

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 70,324,176 including grants of \$ 66,713,099) (Revenue \$)
A) RESEARCH PROGRAMS WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES LLS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE (CONTINUED ON SCHEDULE O) TO DATE, LLS HAS INVESTED MORE THAN 875 MILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY IN FISCAL YEAR 2012, LLS SUPPORTED RESEARCH IN THE U S , CANADA AND 7 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 66 MILLION RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY - BUILDING A FOCUSED RESEARCH WORK-FORCE ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN BLOOD CANCER RESEARCH FIELDS - TURNING DISCOVERIES INTO NEW THERAPIES FUNDAMENTAL NEW FINDINGS CAN BE TRANSLATED INTO SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES - SUPPORTING SYNERGY LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES - FILLING A VOID RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY GOVERNMENT AGENCIES OR FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES - SPEEDING NEW TREATMENTS TO PATIENTS PARTNERING WITH BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES CAN ADVANCE PROMISING THERAPIES THROUGH CLINICAL TESTING, FASTER PAST ADVANCES MADE WITH LLS RESEARCH FUNDING GENEROUS DONORS HAVE HELPED LLS SUPPORT RESEARCH THAT HAS ALREADY BENEFITED BLOOD CANCER PATIENTS AND MANY OTHERS ADVANCES INCLUDE - MULTI-DRUG THERAPIES THAT ARE MORE EFFECTIVE THAN TREATMENTS WITH SINGLE ANTI-CANCER AGENTS, - BONE MARROW / STEM CELL TRANSPLANTATION AND SUPPORTIVE CARE TREATMENTS FOR PATIENTS WHO RELAPSE DESPITE THE BEST AVAILABLE THERAPY, - TESTS THAT DISTINGUISH SPECIFIC CHARACTERISTICS OF PARTICULAR BLOOD CANCERS FOR ACCURATE DIAGNOSIS OF CANCER SUBTYPES, AND FOR "RISK STRATIFICATION" TO SELECT AN OPTIMAL THERAPY TARGETED THERAPY RESEARCH DISCOVERING THE MOLECULAR ABNORMALITIES THAT CAUSE PARTICULAR TYPES OF BLOOD CANCER HAS BEEN USEFUL IN DIAGNOSIS AND RISK STRATIFICATION, AND IN NEW "TARGETED DRUG" DEVELOPMENT LLS-FUNDED INVESTIGATORS HAVE HELPED ADVANCE MOLECULARLY TARGETED TREATMENTS THAT CAN SELECTIVELY KILL BLOOD CANCER CELLS VERSUS NORMAL CELLS MANY OF THESE NEW TREATMENTS BENEFIT NOT ONLY BLOOD CANCER PATIENTS, BUT ALSO PATIENTS WITH OTHER DISEASES FOR EXAMPLE - GLEEVEC IS FDA-APPROVED FOR PATIENTS OF ALL AGES WITH CHRONIC MYELOID LEUKEMIA (CML), AND IS ALSO APPROVED FOR PATIENTS WITH ONE FORM OF ACUTE LYMPHOID LEUKEMIA (ALL), MYELOYDYSPLASTIC SYNDROMES (MDS), MYELOPROLIFERATIVE DISORDERS AND RARE FORMS OF STOMACH AND SKIN CANCERS RELATED DRUGS, SPRYCEL AND TASIGNA, ARE APPROVED FOR PATIENTS WHO DO NOT BENEFIT FROM GLEEVEC ONE OR MORE OF THESE DRUGS ARE ALSO SHOWING PROMISE FOR PATIENTS WITH VARIOUS LYMPHOMAS, ACUTE MYELOID LEUKEMIA (AML), CHRONIC LYMPHOCYTIC LEUKEMIA (CLL), AND OTHER CANCERS, INCLUDING BRAIN, BREAST, HEAD-AND-NECK, LUNG, PANCREATIC, AND PROSTATE CANCERS, AND PATIENTS WITH OTHER DISEASES INCLUDING ALZHEIMER'S, ASTHMA AND PULMONARY HYPERTENSION - RITUXAN WAS THE FIRST FDA-APPROVED, ANTI-CANCER ANTIBODY DRUG, DEVELOPED FOR PATIENTS WITH FORMS OF B-CELL NON-HODGKIN LYMPHOMA (NHL) IT IS NOW ALSO APPROVED FOR CLL PATIENTS AND AS A "MAINTENANCE" THERAPY FOR FOLLICULAR LYMPHOMA PATIENTS, AND SHOWING PROMISE FOR PATIENTS WITH ALL AND AFTER STEM CELL TRANSPLANTATION IN ADDITION, IT IS APPROVED FOR TREATING PATIENTS WITH SEVERE RHEUMATOID ARTHRITIS AND TWO OTHER TYPES OF AUTOIMMUNE DISEASES A RELATED ANTIBODY DRUG, ARZERRA, IS APPROVED FOR CLL PATIENTS AND SHOWING WIDER PROMISE - VELCADE, THALIDOMID AND REVLMID ARE FDA-APPROVED FOR PATIENTS WITH MYELOMA AND ARE ALSO HELPING SOME PATIENTS WITH HODGKIN LYMPHOMA AND NHL KRYPOLIS WAS RECENTLY APPROVED FOR MYELOMA PATIENTS FOR WHOM AT LEAST TWO PRIOR THERAPIES WERE INSUFFICIENT ONE OR MORE OF THESE DRUGS ARE NOW BEING TESTED FOR PATIENTS WITH T-CELL AND B-CELL FORMS OF LYMPHOMA, ACUTE LEUKEMIAS, AS WELL AS AIDS-RELATED KAPOSI SARCOMA AND BRAIN, BREAST, COLORECTAL, HEAD-AND-NECK, KIDNEY, LIVER, LUNG, OVARIAN AND PROSTATE CANCERS, AND ALZHEIMER'S DISEASE - ISTODAX, ZOLINZA, DACOGEN AND VIDAZA TARGET SMALL CHEMICAL, "EPIGENETIC" CHANGES THE FIRST TWO DRUGS ARE APPROVED FOR PATIENTS WITH PERIPHERAL T-CELL LYMPHOMAS, THE LATTER DRUGS ARE APPROVED FOR MDS PATIENTS ONE OR MORE OF THESE DRUGS ARE BEING TESTED FOR PATIENTS WITH ALL, AML, CML, CLL, MYELOMA AND FORMS OF NHL, AFTER STEM CELL TRANSPLANTATION, AND FOR PATIENTS WITH BREAST, BRAIN, KIDNEY, COLORECTAL, HEAD-AND-NECK, LUNG, STOMACH, PROSTATE AND OVARIAN CANCERS, MELANOMA AS WELL AS SICKLE CELL DISEASE AND PERSISTENT HIV INFECTIONS OTHER ACTIVE RESEARCH DIRECTIONS LLS-FUNDED RESEARCHERS ARE ALSO EXPLORING OTHER AREAS OF RESEARCH THAT HOLD PROMISE FOR PATIENTS - NOVEL STEM CELL TRANSPLANTATION PROCEDURES THESE INCLUDE SO-CALLED "MINI" TRANSPLANTS THAT USE LESS TOXIC PRE-TRANSPLANT TREATMENTS AND ENGINEERED DONOR CELLS THAT HELP REDUCE POST-TRANSPLANT COMPLICATIONS, MAKING THESE POTENTIALLY CURATIVE TREATMENTS AVAILABLE TO MORE PATIENTS - IMMUNOTHERAPIES INCLUDING ANTIBODIES, VACCINES AND ENGINEERED IMMUNE CELLS, THESE TARGETED THERAPIES HELP A PATIENT'S IMMUNE SYSTEM FIGHT INFECTIONS AND KILL RESIDUAL CANCER CELLS, PROLONGING REMISSIONS, AND PERHAPS ONE DAY REPLACING TOXIC CHEMOTHERAPIES - DIAGNOSTICS NEW TECHNOLOGIES MAKE IT POSSIBLE TO CHARACTERIZE THE ABNORMALITIES IN INDIVIDUAL CANCER CASES IN MOLECULAR DETAIL THIS INFORMATION CAN BE USED TO HELP CHOOSE THE BEST POSSIBLE TREATMENT FOR EACH PATIENT, ESPECIALLY AS MORE TARGETED THERAPIES BECOME AVAILABLE - QUALITY OF LIFE RESEARCH THESE STUDIES INCREASE OUR UNDERSTANDING OF HOW SPECIFIC TREATMENTS CAN CAUSE DEBILITATING SIDE-EFFECTS, INCLUDING LATE-EFFECTS, AND WHICH PATIENTS ARE AT RISK FOR DEVELOPING THESE COMPLICATIONS, SO THAT THEY CAN BE BETTER MANAGED OR EVEN PREVENTED DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS LLS CONTINUES TO SOLICIT AND SUPPORT RESEARCH FOCUSED ON IMPROVING BLOOD CANCER PATIENTS' QUALITY OF LIFE AFTER TODAY'S CURATIVE THERAPIES ALSO IN 2012, FOR THE SECOND YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN THREE OTHER UNDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS NEW RESEARCH IS FOCUSED ON - THE MALIGNANT STEM CELL IN AML AND MDS - NON-CUTANEOUS T-CELL LEUKEMIAS AND LYMPHOMAS - HIGH RISK MYELOMA CASES THE THERAPY ACCELERATION PROGRAM THIS STRATEGIC INITIATIVE WAS LAUNCHED IN 2007 TO MOVE NEW TREATMENTS AND DIAGNOSTICS THROUGH PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS, FASTER USING MILESTONE-DRIVEN CONTRACTS AND WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS AND COMPANIES, LLS IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE AVAILABLE TO PATIENTS AS SOON AS POSSIBLE THE PROGRAM INCLUDES - THE ACADEMIC CONCERGE DIVISION IDENTIFIES ESPECIALLY PROMISING LLS-FUNDED GRANT PROJECTS AND PROVIDES ADDITIONAL SUPPORT TO ADVANCE SELECTED PROJECTS TO THE PRODUCT STAGE - THE BIOTECHNOLOGY ACCELERATOR DIVISION PARTNERS LLS WITH COMPANIES TO COMBINE SCIENTIFIC AND FINANCIAL RESOURCES AND ACCELERATE THE DEVELOPMENT OF POTENTIAL BLOOD CANCER THERAPIES THAT OTHERWISE MIGHT NOT BE PRIORITIZED BY THE COMPANY - THE CLINICAL TRIALS DIVISION BRINGS CLINICAL TRIALS TO BLOOD CANCER PATIENTS IN THEIR COMMUNITIES, INCLUDING UNDER-REPRESENTED POPULATIONS, AND WITH THE ULTIMATE GOAL OF INCREASING PATIENT ENROLLMENT IN BLOOD CANCER TRIALS	

























