

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 76,025,725 including grants of \$ 72,086,215) (Revenue \$)
A) RESEARCH PROGRAMS WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVED OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES LLS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE (CONTINUED ON SCHEDULE O) TO DATE, LLS HAS INVESTED ALMOST 1 BILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES WE WILL CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY IN FISCAL YEAR 2013, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 7 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 72 MILLION RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY - BUILDING A FOCUSED RESEARCH WORK-FORCE ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN BLOOD CANCER RESEARCH FIELDS - TURNING DISCOVERIES INTO NEW THERAPIES FUNDAMENTAL NEW FINDINGS CAN BE TRANSLATED INTO SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES - SUPPORTING SYNERGY LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES - FILLING A VOID RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY GOVERNMENT AGENCIES OR FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES - SPEEDING NEW TREATMENTS TO PATIENTS PARTNERING WITH BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES CAN ADVANCE PROMISING THERAPIES THROUGH CLINICAL 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 2013, FOR THE SECOND YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN THREE OTHER UNDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS NEW RESEARCH IS FOCUSED ON - THE MALIGNANT STEM CELL IN AML AND MDS - NON-CUTANEOUS T-CELL LEUKEMIAS AND LYMPHOMAS - HIGH RISK MYELOMA CASES THE THERAPY ACCELERATION PROGRAM THIS STRATEGIC INITIATIVE WAS LAUNCHED IN 2007 TO MOVE NEW TREATMENTS AND DIAGNOSTICS THROUGH PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS, FASTER USING MILESTONE-DRIVEN CONTRACTS AND WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS AND COMPANIES, LLS IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE AVAILABLE TO PATIENTS AS SOON AS POSSIBLE THE PROGRAM INCLUDES - THE ACADEMIC 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 \$ 107,397,528 including grants of \$ 45,639,792) (Revenue \$)
B) PATIENT & COMMUNITY SERVICES AN ESTIMATED 1,129,813 PEOPLE ACROSS THE UNITED STATES (US) CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS A FREE, COMPREHENSIVE ARRAY OF SERVICES TO BLOOD CANCER PATIENTS AND THEIR FAMILIES, VOLUNTEER CAREGIVERS AND ADVOCATES, HEALTHCARE PROFESSIONALS AND THE PUBLIC (CONTINUED ON SCHEDULE O) LLS IS COMMITTED TO PROVIDING THE MOST ACCURATE AND UP-TO-DATE BLOOD CANCER INFORMATION PROFESSIONAL VOLUNTEER CLINICAL ADVISORS WORK WITH LLS STAFF TO REVIEW ALL OF THE INFORMATION LLS PROVIDES THROUGH HEALTHCARE PROFESSIONAL AND PATIENT EDUCATION PROGRAMS, PUBLICATIONS AND THE LLS 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 - 920,398 PRINTED BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS DISTRIBUTED IN 2013 FINANCIAL ASSISTANCE IN 2013, A COMBINED 45,639,792 DOLLARS WAS DISBURSED TO PATIENTS THROUGH THE LLS PATIENT FINANCIAL AID (2,989,442) AND CO-PAY ASSISTANCE PROGRAMS (42,650,350) PATIENT FINANCIAL AID PROGRAM FOR MORE THAN 46 YEARS, LLS HAS HELPED PATIENTS DEMONSTRATING SIGNIFICANT NEED TO OBTAIN FINANCIAL ASSISTANCE TO COVER A PORTION OF THEIR TREATMENT COSTS THE LLS PATIENT FINANCIAL AID PROGRAM PROVIDES A LIMITED AMOUNT OF FINANCIAL ASSISTANCE TO HELP PATIENTS WITH SIGNIFICANT FINANCIAL NEED AND WHO ARE UNDER A DOCTOR'S CARE FOR A CONFIRMED BLOOD CANCER DIAGNOSIS PATIENT FINANCIAL AID FUNDS ARE SUBJECT TO AVAILABILITY - 29,894 PATIENTS RECEIVED FINANCIAL AID IN 2013 CO-PAY ASSISTANCE PROGRAM THIS CO-PAY ASSISTANCE PROGRAM HELPS PATIENTS WITH MANY KINDS OF BLOOD CANCERS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR CANCER PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT CO-PAY ASSISTANCE IS SUBJECT TO FUND AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS FOR MORE INFORMATION CALL, (877) LLS-COPAY (877) 557-2672 OR VISIT WWW.LLS.ORG/COPAY - 18,259 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2013 COMMUNITY PROGRAMS EACH LLS CHAPTER OFFICE IS STAFFED WITH A PATIENT SERVICES MANAGER (PSM) WHO OVERSEES SERVICES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS PSMS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING OR SOCIAL WORK PSMS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS COMMUNITY-BASED EDUCATION AND OUTREACH, SUPPORT AND PUBLIC POLICY AND ADVOCACY PROGRAMS ARE AVAILABLE - 34,809 PATIENT AND CAREGIVER PARTICIPANTS IN 2013 - 13,182 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2013 PROGRAMS FOR CHILDREN AND YOUNG ADULTS THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER FOCUSES ON INCREASING COMMUNICATION AMONG HEALTHCARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO SUPPORT CHILDREN, ADOLESCENTS AND YOUNG ADULTS LIVING WITH CANCER PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE IN COMMUNITIES THROUGHOUT THE US AND CANADA VIA LLS CHAPTER OFFICES THE PROGRAM INCLUDES STAYING CONNECTED FACILITATING THE LEARNING EXPERIENCE DURING AND AFTER CANCER TREATMENT THIS EDUCATION PROGRAM FOR SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS DESCRIBES PHYSICAL, COGNITIVE AND PSYCHOSOCIAL SHORT-AND LONG-TERM EFFECTS THAT CHILDREN, ADOLESCENTS AND YOUNG ADULTS MAY EXPERIENCE DURING AND AFTER TREATMENT THE PROGRAM OFFERS GUIDANCE AND NUMEROUS RESOURCES TO HELP CHILDREN, ADOLESCENTS AND YOUNG ADULTS CONTINUE THEIR EDUCATION DURING AND AFTER TREATMENT - 2,412 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 54 STAYING CONNECTED PROGRAMS ACROSS THE US AND CANADA IN 2013 FAMILY SUPPORT GROUPS LLS HAS DEVELOPED 415 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA LLS ALSO HAS 843 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY NURSING OR SOCIAL WORK GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS - 9,452 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2013 PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS - 6,322 FIRST CONNECTIONS IN 2013	







