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| Form 990<br><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b><br><br>▶ The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047<br><br><b>2010</b><br><br><b>Open to Public Inspection</b> |
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| <b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>  |  |  |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>THE LEUKEMIA & LYMPHOMA SOCIETY INC<br>Doing Business As                          | <b>D Employer identification number</b><br><br>13-5644916  |
|  | Number and street (or P O box if mail is not delivered to street address)<br>1311 MAMARONECK AVE<br>ROOM/SUITE 310 | Room/suite   |
|  | <b>E Telephone number</b><br><br>(914) 949-5213  |  |
|  | <b>G</b> Gross receipts \$ 372,308,194   |  |
|  | City or town, state or country, and ZIP + 4<br>WHITE PLAINS, NY 10605  |  |
|  | <b>F</b> Name and address of principal officer<br>JOHN WALTER<br>1311 MAMARONECK AVENUE<br>WHITE PLAINS, NY 10605  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <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>J Website:</b> ▶ WWW LLS ORG  |  |  |
| <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 1949  |
|  |  | <b>M</b> State of legal domicile NY  |

| Part I                      |   | Summary           |                     |
|-----------------------------|---|-------------------|---------------------|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities<br>THE LEUKEMIA & LYMPHOMA SOCIETY'S MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES |                   |                     |
|                             |   |                   |                     |
|                             |   |                   |                     |
|                             |   |                   |                     |
|                             | <b>2</b> Check this box <input checked="" 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>          | 24                  |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | <b>4</b>          | 23                  |
|                             | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .   | <b>5</b>          | 1,923               |
| Revenue                     | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .   | <b>6</b>          | 3,000,000           |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .  | <b>7a</b>         | -1,562              |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .   | <b>7b</b>         |                     |
|                             |   |                   |                     |
| Revenue                     | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .  | <b>Prior Year</b> | <b>Current Year</b> |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .   | 238,276,411       | 270,364,921         |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .  | 5,945,189         | 10,990,644          |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 2,522,446         | 2,476,936           |
|                             | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  | 246,744,046       | 283,832,501         |
|                             |   |                   |                     |
| Expenses                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .   | 85,577,867        | 109,608,495         |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .   |                   | 0                   |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 81,834,903        | 83,658,857          |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  | 9,299,646         | 9,810,826           |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 45,446,413   |                   |                     |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .  | 73,769,925        | 77,762,946          |
|                             | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  | 250,482,341       | 280,841,124         |
|                             | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .   | -3,738,295        | 2,991,377           |
| Net Assets or Fund Balances | <b>Beginning of Current Year</b>  |                   | <b>End of Year</b>  |
|                             | <b>20</b> Total assets (Part X, line 16) . . . . .  | 221,660,340       | 224,271,874         |
|                             | <b>21</b> Total liabilities (Part X, line 26) . . . . .   | 112,213,271       | 104,487,981         |
|                             | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .   | 109,447,069       | 119,783,893         |

|   |  |                               |                 |   |   |
|---|--|-------------------------------|-----------------|---|---|
| <b>Part II Signature Block</b>  |  |                               |                 |   |   |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |                               |                 |   |   |
| Sign Here   | *****<br>Signature of officer  |                               |                 | 2012-03-07<br>Date                              |   |
|   | JAMES T NANGLE SENIOR VICE PRESIDENT & CFO<br>Type or print name and title |                               |                 |   |   |
| Paid Preparer Use Only  | Print/Type preparer's name KPMG LLP  | Preparer's signature KPMG LLP | Date 2012-03-07 | Check if self-employed <input type="checkbox"/> | PTIN  |
|   | Firm's name ▶ KPMG LLP   |                               |                 |   | Firm's EIN ▶  |
|   | Firm's address ▶ 345 PARK AVENUE<br><br>NEW YORK, NY 101540102             |                               |                 |   | Phone no ▶ (212) 758-9700   |
| May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .   |  |                               |                 |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 68,985,389 | including grants of \$ 66,082,184 | (Revenue \$ ) |
| <p>A) RESEARCH PROGRAMS WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, ILS 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 ILS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE (CONTINUED ON SCHEDULE O) TO DATE, ILS HAS INVESTED MORE THAN 814 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 2011, ILS SUPPORTED RESEARCH IN THE U S , CANADA, AND 10 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF MORE THAN 66 MILLION OUR CRITICAL ROLE ILS 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 CLINICAL PROGRESS BASIC SCIENCE DISCOVERIES MUST BE TRANSLATED INTO NEW, 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 PROMISING RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY THE GOVERNMENT OR BY FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES -INCREASING ACCESS TO CLINICAL TRIALS PARTNERING WITH LEADING CLINICAL TRIAL CENTERS CAN ACCELERATE THE CLINICAL TESTING OF NEW BLOOD CANCER THERAPIES THAT ARE OFTEN A PATIENT'S BEST CHANCE FOR CURE ILS RESEARCH PROGRAMS ARE BASED ON THE BELIEF THAT SCIENTIFICALLY SOUND APPROACHES TOWARD CURES FOR, OR CONTROL OF, BLOOD CANCERS SHOULD BE SUPPORTED WORLDWIDE TWO MAJOR INTEGRATED RESEARCH FUNDING PROGRAMS THE RESEARCH GRANT PROGRAM AND THE THERAPY ACCELERATION PROGRAM HAVE ADVISORY INPUT FROM WORLD RENOWNED BIOMEDICAL RESEARCH EXPERTS TOGETHER THESE PROGRAMS -SUPPORT THE ENTIRE RESEARCH CONTINUUM NEEDED TO IMPROVE OUTCOMES FOR BLOOD CANCER PATIENTS FROM BASIC LABORATORY SCIENCE TO CLINICAL TRIALS OF NEW AGENTS AND FROM INVESTIGATOR INITIATED RESEARCH TO MULTIDISCIPLINARY ACADEMIC COLLABORATIONS AND PRIVATE SECTOR DRUG DEVELOPMENT ALLIANCES -ARE AIMED AT THE EFFECTIVE DISCOVERY AND DEVELOPMENT OF NEW AND BETTER THERAPIES FOR PEOPLE WITH BLOOD CANCER, AND, THROUGH A RESEARCH INITIATIVE LAUNCHED IN 2009, SUPPORT THE DEVELOPMENT OF MEASURES TO PREVENT OR SIGNIFICANTLY REDUCE POTENTIAL LONG-TERM AND LATE TOXICITIES OF TODAY'S CURATIVE THERAPIES RESEARCH GRANT PROGRAM THE RESEARCH GRANT PROGRAM PROVIDES GRANT FUNDING TO SUPPORT SCIENTIFIC STUDIES AT ACADEMIC CENTERS IN THE UNITED STATES AND THROUGHOUT THE WORLD, THROUGH THREE GRANT MECHANISMS 1 THE CAREER DEVELOPMENT PROGRAM (CDP) PROVIDES STIPENDS TO INVESTIGATORS OF EXCEPTIONAL PROMISE IN THE EARLY STAGES OF THEIR CAREERS, HELPING THEM TO DEVOTE THEIR CAREERS TO LEUKEMIA, LYMPHOMA AND/OR MYELOMA RESEARCH THIS PROGRAM IS STRATIFIED INTO TWO SEPARATELY REVIEWED PROGRAMS IN BASIC OR CLINICAL RESEARCH -BASIC RESEARCH "SCHOLARS ARE AWARDED UP TO 110,000 A YEAR FOR A TOTAL OF UP TO 550,000 OVER FIVE YEARS "SPECIAL FELLOWS ARE AWARDED UP TO 65,000 A YEAR FOR A TOTAL OF UP TO 195,000 OVER THREE YEARS "FELLOWS ARE AWARDED UP TO 55,000 A YEAR FOR A TOTAL OF UP TO 165,000 OVER THREE YEARS - CLINICAL RESEARCH "SCHOLARS IN CLINICAL RESEARCH ARE AWARDED UP TO 110,000 A YEAR FOR A TOTAL OF UP TO 550,000 OVER FIVE YEARS "SPECIAL FELLOWS IN CLINICAL RESEARCH ARE AWARDED UP TO 65,000 A YEAR FOR A TOTAL OF UP TO 195,000 OVER THREE YEARS 2 THE TRANSLATIONAL RESEARCH PROGRAM (TRP) SUPPORTS OUTSTANDING INVESTIGATIONS DEEMED BY OUR EXPERT ADVISORS MOST LIKELY TO TRANSLATE BASIC BIOMEDICAL DISCOVERIES INTO NEW, SAFE AND EFFECTIVE TREATMENTS, ULTIMATELY PROLONGING AND ENHANCING PATIENTS' LIVES TRANSLATIONAL RESEARCH AWARDS ARE MADE FOR AN INITIAL THREE-YEAR PERIOD AWARDS UP TO 200,000 PER YEAR FOR THREE YEARS, FOR A TOTAL OF UP TO 600,000, ARE GRANTED EACH YEAR FUNDING FOR TWO ADDITIONAL YEARS MAY BE PROVIDED FOR HIGHLY PROMISING PROJECTS THAT ARE ENTERING PHASE 1 CLINICAL TRIALS THUS, RESEARCH REACHING A CLINICAL TRIAL CAN RECEIVE UP TO 1 MILLION OVER FIVE YEARS TO FACILITATE NEW DRUG DISCOVERY OR ADVANCES IN DIAGNOSIS OR PREVENTION IN 2011, ILS ACTIVELY REQUESTED PROPOSALS TO HELP STIMULATE MORE ACADEMIC RESEARCH IN THREE UNDERDEVELOPED YET IMPORTANT AREAS OF RESEARCH THE RESEARCH TOPICS EMPHASIZED WERE 1) THE MALIGNANT STEM CELL IN ACUTE MYELOGENOUS LEUKEMIA AND MYELOYDPLASTIC SYNDROMES, 2) NON-CUTANEOUS T-CELL LEUKEMIAS AND LYMPHOMAS AND 3) HIGH RISK MYELOMA CASES IN ADDITION, A REQUEST FOR RESEARCH FOCUSED ON LONG-TERM AND LATE EFFECTS OF BLOOD CANCER THERAPIES WAS EXTENDED INTO A SECOND YEAR PROGRESS IN THESE RESEARCH AREAS IS DEEMED LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS 3 THE MARSHALL A LICHTMAN SPECIALIZED CENTER OF RESEARCH PROGRAM (SCOR) ENCOURAGES MULTIDISCIPLINARY RESEARCH BY LEADING-EDGE ACADEMIC INVESTIGATORS IN TEAMS OF AT LEAST THREE RESEARCH GROUPS THAT INTERACT TO FOSTER ADVANCES IN THE DIAGNOSIS, TREATMENT AND/OR PREVENTION OF BLOOD CANCERS EACH SCOR GROUP IS FUNDED UP TO 1 25 MILLION PER YEAR OVER A FIVE-YEAR PERIOD, WITH A TOTAL AMOUNT OF UP TO 6 25 MILLION AWARDS GO TO THOSE GROUPS THAT BEST DEMONSTRATE SYNERGISTIC EXPERTISE IN COMPLEMENTARY AREAS THE PARTICIPATING SCIENTISTS MAY BE AT DIFFERENT INSTITUTIONS OR FROM ANY COUNTRY THE GRANT REVIEW PROCESS FOR THE RESEARCH GRANT PROGRAM SCIENTISTS AND PHYSICIAN SCIENTISTS WHO ARE EXPERTS IN THE FIELD OF BLOOD CANCER RESEARCH VOLUNTEER THEIR SERVICE TO CONSTITUTE PEER-REVIEW SUBCOMMITTEES FOR BASIC RESEARCH CDP, CLINICAL RESEARCH CDP, TRP AND SCOR THESE COMMITTEES EVALUATE ALL GRANT APPLICATIONS IN THOSE PROGRAMS AND SELECT THOSE APPLICANTS WITH THE MOST INNOVATIVE AND IMPORTANT PROJECTS TO ADVANCE THE MISSION OF ILS GUIDELINES, INSTRUCTIONS AND APPLICATIONS FOR THE THREE ILS RESEARCH PROGRAMS MAY BE OBTAINED BY VISITING WWW ILS ORG OR BY EMAILING RESEARCHPROGRAMS@ILS ORG THERAPY ACCELERATION PROGRAM THE THERAPY ACCELERATION PROGRAM (TAP) IS A STRATEGIC ILS INITIATIVE LAUNCHED IN 2007 WITH 4 MILLION IN SEED FUNDING THE PROGRAM ACCELERATES NEW AND POTENTIALLY BETTER TREATMENTS AND CLINICAL TESTS INTO PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS AND COMPANIES, TAP IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE MADE AVAILABLE TO PATIENTS AS SOON AS POSSIBLE TAP ENCOMPASSES THREE INNOVATIVE EFFORTS 1 THE ACADEMIC CONCIERGE DIVISION IDENTIFIES CURRENT ILS FUNDED RESEARCH WITH THE GREATEST CLINICAL PROMISE AND PROVIDES THE FUNDING AND SUPPORT NEEDED TO ADVANCE SELECTED PROJECTS TO THE PRODUCT STAGE 2 THE CLINICAL TRIALS DIVISION PARTNERS ILS WITH ONE OF THE COUNTRY'S LEADING CLINICAL TRIAL CENTERS TO ACCELERATE THE TESTING OF NEW BLOOD CANCER THERAPIES IN CLINICAL TRIALS 3 THE BIOTECHNOLOGY ACCELERATOR DIVISION ALLIES ILS WITH COMPANIES TO COMBINE SCIENTIFIC AND FINANCIAL RESOURCES AND ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES THAT OTHERWISE WOULD NOT BE PRIORITIZED BY THE COMPANY THE TAP PROJECT REVIEW PROCESS INVOLVES DUE DILIGENCE BY AN ILS STAFF TEAM OF DRUG DEVELOPMENT SPECIALISTS IN CONCERT WITH A VOLUNTEER PANEL OF LEADING BIOTECHNOLOGY AND PHARMACEUTICAL COMPANY EXECUTIVES AND INTELLECTUAL PROPERTY AND BUSINESS DEVELOPMENT EXPERTS THE LEARNING COLLABORATIVE IN 2011, ILS BEGAN A UNIQUE COLLABORATION WITH THE UNIVERSITY OF KANSAS CANCER CENTER AND THE NATIONAL INSTITUTES OF HEALTH TO ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES FOR RARE BLOOD CANCERS THIS COLLABORATION, KNOWN AS THE LEARNING COLLABORATIVE, BRINGS TOGETHER PROVEN EXPERTISE IN BLOOD CANCER RESEARCH AS WELL AS DRUG DISCOVERY AND DEVELOPMENT TO RAPIDLY ADVANCE PROMISING NEW THERAPIES FROM THE BENCH TO THE BEDSIDE IF SUCCESSFUL, THE LEARNING COLLABORATIVE'S NOVEL MODEL WILL DEMONSTRATE THAT GOVERNMENT, ACADEMIA, DISEASE PHILANTHROPY AND INDUSTRY CAN SUCCESSFULLY PARTNER TO SAFELY AND EFFICIENTLY ADVANCE NEW OR REPURPOSED DRUG THERAPIES TO PATIENTS</p> |         |                         |                                   |               |

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|---|---------|-------------------------|-----------------------------------|---------------|
| 4b  | (Code ) | (Expenses \$ 99,695,257 | including grants of \$ 43,526,311 | (Revenue \$ ) |
| <p>B) PATIENT &amp; COMMUNITY SERVICES AN ESTIMATED 1,012,533 PEOPLE ACROSS THE UNITED STATES (US) CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA THE LEUKEMIA &amp; LYMPHOMA SOCIETY (LLS) OFFERS THE MOST COMPREHENSIVE ARRAY OF SERVICES TO BLOOD CANCER PATIENTS AND THEIR FAMILIES LAST YEAR ALONE, LLS MADE 7.1 MILLION CONTACTS WITH PATIENTS, CAREGIVERS, HEALTHCARE PROFESSIONALS AND THE PUBLIC (CONTINUED ON SCHEDULE O) CHAPTER-BASED PROGRAMS EACH LLS CHAPTER IS STAFFED WITH A PATIENT SERVICES MANAGER WHO OVERSEES THE CHAPTER'S SERVICES TO PATIENTS AND THEIR FAMILIES PATIENT SERVICES MANAGERS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING OR SOCIAL WORK COMMUNITY BASED EDUCATION, INCLUDING THE FOLLOWING FOUR PROGRAMS, ARE OFFERED THROUGH ALL THE CHAPTERS - 38,959 PATIENT AND CAREGIVER PARTICIPANTS IN 2011 - 12,236 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2011 IMPROVING TREATMENTS FOR BLOOD CANCERS WHAT YOU NEED TO KNOW TO MAKE INFORMED DECISIONS THIS PROGRAM DETAILS NEW TREATMENT DEVELOPMENT, TREATMENT DECISIONS (STANDARD OF CARE VERSUS CLINICAL TRIALS) AND HOW PATIENTS CAN COMMUNICATE MORE EFFECTIVELY WITH THEIR MEDICAL TEAMS MYELOMA UPDATE DIAGNOSIS, TREATMENT AND SIDE EFFECTS MANAGEMENT THIS PROGRAM PROVIDES PATIENTS, FAMILY MEMBERS AND CAREGIVERS WITH THE LATEST INFORMATION ON MYELOMA AND MYELOMA THERAPY, INCLUDING A QUESTION AND ANSWER SESSION WITH A MEDICAL EXPERT IN THEIR COMMUNITY GETTING THE BEST CANCER CARE AT AGE 55 AND OLDER THIS EDUCATION PROGRAM PRESENTS AN OVERVIEW OF THE MANY FACTORS, NOT AGE ALONE, THAT HEALTHCARE PROFESSIONALS SHOULD ASSESS TO DETERMINE AN APPROPRIATE CANCER TREATMENT PLAN FOR AN OLDER ADULT WELCOME BACK WORKING TOGETHER TO SUPPORT THE CANCER SURVIVOR AT SCHOOL THIS EDUCATION PROGRAM DISCUSSES POSSIBLE EMOTIONAL AND COGNITIVE SHORT- AND LONG-TERM EFFECTS THAT CHILDREN MAY EXPERIENCE AFTER TREATMENT, AND OFFERS NUMEROUS RESOURCES THAT CAN IMPROVE THE TRANSITION OF CANCER SURVIVORS FROM CLINIC TO CLASSROOM SUPPORT SERVICES FAMILY SUPPORT GROUPS LLS HAS DEVELOPED 452 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA LLS ALSO HAS 825 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, AND PROVIDE INFORMATION AND SUPPORT AND ENCOURAGE GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTH CARE PROFESSIONALS - 13,108 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2011 PATTI ROBINSON KAUFFMANN FIRST CONNECTION PROGRAM FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS - 5,094 FIRST CONNECTIONS IN 2011 PATIENT FINANCIAL AID PROGRAM FOR MORE THAN 45 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 - 37,210 PATIENTS RECEIVED FINANCIAL AID IN 2011 CO-PAY ASSISTANCE PROGRAM THIS 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 - 13,130 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2011 THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER THIS PROGRAM IS DESIGNED TO INCREASE COMMUNICATION AMONG HEALTH CARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO ASSURE YOUNGSTERS A SMOOTH TRANSITION FROM ACTIVE TREATMENT BACK TO SCHOOL PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE THROUGH ALL LOCAL CHAPTERS, INCLUDING "WELCOME BACK WORKING TOGETHER TO SUPPORT THE CANCER SURVIVOR AT SCHOOL" THIS EDUCATION PROGRAM DISCUSSES POSSIBLE EMOTIONAL AND COGNITIVE SHORT- AND LONG-TERM EFFECTS THAT CHILDREN MAY EXPERIENCE AFTER TREATMENT, AND OFFERS NUMEROUS RESOURCES THAT CAN IMPROVE THE TRANSITION OF CANCER SURVIVORS FROM CLINIC TO CLASSROOM - 3,219 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 74 WELCOME BACK PROGRAMS ACROSS THE US AND CANADA "LEARNING AND LIVING WITH CANCER ADVOCATING FOR YOUR CHILD'S EDUCATIONAL NEEDS" THIS BOOKLET OFFERS PARENTS INFORMATION ON THE LEARNING CHALLENGES CHILDREN MAY FACE DURING AND AFTER CANCER TREATMENT, LAWS THAT PROTECT THE EDUCATIONAL NEEDS OF CHILDREN WITH CANCER AND SPECIFIC WAYS THAT SCHOOLS CAN HELP MEET A CHILD'S EDUCATIONAL NEEDS</p> |         |                         |                                   |               |