4b	(Code) (Expenses \$ 105,745,731 including grants of \$ 49,018,526) (Revenue \$)
B) PATIENT & COMMUNITY SERVICES AN ESTIMATED 1,012,533 PEOPLE ACROSS THE UNITED STATES (US) CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS A FREE, COMPREHENSIVE ARRAY OF SERVICES TO BLOOD CANCER PATIENTS AND THEIR FAMILIES, VOLUNTEER CAREGIVERS AND ADVOCATES, HEALTHCARE PROFESSIONALS AND THE PUBLIC (CONTINUED ON SCHEDULE O) LLS IS COMMITTED TO PROVIDING THE MOST ACCURATE AND UP-TO-DATE BLOOD CANCER INFORMATION PROFESSIONAL VOLUNTEER CLINICAL ADVISORS WORK WITH LLS STAFF TO REVIEW ALL OF THE INFORMATION LLS PROVIDES THROUGH HEALTHCARE PROFESSIONAL AND PATIENT EDUCATION PROGRAMS, PUBLICATIONS AND THE LLS WEBSITE A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS LLS PUBLISHES AN ANNUAL COMPILATION OF DATA AVAILABLE FOR BLOOD CANCERS, INCLUDING THE ESTIMATED NUMBERS OF NEW BLOOD CANCER CASES AND DEATHS, THE MOST RECENT STATISTICS AVAILABLE FOR INCIDENCE, MORTALITY AND SURVIVAL, AND CURRENT AND ACCURATE INFORMATION ABOUT SYMPTOMS, RISK FACTORS AND TREATMENT PUBLICATIONS AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS EACH YEAR, LLS DISTRIBUTES BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS THROUGH THE INFORMATION RESOURCE CENTER AND LLS CHAPTERS MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH AND SPANISH - 1,077,533 PRINTED BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS DISTRIBUTED IN 2012 FINANCIAL ASSISTANCE IN 2012, A COMBINED 48,018,526 DOLLARS WAS AWARDED TO PATIENTS THROUGH THE LLS PATIENT FINANCIAL AID (3,057,200) AND CO-PAY ASSISTANCE PROGRAMS (45,961,326) PATIENT FINANCIAL AID PROGRAM FOR MORE THAN 46 YEARS, LLS HAS HELPED PATIENTS DEMONSTRATING SIGNIFICANT NEED TO OBTAIN FINANCIAL ASSISTANCE TO COVER A PORTION OF THEIR TREATMENT COSTS THE LLS PATIENT FINANCIAL AID PROGRAM PROVIDES A LIMITED AMOUNT OF FINANCIAL ASSISTANCE TO HELP PATIENTS WITH SIGNIFICANT FINANCIAL NEED AND WHO ARE UNDER A DOCTOR'S CARE FOR A CONFIRMED BLOOD CANCER DIAGNOSIS PATIENT FINANCIAL AID FUNDS ARE SUBJECT TO AVAILABILITY - 30,603 PATIENTS RECEIVED FINANCIAL AID IN 2012 CO-PAY ASSISTANCE PROGRAM THIS CO-PAY ASSISTANCE PROGRAM HELPS PATIENTS WITH MANY KINDS OF BLOOD CANCERS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR CANCER PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT CO-PAY ASSISTANCE IS SUBJECT TO FUND AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS FOR MORE INFORMATION CALL, (877) LLS-COPAY (877) 557-2672 OR VISIT WWW.LLS.ORG/COPAY - 13,971 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2012 COMMUNITY PROGRAMS EACH LLS CHAPTER OFFICE IS STAFFED WITH A PATIENT SERVICES MANAGER (PSM) WHO OVERSEES SERVICES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS PSMS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING OR SOCIAL WORK PSMS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS COMMUNITY-BASED EDUCATION AND OUTREACH, SUPPORT AND PUBLIC POLICY AND ADVOCACY PROGRAMS ARE AVAILABLE - 43,282 PATIENT AND CAREGIVER PARTICIPANTS IN 2012 - 11,424 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2012 PROGRAMS FOR CHILDREN AND YOUNG ADULTS THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER FOCUSES ON INCREASING COMMUNICATION AMONG HEALTHCARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO SUPPORT CHILDREN, ADOLESCENTS AND YOUNG ADULTS LIVING WITH CANCER PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE IN COMMUNITIES THROUGHOUT THE US AND CANADA VIA LLS CHAPTER OFFICES THE PROGRAM INCLUDES STAYING CONNECTED FACILITATING THE LEARNING EXPERIENCE DURING AND AFTER CANCER TREATMENT THIS EDUCATION PROGRAM FOR SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS DESCRIBES PHYSICAL, COGNITIVE AND PSYCHOSOCIAL SHORT-AND LONG-TERM EFFECTS THAT CHILDREN, ADOLESCENTS AND YOUNG ADULTS MAY EXPERIENCE DURING AND AFTER TREATMENT THE PROGRAM OFFERS GUIDANCE AND NUMEROUS RESOURCES TO HELP CHILDREN, ADOLESCENTS AND YOUNG ADULTS CONTINUE THEIR EDUCATION DURING AND AFTER TREATMENT - 2,957 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 81 STAYING CONNECTED PROGRAMS ACROSS THE US AND CANADA IN 2012 FAMILY SUPPORT GROUPS LLS HAS DEVELOPED 419 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA LLS ALSO HAS 786 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS - 12,113 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2012 PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS - 6,050 FIRST CONNECTIONS IN 2012	

4c	(Code) (Expenses \$ 38,321,146 including grants of \$) (Revenue \$)
C) PUBLIC HEALTH EDUCATION INFORMATION AND EDUCATION INFORMATION RESOURCE CENTER PAYING FOR MEDICAL CARE, MAKING TREATMENT CHOICES, COMMUNICATING WITH HEALTHCARE PROVIDERS, FAMILY MEMBERS AND FRIENDS- THESE ARE SOME OF THE STRESSES THAT COME WITH A CANCER DIAGNOSIS (CONTINUED ON SCHEDULE O) LLS INFORMATION SPECIALISTS ARE MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS WHO PROVIDE HELP WITH DISEASE, TREATMENT AND CLINICAL TRIAL INFORMATION AND SUPPORT LLS INFORMATION SPECIALISTS CONDUCT CLINICAL-TRIAL SEARCHES TO HELP PATIENTS WORK WITH THEIR DOCTORS TO FIND OUT ABOUT SPECIFIC CLINICAL TRIALS PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A M TO 6 P M , ET, EMAIL INFOCENTER@LLS.ORG OR CHAT ONE-ON-ONE VIA THE LLS WEBSITE THE INFORMATION RESOURCE CENTER OFFERS TRANSLATION SERVICES IN MORE THAN 165 LANGUAGES - 60,012 INQUIRIES IN 2012 THE LLS WEBSITE THE LLS WEBSITE, WWW.LLS.ORG, FULFILLS A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS VISITORS CAN PERSONALIZE THEIR WEB PAGES TO KEEP CURRENT WITH DISEASE-SPECIFIC UPDATES AND COMMUNITY EDUCATION AND SUPPORT ACTIVITIES THE WEBSITE PROVIDES ACCESS TO LLS PROGRAMS AND SERVICES, INCLUDING CO-PAY ASSISTANCE, PATIENT FINANCIAL AID, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, NATIONAL TELEPHONE AND WEB EDUCATION PROGRAMS, PUBLICATIONS IN ENGLISH AND SPANISH, AND CLINICAL-TRIAL SEARCHES VIA AN ONLINE CLINICAL-TRIAL SEARCH SERVICE THAT OFFERS PATIENTS AND CAREGIVERS IMMEDIATE ACCESS TO LISTINGS OF BLOOD CANCER CLINICAL TRIALS PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS CAN INTERACT WITH LLS AND ONE ANOTHER THROUGH SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS NATIONAL TELEPHONE/ WEB EDUCATION PROGRAMS LLS SPONSORS TELEPHONE AND WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELOYDYSPLASTIC SYNDROMES IN 2012, 10 LLS NATIONAL EDUCATION PROGRAMS FEATURED DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS MANY OF THESE PROGRAMS INCLUDE CONTINUING EDUCATION CREDITS FOR NURSES AND SOCIAL WORKERS LLS ALSO SPONSORS A RANGE OF PROFESSIONAL EDUCATION PROGRAMS RECENT PROGRAMS EXPLORED COMMUNICATION AMONG PRIMARY CARE PROVIDERS AND HEMATOLOGISTS/ONCOLOGISTS IN MANAGING PATIENTS WITH HEMATOLOGIC CANCER AND NURSING MANAGEMENT OF CHALLENGING SIDE EFFECTS UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS PROFESSIONAL EDUCATION PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PROFESSIONALED LLS ALSO OFFERS DISEASE-SPECIFIC WEBCASTS PRESENTED BY WORLD RENOWNED CLINICAL EXPERTS THESE CAN BE ACCESSED AT WWW.LLS.ORG/WEBCASTS	

	(Code) (Expenses \$ 8,532,346 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	

4d	Other program services (Describe in Schedule O) (Expenses \$ 8,532,346 including grants of \$) (Revenue \$)
4e	Total program service expenses➤\$ 222,923,399

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	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 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	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 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	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 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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. 	11a	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. 	11b	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. 	11c	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. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	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. 	11f	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 	12a	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 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	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, Part II and IV 	15	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, Part III and IV 	16	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 	17	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 	18	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 	19	Yes
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

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 questions 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. 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? Note. 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	1,198		Yes	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable							
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	1,942			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b				
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 or securities account)?			4a		Yes		
b	If "Yes," enter the name of the foreign country CA 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?			12a				
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a				
b	Enter the aggregate 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 aggregate amount of reserves on hand			13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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

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

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

Form **990** (2011)

Part VII

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	2,346,370		266,516

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 127

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	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>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PARADYSZ MATERA 5 HANOVER SQUARE NEW YORK, NY 10004	FUNDRAISING SER	2,641,112
DIRECT PRINT COMMUNICATIONS 201 EAST SANDPOINTE SANTA ANNA, CA 92707	FUNDRASING SERV	2,324,784
INFOCISION CORPORATION 325 SPRINGSIDE DRIVE AKRON, OH 44333	FUNDRAISING SER	2,010,620
MSP PO BOX 641114 PITTSBURGH, PA 15264	FUNDRAISING SER	1,954,908
ROBERT MICHAEL EDUCATIONAL INSTITUT 101 LAUREL ROAD VOORHESS, NJ 08043	EDUCATIONAL SER	1,502,644