4c	(Code) (Expenses \$ 41,981,280 including grants of \$) (Revenue \$)
C) PUBLIC HEALTH EDUCATION INFORMATION AND EDUCATION INFORMATION RESOURCE CENTER PAYING FOR MEDICAL CARE, MAKING TREATMENT CHOICES, COMMUNICATING WITH HEALTHCARE PROVIDERS, FAMILY MEMBERS AND FRIENDS-THESE ARE SOME OF THE STRESSES THAT COME WITH A CANCER DIAGNOSIS (CONTINUED ON SCHEDULE O) LLS INFORMATION SPECIALISTS ARE MASTER'S LEVEL ONCOLOGY SOCIAL WORKERS, NURSES AND HEALTH EDUCATORS WHO PROVIDE HELP WITH DISEASE, TREATMENT AND CLINICAL TRIAL INFORMATION AND SUPPORT LLS INFORMATION SPECIALISTS CONDUCT CLINICAL-TRIAL SEARCHES TO HELP PATIENTS WORK WITH THEIR DOCTORS TO FIND OUT ABOUT SPECIFIC CLINICAL TRIALS PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A.M. TO 6 P.M., ET, EMAIL INFOCENTER@LLS.ORG OR CHAT ONE-ON-ONE VIA THE LLS WEBSITE THE INFORMATION RESOURCE CENTER OFFERS TRANSLATION SERVICES IN MORE THAN 165 LANGUAGES - 54,682 INQUIRIES IN 2013 THE LLS WEBSITE THE LLS WEBSITE, WWW.LLS.ORG, FULFILLS A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS VISITORS CAN PERSONALIZE THEIR WEB PAGES TO KEEP CURRENT WITH DISEASE-SPECIFIC UPDATES AND COMMUNITY EDUCATION AND SUPPORT ACTIVITIES THE WEBSITE PROVIDES ACCESS TO LLS PROGRAMS AND SERVICES, INCLUDING CO-PAY ASSISTANCE, PATIENT FINANCIAL AID, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, 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 2013, 14 LLS NATIONAL EDUCATION PROGRAMS FEATURED DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS THESE PROGRAMS OFFER CONTINUING EDUCATION CREDITS FOR NURSES AND SOCIAL WORKERS LLS ALSO SPONSORS A RANGE OF PROFESSIONAL EDUCATION PROGRAMS RECENT PROGRAMS EXPLORED THE ADMINISTRATION AND MANAGEMENT OF CURRENT THERAPIES FOR HEMATOLOGIC MALIGNANCIES AND COMMUNICATION AMONG PRIMARY CARE PROVIDERS AND HEMATOLOGISTS/ONCOLOGISTS IN MANAGING PATIENTS WITH HEMATOLOGIC CANCER UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS PROFESSIONAL EDUCATION PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PROFESIONALEA LLS ALSO OFFERS DISEASE-SPECIFIC WEBCASTS PRESENTED BY WORLD RENOWNED CLINICAL EXPERTS THESE CAN BE ACCESSED AT WWW.LLS.ORG/WEBCASTS	

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











Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	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 and XII 	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 and XII 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, Parts I and IV 	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) 	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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 11b 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

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,222			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	26			
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	1,580			
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, securities account, or other financial 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 as charitable contributions?	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 8822?	7c			No	
d	If "Yes," indicate the number of Forms 8822 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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	22	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	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?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
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?	16a	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?	16b	

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 <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ROSEMARIE LOFFREDO 1311 MAMARONECK AVENUE WHITE PLAINS, NY (914) 949-5213

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES A BECK BOD MEMBER	2 00	X						0	0	0
(2) WILLIAM G BEHNKE BOD MEMBER	2 00	X						0	0	0
(3) JORGE L BENITEZ BOD MEMBER	2 00	X						0	0	0
(4) PETER B BROCK BOD MEMBER	2 00	X						0	0	0
(5) A DANA CALLOW JR BOD MEMBER	2 00	X						0	0	0
(6) SCOTT A CARROLL BOD MEMBER	2 00	X						0	0	0
(7) ELIZABETH J CLARK BOD MEMBER	2 00	X						0	0	0
(8) RODMAN N MYERS LIFE MEMBER	2 00	X						0	0	0
(9) JAMES H DAVIS PHD VICE CHAIR	2 00	X		X				0	0	0
(10) TIMOTHY DURST CHAIR	2 00	X		X				0	0	0
(11) BERNARD H GARIL BOD MEMBER	2 00	X						0	0	0
(12) PAMELA JO HAYLOCK BOD MEMBER	2 00	X						0	0	0
(13) RAANAN HOROWITZ BOD MEMBER	2 00	X						0	0	0
(14) RICHARD M JEANNERET BOD MEMBER	2 00	X						0	0	0
(15) JORGE CORTES BOD MEMBER	2 00	X						0	0	0
(16) JOSEPH B KELLEY BOD MEMBER	2 00	X						0	0	0
(17) MARIE V MCDEMMOND BOD MEMBER	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW WINTER BOD MEMBER	2 00	X						0	0	0
(19) STEVEN T ROSENMDFACP BOD MEMBER	2 00	X						0	0	0
(20) KENNETH M SCHWARTZ SECRETARY/TR	2 00	X		X				0	0	0
(21) KATHRYN C VECELLIO BOD MEMBER	2 00	X						0	0	0
(22) LOUISE E WARNER BOD MEMBER	2 00	X						0	0	0
(23) JOHN WALTER PRESIDENT &	45 00			X				573,622	0	54,985
(24) JAMES T NANGLE SVP & CFO	45 00			X				236,728	0	46,062
(25) LOUIS DEGENNARO CHIEF MISSIO	45 00					X		382,058	0	41,269
(26) RICHARD WINNEKER SVP RESEARCH	45 00					X		296,242	0	18,732
(27) GEORGE OMIROS CHIEF CAMPAI	45 00					X		279,616	0	41,135
(28) KETING CHU VP RES THERA	45 00					X		273,019	0	17,758
(29) DAVID TIMKO SVP VOLUNTEE	45 00					X		252,850	0	40,191
(30) NANCY KLEIN CHIEF MKTG &	0 00						X	451,541	0	22,711
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,745,676		282,843