|  |         |                         |                          |               |
|--|---------|-------------------------|--------------------------|---------------|
| 4c   | (Code ) | (Expenses \$ 38,403,332 | including grants of \$ ) | (Revenue \$ ) |
| C) PUBLIC HEALTH EDUCATION INFORMATION AND EDUCATION NATIONAL PROGRAMS INFORMATION RESOURCE CENTER ILS INFORMATION SPECIALISTS ARE MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS WHO PROVIDE HELP WITH DISEASE, TREATMENT AND CLINICAL TRIALS INFORMATION AND SUPPORT (CONTINUED ON SCHEDULE O) 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 OR EMAIL INFOCENTER@ILS ORG - 69,777 INQUIRIES IN 2011 - TRANSLATION SERVICES AVAILABLE IN MORE THAN 165 LANGUAGES ONLINE ENGAGEMENT THE ILS WEBSITE SERVES A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS USERS CAN PERSONALIZE THEIR ILS WEB PAGES TO KEEP CURRENT WITH DISEASE SPECIFIC UPDATES AND LOCAL CHAPTER EDUCATION, SUPPORT AND EVENT ACTIVITIES THE SITE FEATURES A COMPREHENSIVE OVERVIEW OF ILS PROGRAMS AND SERVICES, FAMILY SUPPORT GROUP LOCATIONS, INFORMATION ABOUT OUR PEER-TO-PEER PATTI ROBINSON KAUFFMANN FIRST CONNECTION PROGRAM, AND OTHER PROGRAMS PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS CAN INTERACT WITH ILS IN CONVENIENT AND PERSONAL WAYS THROUGH SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS - 5 8 MILLION UNIQUE VISITS TO WWW ILS ORG IN 2011, WITH MORE THAN 7 5 MILLION PAGE VIEWS - 409,799 UNIQUE VISITS TO OUR BLOOD CANCER DISCUSSION BOARDS - 157,877 TELECONFERENCE DOWNLOADS - 208,822 SUBSCRIBERS TO OUR DISEASE SPECIFIC ENEWSLETTERS, WHICH ARE ISSUED ON A MONTHLY BASIS - 116,797 FOLLOWERS OF OUR PATIENT AND CAREGIVER COMMUNITY ONLINE TELEPHONE & WEB EDUCATION PROGRAMS ILS SPONSORS TELEPHONE AND WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELOYDPLASTIC SYNDROMES UPCOMING PROGRAMS ARE POSTED AT WWW ILS ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW ILS ORG/PASTPROGRAMS - 251,077 TELEPHONE AND WEB-BASED PROGRAM PARTICIPANTS IN 2011 EDUCATION MATERIALS AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS EACH YEAR, ILS DISTRIBUTES BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS THROUGH THE INFORMATION RESOURCE CENTER AND LOCAL ILS CHAPTERS - 1,061,018 PRINTED BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS DISTRIBUTED IN 2011 MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW ILS ORG/RESOURCECENTER DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH |         |                         |                          |               |

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 7,774,360 including grants of \$ ) (Revenue \$ )

























4e

Total program service expenses

\$ 214,858,338

Part IV

Checklist of Required Schedules

|     |   | Yes | No |
|-----|---|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   |     | No |
| 4   | <b>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    | Yes |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                           |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where 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   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II                                      |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | Yes |    |
| 9   | 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  |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   | Yes |    |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   | Yes |    |
| 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.    | Yes |    |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.    |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.    |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   |     | No |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.    | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII    |     | No |
| 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              | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . .   | Yes |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . .          | Yes |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV . . . .                             | Yes |    |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . . . .                                 |     | No |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                   | Yes |    |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . .   | Yes |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . .   | Yes |    |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . .   |     | No |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)  |     |    |

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 21  | Yes |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .            | 23  | Yes |    |
| 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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | 25a |     | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | 25b |     | No |
| 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        | 27  |     | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a | Yes |    |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b |     | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .  | 35  | Yes |    |
| a   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     | No |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 38  | Yes |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance  |  |     |       |    |
|---|--|-----|-------|----|
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>   |  |     |       |    |
|   |  |     | Yes   | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | 1a  | 1,262 |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 1b  | 40    |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  | Yes   |    |
| 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  | 1,923 |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Yes   |    |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  |  |     |       |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  | Yes   |    |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  | 3b  | Yes   |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  | Yes   |    |
| b   | If "Yes," enter the name of the foreign country CA<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |       |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |       | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |       | No |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |       |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | 6a  | Yes   |    |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  | Yes   |    |
| 7 Organizations that may receive deductible contributions under section 170(c).   |  |     |       |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  | Yes   |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Yes   |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |       | No |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.   | 7d  |       |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |       | No |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |       | No |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |       |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |       |    |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |  |     |       |    |
| 8   |  |     |       |    |
| 9 Sponsoring organizations maintaining donor advised funds.   |  |     |       |    |
| a   | Did the organization make any taxable distributions under section 4966?  | 9a  |       |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b  |       |    |
| 10 Section 501(c)(7) organizations. Enter   |  |     |       |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.  | 10a |       |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   | 10b |       |    |
| 11 Section 501(c)(12) organizations. Enter  |  |     |       |    |
| a   | Gross income from members or shareholders.   | 11a |       |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   | 11b |       |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |  |     |       |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   | 12b |       |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |  |     |       |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br>Note. 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 |       |    |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  |  |     |       |    |
| 14a   |  |     |       |    |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b |       | No |

Part VI

**Governance, Management, and Disclosure** For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 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 . . . . .   |           |     |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |           |     |
| <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>  | No  |
| <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>  | No  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  | No  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .  | <b>5</b>  | No  |
| <b>6</b>  | Does the organization have members or stockholders? . . . . .   | <b>6</b>  | Yes |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   | <b>7a</b> | Yes |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | <b>7b</b> | Yes |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |           |     |
| <b>8a</b> | The governing body? . . . . .   | <b>8a</b> | Yes |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | <b>8b</b> | Yes |
| <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>  | No  |

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

|            |  |            |     |
|------------|--|------------|-----|
|            |  | Yes        | No  |
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates? . . . . .  | <b>10a</b> | Yes |
| <b>10b</b> | If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .   | <b>10b</b> | Yes |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .   | <b>11a</b> | Yes |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .   |            |     |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If “No,” go to line 13 . . . . .   | <b>12a</b> | Yes |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <b>12b</b> | Yes |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done . . . . .   | <b>12c</b> | Yes |
| <b>13</b>  | Does the organization have a written whistleblower policy? . . . . .   | <b>13</b>  | Yes |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? . . . . .  | <b>14</b>  | Yes |
| <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>15a</b> | The organization’s CEO, Executive Director, or top management official . . . . .   | <b>15a</b> | Yes |
| <b>15b</b> | Other officers or key employees of the organization . . . . .<br>If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions )   | <b>15b</b> | Yes |
| <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> | No  |
| <b>16b</b> | If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements? . . . . . | <b>16b</b> |     |

Section C. Disclosure

|           |  |
|-----------|--|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed  AK , AR , AZ , CA , CT , DE , FL , GA , IL , IN , KS , KY , LA , MA , MD , ME , MI , MN , MO , MS , NH , NJ , NM , NV , NY , OH , OK , OR , PA , PR , RI , SC , TN , UT , VA , WA , WI , WV  |
| <b>18</b> | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request |
| <b>19</b> | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.   |
| <b>20</b> | State the name, physical address, and telephone number of the person who possesses the books and records of the organization<br>JAMES T NANGLE<br>1311 MAMARONECK AVENUE<br>WHITE PLAINS, NY 10605<br>(914) 949-5213   |

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

## Part VII

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        |  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|--|---|---|
|  |  | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |  |   |   |
| See Additional Data Table                                      |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
|  |  |  |                       |         |              |                              |        |  |  |   |   |
| <b>1b Sub-Total</b>  |  |  |                       |         |              |                              |        |  |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |  |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        |  | 2,133,908  |   | 284,815   |

**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 ▶86

|          |   | Yes      | No  |
|----------|---|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | <b>3</b> | No  |
| <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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | Yes |
| <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? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | No  |

## 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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| PARADYZ MATERA<br>5 HANOVER SQUARE<br>6TH FLOOR<br>NEW YORK, NY 10004                  | FUNDRAISING SER                | 3,852,425           |
| DIRECT PRINT COMMUNICATIONS<br>201 EAST SANDPOINTE<br>SUITE 400<br>SANTA ANA, CA 92707 | FUNDRAISING SER                | 2,515,663           |
| INFOCISION MANAGEMENT CORPORATION<br>325 SPRINGSIDE DRIVE<br>AKRON, OH 44333           | FUNDRAISING SER                | 2,210,192           |
| MSP<br>PO BOX 641114<br>PITTSBURGH, PA 15264   | FUNDRAISING SER                | 2,100,315           |
| YORK LABEL<br>36877 TREASURY CENTER<br>CHICAGO, IL 60694                               | FUNDRAISING SER                | 1,653,978           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶55



Part VIII

Statement of Revenue

|   |   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded<br>from<br>tax under<br>sections<br>512, 513,<br>or 514 |
|---|---|---|--|----------------------|--|---|--|
| Contributions, gifts, grants<br>and other similar amounts | 1a  | Federated campaigns . . .   | 1a   | 2,465,953            |  |   |  |
|   | b   | Membership dues . . . .   | 1b   |                      |  |   |  |
|   | c   | Fundraising events . . . .  | 1c   | 154,840,995          |  |   |  |
|   | d   | Related organizations . . . .   | 1d   |                      |  |   |  |
|   | e   | Government grants (contributions)   | 1e   | 520,836              |  |   |  |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f   | 112,537,137          |  |   |  |
|   | g   | Noncash contributions included in lines 1a-1f \$  |  | 962,451              |  |   |  |
|   | h   | Total. Add lines 1a-1f . . . . .  |  |                      | 270,364,921  |   |  |
| Program Service Revenue                                   | 2a  |   |  | Business Code        |  |   |  |
|   | b   |   |  |                      |  |   |  |
|   | c   |   |  |                      |  |   |  |
|   | d   |   |  |                      |  |   |  |
|   | e   |   |  |                      |  |   |  |
|   | f   | All other program service revenue   |  |                      |  |   |  |
|   | g   | Total. Add lines 2a-2f . . . . .  |  |                      |  |   |  |
|   | Other Revenue                             | 3   | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |                      |  | 3,135,664                               |  |
| 4   |   | Income from investment of tax-exempt bond proceeds . .  |  |                      |  |   |  |
| 5   |   | Royalties . . . . .   |  |                      | 9,973  |   | 9,973  |
| 6a  |   | Gross Rents   | (i) Real   | (ii) Personal        |  |   |  |
| b   |   | Less rental<br>expenses   |  |                      |  |   |  |
| c   |   | Rental income<br>or (loss)  |  |                      |  |   |  |
| d   |   | Net rental income or (loss) . . . . .   |  |                      |  |   |  |
| 7a  |   | Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities   | (ii) Other           |  |   |  |
| b   |   | Less cost or<br>other basis and<br>sales expenses   |  |                      |  |   |  |
| c   |   | Gain or (loss)  |  |                      |  |   |  |
| d   |   | Net gain or (loss) . . . . .  |  |                      | 7,854,980  | -1,562                                  | 7,856,542  |
| 8a  |   | Gross income from fundraising events<br>(not including<br>\$ 154,840,995<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . |  |                      |  |   |  |
| a   |   |   |  | 36,412,083           |  |   |  |
| b   |   | Less direct expenses . . . .  | b  | 36,412,083           |  |   |  |
| c   |   | Net income or (loss) from fundraising events . .  |  |                      |  |   |  |
| 9a  |   | Gross income from gaming activities See<br>Part IV, line 19 . . a   |  | 738,168              |  |   |  |
| b   |   | Less direct<br>expenses . . . . .   | b  | 50,690               |  |   |  |
| c   |   | Net income or (loss) from gaming activities . .   |  |                      | 687,478  | 687,478                                 |  |
| 10a   |   | Gross sales of inventory, less<br>returns and allowances . . . . .  | a  |                      |  |   |  |
| b   |   | Less cost of goods sold . . . .   | b  |                      |  |   |  |
| c   |   | Net income or (loss) from sales of inventory . .  |  |                      |  |   |  |
|   |   | Miscellaneous Revenue   |  | Business Code        |  |   |  |
| 11a   | GRANT TERMINATION                         |   | 541900   | 1,748,113            |  | 1,748,113                               |  |
| b   | OTHER MISCELLANEOUS                       |   | 900099   | 31,372               |  | 31,372                                  |  |
| c   |   |   |  |                      |  |   |  |
| d   | All other revenue . . . . .               |   |  |                      |  |   |  |
| e   | Total. Add lines 11a-11d . . . . .        |   |  | 1,779,485            |  |   |  |
| 12  | Total revenue. See Instructions . . . . . |   |  | 283,832,501          | 687,478  | -1,562                                  | 12,781,664   |

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).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 61,294,057            | 61,294,057                      |  |                             |
| 2  | Grants and other assistance to individuals in the U S See Part IV, line 22   | 43,526,311            | 43,526,311                      |  |                             |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  | 4,788,127             | 4,788,127                       |  |                             |
| 4  | Benefits paid to or for members  |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees . . . . .   | 895,935               | 675,482                         | 99,303                                 | 121,150                     |
| 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   | 63,212,997            | 47,658,872                      | 7,006,360                              | 8,547,765                   |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 3,916,306             | 2,852,862                       | 421,859                                | 641,585                     |
| 9  | Other employee benefits . . . . .  | 10,999,355            | 8,012,560                       | 1,184,836                              | 1,801,959                   |
| 10   | Payroll taxes . . . . .  | 4,634,264             | 3,375,863                       | 499,197                                | 759,204                     |
| a  | Fees for services (non-employees) Management . . . . .   |                       |                                 |  |                             |
| b  | Legal . . . . .  | 890,419               | 500,182                         | 133,314                                | 256,923                     |
| c  | Accounting . . . . .   | 284,308               | 159,706                         | 42,567                                 | 82,035                      |
| d  | Lobbying . . . . .   | 164,800               | 92,572                          | 24,674                                 | 47,554                      |
| e  | Professional fundraising services See Part IV, line 17 . . . . .   | 9,810,826             |                                 |  | 9,810,826                   |
| f  | Investment management fees . . . . .   | 701,540               | 394,081                         | 105,036                                | 202,423                     |
| g  | Other . . . . .  | 14,394,331            | 8,085,841                       | 2,155,133                              | 4,153,357                   |
| 12   | Advertising and promotion . . . . .  | 4,106,918             | 1,762,928                       | 759,276                                | 1,584,714                   |
| 13   | Office expenses . . . . .  |                       |                                 |  |                             |
| 14   | Information technology . . . . .   | 3,845,633             | 2,160,237                       | 575,772                                | 1,109,624                   |
| 15   | Royalties . . . . .  |                       |                                 |  |                             |
| 16   | Occupancy . . . . .  | 8,212,389             | 5,984,218                       | 944,956                                | 1,283,215                   |
| 17   | Travel . . . . .   | 3,320,436             | 2,445,830                       | 394,227                                | 480,379                     |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .   | 3,251,767             | 2,848,153                       | 180,213                                | 223,401                     |
| 20   | Interest . . . . .   |                       |                                 |  |                             |
| 21   | Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .  | 2,054,800             | 1,448,640                       | 205,648                                | 400,512                     |
| 23   | Insurance . . . . .  | 515,497               | 377,947                         | 45,472                                 | 92,078                      |
| 24   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                       |                                 |  |                             |
| a  | PRINTING   | 17,782,487            | 7,633,273                       | 3,287,580                              | 6,861,634                   |
| b  | POSTAGE  | 11,658,784            | 4,325,172                       | 1,844,493                              | 5,489,119                   |
| c  | TELEPHONE  | 3,560,220             | 2,304,559                       | 268,953                                | 986,708                     |
| d  | MISCELLANEOUS  | 2,747,539             | 2,034,503                       | 307,388                                | 405,648                     |
| e  | DUES & SUBSCRIPTIONS   | 271,078               | 116,362                         | 50,116                                 | 104,600                     |
| f  | All other expenses   |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24f   | 280,841,124           | 214,858,338                     | 20,536,373                             | 45,446,413                  |
| 26   | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 21,788,322            | 10,485,257                      |  | 11,303,065                  |