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶72

Part VIII

Statement of Revenue

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	60,600,563	60,600,563		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	49,018,526	49,018,526		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	6,112,538	6,112,538		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	934,832	693,373	108,381	133,078
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,894,279	48,874,387	7,639,571	9,380,321
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,977,818	2,789,860	475,995	711,963
9	Other employee benefits	11,297,662	7,923,662	1,351,904	2,022,096
10	Payroll taxes	4,671,886	3,276,647	559,048	836,191
11	Fees for services (non-employees)				
a	Management				
b	Legal	657,011	373,063	102,391	181,557
c	Accounting	256,761	145,793	40,014	70,954
d	Lobbying	568,404	322,748	88,583	157,073
e	Professional fundraising See Part IV, line 17	10,175,403			10,175,403
f	Investment management fees	598,320	339,738	93,244	165,338
g	Other	14,166,395	8,043,931	2,207,736	3,914,728
12	Advertising and promotion	5,841,570	2,397,725	1,155,048	2,288,797
13	Office expenses				
14	Information technology	4,127,452	2,343,640	643,234	1,140,578
15	Royalties				
16	Occupancy	8,500,974	6,090,214	1,018,748	1,392,012
17	Travel	3,864,333	2,773,731	479,994	610,608
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,068,549	3,420,109	289,541	358,899
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,719,990	1,757,140	343,440	619,410
23	Insurance	523,304	365,915	55,456	101,933
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING	16,202,162	6,650,325	3,203,634	6,348,203
b	POSTAGE	10,330,621	3,787,901	1,588,979	4,953,741
c	MISCELLANEOUS	3,514,511	2,500,416	410,393	603,702
d	TELEPHONE	3,475,172	2,200,173	298,479	976,520
e					
f	All other expenses	295,478	121,281	58,425	115,772
25	Total functional expenses. Add lines 1 through 24f	292,394,514	222,923,399	22,212,238	47,258,877
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	19,790,406	9,427,344		10,363,062

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			15,624,105	2	23,567,530
	3	Pledges and grants receivable, net			19,055,089	3	5,178,782
	4	Accounts receivable, net			328,134	4	264,507
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,423,864	9	5,875,009
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,733,329			
	b	Less accumulated depreciation	10b	11,092,269	5,182,309	10c	6,641,060
	11	Investments—publicly traded securities			128,104,890	11	138,026,930
	12	Investments—other securities See Part IV, line 11			51,553,483	12	43,892,106
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			224,271,874	16	223,445,924
Liabilities	17	Accounts payable and accrued expenses			17,155,530	17	19,660,610
	18	Grants payable			70,833,146	18	72,815,341
	19	Deferred revenue			16,499,305	19	16,921,194
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			104,487,981	26	109,397,145
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			93,670,008	27	100,978,174
	28	Temporarily restricted net assets			23,328,394	28	10,221,074
	29	Permanently restricted net assets			2,785,491	29	2,849,531
	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			119,783,893	33	114,048,779
	34	Total liabilities and net assets/fund balances			224,271,874	34	223,445,924

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	292,822,993
2	Total expenses (must equal Part IX, column (A), line 25)	2	292,394,514
3	Revenue less expenses Subtract line 2 from line 1	3	428,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,783,893
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,163,593
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	114,048,779

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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? 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 <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

2011

Open to Public
Inspection

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 13-5644916
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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 **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 Se**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) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	256,914,242	269,156,149	238,668,944	270,731,343	283,279,625	1,318,750,303
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	256,914,242	269,156,149	238,668,944	270,731,343	283,279,625	1,318,750,303
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)						83,283,998
6 Public Support. Subtract line 5 from line 4						1,235,466,305

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	256,914,242	269,156,149	238,668,944	270,731,343	283,279,625	1,318,750,303
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,451,748	6,950,554	4,962,639	3,145,637	2,705,046	25,215,624
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,098,580	2,816,918	1,925,834	1,779,485	1,502,044	9,122,861
11 Total support (Add lines 7 through 10)						1,353,088,788

12 Gross receipts from related activities, etc (See instructions)

12187,378,474

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	91 310 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	94 640 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

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

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

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, line 35c (Proxy Tax), then

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

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 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 on behalf of or in opposition to candidates for public office 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 Form 1120-POL 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(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?		No	
	e Publications, or published or broadcast statements?	Yes		
	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?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		
j Total lines 1c through 1i				
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 1	LLS IS A MEMBER OF A NUMBER OF COALITIONS INCLUDING RESEARCH AMERICA, ONE VOICE AGAINST CANCER, NATIONAL COALITION FOR CANCER RESEARCH, COALITION FOR THE ADVANCEMENT OF MEDICAL RESEARCH, ALLIANCE FOR A STRONGER FDA, FRIENDS OF CANCER RESEARCH, PATIENT ADVOCATE FOUNDATION, AND THE CENTER FOR ADVANCED HEALTH. LLS PARTNERS WITH A NUMBER OF LOBBYING FIRMS WHO WORK WITH OUR PUBLIC POLICY STAFF TO CARRY OUT OUR LOBBYING OBJECTIVES.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number
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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	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?

☐ Yes☒ No

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)?

☐ Yes☒ No

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	6,059,994	5,023,902	4,481,610	5,228,375
b	Contributions		111,064		
c	Investment earnings or losses	48,916	938,068	563,236	730,333
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	-9,992	-13,040	-20,944	-16,432
g	End of year balance	6,000,186	6,059,994	5,023,902	4,481,610

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 53 000 %

c

Term endowment ▶ 47 000 %

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)

☐ Yes☐ No

(ii)

related organizations

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		903,003	730,475	172,528
d Equipment		15,354,736	9,351,645	6,003,091
e Other		1,475,590	1,010,149	465,441
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,641,060

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	305,088,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-5,492,300
b	Donated services and use of facilities	2b	5,328,250
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	13,028,146
e	Add lines 2a through 2d	2e	12,864,096
3	Subtract line 2e from line 1	3	292,224,673
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	598,320
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	598,320
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	292,822,993

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	311,221,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,328,250
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	14,097,012
e	Add lines 2a through 2d	2e	19,425,262
3	Subtract line 2e from line 1	3	291,796,194
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	598,320
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	598,320
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	292,394,514

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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 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 IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO LLS'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. LLS DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2012 AND 2011.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	LLS CANADA REVENUE 12,985,138 LSRP REVENUE 43,009 ROUNDING -1 LLS CANADA EXPENSES -13,424,218 LSRP -1,502 UNCOLLECTABLE MULTI-YEAR PLEDGES -671,292
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LLS CANADA REVENUE 12,985,138 LSRP REVENUE 43,009 ROUNDING -1
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	LLS CANADA EXPENSES 13,424,218 LSRP 1,502 UNCOLLECTABLE MULTI-YEAR PLEDGES 671,292
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	LLS MAINTAINS A SMALL PHOTOGRAPH COLLECTION FOR PUBLIC EXHIBITION WHICH HAS AN ESTIMATED VALUE BETWEEN 20,000 AND 50,000. AS THIS REPRESENTS A RELATIVELY SMALL PERCENTAGE OF LLS'S ASSETS, IT IS NOT SEPERATELY DISCLOSED IN THE FINANCIAL STATEMENTS OR FOOTNOTES.

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
13-5644916

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA	2	2	RESEARCH FUNDING	RESEARCH GRANTS	1,450,000
EUROPE	6	8	RESEARCH FUNDING	RESEARCH GRANTS	1,821,142
NORTH AMERICA	12	19	RESEARCH FUNDING	RESEARCH GRANTS	2,641,396
MIDDLE EAST	1	1	RESEARCH FUNDING	RESEARCH GRANTS	200,000
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	
3a Sub-total	21	30			25,281,986
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	21	30			25,281,986

[illegible]

21

Part III Grants and Other Assistance to Individuals Outside the United States.

[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

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	SCHEDULE F, 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

Identifier	Return Reference	Explanation
		EAST ASIA 1,450,000 0 EUROPE 1,821,142 0 NORTH AMERICA 2,641,396 0 MIDDLE EAST 200,000 0 CENTRAL AMERICA & CARIBBEAN 0 19,169,448

Additional Data

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

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	1,250,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	110,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		MIDDLE EAST	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL

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)
		EUROPE	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	1,250,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	110,000	CHECK			ACCRUAL

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)
		EUROPE	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	THERAPY ACCELERATION	75,000	CHECK			FMV
		NORTH AMERICA	THERAPY ACCELERATION	49,925	CHECK			FMV

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)
		NORTH AMERICA	THERAPY ACCELERATION	31,475	CHECK			FMV
		EUROPE	THERAPY ACCELERATION	21,142	CHECK			FMV
		NORTH AMERICA	THERAPY ACCELERATION	9,996	CHECK			FMV

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	1,250,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	110,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL

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)
		MIDDLE EAST	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL

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)
		EUROPE	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	1,250,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	110,000	CHECK			ACCRUAL

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)
		EUROPE	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	THERAPY ACCELERATION	75,000	CHECK			FMV
		NORTH AMERICA	THERAPY ACCELERATION	49,925	CHECK			FMV

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)
		NORTH AMERICA	THERAPY ACCELERATION	31,475	CHECK			FMV
		EUROPE	THERAPY ACCELERATION	21,142	CHECK			FMV
		NORTH AMERICA	THERAPY ACCELERATION	9,996	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

2011

Open to Public
Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

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 MATERA 5 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004	DIRECT MAIL		No		2,641,112	-2,641,112
DIRECT PRINT COMMUNICATIONS 201 EAST SANDPOINTE SUITE 400 SANTA ANA, CA 92707	DIRECT MAIL		No		2,324,784	-2,324,784
INFOCISION 325 SPRINSIDE DRIVE AKRON, OH 44333	TELEMARKET		No		2,010,620	-2,010,620
MSP PO BOX 641114 PITTSBURGH, PA 15264	DIRECT MAIL		No		1,954,908	-1,954,908
THOMPSON HABIB & DENISON 80 HAYDEN AVENUE SUITE 300 LEXINGTON, MA 02421	DIRECT MAIL		No		664,097	-664,097
HAINES & COMPANY 8050 FREEDOM AVENUE CANTON, OH 44720	TELEMARKET		No		261,594	-261,594
BLACKBAUD 1800 DIAGONAL ROAD SUITE 400 ALEXANDRIA, VA 22314	DIRECT MAIL		No		191,860	-191,860
DONOR CARE CENTER INC 4345 STRAUSSER ST NW NORTH CANTON, OH 44720	TELEMARKET		No		126,428	-126,428
Total ▶					10,175,403	

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.