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶108

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <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
MAIL AMERICA , 174 ELKTON FARM RD FOREST VA 24551	FUNDRAISING SER	4,010,903
INFOCISION , 325 SPRINGSIDE DRIVE AKRON OH 44333	FUNDRASING SERV	1,791,410
PARADYZ MATERA , 5 HANOVER SQUARE NEW YORK NY 10004	FUNDRAISING SER	1,766,306
ROBERT MICHAEL EDUCATIONAL INSTITUT , 101 LAUREL ROAD VORHEES NJ 08043	EDUCATIONAL SER	1,671,489
DIRECT PRINT COMMUNICATIONS , 201 EAST SANDPOINTE SANTA ANA CA 92707	FUNDRAISING	1,382,841
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶47	

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	2,264,122			
	b	Membership dues	1b				
	c	Fundraising events	1c	161,261,897			
	d	Related organizations	1d	681,316			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	115,582,330			
	g	Noncash contributions included in lines 1a-1f \$		1,094,571			
	h	Total. Add lines 1a-1f					
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)		2,256,195		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties		4,441			4,441
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					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		5,877,027			5,877,027
8a							
b		Less direct expenses					
c		Net income or (loss) from fundraising events . .					
9a							
b	Less direct expenses			456,913			
c	Net income or (loss) from gaming activities . .		456,913				
10a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	GRANT TERMINATION		541900	1,844,147			1,844,147
b	OTHER MISCELLANEOUS		900099	130,079			130,079
c							
d	All other revenue						
e	Total. Add lines 11a-11d			1,974,226			
12	Total revenue. See Instructions			290,358,467	456,913		10,111,889

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	69,323,914	69,323,914		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	45,639,792	45,639,792		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,762,301	2,762,301		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	917,839	678,319	110,907	128,613
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	68,352,738	50,515,387	8,259,440	9,577,911
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,238,353	2,959,935	531,305	747,113
9	Other employee benefits	11,672,840	8,151,949	1,463,265	2,057,626
10	Payroll taxes	4,852,811	3,389,053	608,331	855,427
11	Fees for services (non-employees)				
a	Management				
b	Legal	659,004	373,369	111,307	174,328
c	Accounting	215,134	121,887	36,336	56,911
d	Lobbying	637,152	360,986	107,617	168,549
e	Professional fundraising services See Part IV, line 17	10,134,488			10,134,488
f	Investment management fees	223,721	126,754	37,787	59,180
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,094,016	10,251,427	3,056,114	4,786,475
12	Advertising and promotion	13,394,628	6,552,320	2,306,078	4,536,230
13	Office expenses	27,205,388	13,221,915	4,238,769	9,744,704
14	Information technology	4,892,378	2,771,847	826,331	1,294,200
15	Royalties				
16	Occupancy	8,610,084	6,187,615	1,059,436	1,363,033
17	Travel	4,263,241	3,034,995	551,923	676,323
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,313,049	3,605,205	314,856	392,988
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,987,271	1,921,375	392,513	673,383
23	Insurance	598,330	403,614	70,768	123,948
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MISCELLANEOUS	2,654,051	1,948,374	313,112	392,565
b	DUES & SUBSCRIPTIONS	336,142	164,432	57,872	113,838
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	306,978,665	234,466,765	24,454,067	48,057,833
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	16,986,590	9,382,892		7,603,698

Part X

Balance Sheet

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

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				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		6,532,613	1	5,620,937
	2	Savings and temporary cash investments		17,034,917	2	19,656,020
	3	Pledges and grants receivable, net		5,178,782	3	7,252,079
	4	Accounts receivable, net		264,507	4	81,719
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,875,009	9	4,851,345
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	21,600,484		
	b	Less: accumulated depreciation	10b	11,006,325	10c	10,594,159
	11	Investments—publicly traded securities		138,026,930	11	112,406,398
	12	Investments—other securities. See Part IV, line 11.		43,892,106	12	75,862,899
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).		223,445,924	16	236,325,556
Liabilities	17	Accounts payable and accrued expenses		19,660,610	17	20,652,928
	18	Grants payable		72,815,341	18	80,460,957
	19	Deferred revenue		16,921,194	19	34,202,238
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			25	
	26	Total liabilities. Add lines 17 through 25.		109,397,145	26	135,316,123
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		100,978,174	27	90,324,737
	28	Temporarily restricted net assets		10,221,074	28	7,775,266
	29	Permanently restricted net assets		2,849,531	29	2,909,430
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		114,048,779	33	101,009,433
	34	Total liabilities and net assets/fund balances		223,445,924	34	236,325,556

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	290,358,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	306,978,665
3	Revenue less expenses Subtract line 2 from line 1	3	-16,620,198
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,048,779
5	Net unrealized gains (losses) on investments	5	3,666,259
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-85,407
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,009,433