Part X

Balance Sheet

|                             |   |  |     |            |             | (A)               |             | (B)         |
|-----------------------------|---|--|-----|------------|-------------|-------------------|-------------|-------------|
|                             |   |  |     |            |             | Beginning of year |             | End of year |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .  |     |            |             |                   | 1           |             |
|                             | 2   | Savings and temporary cash investments . . . . .   |     |            |             | 19,677,285        | 2           | 15,624,105  |
|                             | 3   | Pledges and grants receivable, net . . . . .   |     |            |             | 16,815,436        | 3           | 19,055,089  |
|                             | 4   | Accounts receivable, net . . . . .   |     |            |             | 199,138           | 4           | 328,134     |
|                             | 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). Schedule L . . . . . |     |            |             |                   | 6           |             |
|                             | 7   | Notes and loans receivable, net . . . . .  |     |            |             |                   | 7           |             |
|                             | 8   | Inventories for sale or use . . . . .  |     |            |             |                   | 8           |             |
|                             | 9   | Prepaid expenses and deferred charges . . . . .  |     |            |             | 4,262,608         | 9           | 4,423,864   |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   | 10a | 13,640,725 | 5,006,438   | 10c               | 5,182,309   |             |
|                             | b   | Less: accumulated depreciation . . . . .   | 10b | 8,458,416  |             |                   |             |             |
|                             | 11  | Investments—publicly traded securities . . . . .   |     |            |             | 128,755,483       | 11          | 128,104,890 |
|                             | 12  | Investments—other securities. See Part IV, line 11 . . . . .   |     |            |             | 46,943,952        | 12          | 51,553,483  |
|                             | 13  | Investments—program-related. See Part IV, line 11 . . . . .  |     |            |             |                   | 13          |             |
|                             | 14  | Intangible assets . . . . .  |     |            |             |                   | 14          |             |
|                             | 15  | Other assets. See Part IV, line 11 . . . . .   |     |            |             |                   | 15          |             |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .   |  |     |            | 221,660,340 | 16                | 224,271,874 |             |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .  |     |            |             | 15,911,173        | 17          | 17,155,530  |
|                             | 18  | Grants payable . . . . .   |     |            |             | 79,972,494        | 18          | 70,833,146  |
|                             | 19  | Deferred revenue . . . . .   |     |            |             | 16,329,604        | 19          | 16,499,305  |
|                             | 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. Complete Part X of Schedule D . . . . .   |     |            |             |                   | 25          |             |
|                             | 26  | Total liabilities. Add lines 17 through 25 . . . . .   |     |            |             | 112,213,271       | 26          | 104,487,981 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |  |     |            |             |                   |             |             |
|                             | 27  | Unrestricted net assets . . . . .  |     |            |             | 87,166,990        | 27          | 93,670,008  |
|                             | 28  | Temporarily restricted net assets . . . . .  |     |            |             | 19,507,519        | 28          | 23,328,394  |
|                             | 29  | Permanently restricted net assets . . . . .  |     |            |             | 2,772,560         | 29          | 2,785,491   |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |  |     |            |             |                   |             |             |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .   |     |            |             |                   | 30          |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |     |            |             |                   | 31          |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .   |     |            |             |                   | 32          |             |
|                             | 33  | Total net assets or fund balances . . . . .  |     |            |             | 109,447,069       | 33          | 119,783,893 |
|                             | 34  | Total liabilities and net assets/fund balances . . . . .   |     |            |             | 221,660,340       | 34          | 224,271,874 |

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 | 283,832,501 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 280,841,124 |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | 2,991,377   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 109,447,069 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 | 7,345,447   |
| 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 | 119,783,893 |

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 _____<br>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?  |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| c  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| 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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?   |     | No |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE A

(Form 990 or 990EZ)

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

2010

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br>THE LEUKEMIA & LYMPHOMA<br>SOCIETY INC | Employer identification number<br><br>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 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?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support |
|---------------------------------------|-------------|---|---|----|--|----|---|----|----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
| Total                                 |             |   |   |    |  |    |   |    |                            |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support   |             |             |             |             |             |               |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2006    | (b) 2007    | (c) 2008    | (d) 2009    | (e) 2010    | (f) Total     |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 246,772,831 | 256,914,242 | 269,310,797 | 238,864,532 | 271,052,399 | 1,282,914,801 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |             |             |             |             |             |               |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |             |             |             |             |             |               |
| 4 Total. Add lines 1 through 3  | 246,772,831 | 256,914,242 | 269,310,797 | 238,864,532 | 271,052,399 | 1,282,914,801 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |             |             |             |             |             | 32,756,803    |
| 6 Public Support. Subtract line 5 from line 4   |             |             |             |             |             | 1,250,157,998 |

| Section B. Total Support  |             |             |             |             |             |               |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2006    | (b) 2007    | (c) 2008    | (d) 2009    | (e) 2010    | (f) Total     |
| 7 Amounts from line 4   | 246,772,831 | 256,914,242 | 269,310,797 | 238,864,532 | 271,052,399 | 1,282,914,801 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 6,538,216   | 7,451,748   | 6,950,554   | 4,962,639   | 3,145,637   | 29,048,794    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |             |             |             |             |             |               |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   | 1,446,752   | 1,098,580   | 2,816,918   | 1,925,834   | 1,779,485   | 9,067,569     |
| 11 Total support (Add lines 7 through 10)   |             |             |             |             |             | 1,321,031,164 |
| 12 Gross receipts from related activities, etc (See instructions )  |             |             |             |             | 12          | 192,137,673   |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |             |             |             |             |             |               |

| Section C. Computation of Public Support Percentage  |    |          |
|--|----|----------|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))  | 14 | 94 640 % |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14   | 15 | 96 910 % |
| 16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. 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—2009. 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 IIIPart 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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6 )   |          |          |          |          |          |           |

| Section B. Total Support  |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)   |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |  |
|---|----|--|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |  |  |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                    | 16 |  |  |

| Section D. Computation of Investment Income Percentage   |    |  |  |
|--|----|--|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))   | 17 |  |  |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17  | 18 |  |  |
| 19a 33 1/3% support tests—2010. 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—2009. 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.** 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).

Facts And Circumstances Test



Additional Data

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETY INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                 | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                       |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JAMES A BECK<br>BOD MEMBER            | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JORGE L BENITEZ<br>BOD MEMBER         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ELIZABETH J CLARK<br>BOD MEMBER       | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JORGE CORTES MD<br>BOD MEMBER         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JAMES H DAVISPHD<br>BOD MEMBER        | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| THOMAS L FITZPATRICK<br>BOD MEMBER    | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ALAN M GEWIRTZMD<br>BOD MEMBER        | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| D GARY GILLILANDMD PHD<br>BOD MEMBER  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| STEVEN HOOKER<br>BOD MEMBER           | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RAANAN HOROWITZ<br>BOD MEMBER         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN M KAMINS<br>BOD MEMBER           | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ARMAND KEATINGMD<br>BOD MEMBER        | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOSEPH B KELLEY<br>BOD MEMBER         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MATTHEW WINTER<br>BOD MEMBER          | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RODMAN N MYERS<br>BOD MEMBER          | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DEREK RAGHAVANMDPHDFACP<br>BOD MEMBER | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KENNETH M SCHWARTZ<br>BOD MEMBER      | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| NORBERT J SIEBER<br>BOD MEMBER        | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JAY L SILVER<br>BOD MEMBER            | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM M WARD JR<br>BOD MEMBER       | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LOUISE E WARNER<br>BOD MEMBER         | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MICHELE C WONG<br>BOD MEMBER          | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN WALTER<br>PRESIDENT &            | 45 00                         |  |                       | X       |              |                              |        | 519,525  | 0   | 52,493  |
| JAMES T NANGLE<br>SVP&CFO             | 45 00                         |  |                       | X       |              |                              |        | 232,816  | 0   | 43,907  |
| SCOTT A CARROLL<br>CHAIR              | 2 00                          |  |                       | X       |              |                              |        | 0  | 0   | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title           | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                 |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| TIMOTHY DURST<br>VICE CHAIR     | 2 00                          |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| KEVIN R RYAN<br>SECRETARY/TR    | 2 00                          |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| LOUIS DEGENNARO<br>EVP,CHIEF MI | 45 00                         |  |                       |         |              | X                            |        | 346,056  | 0   | 39,109  |
| NANCY KLEIN<br>CHIEF MARKET     | 45 00                         |  |                       |         |              | X                            |        | 337,570  | 0   | 46,123  |
| DAVID TIMKO<br>SVP CHAPTER      | 45 00                         |  |                       |         |              | X                            |        | 247,464  | 0   | 38,060  |
| MICHAEL OSSO<br>SVP,REVENUE     | 45 00                         |  |                       |         |              | X                            |        | 230,521  | 0   | 29,514  |
| GEORGE OMIROS<br>SVP FIELD DE   | 45 00                         |  |                       |         |              | X                            |        | 219,956  | 0   | 35,609  |

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

|   |                |           |                                      |
|---|----------------|-----------|--------------------------------------|
| 4d. Other program services  |                |           |                                      |
| (Code   | ) (Expenses \$ | 7,774,360 | including grants of \$ (Revenue \$ ) |
| 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 |                |           |                                      |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

|  |  |
|--|--|
| Name of the organization<br>THE LEUKEMIA & LYMPHOMA<br>SOCIETY INC | Employer identification number<br><br>13-5644916 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |  |            |
|---|--|------------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV |            |
| 2 | Political expenditures   | ▶ \$ _____ |
| 3 | Volunteer hours  | _____      |

Part I-B Complete if the organization is exempt under section 501(c)(3).

|    |   |   |
|----|---|---|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$ _____  |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____  |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4a | Was a correction made?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 funtion 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 <b>Form 1120-POL</b> for this year?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>Totals      |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|--|---|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)  |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)  |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| d Other exempt purpose expenditures  |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)  |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns   |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:     | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000   | 20% of the amount on line 1e                      |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000  | \$1,000,000                                       |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)  |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-   |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-   |   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  |   | <input type="checkbox"/> Yes                    | <input checked="" 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|    |  | (a) |    | (b)     |
|----|--|-----|----|---------|
|    |  | Yes | No | Amount  |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |
| a  | Volunteers?  | Yes |    |         |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes |    |         |
| c  | Media advertisements?  |     | No |         |
| d  | Mailings to members, legislators, or the public?   | Yes |    | 30,000  |
| e  | Publications, or published or broadcast statements?  | Yes |    | 8,000   |
| f  | Grants to other organizations for lobbying purposes?   |     | No |         |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    |         |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  | Yes |    | 110,000 |
| i  | Other activities? If "Yes," describe in Part IV  | Yes |    | 16,800  |
| j  | Total lines 1c through 1i  |     |    | 164,800 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | No |         |
| b  | If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| c  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     | No |         |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference               | Explanation  |
|------------|--------------------------------|--|
|            | SCHEDULE C, PART II-B, LINE 1i | 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, AND ALLIANCE FOR A STRONGER FDA |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

|   |  |
|---|--|
| Name of the organization<br>THE LEUKEMIA & LYMPHOMA SOCIETY INC | Employer identification number<br>13-5644916 |
|---|--|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |   |                              |
|---|---|------------------------------|
|   | (a) Donor advised funds   | (b) Funds and other accounts |
| 1 | Total number at end of year   |                              |
| 2 | Aggregate contributions to (during year)  |                              |
| 3 | Aggregate grants from (during year)   |                              |
| 4 | Aggregate value at end of year  |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>   |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> |                              |

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

|   |   |  |  |                             |   |  |   |  |   |  |   |   |
|---|---|--|--|-----------------------------|---|--|---|--|---|--|---|---|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div> |  |  |                             |   |  |   |  |   |  |   |   |
| 2 | Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  |  |  |                             |   |  |   |  |   |  |   |   |
|   |   | <table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table> |  | Held at the End of the Year | a | Total number of conservation easements | b | Total acreage restricted by conservation easements | c | Number of conservation easements on a certified historic structure included in (a) | d | Number of conservation easements included in (c) acquired after 8/17/06 |
|   | Held at the End of the Year   |  |  |                             |   |  |   |  |   |  |   |   |
| a | Total number of conservation easements  |  |  |                             |   |  |   |  |   |  |   |   |
| b | Total acreage restricted by conservation easements  |  |  |                             |   |  |   |  |   |  |   |   |
| c | Number of conservation easements on a certified historic structure included in (a)  |  |  |                             |   |  |   |  |   |  |   |   |
| d | Number of conservation easements included in (c) acquired after 8/17/06   |  |  |                             |   |  |   |  |   |  |   |   |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>   |  |  |                             |   |  |   |  |   |  |   |   |
| 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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>  |  |  |                             |   |  |   |  |   |  |   |   |
| 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.

|    |  |            |
|----|--|------------|
| 1a | If the organization elected, as permitted under SFAS 116, 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 |            |
| b  | If the organization elected, as permitted under SFAS 116, 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 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 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

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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 . . . . .                      | 5,023,902     | 4,481,610         | 5,228,375           |                    |
| b  | Contributions . . . . .                                  | 111,064       |                   |                     |                    |
| c  | Investment earnings or losses . . . . .                  | 938,068       | 563,236           | -730,333            |                    |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                   |                     |                    |
| f  | Administrative expenses . . . . .                        | -13,040       | -20,944           | -16,432             |                    |
| g  | End of year balance . . . . .                            | 6,059,994     | 5,023,902         | 4,481,610           |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 54 000 %

c

Term endowment ▶ 46 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

No

(ii)

related organizations . . . . .

3a(ii)

No

b

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

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment  | (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 . . . . .   |                                      | 838,350                         | 657,891                      | 180,459        |
| d Equipment . . . . .  |                                      | 6,909,271                       | 4,369,616                    | 2,539,655      |
| e Other . . . . .  |                                      | 5,893,104                       | 3,430,909                    | 2,462,195      |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                 |                              | 5,182,309      |





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

|    |   |    |             |
|----|---|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 283,832,501 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 280,841,124 |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | 2,991,377   |
| 4  | Net unrealized gains (losses) on investments                                    | 4  | 7,272,440   |
| 5  | Donated services and use of facilities  | 5  |             |
| 6  | Investment expenses   | 6  |             |
| 7  | Prior period adjustments  | 7  |             |
| 8  | Other (Describe in Part XIV)  | 8  | 168,183     |
| 9  | Total adjustments (net) Add lines 4 - 8   | 9  | 7,440,623   |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 10,432,000  |

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  | 309,187,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |             |
| a | Net unrealized gains on investments . . . . .  | 2a | 7,272,440   |
| b | Donated services and use of facilities . . . . .   | 2b | 5,982,875   |
| c | Recoveries of prior year grants . . . . .  | 2c |             |
| d | Other (Describe in Part XIV) . . . . .   | 2d | 12,800,724  |
| e | Add lines 2a through 2d . . . . .  | 2e | 26,056,039  |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 283,130,961 |
| 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 | 701,540     |
| b | Other (Describe in Part XIV) . . . . .   | 4b |             |
| c | Add lines 4a and 4b . . . . .  | 4c | 701,540     |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 283,832,501 |

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

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                        | 1  | 299,075,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |    |             |
| a | Donated services and use of facilities . . . . .  | 2a | 5,982,875   |
| b | Prior year adjustments . . . . .  | 2b |             |
| c | Other losses . . . . .  | 2c |             |
| d | Other (Describe in Part XIV) . . . . .  | 2d | 12,952,541  |
| e | Add lines 2a through 2d . . . . .   | 2e | 18,935,416  |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 280,139,584 |
| 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 | 701,540     |
| b | Other (Describe in Part XIV) . . . . .  | 4b |             |
| c | Add lines 4a and 4b . . . . .   | 4c | 701,540     |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 280,841,124 |

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, 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.

| Identifier                                     | Return Reference                       | Explanation   |
|--|--|---|
| COLLECTIONS AND RELATION TO EXEMPT PURPOSE     | SCHEDULE D, PAGE 2, PART III, LINE 4   | THE LLS'S COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS  |
| INTENDED USES FOR ENDOWMENT FUNDS              | SCHEDULE D, PAGE 2, PART V, LINE 4     | LLS'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT LLS'S PUBLIC EDUCATION PROGRAMS   |
| LIABILITY UNDER FIN 48 FOOTNOTE                | SCHEDULE D, PAGE 3, PART X             | LLS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY OF THOSE TAX POSITIONS THAT 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 INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2011 AND 2010 |
| RECONCILIATION OF CHANGES - OTHER              | SCHEDULE D, PAGE 4, PART XI, LINE 8    | LSRP OTHER REVENUE 35,116 LLS CANADA REVENUE 12,766,323 ROUNDING FOR AUDITED STATEMENTS - 715 LSRP EXPENSES -1,511 LLS CANADA EXPENSES - 12,949,776 ROUNDING FOR AUDITED STATEMENTS -1,254  |
| REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XII, LINE 2D  | LSRP OTHER REVENUE 35,116 LLS CANADA REVENUE 12,766,323 ROUNDING FOR AUDITED STATEMENTS - 715   |
| EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XIII, LINE 2D | LSRP EXPENSES 1,511 LLS CANADA EXPENSES 12,949,776 ROUNDING FOR AUDITED STATEMENTS 1,254  |
| SUPPLEMENTAL FINANCIAL INFORMATION             | SCHEDULE D, PAGE 4, PART XIV           | PART III, LINE 1A THE LEUKEMIA & LYMPHOMA SOCIETY 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 SEPARATELY DISCLOSED IN THE FINANCIAL STATEMENTS OR FOOTNOTES.  |