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		NIKE WOMENS MAR (event type)	ROCK N ROLL MAR (event type)	1,051 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	10,133,172	6,943,611	177,025,766
	2	Less Charitable contributions	7,218,103	4,823,819	145,192,689
	3	Gross income (line 1 minus line 2)	2,915,069	2,119,792	31,833,077
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,915,069	2,119,792	31,833,077
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue		940,518	940,518
	2	Cash prizes		5,208	5,208
Direct Expenses	3	Non-cash prizes		290,575	290,575
	4	Rent/facility costs		20,511	20,511
	5	Other direct expenses		16,672	16,672
	6	Volunteer labor			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 12.000 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					(332,966)
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					607,552

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☒ No

12

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

☐ Yes

☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	1 000 %
b	An outside facility	13b	99 000 %

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 quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
		SCHEDULE G PART I LINE 2B LLS USED INFOCISON HAINES COMPANY DONOR CARE CENTER INC AND THOMPSON HABIB DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS THESE PROGRAMS GENERATED GROSS RECEIPTS OF 26431738 DURING FISCAL YEAR 2012LLS USED DIRECT PRINT COMMUNICATIONS PARADYZ MATERA AND BLACKBAUD FOR ALL OF ITS OTHER FUNDRAISING EVENTS DURING FISCAL YEAR 2012 SCHEDULE G PART III LINE 9STATES WITH GAMING OPERATIONS ARIZONA CALIFORNIA CONNECTICUT DISTRICT OF COLUMBIA FLORIDA GEORGIA ILLINOIS IOWA KANSAS LOUISIANA MASSACHUSETTS MARYLAND MICHIGAN MINNESOTA MISSISSIPPI NEVADA NEW JERSEY NEW YORK OHIO OREGON PENNSYLVANIA RHODE ISLAND TEXAS VIRGINIA WASHINGTON WISCONSIN

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(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 listed in the line 1 table

289

3

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

19

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

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 SOCIETYINC

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
ALBERT EINSTEIN COLLEGE OF MEDICINE1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	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
ALBERT EINSTEIN COLLEGE OF MEDICINE1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	3	110,000		ACCRUAL		RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA HOUSTON,TX 77002	74-1613878	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
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA HOUSTON, TX 77002	74-1613878	3	1,250,000		ACCRUAL		RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA HOUSTON, TX 77002	74-1613878	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
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA HOUSTON, TX 77002	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE C1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3432210	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
BECKMAN RESEARCH INSTITUTE OF THE C1500 EAST DUARTE ROAD DUARTE,CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE C1500 EAST DUARTE ROAD DUARTE,CA 91010	95-3432210	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
BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON, MA 02108	04-2103881	3	200,000		ACCRUAL		RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON, MA 02108	04-2103881	3	55,000		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
BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVENUE BOSTON, MA 02108	04-2103881	3	65,000		ACCRUAL		RESEARCH GRANT
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	3	55,000		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
BRIGHAM AND WOMEN'S HOSPITAL INC1 BLACKFAN CIRCLE BOSTON, MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
BRIGHAM AND WOMEN'S HOSPITAL INC1 JIMMY FUND WAYSMITH BUILDING ROO BOSTON, MA 02115	04-2312909	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
BRIGHAM AND WOMEN'S HOSPITAL INC75 FRANCIS STREET BOSTON, MA 02115	04-2312909	3	65,000		ACCRUAL		RESEARCH GRANT
BRIGHAM AND WOMEN'S HOSPITAL INC75 FRANCIS STREET BOSTON, MA 02115	04-2312909	3	1,250,000		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
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD LOS ANGELES, CA 90001	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
CHILDRENS HOSPITAL LOS ANGELES513 PARNASSUS AVENUE SAN FRANCISCO, CA 94143	95-1690977	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
CHILDRENS HOSPITAL LOS ANGELES513 PARNASSUS AVENUE SAN FRANCISCO, CA 94143	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER-C7013 3333 BURNET AVENUE CINCINNATI, OH 45202	31-0833936	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
CHILDRENS HOSPITAL MEDICAL CENTER-C7013 3333 BURNET AVENUE CINCINNATI, OH 45202	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER-C7013 3333 BURNET AVENUE CINCINNATI, OH 45202	31-0833936	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
CHILDRENS HOSPITAL MEDICAL CENTER- C7013 3333 BURNET AVENUE CINCINNATI, OH 45202	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
CHILDRENS HOSPITAL OF BOSTON300 LONGWOOD AVENUE BOSTON, MA 02108	04-2774441	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
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714553	3	200,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST NICHOLAS AVENUE NEW YORK, NY 10001	13-5598093	3	1,250,000		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 1150 ST NICHOLAS AVENUE NEW YORK, NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST NICHOLAS AVENUE 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 1150 ST NICHOLAS AVENUE NEW YORK, NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST NICHOLAS AVENUE NEW YORK, NY 10001	13-5598093	3	55,000		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 1150 ST NICHOLAS AVENUE NEW YORK, NY 10001	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER 1150 ST NICHOLAS AVENUE NEW YORK, NY 10001	13-5598093	3	55,000		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
CORNELL UNIVERSITY1300 YORK AVENUEROOM C-338 NEW YORK, NY 10065	15-0532082	3	200,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVEN BOSTON, MA 02115	04-2263040	3	55,000		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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	55,000		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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET 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

(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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	100,000		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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	55,000		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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	55,000		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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	55,000		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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	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
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON, MA 02108	04-2263040	3	55,000		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
DREXEL UNIVERSITY497 245 N 15TH STREET PHILADELPHIA, PA 19102	23-1352630	3	110,000		ACCRUAL		RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER 3813 BOX RESEARCH DRIVE DURHAM,NC 27710	56-0532129	3	55,000		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
DUKE UNIVERSITY MEDICAL CENTER 3813 BOX RESEARCH DRIVE DURHAM, NC 27710	56-0532129	3	110,000		ACCRUAL		RESEARCH GRANT
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30303	58-0566256	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
FRED HUTCHINSON CANCER RESEARCH CEN1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109	23- 7156071	3	200,000		ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109	23- 7156071	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
FRED HUTCHINSON CANCER RESEARCH CEN1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109	23- 7156071	3	55,000		ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109	23- 7156071	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
HARVARD MEDICAL SCHOOL1 BLACKFAN CIRCLE BOSTON, MA 02108	53-0199180	3	65,000		ACCRUAL		RESEARCH GRANT
HARVARD MEDICAL SCHOOL1 BLACKFAN CIRCLE BOSTON, MA 02108	53-0199180	3	55,000		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
HARVARD MEDICAL SCHOOL1 BLACKFAN CIRCLE BOSTON,MA 02108	53-0199180	3	65,000		ACCRUAL		RESEARCH GRANT
HEALTH RESEARCH INCORPORATED ROSWE1 ELM CARLTON STREETS BUFFALO,NY 14201	14-1402155		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
INDIANA UNIVERSITY1044 W WALNUT STREET INDIANAPOLIS,IN 46201	35-6018940	3	200,000		ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL 435 EAST 70TH STREET NEW YORK,NY 10001	13-3376695	3	55,000		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
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13-3376695	3	65,000		ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13-3376695	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
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13- 3376695	3	200,000		ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13- 3376695	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
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13- 3376695	3	200,000		ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13- 3376695	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
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I WEILL MEDICAL COL435 EAST 70TH STREET NEW YORK, NY 10001	13-3376695	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
JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET BALTIMORE, MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET BALTIMORE, MD 21201	52-0595110	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
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	3	55,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	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
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	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
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	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
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF725 NORTH WOLFE STREET BALTIMORE, MD 21201	52-0595110	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
LA JOLLA INSTITUTE FOR ALLERGY & IM 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	3	65,000		ACCRUAL		RESEARCH GRANT
LA JOLLA INSTITUTE FOR ALLERGY & IM 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	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
LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	3	55,000		ACCRUAL		RESEARCH GRANT
LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	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
LUDWIG INSTITUTE FOR CANCER RESEARC9500 GILMAN DRIVECOMM-EAST LA JOLLA,CA 92093	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	55,000		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
MASSACHUSETTS GENERAL HOSPITAL (THE50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE50 STANIFORD STREET BOSTON,MA 02108	04-1564655	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
MASSACHUSETTS GENERAL HOSPITAL (THE50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	55,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL (THE50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	55,000		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
MASSACHUSETTS GENERAL HOSPITAL (THE50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLO77 MASSACHUSETTS AVENUE 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