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
SCOTT A CARROLL BOD MEMBER	2 00	X						0	0	0
ELIZABETH J CLARK BOD MEMBER	2 00	X						0	0	0
RODMAN N MYERS LIFE MEMBER	2 00	X						0	0	0
JAMES H DAVIS PHD VICE CHAIR	2 00	X		X				0	0	0
TIMOTHY DURST CHAIR	2 00	X		X				0	0	0
BERNARD H GARIL 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
JORGE CORTES 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
MATTHEW WINTER BOD MEMBER	2 00	X						0	0	0
STEVEN T ROSENMDFACP BOD MEMBER	2 00	X						0	0	0
KENNETH M SCHWARTZ SECRETARY/TR	2 00	X		X				0	0	0
KATHRYN C VECELLIO BOD MEMBER	2 00	X						0	0	0
LOUISE E WARNER BOD MEMBER	2 00	X						0	0	0
JOHN WALTER PRESIDENT &	45 00			X				573,622	0	54,985
JAMES T NANGLE SVP & CFO	45 00			X				236,728	0	46,062
LOUIS DEGENNARO CHIEF MISSIO	45 00					X		382,058	0	41,269

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD WINNEKER SVP RESEARCH	45 00					X		296,242	0	18,732
GEORGE OMIROS CHIEF CAMPAI	45 00					X		279,616	0	41,135
KETING CHU VP RES THERA	45 00					X		273,019	0	17,758
DAVID TIMKO SVP VOLUNTEE	45 00					X		252,850	0	40,191
NANCY KLEIN CHIEF MKTG &	0 00						X	451,541	0	22,711

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

2012

Open to Public Inspection

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC	Employer identification number 13-5644916
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

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

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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1,342,082,639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1,342,082,639
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						141,092,274
6 Public support. Subtract line 5 from line 4						1,200,990,365

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1,342,082,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,950,554	4,962,639	3,145,637	2,705,046	2,260,636	20,024,512
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,816,918	1,925,834	1,779,485	1,502,044	1,974,227	9,998,508
11 Total support (Add lines 7 through 10)						1,372,105,659
12 Gross receipts from related activities, etc (see instructions)					12	179,352,415
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	87 530 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	91 310 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

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

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

2012

Open to Public Inspection

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

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

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

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

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 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 type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input 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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	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		114,447
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		538,408
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		132,952
i Other activities?	Yes		637,152
j Total Add lines 1c through 1i			1,422,959
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		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?			

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	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1	LLS IS A MEMBER OF A NUMBER OF COALITIONS INCLUDING NATIONAL COALITION FOR CANCER RESEARCH, ALLIANCE FOR A STRONGER FDA, FRIENDS OF CANCER RESEARCH, CANCER LEADERSHIP COUNCIL, PATIENT ADVOCATE FOUNDATION, AMERICA ASSOCIATION FOR CANCER RESEARCH, CHILDREN'S CAUSE FOR CANCER ADVOCACY AND THE ANTICANCER AGENT DEVELOPMENT AND VALIDATION WORKSHOP. LLS PARTNERS WITH A NUMBER OF LOBBYING FIRMS WHO WORK WITH OUR PUBLIC POLICY STAFF TO CARRY OUT OUR LOBBYING OBJECTIVES. LLS MOBILIZES PATIENT-ADVOCATES AND VOLUNTEERS TO ENGAGE WITH THEIR FEDERAL AND STATE LEGISLATORS THROUGH DIGITAL ADVOCACY - SENDING LETTERS, SHARING THEIR PERSONAL STORIES, SIGNING PETITIONS, AND ENCOURAGING THEIR LEGISLATORS TO SUPPORT LLS' POLICY PRIORITIES. IN CONJUNCTION WITH LLS EMPLOYEES, PATIENT-ADVOCATES ALSO VISIT THEIR LEGISLATORS IN THEIR LOCAL OFFICES, IN WASHINGTON, DC AND IN STATE CAPITOLS TO FURTHER LLS' POLICY AGENDA.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
	<div><input type="checkbox"/> Yes</div> <div><input 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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 section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

(ii)

Assets included in Form 990, Part X

▶\$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

- 3

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

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,000,186	6,059,994	5,023,902	4,481,610	5,228,375
b Contributions			111,064		
c Net investment earnings, gains, and losses	482,520	48,916	938,068	563,236	730,333
d Grants or scholarships	-450,000				
e Other expenditures for facilities and programs					
f Administrative expenses	-5,049	-9,992	-13,040	-20,944	-16,432
g End of year balance	6,027,657	6,000,186	6,059,994	5,023,902	4,481,610

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

☐
- b

Permanent endowment

☐ 48 000 %
- c

Temporarily restricted endowment

☐ 52 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

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

☐
- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		859,421	380,255	479,166
d Equipment		18,564,912	8,800,199	9,764,713
e Other		2,176,151	1,825,871	350,280
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,594,159

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIII

Supplemental Information

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

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, 2013 AND 2012.
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	LLS CANADA REVENUE 13,446,524 ROUNDING -305
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	LSRP CONTRIBUTION 681,316
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LLS CANADA EXPENSES 13,101,520 FOREIGN CURRENCY TRANSLATION ADJUSTMENT 83,698 ROUNDING 1,506
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIII	LLS MAINTAINS A SMALL PHOTOGRAPH COLLECTION FOR PUBLIC EXHIBITION WHICH HAS AN ESTIMATED VALUE OF BETWEEN 20,000 AND 50,000. AS THIS REPRESENTS A RELATIVELY SMALL PERCENTAGE OF LLS'S ASSETS, IT IS NOT SEPARATELY DISCLOSED IN THE FINANCIAL STATEMENTS OR FOOTNOTES.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA	2	2	RESEARCH FUNDING	RESEARCH GRANTS	436,347
EUROPE	6	7	RESEARCH FUNDING	RESEARCH GRANTS	762,288
NORTH AMERICA	7	12	RESEARCH FUNDING	RESEARCH GRANTS	1,563,666
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	
3a Sub-total	15	21			23,700,532
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	15	21			23,700,532

