4T(b))					
Intangible property (e.g., patents, trademarks, copyrights, etc.)					
Other property					
Property to be leased as described in final Regs. sec. 387(a)-4(c)					
Property to be sold (as described in Regs. sec. 387(a)-4T(d))					
Transfers of oil and gas working interests as described in Regs. sec. 387(a)-4T(e)					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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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	07/01/11		127,243		
stock and securities					
real estate					
partnerships, trusts, estates, or other entities					
receivables or other property					
foreign currency					
other property					
debt					
debt subject to depreciation recapture (see Regs. sec. 387(a)-4T(b))					
debt property					
debt property					
debt property to be leased as described in final Regs. sec. 387(a)-4(c)					
debt property to be sold (as described in Regs. sec. 387(a)-4T(d))					
debt property consisting of oil and gas working interests as described in Regs. sec. 387(a)-4T(e)					
other property					

Supplemental Information Required To Be Reported (see instructions):

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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 0.17%

0 Type of nonrecognition transaction (see instructions) ▶ 351

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

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

2 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

3 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
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

4 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

5a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

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

6 Was cash the only property transferred?

7a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

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

▶ 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  <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	Identifying number (see instructions)  <b>13-5644916</b>
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**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
<b>GROSVENOR INSTITUTIONAL PARTNERS, LP</b>	<b>36-4336976</b>

**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)

<b>3</b> Name of transferee (foreign corporation) <b>ZAXIS ELS ND FUND, LTD.</b>	<b>4</b> Identifying number, if any
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**5** Address (including country)  
**2 BLOOR STREET EAST, SUITE 2700, ONTARIO**  
**TORONTO CA M4W1A8 CANADA**

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

**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	04/01/11		272,663		
Stock and securities					
Real estate					
Debt instruments, accounts receivable or other property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see emp. 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 emp. Regs. sec. 1.367(a)-4T(d)					
Transfers of oil and gas working interests as described in emp. Regs. sec. 1.367(a)-4T(e)					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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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 0.15%

0 Type of nonrecognition transaction (see instructions) ▶ 351

1 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

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

- 3 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

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

5a 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 ▶ \$ \_\_\_\_\_

6 Was cash the only property transferred?  Yes  No

7a 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_