(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
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103594	3	55,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ARIZONA DBA MAYO CLINIC 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85250	86-0800150	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
MAYO CLINIC ARIZONA DBA MAYO CLI13400 EAST SHEA BOULEVARD SCOTTSDALE,AZ 85250	86- 0800150	3	200,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ARIZONA DBA MAYO CLI13400 EAST SHEA BOULEVARD SCOTTSDALE,AZ 85250	86- 0800150	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
MAYO CLINIC JACKSONVILLE4500 SAN PABLO RD JACKSONVILLE, FL 32224	59- 3337028	3	100,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER200 FIRST STREET SW ROCHESTER, MN 55905	41- 6011702	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
MAYO CLINIC ROCHESTER200 FIRST STREET SW ROCHESTER, MN 55905	41- 1506440	3	100,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER200 FIRST STREET SW ROCHESTER, MN 55905	41- 6011702	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
MAYO CLINIC ROCHESTER200 FIRST STREET SW ROCHESTER, MN 55905	41- 6011702	3	200,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER200 FIRST STREET SW ROCHESTER, MN 55905	41- 6011702	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
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	39-0806261	3	110,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN KETTERING CANCER CEN633 THIRD AVENUE NEW YORK,NY 10001	91-2154267	3	55,000		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
MEMORIAL SLOAN-KETTERING CANCER CEN633 THIRD AVENUE NEW YORK, NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN633 THIRD AVENUE NEW YORK, NY 10001	91-2154267	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
MEMORIAL SLOAN-KETTERING CANCER CEN633 THIRD AVENUE NEW YORK, NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT
MEMORIAL SLOAN-KETTERING CANCER CEN633 THIRD AVENUE NEW YORK, NY 10001	91-2154267	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
MEMORIAL SLOAN-KETTERING CANCER CEN633 THIRD AVENUE NEW YORK, NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
MOUNT SINAI SCHOOL OF MEDICINE1079 ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	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
MOUNT SINAI SCHOOL OF MEDICINE1130 ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
MPN RESEARCH FOUNDATION180 N MICHIGAN AVENUE CHICAGO, IL 60601	36-4330967	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
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE NEW YORK, NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE NEW YORK, NY 10001	13-6171197	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
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE NEW YORK, NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE NEW YORK, NY 10001	13-6171197	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
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE NEW YORK, NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDIC550 FIRST AVENUE NEW YORK, NY 10001	13-6171197	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
NEW YORK UNIVERSITY SCHOOL OF MEDIC 550 FIRST AVENUE NEW YORK, NY 10001	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C303 EAST SUPERIOR STREET CHICAGO, IL 60601	36-2656113	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
NORTHWESTERN UNIVERSITY - CHICAGO C303 EAST SUPERIOR STREET CHICAGO, IL 60601	36-2656113	3	55,000		ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY - CHICAGO C303 E SUPERIOR STREET CHICAGO, IL 60611	36-2656113	3	1,250,000		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
OREGON HEALTH & SCIENCE UNIVERSITY3181 SW SAM JACKSON PARK RD PORTLAND,OR 97239	23-7083114	3	1,250,000		ACCRUAL		RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY3181 SW SAM JACKSON PARK RD PORTLAND,OR 97239	23-7083114	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
SAINT LOUIS UNIVERSITY1402 SOUTH GRAND AVE SAINT LOUIS, MO 63104	43-0654872	3	200,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCE1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	3	1,250,000		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
SLOAN-KETTERING INSTITUTE FOR CANCER1275 YORK AVENUE NEW YORK, NY 10021	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCER1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	3	55,000		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
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	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
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	55,000		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
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	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
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	1,250,000		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
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	110,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	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
STANFORD UNIVERSITY9500 GILMAN DRIVE LA JOLLA, CA 92037	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY MEDICAL CENTER 3901 LICKMILL BLVD SANTA CLARA, CA 95054	77-0465765	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
STANFORD UNIVERSITY MEDICAL CENTER 279 CAMPUS DRIVE STANFORD, CA 94305	77-0465765	3	55,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY MEDICAL CENTER 279 CAMPUS DRIVE STANFORD, CA 94305	77-0465765	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
THE BOARD OF TRUSTEES OF THE LELAND279 CAMPUS DRIVE WEST STANFORD,CA 94305	37-6000511	3	55,000		ACCRUAL		RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE UNIVER900 S ASHLAND AVE CHICAGO,IL 60607	37-6000511	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
THE CBR INSTITUTE FOR BIOMEDICAL RE1 BLACKFAN CIRCLE BOSTON,MA 02115	04-2158520		1,250,000		ACCRUAL		RESEARCH GRANT
THE CHILDREN'S HOSPITAL OF PHILADEL3615 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	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
THE OHIO STATE UNIVERSITY320 WEST 10TH AVENUE COLUMBUS,OH 43210	31-6401599	3	65,000		ACCRUAL		RESEARCH GRANT
THE OHIO STATE UNIVERSITY320 WEST 10TH AVENUE COLUMBUS,OH 43210	31-6401599	3	55,000		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
THE OHIO STATE UNIVERSITY320 WEST 10TH AVENUE COLUMBUS, OH 43210	31-6401599	3	200,000		ACCRUAL		RESEARCH GRANT
THE OHIO STATE UNIVERSITY320 WEST 10TH AVENUE COLUMBUS, OH 43210	31-6401599	3	1,250,000		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
THE REGENTS OF THE UNIVERSITY OF CA731 STANLEY HALL MS 3220 BERKELEY, CA 94720	94-6002123	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA731 STANLEY HALL MS 3220 BERKELEY, CA 94720	94-6002123	3	55,000		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
THE REGENTS OF THE UNIVERSITY OF CA731 STANLEY HALL MS 3220 BERKELEY, CA 94720	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA2150 SHATTUCK AVENUE SUITE 313 BERKELEY, CA 94704	94-6002123	3	55,000		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
THE REGENTS OF THE UNIVERSITY OF CA11000 KINROSS AVENUE SUITE 102 LOS ANGELES, CA 90095	95-6006143	3	65,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA9500 GILMAN DRIVE LOS ANGELES, CA 90095	95-6006143	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
THE REGENTS OF THE UNIVERSITY OF CA9500 GILMAN DRIVE LOS ANGELES,CA 90095	95-6006143	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA9500 GILMAN DRIVE LA JOLLA,CA 92093	95-2872494	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
THE REGENTS OF THE UNIVERSITY OF CA9500 GILMAN DRIVE LA JOLLA,CA 92093	95-2872494	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA9500 GILMAN DRIVE LA JOLLA,CA 92093	95-2872494	3	55,000		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
THE REGENTS OF THE UNIVERSITY OF CA9500 GILMAN DRIVE LA JOLLA,CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA9500 GILMAN DRIVE LA JOLLA,CA 92093	95-2872494	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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	55,000		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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	55,000		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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	55,000		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
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUESUITE M1286 BO SAN FRANCISCO, CA 94143	94-6036493	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 AT SAN FRA3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	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
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	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
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	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
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	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
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	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
THE ROCKEFELLER UNIVERSITY1230 YORK AVENUE BOX 202 NEW YORK, NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY1230 YORK AVENUE BOX 202 NEW YORK, NY 10065	13-1624158	3	55,000		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
THE ROCKEFELLER UNIVERSITY1230 YORK AVENUE BOX 202 NEW YORK, NY 10065	13-1624158	3	65,000		ACCRUAL		RESEARCH GRANT
THE ROCKEFELLER UNIVERSITY1230 YORK AVENUE BOX 202 NEW YORK, NY 10065	13-1624158	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
THE SCRIPPS RESEARCH INSTITUTE10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
THE SCRIPPS RESEARCH INSTITUTE10550 NORTH TORREY PINES ROAD 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
THE UNIVERSITY OF ALABAMA AT BIRMIN720 SOUTH 20TH STREET BIRMINGHAM,AL 35294	63-6001138	3	110,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET CHICAGO,IL 60601	36-2177139	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
THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET CHICAGO,IL 60601	36-2177139	3	65,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET CHICAGO,IL 60601	36-2177139	3	55,000		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
THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET CHICAGO,IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET CHICAGO,IL 60601	36-2177139	3	55,000		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
TRUSTEES OF DARTMOUTH COLLEGE1 MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222111	3	200,000		ACCRUAL		RESEARCH GRANT
UMDNJ--ROBERT WOOD JOHNSON MEDICAL335 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-1776306	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
UNIV OF TEXAS HEALTH SCIENCE CENTER8230 14960 OMICRON DRIVE SAN ANTONIO, TX 78245	74-1717115	3	200,000		ACCRUAL		RESEARCH GRANT
UNIV OF TEXAS HEALTH SCIENCE CENTER8230 14960 OMICRON DRIVE SAN ANTONIO, TX 78245	74-1717115	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 ARKANSAS FOR MEDICAL4301 WEST MARKHAM 7 LITTLE ROCK,AR 72205	71-6046242	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CINCINNATI231 ALBERT SABIN WAY CINCINNATI,OH 45202	31-6000989	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 COLORADO3415 COLORADO AVE UCB 596 AURORA, CO 80045	84-6000555	3	65,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF COLORADO3415 COLORADO AVE UCB 596 AURORA, CO 80045	84-6000555	3	55,000		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 DENVER3415 COLORADO AVE UCB 596 AURORA,CO 80045	84-6000555	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF COLORADO DENVER3415 COLORADO AVE UCB 596 AURORA,CO 80045	84-6000555	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 COLORADO AT BOULDER3415 COLORADO AVE UCB 596 AURORA, CO 80045	84-6000555	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF FLORIDA113001 PO BOX GAINESVILLE, FL 32601	59-6002052	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 FLORIDA113001 PO BOX GAINESVILLE, FL 32601	59- 6002052	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MARYLAND BALTIMORE655 WEST BALTIMORE STREET BALTIMORE, MD 21201	52- 6002033	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 MARYLAND BALTIMORE655 WEST BALTIMORE STREET BALTIMORE, MD 21201	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL364 PLANTATION STREET WORCESTER, MA 01605	04-3167352	3	55,000		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 MASSACHUSETTS MEDICAL364 PLANTATION STREET WORCESTER,MA 01605	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MICHIGAN1500 E MEDICAL CENTER DRIVE ANN ARBOR,MI 48109	38-6006309	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 MINNESOTA - TWIN CITI321 CHURCH STREET SE MINNEAPOLIS, MN 55401	41-6007513	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MINNESOTA - TWIN CITI321 CHURCH STREET SE MINNEAPOLIS, MN 55401	41-6007513	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 MINNESOTA - TWIN CITI321 CHURCH STREET SE MINNEAPOLIS, MN 55401	41-6007513	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT CHA450 WEST DRIVE CHAPEL HILL, NC 27599	56-6001393	3	55,000		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 NORTH CAROLINA HOSPIT450 WEST DRIVE ROOM 22-039 CHAPEL HILL, NC 27599	56-6001393	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	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 PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	55,000		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 PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	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 PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	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 PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	1,250,000		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 PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	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 PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA, PA 19104	23-1352685	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 PITTSBURGH5117 CENTER AVE PITTSBURGH, PA 15213	25-0965591	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE ROCHESTER, NY 14603	16-0473209	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 ROCHESTER601 ELMWOOD AVENUE ROCHESTER, NY 14603	16-0473209	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE ROCHESTER, NY 14603	16-0473209	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 ROCHESTER601 ELMWOOD AVENUE ROCHESTER, NY 14603	16-0473209	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON, TX 77030	76-0300816	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 TEXAS MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON, TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON, TX 77030	76-0300816	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 TEXAS MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON, TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON, TX 77030	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 MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON, TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON, TX 77030	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 MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON,TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TEXAS MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON,TX 77030	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 MD ANDERSON C1515 HOLCOMBE BLVD HOUSTON,TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TEXAS SOUTHWESTERN ME 5323 HARRY HINES BOULEVARD DALLAS,TX 75390	75-6002868	3	55,000		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 UTAH2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112	87-6000525	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF UTAH2000 CIRCLE OF HOPE SALT LAKE CITY, UT 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 UTAH2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112	87-6000525	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF UTAH2000 CIRCLE OF HOPE SALT LAKE CITY, UT 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 UTAH2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF UTAH2000 CIRCLE OF HOPE SALT LAKE CITY, UT 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 UTAH2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF VERMONT149 BEAUMONT AVE BURLINGTON,VT 05405	03-0179440	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 WASHINGTON1100 NE 45TH STREET SEATTLE,WA 98105	91-6001537	3	110,000		ACCRUAL		RESEARCH GRANT
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS,TX 75390	76-0300816	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
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS,TX 75390	76-0300816	3	55,000		ACCRUAL		RESEARCH GRANT
VIRGINIA COMMONWEALTH UNIVERSITY401 COLLEGE STREET RICHMOND,VA 23298	54-6001758	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
WASHINGTON UNIVERSITY IN ST LOUIS660 SOUTH EUCLID AVE SAINT LOUIS, MO 63110	43-0653611	3	200,000		ACCRUAL		RESEARCH GRANT
WASHINGTON UNIVERSITY SCHOOL OF MED 660 SOUTH EUCLID AVE SAINT LOUIS, MO 63110	91-6001537	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
WHITEHEAD INSTITUTE FOR BIOMEDICAL9 CAMBRIDGE CENTER CAMBRIDGE, MA 02138	06-1043412	3	110,000		ACCRUAL		RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL9 CAMBRIDGE CENTER CAMBRIDGE, MA 02138	06-1043412	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
YALE UNIVERSITY 208250 PO BOX NEW HAVEN,CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY 208250 PO BOX NEW HAVEN,CT 06510	06-0646973	3	55,000		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
YALE UNIVERSITY 208250 PO BOX NEW HAVEN,CT 06510	06- 0646973	3	55,000		ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY 208250 PO BOX NEW HAVEN,CT 06510	06- 0646973	3	55,000		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
SHAPE55 CAMBRIDGE PARKWAY CAMBRIDGE, MA 02142	26- 3714475		3,600,000		FMV		THERAPY ACCELERATION
MEMORIAL SLAON KETTERING633 THIRD AVENUE NEW YORK, NY 10017	91- 2154267	3	1,956,100		FMV		THERAPY ACCELERATION