[illegible]

3 Enter total number of other organizations or entities . . . . . ►

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**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 (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 and/or Form 3520-A. (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, 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

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2010**

Additional Data

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETY INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|----------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | EAST ASIA & PACIFIC        | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 110,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 65,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | MIDDLE EAST & NORTH AFRICA | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 110,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 65,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EAST ASIA & PACIFIC        | RESEARCH GRANT       | 100,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 1,250,000                | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 307,026                  | CHECK                           |                                   |  | FMV   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 112,977                  | CHECK                           |                                   |  | FMV   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 75,000                   | CHECK                           |                                   |  | FMV   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 48,436                   | CHECK                           |                                   |  | FMV   |
|                          |   | EUROPE                     | THERAPY ACCELERATION | 14,500                   | CHECK                           |                                   |  | FMV   |
|                          |   | EAST ASIA & PACIFIC        | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |



| (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) |
|--------------------------|---|----------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 110,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | RESEARCH GRANT       | 65,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | MIDDLE EAST & NORTH AFRICA | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 110,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 65,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EAST ASIA & PACIFIC        | RESEARCH GRANT       | 100,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 1,250,000                | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | EUROPE                     | RESEARCH GRANT       | 55,000                   | CHECK                           |                                   |  | ACCRUAL   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 307,026                  | CHECK                           |                                   |  | FMV   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 112,977                  | CHECK                           |                                   |  | FMV   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 75,000                   | CHECK                           |                                   |  | FMV   |
|                          |   | NORTH AMERICA              | THERAPY ACCELERATION | 48,436                   | CHECK                           |                                   |  | FMV   |
|                          |   | EUROPE                     | THERAPY ACCELERATION | 14,500                   | CHECK                           |                                   |  | FMV   |

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

2010

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.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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. Form 990-EZ filers are not required to complete this table.

| (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 |                                   |  |   |
| PARADYZ DIRECT<br>5 HANOVER SQUARE<br>SIXTH FLOOR<br>NEW YORK, NY 10004                | DIRECT MAI    |  | No |                                   | 3,852,425  | -3,852,425  |
| DIRECT PRINT COMMUNICATIONS<br>201 EAST SANDPOINTE<br>SUITE 400<br>SANTA ANA, CA 92707 | DIRECT MAI    |  | No |                                   | 2,515,663  | -2,515,663  |
| INFOCISION<br>325 SPRINGSIDE DRIVE<br><br>AKRON, OH 44333                              | TELEMARKET    |  | No |                                   | 2,210,192  | -2,210,192  |
| THOMPSON HABIB DENISON<br>80 HAYDEN AVENUE<br>SUITE 300<br>LEXINGTON, MA 02421         | DIRECT MAI    |  | No |                                   | 605,325  | -605,325  |
| HANINES COMPANY<br>8050 FREEDOM AVENUE<br><br>CANTON, OH 44720                         | TELEMARKET    |  | No |                                   | 417,716  | -417,716  |
| PIDIBLACKBAUD<br>1800 DIAGONAL RAOD<br>SUITE 400<br>ALEXANDRIA, VA 22314               | DIRECT MAI    |  | No |                                   | 209,505  | -209,505  |
| Total . . . . . ▶  |               |  |    |                                   | 9,810,826  |   |

3

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

All States

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |    |   | (a) Event #1                           | (b) Event #2                           | (c) Other Events             | (d) Total Events<br>(Add col (a) through<br>col (c)) |            |
|-----------------|----|---|--|--|------------------------------|--|------------|
|                 |    |   | <u>NIKE WOMENS MAR</u><br>(event type) | <u>ROCK N ROLL MAR</u><br>(event type) | <u>720</u><br>(total number) |  |            |
|                 | 1  | Gross receipts . . . . .  | 11,111,394                             | 8,301,245                              | 171,840,439                  | 191,253,078  |            |
|                 | 2  | Less Charitable<br>contributions . . . . .                            | 8,308,343                              | 5,723,636                              | 140,809,016                  | 154,840,995  |            |
|                 | 3  | Gross income (line 1<br>minus line 2) . . . . .                       | 2,803,051                              | 2,577,609                              | 31,031,423                   | 36,412,083   |            |
| Direct Expenses | 4  | Cash prizes . . . . .   |  |  |                              |  |            |
|                 | 5  | Non-cash prizes . . . . .   |  |  |                              |  |            |
|                 | 6  | Rent/facility costs . . . . .   |  |  |                              |  |            |
|                 | 7  | Food and beverages . . . . .  |  |  |                              |  |            |
|                 | 8  | Entertainment . . . . .   |  |  |                              |  |            |
|                 | 9  | Other direct expenses . . . . .                                       | 2,803,051                              | 2,577,609                              | 31,031,423                   | 36,412,083   |            |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d). . . . . ► |  |  |                              |  | 36,412,083 |
|                 | 11 | Net income summary Combine lines 3 and 10 in column (d). . . . . ►    |  |  |                              |  |            |

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

| Revenue         |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo  | (c) Other gaming  | (d) Total gaming<br>(Add col (a) through<br>col (c)) |
|-----------------|---|---|---|---|--|
|                 | 1 Gross revenue . . . . .   |   |   | 738,168   | 738,168  |
| Direct Expenses | 2 Cash prizes . . . . .   |   |   | 8,615   | 8,615  |
|                 | 3 Non-cash prizes . . . . .   |   |   | 38,437  | 38,437   |
|                 | 4 Rent/facility costs . . . . .   |   |   |   |  |
|                 | 5 Other direct expenses . . . . .   |   |   | 3,638   | 3,638  |
|                 | 6 Volunteer labor . . . . .   | <input type="checkbox"/> Yes                      %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes                      %<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 6 000 %<br><input type="checkbox"/> Yes      6 000 %<br><input type="checkbox"/> No |  |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |   |   |   | 50,690   |
|                 | 8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |   |   |   | 687,478  |

**9** Enter the state(s) in which the organization operates gaming activities See Additional Data Table

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

**b** If "No," Explain \_\_\_\_\_

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

**b** If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

|   |                             |     |           |
|---|-----------------------------|-----|-----------|
| a | The organization's facility | 13a |           |
| b | An outside facility         | 13b | 100.000 % |

14

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

Name▶ JAMES T NANGLE

Address▶ 1311 MAMARONECK AVENUE  
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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year▶ \$

Part IV

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

| Identifier                    | ReturnReference                   | Explanation   |
|-------------------------------|-----------------------------------|---|
| STATES WITH GAMING OPERATIONS | SCHEDULE G PAGE 2 PART III LINE 9 | ALASKA ARIZONA CALIFORNIA CONNECTICUT DIST OF COLUMBIA FLORIDA GEORGIA LOUISIANA MASSACHUSETTS MARYLAND MICHIGAN MINNESOTA MISSISSIPPI NEW JERSEY NEVADA NEW YORK OHIO PENNSYLVANIA RHODE ISLAND TEXAS VIRGINIA WASHINGTON WISCONSIN  |
|                               |                                   | SCHEDULE G PART I LINE 2B LLS USED INFOCISION HAINES CO AND THOMPSON HABIB DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMSTHESE PROGRAMS GENERATED GROSS RECEIPTS OF 31409474 DURING FISCAL YEAR 2011 LLS USED DIRECT PRINT COMMUNICATIONS PARADYSZ MATERA AND PIDIBLACKBAUD FOR ALL OF ITS OTHER FUNDRAISING EVENTS |

Additional Data

Software ID:  
Software Version:  
EIN: 13-5644916  
Name: THE LEUKEMIA & LYMPHOMA  
SOCIETY INC

Form 990 Schedule G Part III Line 9

|   |   |
|---|---|
| Enter the state(s) in which the organization operates gaming activities | AK,AZ,CA,CT,DC,FL,GA,LA,MA,MD,MI,MN,MS,NJ,NV,NY,OH,PA,RI, TX,VA,WA,WI |
|---|---|

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LEUKEMIA & LYMPHOMA  
SOCIETY INC

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

2010

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
- 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 Code 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 |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table                            |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |

2

Enter total number of section 501(c)(3) and government organizations . . . . .

266

3

Enter total number of other organizations . . . . .

12

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.  
Use Schedule I-1 (Form 990) 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                | 37210                   | 5,579,396               |                                  |  |                                       |
| (2) CO-PAY ASSISTANCE-CML      | 1126                    | 3,870,000               |                                  |  |                                       |
| (3) CO-PAY ASSISTANCE-CLL      | 1468                    | 5,040,000               |                                  |  |                                       |
| (4) CO-PAY ASSISTANCE-LYMPHOM  | 5611                    | 14,367,178              |                                  |  |                                       |
| (5) CO-PAY ASSISTANCE-MDS      | 1041                    | 2,789,737               |                                  |  |                                       |
| (6) CO-PAY ASSISTANCE-MYELOMA  | 3884                    | 11,880,000              |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier  | Return Reference                   | Explanation  |
|---|------------------------------------|--|
| PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES | SCHEDULE I, PAGE 1, PART I, LINE 2 | 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 |