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

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

Part III

[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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2012

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	50,000	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	RESEARCH GRANT	100,000	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	RESEARCH GRANT	190,657	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	THERAPY ACCELERATION	95,690	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	110,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	50,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	100,000	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	THERAPY ACCELERATION	331,503	CHECK			FMV
		EUROPE	THERAPY ACCELERATION	82,300	CHECK			FMV
		EUROPE	THERAPY ACCELERATION	23,485	CHECK			FMV
		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	50,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	505,594	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	100,000	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	241,290	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	100,000	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	100,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	RESEARCH GRANT	50,000	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	RESEARCH GRANT	100,000	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)
		EAST ASIA & PACIFIC	RESEARCH GRANT	190,657	CHECK			ACCRUAL
		EAST ASIA & PACIFIC	THERAPY ACCELERATION	95,690	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	110,000	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	50,000	CHECK			ACCRUAL
		EUROPE	RESEARCH GRANT	100,000	CHECK			ACCRUAL
		EUROPE	THERAPY ACCELERATION	331,503	CHECK			FMV
		EUROPE	THERAPY ACCELERATION	82,300	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)
		EUROPE	THERAPY ACCELERATION	23,485	CHECK			FMV
		NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	50,000	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	505,594	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	241,290	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	100,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
		NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL

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

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAIL AMERICA COMMUNICATIONS INC 174 ELKTON FARM ROAD FOREST, VA 24551	DIRECT MAI		No		4,010,903	-4,010,903
INFOCISION 325 SPRINSIDE DRIVE AKRON, OH 44333	TELEMARKET		No		1,791,410	-1,791,410
PARADYZ MATERA 5 HANOVER SQUARE 6TH FLOOR NEWYORK, NY 10004	DIRECT MAI		No		1,766,306	-1,766,306
DIRECT PRINT COMMUNICATIONS 201 EAST SANDPOINTE SUITE 400 SANTA ANA, CA 92707	DIRECT MAI		No		1,382,841	-1,382,841
THOMPSON HABIB & DENISON 80 HAYDEN AVENUE SUITE 300 LEXINGTON, MA 02421	DIRECT MAI		No		670,953	-670,953
DONOR CARE CENTER INC 4345 STRAUSSER ST NW NOTH CANTON, OH 44720	TELEMARKET		No		400,252	-400,252
BLACKBAUD 1800 DIAGONAL ROAD SUITE 400 ALEXANDRIA, VA 22314	DIRECT MAI		No		111,823	-111,823
Total ▶					10,134,488	-10,134,488

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		778,030	778,030
	2	Cash prizes		13,067	13,067
Direct Expenses	3	Non-cash prizes		263,649	263,649
	4	Rent/facility costs		25,239	25,239
	5	Other direct expenses		19,162	19,162
	6	Volunteer labor	Yes No	Yes No	Yes No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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	13a1 000 %
b An outside facility	13b99 000 %

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

Name ▶ ROSEMARIE LOFFREDO

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ SEE SCHEDULE G PART IV

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
		SCHEDULE G PART I LINE 2B LLS USED INFOCISON MAIL AMERICA COMMUNICATIONS DONOR CARE CENTER INC AND THOMPSON HABIB DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS THESE PROGRAMS GENERATED GROSS RECEIPTS OF 21722519 DURING FISCAL YEAR 2013 LLS USED DIRECT PRINT COMMUNICATIONS PARADYZ MATERA AND BLACKBAUD FOR ALL OF ITS OTHER FUNDRAISING EVENTS DURING FISCAL YEAR 2013 SCHEDULE G PART III LINE 9STATES WITH GAMING OPERATIONS ARIZONA CALIFORNIA CONNECTICUT DISTRICT OF COLUMBIA IOWA KANSAS LOUISIANA MARYLAND MICHIGAN MINNESOTA MISSISSIPPI NEW YORK NORTH CAROLINAOHIO OREGONPENNSYLVANIA RHODE ISLAND TEXAS WISCONSIN SCHEDULE G PART III LINE 16 THE LEUKEMIA LYMPHOMA SOCIETY DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES EACH GAMING EVENT IS MANAGED LOCALLY BY THE SPECIFIC CHAPTER STAFF

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number
13-5644916

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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

321

3

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

14

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PATIENT AID	29894	2,989,442			
(2) COPAY ASSISTANCE CML	705	900,000			
(3) COPAY ASSISTANCE CLL	2106	3,135,550			
(4) COPAY ASSISTANCE LYMPHOMA	8230	10,984,800			
(5) COPAY ASSISTANCE MDS	1473	4,320,000			
(6) COPAY ASSISTANCE MYELOMA	5745	23,310,000			