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
CELATOR PHARMACEUTICALS 303B COLLEGE ROAD EAST PRINCETON, NJ 08540	20- 2680869		1,888,218		FMV		THERAPY ACCELERATION
EPIZYME INC325 VASSAR STREET CAMBRIDGE, MA 02139	26- 1349956		1,500,000		FMV		THERAPY ACCELERATION

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
ACETYLON PHARMACEUTICALS70 FARGO STREET BOSTON,MA 02210	26- 3506788		1,340,000		FMV		THERAPY ACCELERATION
AVILA100 BEAVER STREET WALTHAM,MA 02453	20- 4599701		517,483		FMV		THERAPY ACCELERATION

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
BECKLOFF ASSOCIATES INC 3203 SOLUTIONS CENTER CHICAGO,IL 60677	48-0842223		525,686		FMV		THERAPY ACCELERATION
CHARLES RIVER LABS251 BALLARDVALLE STREET WILMINGTON,MA 01887	43-0918770		509,300		FMV		THERAPY ACCELERATION

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
JOHN HOPKINS UNIVERSITY4545 NORTH CHARLES STREET BALTIMORE, MD 21210	52-0595110	3	500,000		FMV		THERAPY ACCELERATION
NANOSYN INC 3760 MAVEN AVE MENLO PARK, CA 94025	86-0909295		207,346		FMV		THERAPY ACCELERATION

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
FORMA THERAPEUTICS790 MEMORIAL DRIVE CAMBRIDGE, MA 02139	26-0428600		200,000		FMV		THERAPY ACCELERATION
CELGENE AVILOMIC RESEARCH45 WIGGINS AVENUE BEDFORD, MA 01731	20-4599701		150,000		FMV		THERAPY ACCELERATION

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
CLEVELAND CLINIC931568 PO BOX CLEVELAND, OH 44193	34-0714585		118,000		FMV		THERAPY ACCELERATION
CHILDRENS HOSPITAL OF BOSTON414413 PO BOX BOSTON, MA 02241	04-2774441	3	100,000		FMV		THERAPY ACCELERATION

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 KANSAS2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	3	100,000		FMV		THERAPY ACCELERATION
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE PITTSBURGH, PA 15251	38-6006309	3	60,372		FMV		THERAPY ACCELERATION

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
KUMC OUTPATIENT PHARMACY3901 RAINBOW BLVD KANSAS CITY,KS 66160	48-1202402		58,160		FMV		THERAPY ACCELERATION
ABC LABORATORIES INC 4780 DISCOVERY DRIVE COLUMBIA,MO 65201	43-0918770		54,623		FMV		THERAPY ACCELERATION

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
SMITHERS PHARMA SERVICES75711 PO BOX CLEVELAND,OH 44101	20-1922115		25,500		FMV		THERAPY ACCELERATION
PEPTISYNTHA INC 23424 NETWORK PLACE CHICAGO,IL 60673	76-0315292		10,000		FMV		THERAPY ACCELERATION

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
AMERICAN PEPTIDE1271 AVENIDA CHELSEA VISTA,CA 92081	94-3057367		9,275		FMV		THERAPY ACCELERATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 SOCIETYINC

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <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> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	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	1b	
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?	2	
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN WALTER	(i) (ii)	516,875	50,000	14,868	30,870	22,298	634,911	
(2) JAMES T NANGLE	(i) (ii)	217,599	17,194	9,891	23,479	22,069	290,232	
(3) LOUIS DEGENNARO	(i) (ii)	331,768	32,778	17,932	24,500	15,232	422,210	
(4) NANCY KLEIN	(i) (ii)	331,768	26,223	16,507	24,500	22,270	421,268	
(5) RICHARD WINNEKER	(i) (ii)	221,375	25,874	22,726	5,428	982	276,385	
(6) DAVID TIMKO	(i) (ii)	230,080	5,827	11,891	23,591	15,066	286,455	
(7) MICHAEL OSSO	(i) (ii)	207,050	20,375	17,769	21,205	15,026	281,425	
(8) JAY SILVER	(i) (ii)							
(9) DEREK RAGHAVAN	(i) (ii)							

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. THESE AMOUNTS ARE REPORTED ON SCHEDULE J PART II,COLUMN(B)(II)

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

2011

Open to Public Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number
13-5644916

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	71	803,655	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	53		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PRINTED ITEMS)	X	2		
26 Other ► (FUNITURE&EQUIP)	X	6		
27 Other ► (VARIOUS)	X	73		
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