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MAYO CLINIC ARIZONA<br>DBA MAYO CLI<br>MAYO CLINIC ARIZONA<br>D/B/A MAYO CLI13400<br>EAST SHEA BOULEVARD<br>13400 EAST SHEA<br>BOULEVARD<br>SCOTTSDALE,AZ 85250              | 86-0800150 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BECKMAN RESEARCH<br>INSTITUTE OF THE C<br>BECKMAN RESEARCH<br>INSTITUTE OF THE C1500<br>EAST DUARTE ROAD<br>1500 EAST DUARTE ROAD<br>DUARTE,CA 91010                         | 95-3432210 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BECKMAN RESEARCH<br>INSTITUTE OF THE C<br>BECKMAN RESEARCH<br>INSTITUTE OF THE C1500<br>EAST DUARTE ROAD<br>1500 EAST DUARTE ROAD<br>DUARTE,CA 91010                         | 95-3432210 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BECKMAN RESEARCH<br>INSTITUTE OF THE C<br>BECKMAN RESEARCH<br>INSTITUTE OF THE C1500<br>EAST DUARTE ROAD<br>1500 EAST DUARTE ROAD<br>DUARTE,CA 91010                         | 95-3432210 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BECKMAN RESEARCH<br>INSTITUTE OF THE C<br>BECKMAN RESEARCH<br>INSTITUTE OF THE C1500<br>EAST DUARTE ROAD<br>1500 EAST DUARTE ROAD<br>DUARTE,CA 91010                         | 95-3432210 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LA JOLLA INSTITUTE FOR<br>ALLERGY & IM<br>LA JOLLA INSTITUTE FOR<br>ALLERGY & IM9420<br>ATHENA CIRCLE<br>9420 ATHENA CIRCLE<br>LA JOLLA,CA 92037                             | 33-0328688 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LA JOLLA INSTITUTE FOR<br>ALLERGY & IM<br>LA JOLLA INSTITUTE FOR<br>ALLERGY & IM9420<br>ATHENA CIRCLE<br>9420 ATHENA CIRCLE<br>LA JOLLA,CA 92037                             | 33-0328688 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LA JOLLA INSTITUTE FOR<br>ALLERGY & IM<br>LA JOLLA INSTITUTE FOR<br>ALLERGY & IM9420<br>ATHENA CIRCLE<br>9420 ATHENA CIRCLE<br>LA JOLLA,CA 92037                             | 33-0328688 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>9500 GILMAN DRIVE<br>9500 GILMAN DRIVE<br>LA JOLLA,CA 92037  | 23-7121131 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE SALK INSTITUTE FOR<br>BIOLOGICAL S<br>THE SALK INSTITUTE FOR<br>BIOLOGICAL S10010<br>NORTH TORREY PINES<br>ROAD<br>10010 NORTH TORREY<br>PINES ROAD<br>LA JOLLA,CA 92037 | 95-2160097 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE SCRIPPS RESEARCH<br>INSTITUTE<br>THE SCRIPPS RESEARCH<br>INSTITUTE10550 NORTH<br>TORREY PINES ROAD<br>10550 NORTH TORREY<br>PINES ROAD<br>LA JOLLA,CA 92037              | 33-0435954 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE SCRIPPS RESEARCH<br>INSTITUTE<br>THE SCRIPPS RESEARCH<br>INSTITUTE10550 NORTH<br>TORREY PINES ROAD<br>10550 NORTH TORREY<br>PINES ROAD<br>LA JOLLA,CA 92037              | 33-0435954 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE SCRIPPS RESEARCH<br>INSTITUTE<br>THE SCRIPPS RESEARCH<br>INSTITUTE10550 NORTH<br>TORREY PINES ROAD<br>10550 NORTH TORREY<br>PINES ROAD<br>LA JOLLA,CA 92037              | 33-0435954 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF CALIFORNIA SAN DIEGO<br>UNIVERSITY OF CALIFORNIA SAN DIEGO<br>9500 GILMAN DRIVE<br>9500 GILMAN DRIVE<br>LA JOLLA,CA 92037          | 95-6006144 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN DIEGO<br>UNIVERSITY OF CALIFORNIA SAN DIEGO<br>9500 GILMAN DRIVE<br>9500 GILMAN DRIVE<br>LA JOLLA,CA 92037          | 95-6006144 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN DIEGO<br>UNIVERSITY OF CALIFORNIA SAN DIEGO<br>9500 GILMAN DRIVE<br>9500 GILMAN DRIVE<br>LA JOLLA,CA 92037          | 95-6006144 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CHILDRENS HOSPITAL<br>LOS ANGELES<br>CHILDRENS HOSPITAL<br>LOS ANGELES4650<br>SUNSET BLVD<br>4650 SUNSET BLVD<br>LOS ANGELES,CA 90001            | 95-1690977 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CHILDRENS HOSPITAL<br>LOS ANGELES<br>CHILDRENS HOSPITAL<br>LOS ANGELES4650<br>SUNSET BLVD<br>4650 SUNSET BLVD<br>LOS ANGELES,CA 90001            | 95-1690977 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA LOS ANGEL<br>UNIVERSITY OF CALIFORNIA LOS ANGEL<br>11000 KINROSS AVENUE<br>11000 KINROSS AVENUE<br>LOS ANGELES,CA 90001 | 95-6006143 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA LOS ANGEL<br>UNIVERSITY OF CALIFORNIA LOS ANGEL<br>11000 KINROSS AVENUE<br>11000 KINROSS AVENUE<br>LOS ANGELES,CA 90001 | 95-6006143 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA LOS ANGEL<br>UNIVERSITY OF CALIFORNIA LOS ANGEL<br>11000 KINROSS AVENUE<br>11000 KINROSS AVENUE<br>LOS ANGELES,CA 90001 | 95-6006143 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NANOSYN INC<br>NANOSYN INC3760<br>MAVEN AVE<br>3760 MAVEN AVE<br>MENLO PARK,CA 94025   | 86-0909295 |                                    | 422,500                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| UNIVERSITY OF CALIFORNIA BERKELEY<br>UNIVERSITY OF CALIFORNIA BERKELEY<br>1111 FRANKLIN ST<br>1111 FRANKLIN ST<br>OAKLAND,CA 94601               | 94-6002123 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA BERKELEY<br>UNIVERSITY OF CALIFORNIA BERKELEY<br>1111 FRANKLIN ST<br>1111 FRANKLIN ST<br>OAKLAND,CA 94601               | 94-6002123 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CALIFORNIA INSTITUTE OF TECHNOLOGY<br>CALIFORNIA INSTITUTE OF TECHNOLOGY263 S<br>CHESTER AVENUE<br>263 S CHESTER AVENUE<br>PASADENA,CA 91101     | 95-1643307 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 55,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 55,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 200,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 200,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 200,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 110,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 110,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 110,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 110,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 110,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 65,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO ,CA<br>94102 | 94-6036493 | 3                                  | 200,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>UNIVERSITY OF CALIFORNIA SAN FRANC<br>513 PARNASSUS AVENUE<br>513 PARNASSUS AVENUE<br>SAN FRANCISCO, CA<br>94102 | 94-6036493 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LELAND STANFORD JUNIOR UNIVERSITY ( LELAND STANFORD JUNIOR UNIVERSITY (279 CAMPUS DRIVE WEST 279 CAMPUS DRIVE WEST STANFORD,CA 94305                   | 94-1156365 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STANFORD UNIVERSITY<br>STANFORD UNIVERSITY<br>1255269 CAMPUS DRIVE<br>1255269 CAMPUS DRIVE<br>STANFORD,CA 94305  | 94-1156365 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF COLORADO<br>UNIVERSITY OF COLORADO6511 PO BOX 6511 PO BOX AURORA,CO 80045                           | 84-6000555 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF COLORADO<br>UNIVERSITY OF COLORADO6511 PO BOX 6511 PO BOX AURORA,CO 80045                           | 84-6000555 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF COLORADO HEALTH SCIEN<br>UNIVERSITY OF COLORADO HEALTH SCIEN6508 PO BOX 6508 PO BOX AURORA,CO 80045 | 84-6000555 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF COLORADO<br>UNIVERSITY OF COLORADO6508 PO BOX 6508 PO BOX AURORA,CO 80045                           | 84-6000555 | 3                                  | 95,137                   |                                   | FMV   |  | THERAPY ACCELERATION               |
| YALE UNIVERSITY<br>YALE UNIVERSITY208250 PO BOX 208250 PO BOX NEW HAVEN,CT 06510                                  | 06-0646973 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| YALE UNIVERSITY<br>YALE UNIVERSITY208250 PO BOX 208250 PO BOX NEW HAVEN,CT 06510                                  | 06-0646973 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| YALE UNIVERSITY<br>YALE UNIVERSITY208250 PO BOX 208250 PO BOX NEW HAVEN,CT 06510                                  | 06-0646973 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| YALE UNIVERSITY<br>YALE UNIVERSITY208250 PO BOX 208250 PO BOX NEW HAVEN,CT 06510                                  | 06-0646973 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| YALE UNIVERSITY<br>YALE UNIVERSITY208250 PO BOX 208250 PO BOX NEW HAVEN,CT 06510                                  | 06-0646973 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF FLORIDA<br>UNIVERSITY OF FLORIDA 113001 PO BOX 113001 PO BOX GAINESVILLE,FL 32601                   | 59-6002052 | 3                                  | 140,638                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| EMORY UNIVERSITY<br>EMORY UNIVERSITY1599 CLIFTON ROAD NE 1599 CLIFTON ROAD NE ATLANTA,GA 30303                    | 58-0566256 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF IOWA<br>UNIVERSITY OF IOWA51 NEWTON RD 51 NEWTON RD IOWA CITY,IA 52240                              | 42-6004813 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NORTHWESTERN UNIVERSITY - CHICAGO C NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET 303 EAST SUPERIOR STREET CHICAGO,IL 60601 | 36-2656113 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NORTHWESTERN UNIVERSITY - CHICAGO C NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET 303 EAST SUPERIOR STREET CHICAGO,IL 60601 | 36-2656113 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NORTHWESTERN UNIVERSITY - CHICAGO C NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET 303 EAST SUPERIOR STREET CHICAGO,IL 60601 | 36-2656113 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NORTHWESTERN UNIVERSITY - CHICAGO C NORTHWESTERN UNIVERSITY - CHICAGO C 303 EAST SUPERIOR STREET 303 EAST SUPERIOR STREET CHICAGO,IL 60601 | 36-2656113 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET 900 EAST 57TH STREET CHICAGO,IL 60601                              |            | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET 900 EAST 57TH STREET CHICAGO,IL 60601                              |            | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET 900 EAST 57TH STREET CHICAGO,IL 60601                              |            | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET 900 EAST 57TH STREET CHICAGO,IL 60601                              |            | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF ILLINOIS UNIVERSITY OF ILLINOIS 809 S MARSHFIELD 809 S MARSHFIELD CHICAGO,IL 60601   | 37-6000511 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BECKLOFF ASSOCIATES INC BECKLOFF ASSOCIATES INC3203 SOLUTIONS CENTER 3203 SOLUTIONS CENTER CHICAGO,IL 60601                                | 48-0842223 |                                    | 265,777                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| INDIANA UNIVERSITY (INDIANAPOLIS) INDIANA UNIVERSITY (INDIANAPOLIS)1044 W WALNUT STREET 1044 W WALNUT STREET INDIANAPOLIS,IN 46201         | 35-6018940 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BIOTECHNOLOGY INNOVATION & OPTIMIZA BIOTECHNOLOGY INNOVATION & OPTIMIZA 2097 CONSTANT AVE 2097 CONSTANT AVE LAWRENCE,KS 66044              | 48-1124839 | 3                                  | 160,841                  |                                   | FMV   |  | THERAPY ACCELERATION               |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BETH ISRAEL DEACONESS MEDICAL CENTE<br>BETH ISRAEL DEACONESS MEDICAL CENTE330 BROOKLINE AVENUE<br>330 BROOKLINE AVENUE<br>BOSTON,MA 02108 | 04-2103881 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BETH ISRAEL DEACONESS MEDICAL CENTE<br>BETH ISRAEL DEACONESS MEDICAL CENTE330 BROOKLINE AVENUE<br>330 BROOKLINE AVENUE<br>BOSTON,MA 02108 | 04-2103881 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BRIGHAM & WOMENS HOSPITAL<br>BRIGHAM & WOMENS HOSPITAL75 FRANCIS ST<br>75 FRANCIS ST<br>BOSTON,MA 02108                                   | 04-2312909 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BRIGHAM & WOMENS HOSPITAL<br>BRIGHAM & WOMENS HOSPITAL75 FRANCIS ST<br>75 FRANCIS ST<br>BOSTON,MA 02108                                   | 04-2312909 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BRIGHAM & WOMENS HOSPITAL<br>BRIGHAM & WOMENS HOSPITAL75 FRANCIS ST<br>75 FRANCIS ST<br>BOSTON,MA 02108                                   | 04-2312909 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BRIGHAM & WOMENS HOSPITAL<br>BRIGHAM & WOMENS HOSPITAL75 FRANCIS ST<br>75 FRANCIS ST<br>BOSTON,MA 02108                                   | 04-2312909 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CHILDREN'S HOSPITAL BOSTON<br>CHILDREN'S HOSPITAL BOSTON300 LONGWOOD AVENUE<br>300 LONGWOOD AVENUE<br>BOSTON,MA 02108                     | 04-2774441 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA FARBER CANCER INSTITUTE<br>DANA FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                       | 04-2263040 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA FARBER CANCER INSTITUTE<br>DANA FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                       | 04-2263040 | 3                                  | 100,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA FARBER CANCER INSTITUTE<br>DANA FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                       | 04-2263040 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA FARBER CANCER INSTITUTE<br>DANA FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                       | 04-2263040 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA FARBER CANCER INSTITUTE<br>DANA FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                       | 04-2263040 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| DANA FARBER CANCER INSTITUTE<br>DANA FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 110,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| DANA FARBER CANCER INSTITUTE<br>DANA FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 65,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>DANA-FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 65,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>DANA-FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 55,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>DANA-FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 55,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>DANA-FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 200,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>DANA-FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 200,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>DANA-FARBER CANCER INSTITUTE44 BINNEY STREET<br>44 BINNEY STREET<br>BOSTON,MA 02108                         | 04-2263040 | 3                                  | 200,000                  |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| HARVARD MEDICAL SCHOOL<br>HARVARD MEDICAL SCHOOL1 BLACKFAN CIRCLE<br>1 BLACKFAN CIRCLE<br>BOSTON,MA 02108                                   | 53-0199180 | 3                                  | 1,250,000                |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| HARVARD MEDICAL SCHOOL<br>HARVARD MEDICAL SCHOOL1 BLACKFAN CIRCLE<br>1 BLACKFAN CIRCLE<br>BOSTON,MA 02108                                   | 53-0199180 | 3                                  | 65,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| HARVARD MEDICAL SCHOOL<br>HARVARD MEDICAL SCHOOL1 BLACKFAN CIRCLE<br>1 BLACKFAN CIRCLE<br>BOSTON,MA 02108                                   | 53-0199180 | 3                                  | 55,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |
| HARVARD UNIVERSITY SCHOOL OF PUBLIC<br>HARVARD UNIVERSITY SCHOOL OF PUBLIC651 HUNTINGTON AVENUE<br>651 HUNTINGTON AVENUE<br>BOSTON,MA 02108 | 53-0199180 | 3                                  | 55,000                   |                                   | ACCRUAL  |  | RESEARCH GRANT                     |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| IMMUNE DISEASE INSTITUTE INC<br>IMMUNE DISEASE INSTITUTE INC3<br>BLACKFAN CIRCLE<br>3 BLACKFAN CIRCLE<br>BOSTON,MA 02108                               | 04-2158520 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| IMMUNE DISEASE INSTITUTE INC<br>IMMUNE DISEASE INSTITUTE INC3<br>BLACKFAN CIRCLE<br>3 BLACKFAN CIRCLE<br>BOSTON,MA 02108                               | 04-2158520 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| IMMUNE DISEASE INSTITUTE INC<br>IMMUNE DISEASE INSTITUTE INC3<br>BLACKFAN CIRCLE<br>3 BLACKFAN CIRCLE<br>BOSTON,MA 02108                               | 04-2158520 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL (THE<br>MASSACHUSETTS GENERAL HOSPITAL (THE50<br>STANIFORD STREET<br>50 STANIFORD STREET<br>BOSTON,MA 02108             | 04-1564655 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL (THE<br>MASSACHUSETTS GENERAL HOSPITAL (THE50<br>STANIFORD STREET<br>50 STANIFORD STREET<br>BOSTON,MA 02108             | 04-1564655 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL (THE<br>MASSACHUSETTS GENERAL HOSPITAL (THE50<br>STANIFORD STREET<br>50 STANIFORD STREET<br>BOSTON,MA 02108             | 04-1564655 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL (THE<br>MASSACHUSETTS GENERAL HOSPITAL (THE50<br>STANIFORD STREET<br>50 STANIFORD STREET<br>BOSTON,MA 02108             | 04-1564655 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL (THE<br>MASSACHUSETTS GENERAL HOSPITAL (THE50<br>STANIFORD STREET<br>50 STANIFORD STREET<br>BOSTON,MA 02108             | 04-1564655 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL (THE<br>MASSACHUSETTS GENERAL HOSPITAL (THE50<br>STANIFORD STREET<br>50 STANIFORD STREET<br>BOSTON,MA 02108             | 04-1564655 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ACETYLON PHARMACEUTICALS<br>ACETYLON PHARMACEUTICALS70<br>FARGO STREET<br>70 FARGO STREET<br>BOSTON,MA 02108   | 26-3506788 |                                    | 1,500,000                |                                   | FMV   |  | THERAPY ACCELERATION               |
| CHILDRENS HOSPITAL OF BOSTON<br>CHILDRENS HOSPITAL OF BOSTON414413 PO BOX<br>414413 PO BOX<br>BOSTON,MA 02108  | 04-2774441 | 3                                  | 25,000                   |                                   | FMV   |  | THERAPY ACCELERATION               |
| MASSACHUSETTS INSTITUTE OF TECHNOLO<br>MASSACHUSETTS INSTITUTE OF TECHNOLO<br>77 MASSACHUSETTS AVENUE<br>77 MASSACHUSETTS AVENUE<br>CAMBRIDGE,MA 02138 | 04-2103594 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MASSACHUSETTS INSTITUTE OF TECHNOLO<br>MASSACHUSETTS INSTITUTE OF TECHNOLO<br>77 MASSACHUSETTS AVENUE<br>77 MASSACHUSETTS AVENUE<br>CAMBRIDGE,MA 02138 | 04-2103594 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WHITEHEAD INSTITUTE FOR BIOMEDICAL<br>WHITEHEAD INSTITUTE FOR BIOMEDICAL9<br>CAMBRIDGE CENTER<br>9 CAMBRIDGE CENTER<br>CAMBRIDGE,MA 02138              | 06-1043412 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| SHAPE<br>SHAPE55 CAMBRIDGE PARKWAY<br>55 CAMBRIDGE PARKWAY<br>CAMBRIDGE,MA 02138   | 26-3714475 |                                    | 1,254,000                |                                   | FMV   |  | THERAPY ACCELERATION               |
| EPIZYME INC<br>EPIZYME INC325 VASSAR STREET<br>325 VASSAR STREET<br>CAMBRIDGE,MA 02138   | 26-1349956 |                                    | 1,116,000                |                                   | FMV   |  | THERAPY ACCELERATION               |
| FORMA THERAPEUTICS<br>FORMA THERAPEUTICS790 MEMORIAL DRIVE<br>790 MEMORIAL DRIVE<br>CAMBRIDGE,MA 02138   | 26-0428600 |                                    | 600,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| BRANDEIS UNIVERSITY<br>BRANDEIS UNIVERSITY415 SOUTH STREET<br>415 SOUTH STREET<br>WALTHAM,MA 02543   | 04-2103552 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| AVILA<br>AVILA100 BEAVER STREET<br>100 BEAVER STREET<br>WALTHAM,MA 02543   | 20-4599701 |                                    | 1,521,562                |                                   | FMV   |  | THERAPY ACCELERATION               |
| UNIVERSITY OF MASSACHUSETTS<br>MEDICAL<br>UNIVERSITY OF MASSACHUSETTS<br>MEDICAL364 PLANTATION STREET<br>364 PLANTATION STREET<br>WORCESTER,MA 01605   | 04-3167352 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MASSACHUSETTS<br>MEDICAL<br>UNIVERSITY OF MASSACHUSETTS<br>MEDICAL364 PLANTATION STREET<br>364 PLANTATION STREET<br>WORCESTER,MA 01605   | 04-3167352 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MASSACHUSETTS<br>MEDICAL<br>UNIVERSITY OF MASSACHUSETTS<br>MEDICAL364 PLANTATION STREET<br>364 PLANTATION STREET<br>WORCESTER,MA 01605   | 04-3167352 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MASSACHUSETTS<br>MEDICAL<br>UNIVERSITY OF MASSACHUSETTS<br>MEDICAL364 PLANTATION STREET<br>364 PLANTATION STREET<br>WORCESTER,MA 01605   | 04-3167352 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY<br>JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET<br>1101 EAST 33RD STREET<br>BALTIMORE,MD 21201                               | 52-0595110 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| JOHNS HOPKINS UNIVERSITY<br>JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET<br>1101 EAST 33RD STREET<br>BALTIMORE,MD 21201                          | 52-0595110 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY<br>JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET<br>1101 EAST 33RD STREET<br>BALTIMORE,MD 21201                          | 52-0595110 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY<br>JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET<br>1101 EAST 33RD STREET<br>BALTIMORE,MD 21201                          | 52-0595110 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY<br>JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET<br>1101 EAST 33RD STREET<br>BALTIMORE,MD 21201                          | 52-0595110 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY<br>JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET<br>1101 EAST 33RD STREET<br>BALTIMORE,MD 21201                          | 52-0595110 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY<br>JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET<br>1101 EAST 33RD STREET<br>BALTIMORE,MD 21201                          | 52-0595110 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY SCHOOL OF<br>JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET<br>725 NORTH WOLFE STREET<br>BALTIMORE,MD 21201   | 52-0595110 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY SCHOOL OF<br>JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET<br>725 NORTH WOLFE STREET<br>BALTIMORE,MD 21201   | 52-0595110 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY SCHOOL OF<br>JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET<br>725 NORTH WOLFE STREET<br>BALTIMORE,MD 21201   | 52-0595110 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY SCHOOL OF<br>JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET<br>725 NORTH WOLFE STREET<br>BALTIMORE,MD 21201   | 52-0595110 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY SCHOOL OF<br>JOHNS HOPKINS UNIVERSITY SCHOOL OF 725 NORTH WOLFE STREET<br>725 NORTH WOLFE STREET<br>BALTIMORE,MD 21201   | 52-0595110 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MARYLAND BALTIMORE<br>UNIVERSITY OF MARYLAND BALTIMORE 655 WEST BALTIMORE STREET<br>655 WEST BALTIMORE STREET<br>BALTIMORE,MD 21201 | 52-6002033 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF MARYLAND BALTIMORE<br>UNIVERSITY OF MARYLAND BALTIMORE<br>655 WEST BALTIMORE STREET<br>655 WEST BALTIMORE STREET<br>BALTIMORE,MD 21201 | 52-6002033 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE<br>1500 E MEDICAL CENTER DRIVE<br>ANN ARBOR,MI 48109                     | 38-6006309 