Part IV

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

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 MEDICINE 1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	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
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	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
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA HOUSTON,TX 77002	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE C1500 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 DUARTE ROAD DUARTE,CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE C1500 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 DUARTE ROAD DUARTE,CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTE330 BROOKLINE AVE BOSTON,MA 02108	04-2103881	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 CENTE330 BROOKLINE AVE BOSTON,MA 02108	04-2103881	3	65,000		ACCRUAL		RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTE330 BROOKLINE AVE BOSTON,MA 02108	04-2103881	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 ST BOSTON,MA 02115	04-2312909	3	1,250,000		ACCRUAL		RESEARCH GRANT
BRIGHAM AND WOMEN'S HOSPITAL INC75 FRANCIS ST 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 ST BOSTON,MA 02115	04-2312909	3	100,000		ACCRUAL		RESEARCH GRANT
BRIGHAM AND WOMEN'S HOSPITAL INC101 HUNTINGTON AVE SUITE 300 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 INC101 HUNTINGTON AVE SUITE 300 BOSTON,MA 02115	04-2312909	3	65,000		ACCRUAL		RESEARCH GRANT
CALIFORNIA INSTITUTE OF TECHNOLOGY1200 EAST CA BLVD PASADENA,CA 91125	95-1643307	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
CASE WESTERN RESERVE UNIVERSITY - S10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	3	200,000		ACCRUAL		RESEARCH GRANT
CHILDRENS HOSPITAL CORPORATION300 LONGWOOD AV BOSTON, MA 02108	04-2774441	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
CHILDRENS HOSPITAL CORPORATION300 LONGWOOD AV BOSTON,MA 02108	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER3333 BURNET AVENUE CINCINNATI,OH 45229	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 CENTER3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
CHILDRENS HOSPITAL MEDICAL CENTER3333 BURNET AVENUE CINCINNATI,OH 45229	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 CENTER3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
CHILDREN'S HOSPITAL LOS ANGELES4650 SUNSET BLVD LOS ANGELES,CA 90001	95-1690977	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
CHILDREN'S HOSPITAL OF BOSTON300 LONGWOOD AVENUE BOSTON,MA 02108	04-2774441	3	200,000		ACCRUAL		RESEARCH GRANT
CHILDREN'S HOSPITAL OF BOSTON300 LONGWOOD AVENUE BOSTON,MA 02108	04-2774441	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
CHILDREN'S HOSPITAL OF BOSTON300 LONGWOOD AVENUE BOSTON,MA 02108	04-2774441	3	323,707		FMV		THERAPY ACCELERATION
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND,OH 44195	34-0714585	3	270,000		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 CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND,OH 44195	34-0714553	3	200,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER630 WEST 168TH STREET BOX 49 NY,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 CENTER630 WEST 168TH STREET BOX 49 NY,NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER630 WEST 168TH STREET BOX 49 NY,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 CENTER630 WEST 168TH STREET BOX 49 NY,NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER630 WEST 168TH STREET BOX 49 NY,NY 10001	13-5598093	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
COLUMBIA UNIVERSITY MEDICAL CENTER630 WEST 168TH STREET BOX 49 NY,NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER630 WEST 168TH STREET BOX 49 NY,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 CENTER630 WEST 168TH STREET BOX 49 NY,NY 10001	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
COLUMBIA UNIVERSITY MEDICAL CENTER630 WEST 168TH STREET BOX 49 NY,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 CENTER630 WEST 168TH STREET BOX 49 NY,NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	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
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE 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 INSTITUTE450 BROOKLINE AVENUE 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	388,850		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
DUKE UNIVERSITY MEDICAL CENTER3813 BOX RESEARCH DRIVE DURHAM,NC 27710	56-0532129	3	492,061		ACCRUAL		RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER324 BLACKWLL STREET DURHAM,NC 27710	56-0532129	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
EMORY UNIVERSITY201 DOWMAN DRIVE ATLANTA,GA 30322	58-0566256	3	110,000		ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-500 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 CEN 1100 FAIRVIEW AVENUE NORTH J6-500 SEATTLE,WA 98109	23-7156071	3	55,000		ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-500 SEATTLE,WA 98109	23-7156071	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
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-500 SEATTLE,WA 98109	23-7156071	3	65,000		ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-500 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
GHSU RESEARCH INSTITUTE INC1120 15TH STREET AUGUSTA,GA 30912	58-1418202	3	344,189		FMV		THERAPY ACCELERATION
HARVARD UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE,MA 02138	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 UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE,MA 02138	53-0199180	3	55,000		ACCRUAL		RESEARCH GRANT
HARVARD UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE,MA 02138	53-0199180	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
INDIANAPOLIS UNIVERSITY620 UNION DRIVE ROOM 518 INDIANAPOLIS,IN 46201	35-6018940	3	200,000		ACCRUAL		RESEARCH GRANT
INSTITUTE OF BIOSCIENCES & TECHNOLOGY400 HARVEY MITCHELL PARKWAY SOUTH COLLEGE STATION,TX 77845	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