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

b

If "Yes," describe the arrangement in Part II

31

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

32a

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

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

Yes

No

No

Yes

Yes

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

Cat No 51227J

Schedule M (Form 990) 2011

Part III

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

2011

Open to Public

Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number

13-5644916

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>TO DATE, LLS HAS INVESTED MORE THAN 875 MILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CAN CER PATIENTS LIVE BETTER, LONGER LIVES WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR I NNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE TH ERAPY IN FISCAL YEAR 2012, LLS SUPPORTED RESEARCH IN THE U S , CANADA AND 7 OTHER COUNTRI ES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 66 MILLION RESEARCH FUNDING WAS DI STribUTED ACROSS ALL BLOOD CANCERS OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RES EARCH OUTCOMES BY - BUILDING A FOCUSED RESEARCH WORK-FORCE ASSURING THE NEXT ROUND OF BR EAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN BLOOD CANCER RESEAR CH FIELDS - TURNING DISCOVERIES INTO NEW THERAPIES FUNDAMENTAL NEW FINDINGS CAN BE TRANS LATED INTO SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT L IVES - SUPPORTING SYNERGY LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND T HE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FA STER ADVANCES - FILLING A VOID RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY GOVERNMENT AGENCIES OR FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES - SPEEDING NEW TREATMENTS TO PATIENTS PARTNERING WITH BIOT ECHNOLOGY AND PHARMACEUTICAL COMPANIES CAN ADVANCE PROMISING THERAPIES THROUGH CLINICAL TE STING, FASTER PAST ADVANCES MADE WITH LLS RESEARCH FUNDING GENEROUS DONORS HAVE HELPED LL S SUPPORT RESEARCH THAT HAS ALREADY BENEFITED BLOOD CANCER PATIENTS AND MANY OTHERS ADVAN CES INCLUDE - MULTI-DRUG THERAPIES THAT ARE MORE EFFECTIVE THAN TREATMENTS WITH SINGLE AN TI-CANCER AGENTS, - BONE MARROW / STEM CELL TRANSPLANTATION AND SUPPORTIVE CARE TREATMENTS FOR PATIENTS WHO RELAPSE DESPITE THE BEST AVAILABLE THERAPY , - TESTS THAT DISTINGUISH SPE CIFIC CHARACTERISTICS OF PARTICULAR BLOOD CANCERS FOR ACCURATE DIAGNOSIS OF CANCER SUBTY PE S, AND FOR "RISK STRATIFICATION" TO SELECT AN OPTIMAL THERAPY TARGETED THERAPY RESEARCH D ISCOVERING THE MOLECULAR ABNORMALITIES THAT CAUSE PARTICULAR TYPES OF BLOOD CANCER HAS BEE N USEFUL IN DIAGNOSIS AND RISK STRATIFICATION, AND IN NEW "TARGETED DRUG" DEVELOPMENT LLS - FUNDED INVESTIGATORS HAVE HELPED ADVANCE MOLECULARLY TARGETED TREATMENTS THAT CAN SELECTI VELY KILL BLOOD CANCER CELLS VERSUS NORMAL CELLS MANY OF THESE NEW TREATMENTS BENEFIT NOT ONLY BLOOD CANCER PATIENTS, BUT ALSO PATIENTS WITH OTHER DISEASES FOR EXAMPLE - GLEEVEC IS FDA-APPROVED FOR PATIENTS OF ALL AGES WITH CHRONIC MYELOID LEUKEMIA (CML), AND IS ALSO APPROVED FOR PATIENTS WITH ONE FORM OF ACUTE LYMPHOID LEUKEMIA (ALL), MYELODY SPLASTIC SYN DROMES (MDS), MYELOPROLIFERATIVE DISORDERS AND RARE FORMS OF STOMACH AND SKIN CANCERS REL ATED DRUGS, SPRYCEL AND TASIGNA, ARE APPROVED FOR PATIENTS WHO DO NOT BENEFIT FROM GLEEVEC ONE OR MORE OF THESE DRUGS ARE ALSO SHOWING PROMISE FOR PATIENTS WITH VARIOUS LYMPHOMAS, ACUTE MYELOID LEUKEMIA (AML), CHRONIC LYMPHOCYTIC LEUKEMIA (CLL), AND OTHER CANCERS, INCL UDING BRAIN, BREAST, HEAD-AND-NECK, LUNG, PANCREATIC, AND PROSTATE CANCERS, AND PATIENTS W ITH OTHER DISEASES INCLUDING ALZHEIMER'S, ASTHMA AND PULMONARY HYPERTENSION - RITUXAN WAS THE FIRST FDA-APPROVED, ANTI-CANCER ANTIBODY DRUG, DEVELOPED FOR PATIENTS WITH FORMS OF B -CELL NON-HODGKIN LYMPHOMA (NHL) IT IS NOW ALSO APPROVED FOR CLL PATIENTS AND AS A "MAINT ENANCE" THERAPY FOR FOLLICULAR LYMPHOMA PATIENTS, AND SHOWING PROMISE FOR PATIENTS WITH AL L AND AFTER STEM CELL TRANSPLANTATION IN ADDITION, IT IS APPROVED FOR TREATING PATIENTS W ITH SEVERE RHEUMATOID ARTHRITIS AND TWO OTHER TYPES OF AUTOIMMUNE DISEASES A RELATED ANTI BODY DRUG, ARZERRA, IS APPROVED FOR CLL PATIENTS AND SHOWING WIDER PROMISE - VELCADE, THA LIDOMID AND REVLIMID ARE FDA-APPROVED FOR PATIENTS WITH MYELOMA AND ARE ALSO HELPING SOME PATIENTS WITH HODGKIN LYMPHOMA AND NHL KRYPOLIS WAS RECENTLY APPROVED FOR MYELOMA PATIENT S FOR WHOM AT LEAST TWO PRIOR THERAPIES WERE INSUFFICIENT ONE OR MORE OF THESE DRUGS ARE NOW BEING TESTED FOR PATIENTS WITH T-CELL AND B-CELL FORMS OF LYMPHOMA, ACUTE LEUKEMIAS, A S WELL AS AIDS-RELATED KAPOSI SARCOMA AND BRAIN, BREAST, COLORECTAL, HEAD-AND-NECK, KIDNEY , LIVER, LUNG, OVARIAN AND PROSTATE CANCERS, AND ALZHEIMER'S DISEASE - ISTODAX, ZOLINZA, DACOGEN AND VIDAZA TARGET SMALL CHEMICAL, "EPIGENETIC" CHANGES THE FIRST TWO DRUGS ARE AP PROVED FOR PATIENTS WITH PERIPHERAL T-CELL LYMPHOMAS, THE LATTER DRUGS ARE APPROVED FOR MD S PATIENTS ONE OR MORE OF THESE DRUGS ARE BEING TESTED FOR PATIENTS WITH ALL, AML, CML, C LL, MYELOMA AND FORMS OF NHL, AFTER STEM CELL TRANSPLANTATION, AND FOR PATIENTS WITH BREAS T, BRAIN, KIDNEY , COLORECTAL, HEAD-AND-NECK, LUNG, STOMACH, PROSTATE AND OVARIAN CANCERS, MELANOMA AS WELL AS SICKLE CELL DISEASE AND PERSISTENT HIV INFECTIONS OTHER ACTIVE RESEAR CH DIRECTIONS LLS-FUNDED RESEARCHERS ARE ALSO EXPLORING OTHER AREAS OF RESEARCH THAT HOLD PROMISE FOR PATIENTS - NOVEL STEM CELL TRANSPLANT</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>ACTION PROCEDURES THESE INCLUDE SO-CALLED "MINI" TRANSPLANTS THAT USE LESS TOXIC PRE-TRANS PLANT TREATMENTS AND ENGINEERED DONOR CELLS THAT HELP REDUCE POST-TRANSPLANT COMPLICATIONS , MAKING THESE POTENTIALLY CURATIVE TREATMENTS AVAILABLE TO MORE PATIENTS - IMMUNOTHERAPIES INCLUDING ANTIBODIES, VACCINES AND ENGINEERED IMMUNE CELLS, THESE TARGETED THERAPIES H ELP A PATIENT'S IMMUNE SY STEM FIGHT INFECTIONS AND KILL RESIDUAL CANCER CELLS, PROLONGING REMISSIONS, AND PERHAPS ONE DAY REPLACING TOXIC CHEMOTHERAPIES - DIAGNOSTICS NEW TECHNOL OGIES MAKE IT POSSIBLE TO CHARACTERIZE THE ABNORMALITIES IN INDIVIDUAL CANCER CASES IN MOL ECULAR DETAIL THIS INFORMATION CAN BE USED TO HELP CHOOSE THE BEST POSSIBLE TREATMENT FOR EACH PATIENT, ESPECIALLY AS MORE TARGETED THERAPIES BECOME AVAILABLE - QUALITY OF LIFE R ESEARCH THESE STUDIES INCREASE OUR UNDERSTANDING OF HOW SPECIFIC TREATMENTS CAN CAUSE DEB ILITATING SIDE-EFFECTS, INCLUDING LATE-EFFECTS, AND WHICH PATIENTS ARE AT RISK FOR DEVELOP ING THESE COMPLICATIONS, SO THAT THEY CAN BE BETTER MANAGED OR EVEN PREVENTED DRIVING RES EARCH TO ADDRESS UNMET MEDICAL NEEDS LLS CONTINUES TO SOLICIT AND SUPPORT RESEARCH FOCUSED ON IMPROVING BLOOD CANCER PATIENTS' QUALITY OF LIFE AFTER TODAY'S CURATIVE THERAPIES ALS O IN 2012, FOR THE SECOND YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN THREE OTHER U NDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS NEW RESEARCH IS FOCUSED ON - THE MALIGNANT STEM CELL IN A ML AND MDS - NON-CUTANEOUS T-CELL LEUKEMIAS AND LY MPHOMAS - HIGH RISK MYELOMA CASES THE TH ERAPY ACCELERATION PROGRAM THIS STRATEGIC INITIATIVE WAS LAUNCHED IN 2007 TO MOVE NEW TREA TMENTS AND DIAGNOSTICS THROUGH PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS, FASTER USING MILESTONE-DRIVEN CONTRACTS AND WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CEN TERS AND COMPANIES, LLS IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIO NS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE AVAILA BLE TO PATIENTS AS SOON AS POSSIBLE THE PROGRAM INCLUDES - THE ACADEMIC CONCIERGE DIVISI ON IDENTIFIES ESPECIALLY PROMISING LLS-FUNDED GRANT PROJECTS AND PROVIDES ADDITIONAL SUPPO RT TO ADVANCE SELECTED PROJECTS TO THE PRODUCT STAGE - THE BIOTECHNOLOGY ACCELERATOR DIVI SION PARTNERS LLS WITH COMPANIES TO COMBINE SCIENTIFIC AND FINANCIAL RESOURCES AND ACCELER ATE THE DEVELOPMENT OF POTENTIAL BLOOD CANCER THERAPIES THAT OTHERWISE MIGHT NOT BE PRIORI TIZED BY THE COMPANY - THE CLINICAL TRIALS DIVISION BRINGS CLINICAL TRIALS TO BLOOD CANC ER PATIENTS IN THEIR COMMUNITIES, INCLUDING UNDER-REPRESENTED POPULA TIONS, AND WITH THE UL TIMATE GOAL OF INCREASING PATIENT ENROLLMENT IN BLOOD CANCER TRIALS</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>LLS IS COMMITTED TO PROVIDING THE MOST ACCURATE AND UP-TO-DATE BLOOD CANCER INFORMATION. PROFESSIONAL VOLUNTEER CLINICAL ADVISORS WORK WITH LLS STAFF TO REVIEW ALL OF THE INFORMATION LLS PROVIDES THROUGH HEALTHCARE PROFESSIONAL AND PATIENT EDUCATION PROGRAMS, PUBLICATIONS AND THE LLS WEBSITE. A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS. LLS PUBLISHES AN ANNUAL COMPILATION OF DATA AVAILABLE FOR BLOOD CANCERS, INCLUDING THE ESTIMATED NUMBERS OF NEW BLOOD CANCER CASES AND DEATHS, THE MOST RECENT STATISTICS AVAILABLE FOR INCIDENCE, MORTALITY AND SURVIVAL, AND CURRENT AND ACCURATE INFORMATION ABOUT SYMPTOMS, RISK FACTORS AND TREATMENT PUBLICATIONS. AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS. EACH YEAR, LLS DISTRIBUTES BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS THROUGH THE INFORMATION RESOURCE CENTER AND LLS CHAPTERS. MANY MATERIALS ARE ALSO AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER. DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH AND SPANISH - 1,077,533 PRINTED BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS. DISTRIBUTED IN 2012. FINANCIAL ASSISTANCE IN 2012, A COMBINED 48,018,526 DOLLARS WAS AWARDED TO PATIENTS THROUGH THE LLS PATIENT FINANCIAL AID (3,057,200) AND CO-PAY ASSISTANCE PROGRAMS (45,961,326). PATIENT FINANCIAL AID PROGRAM FOR MORE THAN 46 YEARS, LLS HAS HELPED PATIENTS DEMONSTRATING SIGNIFICANT NEED TO OBTAIN FINANCIAL ASSISTANCE TO COVER A PORTION OF THEIR TREATMENT COSTS. THE LLS PATIENT FINANCIAL AID PROGRAM PROVIDES A LIMITED AMOUNT OF FINANCIAL ASSISTANCE TO HELP PATIENTS WITH SIGNIFICANT FINANCIAL NEED AND WHO ARE UNDER A DOCTOR'S CARE FOR A CONFIRMED BLOOD CANCER DIAGNOSIS. PATIENT FINANCIAL AID FUNDS ARE SUBJECT TO AVAILABILITY - 30,603 PATIENTS RECEIVED FINANCIAL AID IN 2012. CO-PAY ASSISTANCE PROGRAM. THIS CO-PAY ASSISTANCE PROGRAM HELPS PATIENTS WITH MANY KINDS OF BLOOD CANCERS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR CANCER. PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT. CO-PAY ASSISTANCE IS SUBJECT TO FUND AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS. FOR MORE INFORMATION CALL, (877) LLS-COPAY (877) 557-2672 OR VISIT WWW.LLS.ORG/COPAY - 13,971 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2012.</p> <p>COMMUNITY PROGRAMS. EACH LLS CHAPTER OFFICE IS STAFFED WITH A PATIENT SERVICES MANAGER (PSM) WHO OVERSEES SERVICES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS. PSMS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING OR SOCIAL WORK. PSMS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS. COMMUNITY-BASED EDUCATION AND OUTREACH, SUPPORT AND PUBLIC POLICY AND ADVOCACY PROGRAMS ARE AVAILABLE - 43,282 PATIENT AND CAREGIVER PARTICIPANTS IN 2012 - 11,424 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2012. PROGRAMS FOR CHILDREN AND YOUNG ADULTS. THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER FOCUSES ON INCREASING COMMUNICATION AMONG HEALTHCARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO SUPPORT CHILDREN, ADOLESCENTS AND YOUNG ADULTS LIVING WITH CANCER. PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE IN COMMUNITIES THROUGHOUT THE US AND CANADA VIA LLS CHAPTER OFFICES. THE PROGRAM INCLUDES STAYING CONNECTED. FACILITATING THE LEARNING EXPERIENCE DURING AND AFTER CANCER TREATMENT. THIS EDUCATION PROGRAM FOR SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS DESCRIBES PHYSICAL, COGNITIVE AND PSYCHOSOCIAL SHORT- AND LONG-TERM EFFECTS THAT CHILDREN, ADOLESCENTS AND YOUNG ADULTS MAY EXPERIENCE DURING AND AFTER TREATMENT. THE PROGRAM OFFERS GUIDANCE AND NUMEROUS RESOURCES TO HELP CHILDREN, ADOLESCENTS AND YOUNG ADULTS CONTINUE THEIR EDUCATION DURING AND AFTER TREATMENT - 2,957 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 81 STAYING CONNECTED PROGRAMS ACROSS THE US AND CANADA IN 2012.</p> <p>FAMILY SUPPORT GROUPS. LLS HAS DEVELOPED 419 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA. LLS ALSO HAS 786 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK. GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS - 12,113 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2012.</p> <p>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 TRAINEE</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	D PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS - 6,050 FIRST CONNECTIONS IN 2 012