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MINNESOTA<br>UNIVERSITY OF MINNESOTA450 MCNAMARA ALUMNI CENTER<br>450 MCNAMARA ALUMNI CENTER<br>MINNEAPOLIS,MN 55401                   | 41-6007513 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF MINNESOTA - TWIN CITI<br>UNIVERSITY OF MINNESOTA - TWIN CITI<br>321 CHURCH STREET SE<br>321 CHURCH STREET SE<br>MINNEAPOLIS,MN 55401   | 41-6007513 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MINNESOTA - TWIN CITI<br>UNIVERSITY OF MINNESOTA - TWIN CITI<br>321 CHURCH STREET SE<br>321 CHURCH STREET SE<br>MINNEAPOLIS,MN 55401   | 41-6007513 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MINNESOTA - TWIN CITI<br>UNIVERSITY OF MINNESOTA - TWIN CITI<br>321 CHURCH STREET SE<br>321 CHURCH STREET SE<br>MINNEAPOLIS,MN 55401   | 41-6007513 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MINNESOTA TWIN CITIE<br>UNIVERSITY OF MINNESOTA TWIN CITIE<br>321 CHURCH STREET SE<br>321 CHURCH STREET SE<br>MINNEAPOLIS,MN 55401     | 41-6007513 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MAYO CLINIC & FOUNDATION<br>MAYO CLINIC & FOUNDATION<br>200 FIRST STREET<br>200 FIRST STREET<br>ROCHESTER,MN 55901                                   | 41-1506440 | 3                                  | 100,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MAYO CLINIC & FOUNDATION<br>MAYO CLINIC & FOUNDATION<br>200 FIRST STREET<br>200 FIRST STREET<br>ROCHESTER,MN 55901                                   | 41-1506440 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MAYO CLINIC & FOUNDATION<br>MAYO CLINIC & FOUNDATION<br>200 FIRST STREET<br>200 FIRST STREET<br>ROCHESTER,MN 55901                                   | 41-1506440 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MAYO CLINIC & FOUNDATION<br>MAYO CLINIC & FOUNDATION<br>200 FIRST STREET<br>200 FIRST STREET<br>ROCHESTER,MN 55901                                   | 41-1506440 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MAYO CLINIC & FOUNDATION<br>MAYO CLINIC & FOUNDATION<br>200 FIRST STREET<br>200 FIRST STREET<br>ROCHESTER,MN 55901                                   | 41-1506440 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| STOWERS INSTITUTE FOR MEDICAL RESEA<br>STOWERS INSTITUTE FOR MEDICAL RESEA<br>1000 EAST 50TH STREET<br>1000 EAST 50TH STREET<br>KANSAS CITY,MO 64110 | 43-6384454 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WASHINGTON UNIVERSITY IN ST LOUIS<br>WASHINGTON UNIVERSITY IN ST LOUIS<br>660 S EUCLID AVE<br>660 S EUCLID AVE<br>ST LOUIS,MO 63110                  | 43-0653611 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WASHINGTON UNIVERSITY IN ST LOUIS<br>WASHINGTON UNIVERSITY IN ST LOUIS<br>660 S EUCLID AVE<br>660 S EUCLID AVE<br>ST LOUIS,MO 63110                  | 43-0653611 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WASHINGTON UNIVERSITY<br>IN ST LOUIS<br>WASHINGTON UNIVERSITY<br>IN ST LOUIS660 S EUCLID AVE<br>660 S EUCLID AVE<br>ST LOUIS,MO 63110    | 43-0653611 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WASHINGTON UNIVERSITY<br>IN ST LOUIS<br>WASHINGTON UNIVERSITY<br>IN ST LOUIS660 S EUCLID AVE<br>660 S EUCLID AVE<br>ST LOUIS,MO 63110    | 43-0653611 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF NORTH CAROLINA AT CHA<br>UNIVERSITY OF NORTH CAROLINA AT CHA101 MANNING DRIVE<br>101 MANNING DRIVE<br>CHAPEL HILL,NC 27514 | 56-6001393 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF NORTH CAROLINA AT CHA<br>UNIVERSITY OF NORTH CAROLINA AT CHA101 MANNING DRIVE<br>101 MANNING DRIVE<br>CHAPEL HILL,NC 27514 | 56-6001393 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF NORTH CAROLINA AT CHA<br>UNIVERSITY OF NORTH CAROLINA AT CHA101 MANNING DRIVE<br>101 MANNING DRIVE<br>CHAPEL HILL,NC 27514 | 56-6001393 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DUKE UNIVERSITY<br>DUKE UNIVERSITY2200 WEST MAIN STREET<br>2200 WEST MAIN STREET<br>DURHAM,NC 27701                                      | 56-0532129 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DUKE UNIVERSITY<br>DUKE UNIVERSITY2200 WEST MAIN STREET<br>2200 WEST MAIN STREET<br>DURHAM,NC 27701                                      | 56-0532129 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DUKE UNIVERSITY<br>DUKE UNIVERSITY2200 WEST MAIN STREET<br>2200 WEST MAIN STREET<br>DURHAM,NC 27701                                      | 56-0532129 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DUKE UNIVERSITY<br>DUKE UNIVERSITY2200 WEST MAIN STREET<br>2200 WEST MAIN STREET<br>DURHAM,NC 27701                                      | 56-0532129 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DUKE UNIVERSITY<br>DUKE UNIVERSITY2200 WEST MAIN STREET<br>2200 WEST MAIN STREET<br>DURHAM,NC 27701                                      | 56-0532129 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UMDNJ--ROBERT WOOD JOHNSON MEDICAL<br>UMDNJ--ROBERT WOOD JOHNSON MEDICAL335 GEORGE STREET<br>335 GEORGE STREET<br>NEW BRUNSWICK,NJ 08901 | 22-1776306 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CELATOR<br>PHARMACEUTICALS<br>CELATOR<br>PHARMACEUTICALS303B COLLEGE ROAD EAST<br>303B COLLEGE ROAD EAST<br>PRINCETON,NJ 08540           | 20-2680869 |                                    | 980,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALBERT EINSTEIN COLLEGE OF MEDICINE<br>ALBERT EINSTEIN COLLEGE OF MEDICINE<br>1300 MORRIS PARK AVE<br>1300 MORRIS PARK AVE<br>BRONX,NY 10461  | 13-1624225 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ALBERT EINSTEIN COLLEGE OF MEDICINE<br>ALBERT EINSTEIN COLLEGE OF MEDICINE<br>1300 MORRIS PARK AVE<br>1300 MORRIS PARK AVE<br>BRONX,NY 10461  | 13-1624225 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| HEALTH RESEARCH INCORPORATED ROSWE<br>HEALTH RESEARCH INCORPORATED ROSWE1<br>ELM CARLTON STREETS<br>1 ELM CARLTON STREETS<br>BUFFALO,NY 14201 | 04-2158520 | 3                                  | 100,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| HEALTH RESEARCH INCORPORATED ROSWE<br>HEALTH RESEARCH INCORPORATED ROSWE1<br>ELM CARLTON STREETS<br>1 ELM CARLTON STREETS<br>BUFFALO,NY 14201 | 04-2158520 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BIOOTHERYX<br>BIOOTHERYX20 CABIN<br>RIDGE ROAD<br>20 CABIN RIDGE ROAD<br>CHAPPAQUA,NY 10514   | 26-0201342 |                                    | 4,500,000                |                                   | FMV   |  | THERAPY ACCELERATION               |
| COLD SPRING HARBOR LABORATORY<br>COLD SPRING HARBOR LABORATORY1<br>BUNGROWN ROAD<br>1 BUNGROWN ROAD<br>COLD SPRING HARBOR,NY 11724            | 11-1631792 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY<br>COLUMBIA UNIVERSITY<br>1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001                         | 13-5598093 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY<br>COLUMBIA UNIVERSITY<br>1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001                         | 13-5598093 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY<br>COLUMBIA UNIVERSITY<br>1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001                         | 13-5598093 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY<br>COLUMBIA UNIVERSITY<br>1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001                         | 13-5598093 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY<br>COLUMBIA UNIVERSITY<br>1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001                         | 13-5598093 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY<br>COLUMBIA UNIVERSITY<br>1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001                         | 13-5598093 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY<br>COLUMBIA UNIVERSITY<br>1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001                         | 13-5598093 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLUMBIA UNIVERSITY MEDICAL CENTER<br>COLUMBIA UNIVERSITY MEDICAL CENTER1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001 | 13-5598093 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY MEDICAL CENTER<br>COLUMBIA UNIVERSITY MEDICAL CENTER1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001 | 13-5598093 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY MEDICAL CENTER<br>COLUMBIA UNIVERSITY MEDICAL CENTER1150 ST NICHOLAS AVENUE<br>1150 ST NICHOLAS AVENUE<br>NEW YORK,NY 10001 | 13-5598093 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CORNELL UNIVERSITY MEDICAL COLLEGE<br>CORNELL UNIVERSITY MEDICAL COLLEGE1300 YORK AVE<br>1300 YORK AVE<br>NEW YORK,NY 10001                     | 13-3376695 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CORNELL UNIVERSITY MEDICAL COLLEGE<br>CORNELL UNIVERSITY MEDICAL COLLEGE1300 YORK AVE<br>1300 YORK AVE<br>NEW YORK,NY 10001                     | 13-3376695 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CORNELL UNIVERSITY MEDICAL COLLEGE<br>CORNELL UNIVERSITY MEDICAL COLLEGE1300 YORK AVE<br>1300 YORK AVE<br>NEW YORK,NY 10001                     | 13-3376695 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CORNELL UNIVERSITY MEDICAL COLLEGE<br>CORNELL UNIVERSITY MEDICAL COLLEGE1300 YORK AVE<br>1300 YORK AVE<br>NEW YORK,NY 10001                     | 13-3376695 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOAN & SANFORD I WEILL MEDICAL COL<br>JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET<br>435 EAST 70TH STREET<br>NEW YORK,NY 10001       | 13-3376695 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOAN & SANFORD I WEILL MEDICAL COL<br>JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET<br>435 EAST 70TH STREET<br>NEW YORK,NY 10001       | 13-3376695 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING CANCER CEN<br>MEMORIAL SLOAN KETTERING CANCER CEN 633 THIRD AVENUE<br>633 THIRD AVENUE<br>NEW YORK,NY 10001            | 91-2154267 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN-KETTERING CANCER CEN<br>MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE<br>633 THIRD AVENUE<br>NEW YORK,NY 10001            | 91-2154267 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN-KETTERING CANCER CEN<br>MEMORIAL SLOAN-KETTERING CANCER CEN 633 THIRD AVENUE<br>633 THIRD AVENUE<br>NEW YORK,NY 10001            | 91-2154267 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MEMORIAL SLOAN-KETTERING CANCER CEN<br>MEMORIAL SLOAN-KETTERING CANCER CEN<br>633 THIRD AVENUE<br>633 THIRD AVENUE<br>NEW YORK,NY 10001      | 91-2154267 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN-KETTERING CANCER CEN<br>MEMORIAL SLOAN-KETTERING CANCER CEN<br>633 THIRD AVENUE<br>633 THIRD AVENUE<br>NEW YORK,NY 10001      | 91-2154267 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN-KETTERING CANCER CEN<br>MEMORIAL SLOAN-KETTERING CANCER CEN<br>633 THIRD AVENUE<br>633 THIRD AVENUE<br>NEW YORK,NY 10001      | 91-2154267 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN-KETTERING CANCER CEN<br>MEMORIAL SLOAN-KETTERING CANCER CEN<br>633 THIRD AVENUE<br>633 THIRD AVENUE<br>NEW YORK,NY 10001      | 91-2154267 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC550<br>FIRST AVENUE<br>550 FIRST AVENUE<br>NEW YORK,NY 10001 | 13-6171197 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC550<br>FIRST AVENUE<br>550 FIRST AVENUE<br>NEW YORK,NY 10001 | 13-6171197 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC550<br>FIRST AVENUE<br>550 FIRST AVENUE<br>NEW YORK,NY 10001 | 13-6171197 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC550<br>FIRST AVENUE<br>550 FIRST AVENUE<br>NEW YORK,NY 10001 | 13-6171197 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC550<br>FIRST AVENUE<br>550 FIRST AVENUE<br>NEW YORK,NY 10001 | 13-6171197 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC550<br>FIRST AVENUE<br>550 FIRST AVENUE<br>NEW YORK,NY 10001 | 13-6171197 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC550<br>FIRST AVENUE<br>550 FIRST AVENUE<br>NEW YORK,NY 10001 | 13-6171197 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ROCKEFELLER<br>UNIVERSITY<br>ROCKEFELLER<br>UNIVERSITY1230 YORK<br>AVENUE<br>1230 YORK AVENUE<br>NEW YORK,NY 10001                           | 13-1624158 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WEILL MEDICAL COLLEGE OF CORNELL UN<br>WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE<br>575 LEXINGTON AVENUE<br>NEW YORK,NY 10001         | 13-3376695 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ROCKEFELLER UNIVERSITY<br>ROCKEFELLER UNIVERSITY1230 YORK AVENUE<br>1230 YORK AVENUE<br>NEW YORK,NY 10001   | 13-1624158 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF ROCHESTER<br>UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE<br>601 ELMWOOD AVENUE<br>ROCHESTER,NY 14603                                    | 16-0473209 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF ROCHESTER<br>UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE<br>601 ELMWOOD AVENUE<br>ROCHESTER,NY 14603                                    | 16-0473209 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF ROCHESTER<br>UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE<br>601 ELMWOOD AVENUE<br>ROCHESTER,NY 14603                                    | 16-0473209 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF ROCHESTER<br>UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE<br>601 ELMWOOD AVENUE<br>ROCHESTER,NY 14603                                    | 16-0473209 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF ROCHESTER<br>UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE<br>601 ELMWOOD AVENUE<br>ROCHESTER,NY 14603                                    | 16-0473209 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CHILDRENS HOSPITAL MEDICAL CENTER-C<br>CHILDRENS HOSPITAL MEDICAL CENTER-C7013 3333 BURNET AVENUE<br>7013 3333 BURNET AVENUE<br>CINCINNATI,OH 45202 | 31-0833936 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CHILDRENS HOSPITAL MEDICAL CENTER-C<br>CHILDRENS HOSPITAL MEDICAL CENTER-C7013 3333 BURNET AVENUE<br>7013 3333 BURNET AVENUE<br>CINCINNATI,OH 45202 | 31-0833936 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CINCINNATI<br>UNIVERSITY OF CINCINNATI231 ALBERT SABIN WAY<br>231 ALBERT SABIN WAY<br>CINCINNATI,OH 45202                             | 31-6000989 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CLEVELAND CLINIC<br>CLEVELAND CLINIC 931568 PO BOX<br>931568 PO BOX<br>CLEVELAND,OH 44149   | 34-0714585 | 3                                  | 590,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| OHIO STATE UNIVERSITY<br>OHIO STATE UNIVERSITY 1960 KENNY ROAD<br>1960 KENNY ROAD<br>COLUMBUS,OH 43085  | 31-6401599 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OHIO STATE UNIVERSITY<br>OHIO STATE UNIVERSITY<br>1960 KENNY ROAD<br>1960 KENNY ROAD<br>COLUMBUS,OH 43085   | 31-6401599 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| OHIO STATE UNIVERSITY<br>OHIO STATE UNIVERSITY<br>1960 KENNY ROAD<br>1960 KENNY ROAD<br>COLUMBUS,OH 43085   | 31-6401599 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| OHIO STATE UNIVERSITY<br>OHIO STATE UNIVERSITY<br>1960 KENNY ROAD<br>1960 KENNY ROAD<br>COLUMBUS,OH 43085   | 31-6401599 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| OREGON HEALTH & SCIENCE UNIVERSITY<br>OREGON HEALTH & SCIENCE UNIVERSITY<br>3181 SW SAM JACKSON PARK RD<br>3181 SW SAM JACKSON PARK RD<br>PORTLAND,OR 97239 | 23-7083114 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| OREGON HEALTH & SCIENCE UNIVERSITY<br>OREGON HEALTH & SCIENCE UNIVERSITY<br>3181 SW SAM JACKSON PARK RD<br>3181 SW SAM JACKSON PARK RD<br>PORTLAND,OR 97239 | 23-7083114 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| OREGON HEALTH & SCIENCE UNIVERSITY<br>OREGON HEALTH & SCIENCE UNIVERSITY<br>3181 SW SAM JACKSON PARK RD<br>3181 SW SAM JACKSON PARK RD<br>PORTLAND,OR 97239 | 23-7083114 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ASCENTA THERAPEUTICS<br>ASCENTA THERAPEUTICS<br>101 LINDENWOOD DRIVE<br>101 LINDENWOOD DRIVE<br>MALVERN,PA 19355  | 56-2394460 |                                    | 1,150,007                |                                   | FMV   |  | THERAPY ACCELERATION               |
| ONCONOVA<br>ONCONOVA375<br>PHEASANT RUN<br>375 PHEASANT RUN<br>NEWTOWN,PA 18940   | 22-3627252 |                                    | 1,900,000                |                                   | FMV   |  | THERAPY ACCELERATION               |
| CHILDRENS HOSPITAL OF PHILADELPHIA<br>CHILDRENS HOSPITAL OF PHILADELPHIA3615 CIVIC CENTER BOULEVARD<br>3615 CIVIC CENTER BOULEVARD<br>PHILADELPHIA,PA 19102 | 23-1352166 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DREXEL UNIVERSITY<br>DREXEL UNIVERSITY497<br>245 N 15TH STREET<br>497 245 N 15TH STREET<br>PHILADELPHIA,PA 19102  | 23-1352630 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451<br>WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA,PA 19102                                | 23-1352685 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451<br>WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA,PA 19102                                | 23-1352685 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 19102                | 23-1352685 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 19102                | 23-1352685 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 19102                | 23-1352685 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 19102                | 23-1352685 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 19102                | 23-1352685 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 19102                | 23-1352685 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PENNSYLVANIA<br>UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET<br>3451 WALNUT STREET<br>PHILADELPHIA, PA 19102                | 23-1352685 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PITTSBURGH<br>UNIVERSITY OF PITTSBURGH5117 CENTER AVE<br>5117 CENTER AVE<br>PITTSBURGH, PA 15213                            | 25-0965591 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PITTSBURGH<br>UNIVERSITY OF PITTSBURGH5117 CENTER AVE<br>5117 CENTER AVE<br>PITTSBURGH, PA 15213                            | 25-0965591 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF PITTSBURGH<br>UNIVERSITY OF PITTSBURGH5117 CENTER AVE<br>5117 CENTER AVE<br>PITTSBURGH, PA 15213                            | 25-0965591 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MICHIGAN<br>UNIVERSITY OF MICHIGAN223131 PO BOX<br>223131 PO BOX<br>PITTSBURGH, PA 15213                                    | 38-6006309 | 3                                  | 41,800                   |                                   | FMV   |  | THERAPY ACCELERATION               |
| VANDERBILT UNIVERSITY<br>MEDICAL CENTE<br>VANDERBILT UNIVERSITY<br>MEDICAL CENTE2220 PIERCE AVE<br>2220 PIERCE AVE<br>NASHVILLE, TN 37201 | 62-0476822 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MEMGEN<br>MEMGEN7557 RAMBLER ROAD<br>7557 RAMBLER ROAD<br>DALLAS,TX 75201   | 35-2232976 |                                    | 810,795                  |                                   | FMV   |  | THERAPY<br>ACCELERATION            |
| BAYLOR COLLEGE OF MEDICINE<br>BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA<br>1 BAYLOR PLAZA<br>HOUSTON,TX 77002                    | 74-1613878 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BAYLOR COLLEGE OF MEDICINE<br>BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA<br>1 BAYLOR PLAZA<br>HOUSTON,TX 77002                    | 74-1613878 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BAYLOR COLLEGE OF MEDICINE<br>BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA<br>1 BAYLOR PLAZA<br>HOUSTON,TX 77002                    | 74-1613878 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BAYLOR COLLEGE OF MEDICINE<br>BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA<br>1 BAYLOR PLAZA<br>HOUSTON,TX 77002                    | 74-1613878 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BAYLOR COLLEGE OF MEDICINE<br>BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA<br>1 BAYLOR PLAZA<br>HOUSTON,TX 77002                    | 74-1613878 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BAYLOR COLLEGE OF MEDICINE<br>BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA<br>1 BAYLOR PLAZA<br>HOUSTON,TX 77002                    | 74-1613878 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002 | 76-0300816 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002 | 76-0300816 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002 | 76-0300816 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>UNIVERSITY OF TEXAS<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>1515 HOLCOMBE BLVD<br>UNIT 202<br>HOUSTON,TX 77002                 | 76-0300816 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF TEXAS<br>SAN ANTONIO<br>UNIVERSITY OF TEXAS<br>SAN ANTONIO 7703 FLOYD<br>CURL DRIVE<br>7703 FLOYD CURL DRIVE<br>SAN ANTONIO,TX 78229 | 74-1717115 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF UTAH<br>UNIVERSITY OF UTAH<br>2000 CIRCLE OF HOPE<br>2000 CIRCLE OF HOPE<br>SALT LAKE CITY, UT<br>84112                              | 87-6000525 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF UTAH<br>UNIVERSITY OF UTAH2000<br>CIRCLE OF HOPE<br>2000 CIRCLE OF HOPE<br>SALT LAKE CITY,UT 84112   | 87-6000525 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF UTAH<br>UNIVERSITY OF UTAH2000<br>CIRCLE OF HOPE<br>2000 CIRCLE OF HOPE<br>SALT LAKE CITY,UT 84112   | 87-6000525 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF UTAH<br>UNIVERSITY OF UTAH2000<br>CIRCLE OF HOPE<br>2000 CIRCLE OF HOPE<br>SALT LAKE CITY,UT 84112   | 87-6000525 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF UTAH<br>UNIVERSITY OF UTAH2000<br>CIRCLE OF HOPE<br>2000 CIRCLE OF HOPE<br>SALT LAKE CITY,UT 84112   | 87-6000525 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| VIRGINIA<br>COMMONWEALTH<br>UNIVERSITY<br>VIRGINIA<br>COMMONWEALTH<br>UNIVERSITY401 COLLEGE<br>STREET<br>401 COLLEGE STREET<br>RICHMOND,VA 23298                       | 54-6001758 | 3                                  | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH<br>1100 FAIRVIEW AVENUE<br>NORTH<br>SEATTLE,WA 98109 | 23-7156071 | 3                                  | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH<br>1100 FAIRVIEW AVENUE<br>NORTH<br>SEATTLE,WA 98109 | 23-7156071 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH<br>1100 FAIRVIEW AVENUE<br>NORTH<br>SEATTLE,WA 98109 | 23-7156071 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>FRED HUTCHINSON<br>CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH<br>1100 FAIRVIEW AVENUE<br>NORTH<br>SEATTLE,WA 98109 | 23-7156071 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF<br>WASHINGTON<br>UNIVERSITY OF<br>WASHINGTON1100 NE<br>45TH STREET<br>1100 NE 45TH STREET<br>SEATTLE,WA 98105  | 91-6001537 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF<br>WASHINGTON<br>UNIVERSITY OF<br>WASHINGTON1100 NE<br>45TH STREET<br>1100 NE 45TH STREET<br>SEATTLE,WA 98105  | 91-6001537 | 3                                  | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF<br>WASHINGTON<br>UNIVERSITY OF<br>WASHINGTON1100 NE<br>45TH STREET<br>1100 NE 45TH STREET<br>SEATTLE,WA 98105  | 91-6001537 | 3                                  | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BLOOD RESEARCH INSTITUTE BLOOD CE<br>BLOOD RESEARCH INSTITUTE BLOOD CE<br>8727 W WATERTOWN PLANK ROAD<br>8727 W WATERTOWN PLANK ROAD<br>MILWAUKEE, WI 53226 | 39-0807235 | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEDICAL COLLEGE OF WISCONSIN<br>MEDICAL COLLEGE OF WISCONSIN8701<br>WATERTOWN PLANK ROAD<br>8701 WATERTOWN PLANK ROAD<br>MILWAUKEE, WI 53226                |            | 3                                  | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETY INC