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IMMUNE DISEASE INSTITUTE (AKA) THE3 BLACKFAN CIR BOSTON,MA 02115	04-2158520	3	1,250,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF 3400 NORTH CHARLES STREET BALTIMORE,MD 21201	52-0595110	3	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
JOHNS HOPKINS UNIVERSITY SCHOOL OF 3400 NORTH CHARLES STREET BALTIMORE, MD 21201	52-0595110	3	400,000		FMV		THERAPY ACCELERATION
JOHNS HOPKINS UNIVERSITY SCHOOL OF 3400 NORTH CHARLES 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 OF 3400 NORTH CHARLES STREET BALTIMORE,MD 21201	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF 3400 NORTH CHARLES 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
JOHNS HOPKINS UNIVERSITY SCHOOL OF 3400 NORTH CHARLES STREET BALTIMORE,MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY SCHOOL OF 3400 NORTH CHARLES 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 OF 3400 NORTH CHARLES STREET BALTIMORE,MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
KUMC RESEARCH INSTITUTUTE INC3901 RAINBOW BOULEVARD MS 1039 KANSAS CITY,KS 66160	48-1202402	3	300,000		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
LA JOLLA INSTITUTE FOR ALLERGY AND9420 ATHENA CIRCLE LA JOLLA,CA 92037	33-0328688	3	200,000		ACCRUAL		RESEARCH GRANT
LA JOLLA INSTITUTE FOR ALLERGY AND9420 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
MASSACHUSETTS GENERAL HOSPITAL50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL50 STANIFORD STREET BOSTON,MA 02108	04-1564655	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
MASSACHUSETTS GENERAL HOSPITAL50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL50 STANIFORD STREET BOSTON,MA 02108	04-1564655	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
MASSACHUSETTS GENERAL HOSPITAL50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL50 STANIFORD STREET BOSTON,MA 02108	04-1564655	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
MASSACHUSETTS GENERAL HOSPITAL50 STANIFORD STREET BOSTON,MA 02108	04-1564655	3	1,250,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC AZ13400 EAST SHEA BLVD 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 AZ13400 EAST SHEA BLVD SCOTTSDALE,AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC AZ13400 EAST SHEA BLVD 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 AZ13400 EAST SHEA BLVD SCOTTSDALE,AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER 200 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 ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
MAYO CLINIC ROCHESTER 200 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
MD ANDERSON CANCER CENTER1515 HOLCOMBE BLVD HOUSTON,TX 77030	74-6001118	3	55,000		ACCRUAL		RESEARCH GRANT
MEDICAL COLLEGE OF WI INC8701 WATERTOWN PLANK RD PO BOX 2 MILWAUKEE,WI 53226	39-0806261	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 KETTERING633 THIRD AVENUE NEW YORK, NY 10017	91-2154267	3	114,350		FMV		THERAPY ACCELERATION
MOFFITT CANCER CENTER AND RESEARCH12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	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
MOUNT SINAI SCHOOL OF MEDICINE1079 ONE GUSTAVE L LEVY PLACE NY,NY 10029	13-6171197	3	1,250,000		ACCRUAL		RESEARCH GRANT
MOUNT SINAI SCHOOL OF MEDICINE1428 MADISON AVENUE NY,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 MEDICINE1428 MADISON AVENUE NY,NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
NATIONAL INSTITUTES OF HEALTH NIH6705 ROCKLEDGE DR BETHESDA,MD 20892	52-0858115	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
NORTHWESTERN UNIVERSITY710 N LAKE SHORE DRIVE CHICAGO,IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY710 N LAKE SHORE DRIVE 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 UNIVERSITY710 N LAKE SHORE DRIVE CHICAGO,IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY710 N LAKE SHORE DRIVE CHICAGO,IL 60601	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
NORTHWESTERN UNIVERSITY710 N LAKE SHORE DRIVE CHICAGO,IL 60601	36-2656113	3	55,000		ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY710 N LAKE SHORE DRIVE CHICAGO,IL 60601	36-2656113	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
NY UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE GBH SC1-55 NY,NY 10001	13-6171197	3	1,250,000		ACCRUAL		RESEARCH GRANT
NY UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE GBH SC1-55 NY,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
NY UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE GBH SC1-55 NY,NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
NY UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE GBH SC1-55 NY,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
NY UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE GBH SC1-55 NY,NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT
NY UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE GBH SC1-55 NY,NY 10001	13-6171197	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
OHIO STATE UNIVERSITY 281 W LANE AVENUE COLUMBUS,OH 43210	31-6401599	3	65,000		ACCRUAL		RESEARCH GRANT
OHIO STATE UNIVERSITY 281 W LANE AVENUE COLUMBUS,OH 43210	31-6401599	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
OHIO STATE UNIVERSITY 281 W LANE AVENUE COLUMBUS,OH 43210	31-6401599	3	200,000		ACCRUAL		RESEARCH GRANT
OHIO STATE UNIVERSITY 281 W LANE AVENUE COLUMBUS,OH 43210	31-6401599	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
OHIO STATE UNIVERSITY 281 W LANE AVENUE COLUMBUS,OH 43210	31-6401599	3	1,250,000		ACCRUAL		RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND,OR 97239	23-7083114	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
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND,OR 97239	23-7083114	3	1,250,000		ACCRUAL		RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND,OR 97239	23-7083114	3	2,222,000		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
PENNSYLVANIA STATE UNIVERSITY123 S BURROWES ST STATE COLLEGE, PA 16801	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
PRESIDENT & FELLOWS OF HARVARD COLL6TH FLOOR HOLYOKE CENTER 1350 MA A CAMBRIDGE,MA 02138	04-2103580	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
PRINCETON UNIVERSITY 200 ELM DRIVE PRINCETON, NJ 08544	21-0634501	3	335,145		ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MN - T450 MCNAMARA ALUMNI CENTER 200 OAK 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
RHODE ISLAND HOSPITAL 593 EDDY STREET ALDRICH 3-317 PROVIDENCE,RI 02903	26-3020947	3	65,000		ACCRUAL		RESEARCH GRANT
ROBERT WOOD JOHNSON MEDICAL SCHOOL335 GEORGE STREET LIBERTY PLAZA 4T 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
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NY,NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NY,NY 10065	13-1624158	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
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NY,NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NY,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
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NY,NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
SAINT JUDE CHILDREN'S RESEARCH HOSP262 DANNY THOMAS PLACE MEMPHIS,TN 38105	62-0646012	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
SCRIPPS RESEARCH INSTITUTE10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
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
SLOAN-KETTERING INSTITUTE FOR CANC 1275 YORK AVENUE NY,NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANC 1275 YORK AVENUE NY,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
SLOAN-KETTERING INSTITUTE FOR CANC 1275 YORK AVENUE NY,NY 10001	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANC 1275 YORK AVENUE NY,NY 10001	91-2154267	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
SLOAN-KETTERING INSTITUTE FOR CANCER 1275 YORK AVENUE NY, NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCER 1275 YORK AVENUE NY, 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
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10001	91-2154267	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
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,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
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10065	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10065	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
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10065	91-2154267	3	500,000		ACCRUAL		RESEARCH GRANT
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10065	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
SLOAN-KETTERING INSTITUTE FOR CANCE 1275 YORK AVENUE NY,NY 10065	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL ST LOUIS,MO 63104	43-0654872	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 UNIVERSITY 9500 GILMAN DRIVE LA JOLLA,CA 92037	23-7121131	3	110,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY 9500 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 UNIVERSITY 340 PANAMA STREET STANFORD, CA 94305	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY 340 PANAMA STREET STANFORD, CA 94305	23-7121131	3	500,000		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 340 PANAMA STREET STANFORD, CA 94305	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY 340 PANAMA STREET STANFORD, CA 94305	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 UNIVERSITY 340 PANAMA STREET STANFORD,CA 94305	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY 340 PANAMA STREET STANFORD,CA 94305	23-7121131	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
STANFORD UNIVERSITY MEDICAL CENTER301 RAVENSWOOD AVENUE MAIL CODE 55 MENLO PARK,CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY MEDICAL CENTER301 RAVENSWOOD AVENUE MAIL CODE 55 MENLO PARK,CA 94025	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 UNIVERSITY MEDICAL CENTER301 RAVENSWOOD AVENUE MAIL CODE 55 MENLO PARK,CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
STANFORD UNIVERSITY MEDICAL CENTER301 RAVENSWOOD AVENUE MAIL CODE 55 MENLO PARK,CA 94025	23-7121131	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
STOWERS INSTITUTE FOR MEDICAL RESEA1000 EAST 50TH STREET KANSAS CITY,MO 64110	43-1684454	3	55,000		ACCRUAL		RESEARCH GRANT
SUNY UPSTATE MEDICAL UNIVERSITY750 EAST ADAMS STREET SYRACUSE,NY 13210	14-1368361	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
SUNY UPSTATE MEDICAL UNIVERSITY - S750 E ADAMS ST SYRACUSE, NY 13210	14-1368361	3	110,000		ACCRUAL		RESEARCH GRANT
TEMPLE UNIVERSITY 3400N BOARD STREET PHILADELPHIA,PA 19140	23-1365971	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 BOARD OF TRUSTEES OF THE UNIVER809 S MARSHFIELD AVENUE M/C 551 CHICAGO,IL 60607	37-6000511	3	110,000		ACCRUAL		RESEARCH GRANT
THE CHILDREN'S HOSPITAL OF PHILADEL 3615 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 CHILDREN'S HOSPITAL OF PHILADEL 3615 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	3	110,000		ACCRUAL		RESEARCH GRANT
THE HOSPITAL FOR SPECIAL SURGERY535 EAST 70TH STREET NY,NY 10021	13-6714749	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 OHIO STATE UNIVERSITY320 WEST 10TH AVENUE COLUMBUS,OH 43210	31-6401599	3	1,250,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA2150 SHATTUCK AVENUE BERKELEY,CA 94720	94-6002123	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 REGENTS OF THE UNIVERSITY OF CA2150 SHATTUCK AVENUE BERKELEY,CA 94720	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA2150 SHATTUCK AVENUE 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 CA11000 KINROSS AVENUE SUITE 102 LOS ANGELES,CA 90095	95-6006143	3	65,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA11000 KINROSS AVENUE SUITE 102 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 CA11000 KINROSS AVENUE SUITE 102 LOS ANGELES,CA 90095	95-6006143	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA11000 KINROSS AVENUE SUITE 102 LOS ANGELES,CA 90095	95-6006143	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 CA9500 GILMAN DRIVE LA JOLLA,CA 92093	95-2872494	3	1,250,000		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	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	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA505 PARNASSUS AVENUE SUITE M1286 B 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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	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 REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CA1111 FRANKLIN ST OAKLAND,CA 94607	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 CA1111 FRANKLIN ST OAKLAND,CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI515 E JEFFERSON ST 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 MI515 E JEFFERSON ST ANN ARBOR, MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI515 E JEFFERSON ST 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 MI515 E JEFFERSON ST ANN ARBOR, MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI515 E JEFFERSON ST 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 MI515 E JEFFERSON ST ANN ARBOR, MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI515 E JEFFERSON ST 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 MI515 E JEFFERSON ST ANN ARBOR, MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI515 E JEFFERSON ST 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 MI515 E JEFFERSON ST ANN ARBOR, MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI515 E JEFFERSON ST 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 MI515 E JEFFERSON ST ANN ARBOR, MI 48109	38-6006309	3	50,000		ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF MI1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	3	974,091		FMV		THERAPY ACCELERATION