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	<p>LLS INFORMATION SPECIALISTS ARE MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS WHO PROVIDE HELP WITH DISEASE, TREATMENT AND CLINICAL TRIAL INFORMATION AND SUPPORT. LLS INFORMATION SPECIALISTS CONDUCT CLINICAL-TRIAL SEARCHES TO HELP PATIENTS WORK WITH THEIR DOCTORS TO FIND OUT ABOUT SPECIFIC CLINICAL TRIALS. PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A.M. TO 6 P.M., ET, EMAIL INFOCENTER@LLS.ORG OR CHAT ONE-ON-ONE VIA THE LLS WEBSITE. THE INFORMATION RESOURCE CENTER OFFERS TRANSLATION SERVICES IN MORE THAN 165 LANGUAGES. - 60,012 INQUIRIES IN 2012. THE LLS WEBSITE, WWW.LLS.ORG, FULFILLS A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS. VISITORS CAN PERSONALIZE THEIR WEB PAGES TO KEEP CURRENT WITH DISEASE-SPECIFIC UPDATES AND COMMUNITY EDUCATION AND SUPPORT ACTIVITIES. THE WEBSITE PROVIDES ACCESS TO LLS PROGRAMS AND SERVICES, INCLUDING CO-PAY ASSISTANCE, PATIENT FINANCIAL AID, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, NATIONAL TELEPHONE AND WEB EDUCATION PROGRAMS, PUBLICATIONS IN ENGLISH AND SPANISH, AND CLINICAL-TRIAL SEARCHES VIA AN ONLINE CLINICAL-TRIAL SEARCH SERVICE THAT OFFERS PATIENTS AND CAREGIVERS IMMEDIATE ACCESS TO LISTINGS OF BLOOD CANCER CLINICAL TRIALS. PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS CAN INTERACT WITH LLS AND ONE ANOTHER THROUGH SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS. NATIONAL TELEPHONE/WEB EDUCATION PROGRAMS. LLS SPONSORS TELEPHONE AND WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES. IN 2012, 10 LLS NATIONAL EDUCATION PROGRAMS FEATURED DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS. OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS. MANY OF THESE PROGRAMS INCLUDE CONTINUING EDUCATION CREDITS FOR NURSES AND SOCIAL WORKERS. LLS ALSO SPONSORS A RANGE OF PROFESSIONAL EDUCATION PROGRAMS. RECENT PROGRAMS EXPLORED COMMUNICATION AMONG PRIMARY CARE PROVIDERS AND HEMATOLOGISTS/ONCOLOGISTS IN MANAGING PATIENTS WITH HEMATOLOGIC CANCER AND NURSING MANAGEMENT OF CHALLENGING SIDE EFFECTS. UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS. PROFESSIONAL EDUCATION PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PROFESSIONAL. LLS ALSO OFFERS DISEASE-SPECIFIC WEBCASTS PRESENTED BY WORLD RENOWNED CLINICAL EXPERTS. THESE CAN BE ACCESSED AT WWW.LLS.ORG/WEBCASTS.</p>

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	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

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 AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF REPRESENTATIVES (REPRESENTING THE CHAPTERS) ELECTS THE MEMBERS OF LLS'S GOVERNING 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 INTRANET 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 PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART 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 PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, REVIEWED A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS' COMPENSATION RANGES AND COMPARED THIS TO THE OTHER OFFICER'S SALARY AND DETERMINED THAT IT WAS APPROPRIATE. THE REVIEW WAS DOCUMENTED IN THE EXECUTIVE COMMITTEE'S MINUTES

Identifier	Return Reference	Explanation
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	, ALASKA, ALABAMA, ARKANSAS, ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, DIST OF COLUMBIA, FLORIDA, GEORGIA, HAWAII, IDAHO, ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEBRASKA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, 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 THE PUBLIC ON ITS WEBSITE AT WWW.LLS.ORG ITS GOVERNING DOCUMENTS ARE MADE AVAILABLE, WHEN CHANGES ARE MADE, AS PART OF THE 990 AVAILABLE FOR PUBLIC INSPECTION ANY IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	JOHN WALTER PRESIDENT & CEO, SCOTT CARROLL BOD CHAIR, TIMOTHY DURST BOD VICECHAIR, AND STEVEN HOOKER BOD SECRETARY/TREASURER SPEND LESS THAN 1 HOUR PER MONTH ON THE BUSINESS OF OUR RELATED ORGANIZATIONS LSRP13-3470494,AND LSRF 13-3709252 THE LARGEST AMOUNT OF TIME THEY SPEND ON LSRF AND LSRP IS DURING THEIR ANNUAL REVIEW OF THE ORGANIZATIONS IRS FORM 990, AND 990EZ FILINGS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	RECONCILIATION OF CHANGE IN NET ASSETS ON A CONSOLIDATED BASIS TO SEPARATE COMPANY BASIS CHANGE IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS (6,266,084) PLUS CHANGE IN NET ASSETS LLS CANADA 439,080 PLUS LLSRF AND LLSRP ACTIVITY (41,507) PLUS FOREIGN CURRENCY TRANSLATION ADJUSTMENT 133,400 PLUS AUDITED FINANCIAL STATEMENT ROUNDING (3) EQUALS CHANGE IN NET ASSETS PER 990 (5,735,114) SCHEDULE D PART XI LINE 9 (6,694,563) CHANGE IN NET ASSETS ABOVE 530,970 990 PART XI LINE 5 (6,163,593) THE AUDITED FINANCIAL STATEMENTS FOR THE LEUKEMIA & LYMPHOMA SOCIETY, INC INCLUDE THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA, THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH PROGRAMS, INC , AND THE LEUKEMIA & LYMPHOMA SOCIETY RESEARCH FOUNDATION IN ADDITION TO LLS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART XII	JAY SILVER RESIGNED FROM THE BOD APRIL 20, 2012 DEREK RAGHAVAN RESIGNED FROM THE BOD MARCH 14, 2012

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

2011

Open to Public Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO M2J4P8 CA	PART VII	CA			NA		No
(2) THE LLS RESEARCH PROGRAMS INC 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605 13-3470494	PART VII	DE	501C3	11B	LLS INC	Yes	
(3) THE LLS RESEARCH FOUNDATION 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

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

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	THE LEUKEMIA LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA LYMPHOMA SOCIETY INC IN CANADA THE LEUKEMIA SOCIETY RESEARCH PROGRAMS INC AND THE LEUKEMIA RESEARCH FOUNDATION INC SUPPORT THE ACTIVITIES OF THE LEUKEMIA LYMPHOMA SOCIETY INC

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 8,532,346 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES A BECK BOD MEMBER	2 00	X						0	0	0
WILLIAM G BEHNKE BOD MEMBER	2 00	X						0	0	0
JORGE L BENITEZ BOD MEMBER	2 00	X						0	0	0
PETER B BROCK BOD MEMBER	2 00	X						0	0	0
A DANA CALLOW JR BOD MEMBER	2 00	X						0	0	0
ELIZABETH J CLARK BOD MEMBER	2 00	X						0	0	0
JORGE CORTES MD BOD MEMBER	2 00	X						0	0	0
JAMES H DAVIS PHD BOD MEMBER	2 00	X						0	0	0
BERNARD H GARIL BOD MEMBER	2 00	X						0	0	0
D GARY GILLILAND MD PHD BOD MEMBER	2 00	X						0	0	0
PAMELA JO HAYLOCK BOD MEMBER	2 00	X						0	0	0
RAANAN HOROWITZ BOD MEMBER	2 00	X						0	0	0
RICHARD M JEANNERET BOD MEMBER	2 00	X						0	0	0
ARMAND KEATING MD BOD MEMBER	2 00	X						0	0	0
JOSEPH B KELLEY BOD MEMBER	2 00	X						0	0	0
MARIE V MCDEMMOND BOD MEMBER	2 00	X						0	0	0
RODMAN N MYERS BOD MEMBER	2 00	X						0	0	0
STEVEN T ROSENMDFACP BOD MEMBER	2 00	X						0	0	0
KENNETH M SCHWARTZ BOD MEMBER	2 00	X						0	0	0
KATHRYN C VECELLIO BOD MEMBER	2 00	X						0	0	0
WILLIAM M WARD JR BOD MEMBER	2 00	X						0	0	0
LOUISE E WARNER BOD MEMBER	2 00	X						0	0	0
MATTHEW J WINTER BOD MEMBER	2 00	X						0	0	0
JOHN WALTER PRESIDENT &	45 00			X				581,743	0	53,168
JAMES T NANGLE SVP&CFO	45 00			X				244,684	0	45,548

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT A CARROLL CHAIR	2 00			X				0	0	0
TIMOTHY DURST VICE CHAIR	2 00			X				0	0	0
STEVEN HOOKER SECRETARY/TR	2 00			X				0	0	0
LOUIS DEGENNARO CHIEF MISSIO	45 00					X		382,478	0	39,732
NANCY KLEIN CHIEF MARKET	45 00					X		374,498	0	46,770
RICHARD WINNEKER SVP RESEARCH	45 00					X		269,975	0	6,410
DAVID TIMKO SVP VOLUNTEE	45 00					X		247,798	0	38,657
MICHAEL OSSO SVP REVENUE	45 00					X		245,194	0	36,231
JAY SILVER BOD MEMBER	2 00						X	0	0	0
DEREK RAGHAVAN BOD MEMBER	2 00						X	0	0	0