Employer identification number  
13-5644916

Part I

Questions Regarding Compensation

|    |  |     |    |
|----|--|-----|----|
|    |  | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |    |
| 1b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.<br><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>   |     |    |
| 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:  |     |    |
| 4a | Receive a severance payment or change-of-control payment from the organization or a related organization?  |     | No |
| 4b | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  |     | No |
| 4c | Participate in, or receive payment from, an equity-based compensation arrangement?   |     | No |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   |     |    |
|    | Only 501(c)(3) and 501(c)(4) organizations only 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:   |     |    |
| 5a | The organization?  |     | No |
| 5b | Any related organization?  |     | 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:   |     |    |
| 6a | The organization?  |     | No |
| 6b | Any related organization?  |     | 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   | Yes |    |
| 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 Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III   |     | No |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   |     |    |



**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (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 in prior Form 990 or Form 990-EZ |
|---------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                     |             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) JOHN WALTER     | (i)<br>(ii) | 475,000  | 38,000                              | 6,525                               | 30,870   | 21,623                  | 572,018                         |  |
| (2) JAMES T NANGLE  | (i)<br>(ii) | 212,292  | 10,549                              | 9,975                               | 22,284   | 21,623                  | 276,723                         |  |
| (3) LOUIS DEGENNARO | (i)<br>(ii) | 315,217  | 22,050                              | 8,789                               | 24,500   | 14,609                  | 385,165                         |  |
| (4) NANCY KLEIN     | (i)<br>(ii) | 315,051  | 12,600                              | 9,919                               | 24,500   | 21,623                  | 383,693                         |  |
| (5) DAVID TIMKO     | (i)<br>(ii) | 230,830  | 4,568                               | 12,066                              | 23,451   | 14,609                  | 285,524                         |  |
| (6) MICHAEL OSSO    | (i)<br>(ii) | 210,769  | 9,215                               | 10,537                              | 14,911   | 14,603                  | 260,035                         |  |
| (7) GEORGE OMIROS   | (i)<br>(ii) | 205,904  | 4,093                               | 9,959                               | 21,000   | 14,609                  | 255,565                         |  |
| ( 8 )               |             |  |                                     |                                     |  |                         |                                 |  |
| ( 9 )               |             |  |                                     |                                     |  |                         |                                 |  |
| ( 10 )              |             |  |                                     |                                     |  |                         |                                 |  |
| ( 11 )              |             |  |                                     |                                     |  |                         |                                 |  |
| ( 12 )              |             |  |                                     |                                     |  |                         |                                 |  |
| ( 13 )              |             |  |                                     |                                     |  |                         |                                 |  |
| ( 14 )              |             |  |                                     |                                     |  |                         |                                 |  |
| ( 15 )              |             |  |                                     |                                     |  |                         |                                 |  |
| ( 16 )              |             |  |                                     |                                     |  |                         |                                 |  |

**Part III**   **Supplemental Information**

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

| Identifier                  | Return Reference                   | Explanation  |
|-----------------------------|------------------------------------|--|
| NON-FIXED PAYMENTS PROVIDED | SCHEDULE J, PAGE 1, PART I, LINE 7 | 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. |

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETY INC

Employer identification number  
13-5644916

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total . . . . . ▶ \$                      |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) JAMES DAVIS               | BOD MEMBER  | 307,026                   | EQUITY IN AEGERA               |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier             | Return Reference  | Explanation   |
|------------------------|-------------------|---|
| ADDITIONAL INFORMATION | SCHEDULE L PART V | PART IV LINE 1 JAMES DAVIS IS AN EXECUTIVE OFFICER WITH HUMAN GENOME SCIENCES WHICH HAS AN EQUITY STAKE IN AEGERA THERAPEUTICS A RECIPIENT OF A THERAPY ACCELERATION PROJECT CONTRACT |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA  
SOCIETY INC

Employer identification number  
13-5644916

Part I

Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of Contributions or items<br>contributed | (c)<br>Noncash contribution amounts<br>reported on Form 990, Part VIII, line<br>1g | (d)<br>Method of determining oncash contribution<br>amounts |
|--|-------------------------------|--|--|---|
| 1 Art—Works of art . . . .   |                               |  |  |   |
| 2 Art—Historical treasures   |                               |  |  |   |
| 3 Art—Fractional interests   |                               |  |  |   |
| 4 Books and publications   |                               |  |  |   |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |  |   |
| 6 Cars and other vehicles .  |                               |  |  |   |
| 7 Boats and planes . . . .   |                               |  |  |   |
| 8 Intellectual property . .  |                               |  |  |   |
| 9 Securities—Publicly traded   | X                             | 88   | 962,451  | MARKET VALUE  |
| 10 Securities—Closely held<br>stock . . . . .                              |                               |  |  |   |
| 11 Securities—Partnership,<br>LLC, or trust interests .                    |                               |  |  |   |
| 12 Securities—Miscellaneous  |                               |  |  |   |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |  |   |
| 14 Qualified conservation<br>contribution—Other . .                        |                               |  |  |   |
| 15 Real estate—Residential .   |                               |  |  |   |
| 16 Real estate—Commercial  |                               |  |  |   |
| 17 Real estate—Other . .   |                               |  |  |   |
| 18 Collectibles . . . . .  |                               |  |  |   |
| 19 Food inventory . . . . .  | X                             | 34   |  |   |
| 20 Drugs and medical supplies  |                               |  |  |   |
| 21 Taxidermy . . . . .   |                               |  |  |   |
| 22 Historical artifacts . .  |                               |  |  |   |
| 23 Scientific specimens . .  |                               |  |  |   |
| 24 Archeological artifacts .   |                               |  |  |   |
| 25 Other ► ( <u>PRINTED<br/>ITEMS</u> )                                    | X                             | 3  |  |   |
| 26 Other ► ( <u>FURNITURE&amp;EQUIP</u> )                                  | X                             | 5  |  |   |
| 27 Other ► ( <u>VARIOUS<br/>OTHERS</u> )                                   | X                             | 39   |  |   |
| 28 Other ► ( <u>                    </u> )                                 |                               |  |  |   |

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 . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2010

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier  | Return Reference                     | Explanation  |
|---|--------------------------------------|--|
| THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS | SCHEDULE M, PAGE 1, PART I, LINE 32B | LLS USES ITS INVESTMENT CUSTODIAN TO LIQUIDATE ANY DONATED SECURITIES  |
| EXPLANATION FOR NOT REPORTING REVENUE             | SCHEDULE M, PAGE 1, PART I, LINE 33  | 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 |
| SUPPLEMENTAL INFORMATION                          | SCHEDULE M, PAGE 2, PART II          | 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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA  
SOCIETY INC

Employer identification number

13-5644916

| Identifier                    | Return Reference                    | Explanation  |
|-------------------------------|-------------------------------------|--|
| FIRST ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | <p>TO DATE, LLS HAS INVESTED MORE THAN 814 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 2011, LLS SUPPORTED RESEARCH IN THE U.S., CANADA, AND 10 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF MORE THAN 66 MILLION OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY -BUILDING A FOCUSED RESEARCH WORKFORCE ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN BLOOD CANCER RESEARCH FIELDS -TURNING DISCOVERIES INTO CLINICAL PROGRESS BASIC SCIENCE DISCOVERIES MUST BE TRANSLATED INTO NEW, 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 PROMISING RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY THE GOVERNMENT OR BY FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES -INCREASING ACCESS TO CLINICAL TRIALS PARTNERING WITH LEADING CLINICAL TRIAL CENTERS CAN ACCELERATE THE CLINICAL TESTING OF NEW BLOOD CANCER THERAPIES THAT ARE OFTEN A PATIENT'S BEST CHANCE FOR CURE LLS RESEARCH PROGRAMS ARE BASED ON THE BELIEF THAT SCIENTIFICALLY SOUND APPROACHES TOWARD CURES FOR, OR CONTROL OF, BLOOD CANCERS SHOULD BE SUPPORTED WORLDWIDE TWO MAJOR INTEGRATED RESEARCH FUNDING PROGRAMS THE RESEARCH GRANT PROGRAM AND THE THERAPY ACCELERATION PROGRAM HAVE ADVISORY INPUT FROM WORLD RENOWNED BIOMEDICAL RESEARCH EXPERTS TOGETHER THESE PROGRAMS -SUPPORT THE ENTIRE RESEARCH CONTINUUM NEEDED TO IMPROVE OUTCOMES FOR BLOOD CANCER PATIENTS FROM BASIC LABORATORY SCIENCE TO CLINICAL TRIALS OF NEW AGENTS AND FROM INVESTIGATOR INITIATED RESEARCH TO MULTIDISCIPLINARY ACADEMIC COLLABORATIONS AND PRIVATE SECTOR DRUG DEVELOPMENT ALLIANCES -ARE AIMED AT THE EFFECTIVE DISCOVERY AND DEVELOPMENT OF NEW AND BETTER THERAPIES FOR PEOPLE WITH BLOOD CANCER, AND, THROUGH A RESEARCH INITIATIVE LAUNCHED IN 2009, SUPPORT THE DEVELOPMENT OF MEASURES TO PREVENT OR SIGNIFICANTLY REDUCE POTENTIAL LONG-TERM AND LATE TOXICITIES OF TODAY'S CURATIVE THERAPIES RESEARCH GRANT PROGRAM THE RESEARCH GRANT PROGRAM PROVIDES GRANT FUNDING TO SUPPORT SCIENTIFIC STUDIES AT ACADEMIC CENTERS IN THE UNITED STATES AND THROUGHOUT THE WORLD, THROUGH THREE GRANT MECHANISMS 1 THE CAREER DEVELOPMENT PROGRAM (CDP) PROVIDES STIPENDS TO INVESTIGATORS OF EXCEPTIONAL PROMISE IN THE EARLY STAGES OF THEIR CAREERS, HELPING THEM TO DEVOTE THEIR CAREERS TO LEUKEMIA, LYMPHOMA AND/OR MYELOMA RESEARCH THIS PROGRAM IS STRATIFIED INTO TWO SEPARATELY REVIEWED PROGRAMS IN BASIC OR CLINICAL RESEARCH -BASIC RESEARCH "SCHOLARS ARE AWARDED UP TO 110,000 A YEAR FOR A TOTAL OF UP TO 550,000 OVER FIVE YEARS "SPECIAL FELLOWS ARE AWARDED UP TO 65,000 A YEAR FOR A TOTAL OF UP TO 195,000 OVER THREE YEARS "FELLOWS ARE AWARDED UP TO 55,000 A YEAR FOR A TOTAL OF UP TO 165,000 OVER THREE YEARS -CLINICAL RESEARCH "SCHOLARS IN CLINICAL RESEARCH ARE AWARDED UP TO 110,000 A YEAR FOR A TOTAL OF UP TO 550,000 OVER FIVE YEARS "SPECIAL FELLOWS IN CLINICAL RESEARCH ARE AWARDED UP TO 65,000 A YEAR FOR A TOTAL OF UP TO 195,000 OVER THREE YEARS 2 THE TRANSLATIONAL RESEARCH PROGRAM (TRP) SUPPORTS OUTSTANDING INVESTIGATIONS DEEMED BY OUR EXPERT ADVISORS MOST LIKELY TO TRANSLATE BASIC BIOMEDICAL DISCOVERIES INTO NEW, SAFE AND EFFECTIVE TREATMENTS, ULTIMATELY PROLONGING AND ENHANCING PATIENTS' LIVES TRANSLATIONAL RESEARCH AWARDS ARE MADE FOR AN INITIAL THREE-YEAR PERIOD AWARDS UP TO 200,000 PER YEAR FOR THREE YEARS, FOR A TOTAL OF UP TO 600,000, ARE GRANTED EACH YEAR FUNDING FOR TWO ADDITIONAL YEARS MAY BE PROVIDED FOR HIGHLY PROMISING PROJECTS THAT ARE ENTERING PHASE 1 CLINICAL TRIALS THUS, RESEARCH REACHING A CLINICAL TRIAL CAN RECEIVE UP TO 1 MILLION OVER FIVE YEARS TO FACILITATE NEW DRUG DISCOVERY OR ADVANCES IN DIAGNOSIS OR PREVENTION IN 2011, LLS ACTIVELY REQUESTED PROPOSALS TO HELP STIMULATE MORE ACADEMIC RESEARCH IN THREE UNDERDEVELOPED YET IMPORTANT AREAS OF RESEARCH THE RESEARCH TOPICS EMPHASIZED WERE 1) THE MALIGNANT STEM CELL IN ACUTE MYELOGENOUS LEUKEMIA AND MYELODYSPLASTIC SYNDROMES, 2) NON-CUTANEOUS T-CELL LEUKEMIAS AND LYMPHOMAS AND 3) HIGH RISK MYELOMA CASES IN ADDITION, A REQUEST FOR RESEARCH FOCUSED ON LONG-TERM AND LATE EFFECTS OF BLOOD CANCER THERAPIES WAS EXTENDED INTO A SECOND YEAR PROGRESS IN THESE RESEARCH AREAS IS DEEMED LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS 3 THE MARSHALL A. LICHTMAN SPECIALIZED CENTER OF RESEARCH PROGRAM (SCOR) ENCOURAGES MULTIDISCIPLINARY RESEARCH BY LEADING-EDGE ACADEMIC INVESTIGATORS IN TEAMS OF AT LEAST THREE RESEARCH GROUPS THAT INTERACT TO FOSTER ADVANCES IN THE DIA</p> |



| Identifier                    | Return Reference                    | Explanation   |
|-------------------------------|-------------------------------------|---|
| FIRST ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | <p>GNOSIS, TREATMENT AND/OR PREVENTION OF BLOOD CANCERS EACH SCOR GROUP IS FUNDED UP TO 1 25 MILLION PER YEAR OVER A FIVE-YEAR PERIOD, WITH A TOTAL AMOUNT OF UP TO 6 25 MILLION AWARDS GO TO THOSE GROUPS THAT BEST DEMONSTRATE SYNERGISTIC EXPERTISE IN COMPLEMENTARY AREAS THE PARTICIPATING SCIENTISTS MAY BE AT DIFFERENT INSTITUTIONS OR FROM ANY COUNTRY THE GRANT REVIEW PROCESS FOR THE RESEARCH GRANT PROGRAM SCIENTISTS AND PHYSICIAN SCIENTISTS WHO ARE EXPERTS IN THE FIELD OF BLOOD CANCER RESEARCH VOLUNTEER THEIR SERVICE TO CONSTITUTE PEER-REVIEW SUBCOMMITTEES FOR BASIC RESEARCH CDP, CLINICAL RESEARCH CDP, TRP AND SCOR THESE COMMITTEES EVALUATE ALL GRANT APPLICATIONS IN THOSE PROGRAMS AND SELECT THOSE APPLICANTS WITH THE MOST INNOVATIVE AND IMPORTANT PROJECTS TO ADVANCE THE MISSION OF LLS</p> <p>GUIDELINES , INSTRUCTIONS AND APPLICATIONS FOR THE THREE LLS RESEARCH PROGRAMS MAY BE OBTAINED BY VISITING <a href="http://WWW.LLS.ORG">WWW.LLS.ORG</a> OR BY EMAILING <a href="mailto:RESEARCHPROGRAMS@LLS.ORG">RESEARCHPROGRAMS@LLS.ORG</a></p> <p>THERAPY ACCELERATION PROGRAM THE THERAPY ACCELERATION PROGRAM (TAP) IS A STRATEGIC LLS INITIATIVE LAUNCHED IN 2007 WITH 4 MILLION IN SEED FUNDING THE PROGRAM ACCELERATES NEW AND POTENTIALLY BETTER TREATMENTS AND CLINICAL TESTS INTO PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS AND COMPANIES, TAP IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE MADE AVAILABLE TO PATIENTS AS SOON AS POSSIBLE TAP ENCOMPASSES THREE INNOVATIVE EFFORTS 1 THE ACADEMIC CONCIERGE DIVISION IDENTIFIES CURRENT LLS FUNDED RESEARCH WITH THE GREATEST CLINICAL PROMISE AND PROVIDES THE FUNDING AND SUPPORT NEEDED TO ADVANCE SELECTED PROJECTS TO THE PRODUCT STAGE 2 THE CLINICAL TRIALS DIVISION PARTNERS LLS WITH ONE OF THE COUNTRY'S LEADING CLINICAL TRIAL CENTERS TO ACCELERATE THE TESTING OF NEW BLOOD CANCER THERAPIES IN CLINICAL TRIALS 3 THE BIOTECHNOLOGY ACCELERATOR DIVISION ALLIES LLS WITH COMPANIES TO COMBINE SCIENTIFIC AND FINANCIAL RESOURCES AND ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES THAT OTHERWISE WOULD NOT BE PRIORITIZED BY THE COMPANY THE TAP PROJECT REVIEW PROCESS INVOLVES DUE DILIGENCE BY AN LLS STAFF TEAM OF DRUG DEVELOPMENT SPECIALISTS IN CONCERT WITH A VOLUNTEER PANEL OF LEADING BIOTECHNOLOGY AND PHARMACEUTICAL COMPANY EXECUTIVES AND INTELLECTUAL PROPERTY AND BUSINESS DEVELOPMENT EXPERTS THE LEARNING COLLABORATIVE IN 2011, LLS BEGAN A UNIQUE COLLABORATION WITH THE UNIVERSITY OF KANSAS CANCER CENTER AND THE NATIONAL INSTITUTES OF HEALTH TO ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES FOR RARE BLOOD CANCERS THIS COLLABORATION, KNOWN AS THE LEARNING COLLABORATIVE, BRINGS TOGETHER PROVEN EXPERTISE IN BLOOD CANCER RESEARCH AS WELL AS DRUG DISCOVERY AND DEVELOPMENT TO RAPIDLY ADVANCE PROMISING NEW THERAPIES FROM THE BENCH TO THE BEDSIDE IF SUCCESSFUL, THE LEARNING COLLABORATIVE'S NOVEL MODEL WILL DEMONSTRATE THAT GOVERNMENT, ACADEMIA, DISEASE PHILANTHROPY AND INDUSTRY CAN SUCCESSFULLY PARTNER TO SAFELY AND EFFICIENTLY ADVANCE NEW OR REPURPOSED DRUG THERAPIES TO PATIENTS</p> |

| Identifier                     | Return Reference                    | Explanation  |
|--------------------------------|-------------------------------------|--|
| SECOND ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4B | <p>CHAPTER-BASED PROGRAMS EACH LLS CHAPTER IS STAFFED WITH A PATIENT SERVICES MANAGER WHO OVERSEES THE CHAPTER'S SERVICES TO PATIENTS AND THEIR FAMILIES PATIENT SERVICES MANAGERS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING OR SOCIAL WORK COMMUNITY BASED EDUCATION, INCLUDING THE FOLLOWING FOUR PROGRAMS, ARE OFFERED THROUGH ALL THE CHAPTERS - 38,959 PATIENT AND CAREGIVER PARTICIPANTS IN 2011 - 12,236 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2011 IMPROVING TREATMENTS FOR BLOOD CANCERS WHAT YOU NEED TO KNOW TO MAKE INFORMED DECISIONS THIS PROGRAM DETAILS NEW TREATMENT DEVELOPMENT, TREATMENT DECISIONS (STANDARD OF CARE VERSUS CLINICAL TRIALS) AND HOW PATIENTS CAN COMMUNICATE MORE EFFECTIVELY WITH THEIR MEDICAL TEAMS MYELOMA UPDATE DIAGNOSIS, TREATMENT AND SIDE EFFECTS MANAGEMENT THIS PROGRAM PROVIDES PATIENTS, FAMILY MEMBERS AND CAREGIVERS WITH THE LATEST INFORMATION ON MYELOMA AND MYELOMA THERAPY, INCLUDING A QUESTION AND ANSWER SESSION WITH A MEDICAL EXPERT IN THEIR COMMUNITY GETTING THE BEST CANCER CARE AT AGE 55 AND OLDER THIS EDUCATION PROGRAM PRESENTS AN OVERVIEW OF THE MANY FACTORS, NOT AGE ALONE, THAT HEALTHCARE PROFESSIONALS SHOULD ASSESS TO DETERMINE AN APPROPRIATE CANCER TREATMENT PLAN FOR AN OLDER ADULT WELCOME BACK WORKING TOGETHER TO SUPPORT THE CANCER SURVIVOR AT SCHOOL THIS EDUCATION PROGRAM DISCUSSES POSSIBLE EMOTIONAL AND COGNITIVE SHORT- AND LONG-TERM EFFECTS THAT CHILDREN MAY EXPERIENCE AFTER TREATMENT, AND OFFERS NUMEROUS RESOURCES THAT CAN IMPROVE THE TRANSITION OF CANCER SURVIVORS FROM CLINIC TO CLASSROOM SUPPORT SERVICES FAMILY SUPPORT GROUPS LLS HAS DEVELOPED 452 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA LLS ALSO HAS 825 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, AND PROVIDE INFORMATION AND SUPPORT AND ENCOURAGE GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTH CARE PROFESSIONALS - 13,108 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2011 PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS - 5,094 FIRST CONNECTIONS IN 2011 PATIENT FINANCIAL AID PROGRAM FOR MORE THAN 45 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 - 37,210 PATIENTS RECEIVED FINANCIAL AID IN 2011 CO-PAY ASSISTANCE PROGRAM THIS 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 - 13,130 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2011 THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER THIS PROGRAM IS DESIGNED TO INCREASE COMMUNICATION AMONG HEALTH CARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO ASSURE YOUNGSTERS A SMOOTH TRANSITION FROM ACTIVE TREATMENT BACK TO SCHOOL PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE THROUGH ALL LOCAL CHAPTERS, INCLUDING "WELCOME BACK WORKING TOGETHER TO SUPPORT THE CANCER SURVIVOR AT SCHOOL" THIS EDUCATION PROGRAM DISCUSSES POSSIBLE EMOTIONAL AND COGNITIVE SHORT- AND LONG-TERM EFFECTS THAT CHILDREN MAY EXPERIENCE AFTER TREATMENT, AND OFFERS NUMEROUS RESOURCES THAT CAN IMPROVE THE TRANSITION OF CANCER SURVIVORS FROM CLINIC TO CLASSROOM - 3,219 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 74 WELCOME BACK PROGRAMS ACROSS THE US AND CANADA "LEARNING AND LIVING WITH CANCER ADVOCATING FOR YOUR CHILD'S EDUCATIONAL NEEDS" THIS BOOKLET OFFERS PARENTS INFORMATION ON THE LEARNING CHALLENGES CHILDREN MAY FACE DURING AND AFTER CANCER TREATMENT, LAWS THAT PROTECT THE EDUCATIONAL NEEDS OF CHILDREN WITH CANCER AND SPECIFIC WAYS THAT SCHOOLS CAN HELP MEET A CHILD'S EDUCATIONAL NEEDS</p> |

| Identifier                    | Return Reference                    | Explanation  |
|-------------------------------|-------------------------------------|--|
| THIRD ACHIEVEMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4C | <p>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 OR EMAIL INFOCENTER@LLS.ORG - 69,777 INQUIRIES IN 2011 - TRANSLATION SERVICES AVAILABLE IN MORE THAN 165 LANGUAGES ONLINE ENGAGEMENT THE LLS WEBSITE SERVES A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS USERS CAN PERSONALIZE THEIR LLS WEB PAGES TO KEEP CURRENT WITH DISEASE SPECIFIC UPDATES AND LOCAL CHAPTER EDUCATION, SUPPORT AND EVENT ACTIVITIES THE SITE FEATURES A COMPREHENSIVE OVERVIEW OF LLS PROGRAMS AND SERVICES, FAMILY SUPPORT GROUP LOCATIONS, INFORMATION ABOUT OUR PEER-TO-PEER PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM, AND OTHER PROGRAMS PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS CAN INTERACT WITH LLS IN CONVENIENT AND PERSONAL WAYS THROUGH SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS - 5.8 MILLION UNIQUE VISITS TO WWW.LLS.ORG IN 2011, WITH MORE THAN 7.5 MILLION PAGE VIEWS - 409,799 UNIQUE VISITS TO OUR BLOOD CANCER DISCUSSION BOARDS - 157,877 TELECONFERENCE DOWNLOADS - 208,822 SUBSCRIBERS TO OUR DISEASE SPECIFIC ENEWSLETTERS, WHICH ARE ISSUED ON A MONTHLY BASIS - 116,797 FOLLOWERS OF OUR PATIENT AND CAREGIVER COMMUNITY ONLINE TELEPHONE &amp; WEB EDUCATION PROGRAMS LLS SPONSORS TELEPHONE AND WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS - 251,077 TELEPHONE AND WEB-BASED PROGRAM PARTICIPANTS IN 2011 EDUCATION MATERIALS 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 LOCAL LLS CHAPTERS - 1,061,018 PRINTED BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS DISTRIBUTED IN 2011 MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH</p> |

| Identifier                         | Return Reference                    | Explanation  |
|------------------------------------|-------------------------------------|--|
| ALL OTHER ACHIEVEMENTS DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | D) PROFESSIONAL EDUCATION LLS SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH CO MMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR T HE EDUCATIONAL PROGRAM OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AN D IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT |

| Identifier                              | Return Reference          | Explanation |
|---|---------------------------|-------------|
| FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES | FORM 990, PART V, LINE 4B | CANADA      |

| Identifier                         | Return Reference                  | Explanation  |
|------------------------------------|-----------------------------------|--|
| CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PAGE 6, PART VI, LINE 6 | THE MEMBERS OF LLS CONSIST OF ONE ELECTED REPRESENTATIVE FROM EACH CHAPTER |

| Identifier                              | Return Reference                      | Explanation   |
|---|---------------------------------------|---|
| ELECTION OF MEMBERS<br>AND THEIR RIGHTS | FORM 990, PAGE 6,<br>PART VI, LINE 7A | THE BOARD OF REPRESENTATIVES (REPRESENTING THE CHAPTERS) ELECTS THE<br>MEMBERS OF LLS'S GOVER NING BODY , ITS NATIONAL BOARD OF DIRECTORS |

| Identifier                               | Return Reference                   | Explanation   |
|--|------------------------------------|---|
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS | FORM 990, PAGE 6, PART VI, LINE 7B | 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 |



| Identifier                                     | Return Reference                    | Explanation  |
|--|-------------------------------------|--|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | 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 INTERNAL WEBSITE |

| Identifier                      | Return Reference                    | Explanation   |
|---------------------------------|-------------------------------------|---|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | ALL EMPLOYEES, BOARD OF DIRECTORS MEMBERS, BOARD OF REPRESENTATIVES MEMBERS, CHAPTER BOARD MEMBERS, FAMILY SUPPORT GROUP FACILITATORS, AND TNT COACHES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND SUBMIT A SIGNED FORM ACKNOWLEDGING THAT THEY HAVE REVIEWED THE POLICY AND DISCLOSED ANY CONFLICTS OF INTEREST. ALL FORMS ARE COLLECTED AND THE AUDIT COMMITTEE REVIEWS ANY FORMS DISCLOSING A POSSIBLE CONFLICT OF INTEREST AND DETERMINES WHETHER OR NOT A CONFLICT EXISTS. |

| Identifier                                  | Return Reference                          | Explanation   |
|---|---|---|
| COMPENSATION<br>PROCESS FOR TOP<br>OFFICIAL | FORM 990,<br>PAGE 6, PART<br>VI, LINE 15A | 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. |

| Identifier                              | Return Reference                          | Explanation  |
|---|---|--|
| COMPENSATION<br>PROCESS FOR<br>OFFICERS | FORM 990, PAGE<br>6, PART VI, LINE<br>15B | THE EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, REVIE WED A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS' COMPENSATION RANGES AND COMPARED THIS TO THE OTHER OFFICER'S SALARY AND DETERMINED THAT IT WAS APPROPRIA TE THE REVIEW WAS DOCUM ENTED IN THE EXECUTIVE COMMITTEE'S MINUTES |

| Identifier                           | Return Reference                   | Explanation   |
|--------------------------------------|------------------------------------|---|
| STATES WHERE COPY OF RETURN IS FILED | FORM 990, PAGE 6, PART VI, LINE 17 | ALASKA, ARKANSAS, ARIZONA, CALIFORNIA, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA |

| Identifier                                 | Return Reference                   | Explanation  |
|--|------------------------------------|--|
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | THE LEUKEMIA & LYMPHOMA SOCIETY, INC MAKES ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE TO T HE 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 CONFL ICTS OF INTEREST ARE DISCLOSED IN THE 990 |

| Identifier             | Return Reference   | Explanation       |
|------------------------|--------------------|-------------------|
| ADDITIONAL INFORMATION | FORM 990, PART VII | SECTION B, LINE 1 |

| Identifier                                    | Return Reference                | Explanation   |
|---|---------------------------------|---|
| OTHER CHANGES<br>IN NET ASSETS<br>EXPLANATION | FORM 990,<br>PART XI,<br>LINE 5 | RECONCILIATION OF CHANGE IN NET ASSETS ON A CONSOLIDATED BASIS TO SEPARATE COMPANY BASIS CHANGE IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS 10,432,000 PLUS CHANGE IN NET ASSET S LLS CANADA 183,453 PLUS LLSRF AND LLSRP ACTIVITY 39,395 PLUS FOREIGN CURRENCY TRANSLAT ION ADJUSTMENT (320,000) PLUS AUDITED FINANCIAL STATEMENT ROUNDING 1,976 EQUALS CHANGE I N NET ASSETS PER 990 10,336,824 SCHEDULE D PART XI LINE 9 7,440,623 CHANGE IN NET ASSETS A BOVE (95,176) 990 PART XI LINE 5 7,345,447 THE AUDITED FINANCIAL STATEMENTS FOR THE LEUKEM IA & LYMPHOMA SOCIETY, INC INCLUDE THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMI A & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC , AND THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH FOUNDATION IN ADDITION TO LLS |



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2010

Open to Public Inspection

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" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| (1) THE LLS OF CANADA<br><br>804-2 LANSING SQUARE<br>TORONTO M2J4P8<br>CA                                   | PART VII                | CA   |                            |   | N/A                              |   | No |
| (2) THE LLS RESEARCH PROGRAMS INC<br><br>1311 MAMARONECK AVENUE<br><br>WHITE PLAINS, NY 10605<br>13-3470494 | PART VII                | DE   | 501C3                      | 11B   | LLS INC                          | Yes   |    |
| (3) THE LLS RESEARCH FOUNDATION<br><br>1311 MAMARONECK AVENUE<br><br>WHITE PLAINS, NY 10605<br>13-3709252   | PART VII                | DE   | 501C3                      | 11B   | LLS INC                          | Yes   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

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

| (a)<br>Name, address, and EIN of related organization                        | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| (1) ROY & ANN BERGER<br>201 LINCOLN AVENUE<br>NORWELL, MA02061<br>99-9999999 | CRUT                    | NH  | N/A                                 | TRUST  | 53,892                       |  | 100 000 %                      |
|  |                         |   |                                     |  |                              |  |                                |
|  |                         |   |                                     |  |                              |  |                                |
|  |                         |   |                                     |  |                              |  |                                |
|  |                         |   |                                     |  |                              |  |                                |
|  |                         |   |                                     |  |                              |  |                                |
|  |                         |   |                                     |  |                              |  |                                |

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on 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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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)<br>Name of other organization   | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-------------------------------------|---------------------------------|------------------------|---|
| (1) THE LEUKEMIA & LYMPHOMA SOCIETY | D                               | 135,950                | COST  |
| (2) OF CANADA                       |                                 |                        |   |
| (3)                                 |                                 |                        |   |
| (4)                                 |                                 |                        |   |
| (5)                                 |                                 |                        |   |
| (6)                                 |                                 |                        |   |

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

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

| Identifier                    | Return Reference | Explanation  |
|-------------------------------|------------------|--|
| GROUP EXEMPTION RELATIONSHIPS | SCHEDULE R       | SCHEDULE R PART II COLUMN B THE LEUKEMIA LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA LYMPHOMA SOCIETYINC IN CANADA THE LEUKEMIA LYMPHOMA SOCIETY RESEARCH PROGRAMSINC AND THE LEUKEMIA LYMPHOMA SOCIETY RESEARCH FOUNDATION SUPPORT THE ACTIVITIES OF THE LEUKEMIA LYMPHOMA SOCIETY INC |