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

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THE RESEARCH INSTITUTE OF FOX CHASE333 COTTMAN AVENUE PHILADELPHIA,PA 19111	23-2003072	3	200,000		ACCRUAL		RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P3451 WALNUT STREET 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
THE TRUSTEES OF THE UNIVERSITY OF P3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	3	1,250,000		ACCRUAL		RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P3451 WALNUT STREET 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
THE TRUSTEES OF THE UNIVERSITY OF P3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF P3451 WALNUT STREET 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
THE UNIVERSITY OF CHICAGO900 EAST 57TH STREET CHICAGO,IL 60601	36-2177139	3	100,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO6030 S ELLIS AVE CHICAGO,IL 60601	36-2177139	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 UNIVERSITY OF CHICAGO6030 S ELLIS AVE CHICAGO,IL 60601	36-2177139	3	55,000		ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO6030 S ELLIS AVE CHICAGO,IL 60601	36-2177139	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 UNIVERSITY OF CHICAGO6030 S ELLIS AVE CHICAGO,IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
TRUSTEES OF DARTMOUTH COLLEGE6010 PARKHURST HALL SUITE 204 HANOVER,NH 03755	02-0222111	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 TX HEALTH SCIENCE CENTER AT7703 FLOYD CURL DRIVE SAN ANTONIO,TX 78229	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM1720 2ND AVENUE SOUTH BIRMINGHAM,AL 35294	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
UNIVERSITY OF ARKANSAS FOR MEDICAL 4301 W MARKHAM ST LITTLE ROCK,AR 72205	71-6046242	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CA AT SAN FRANCISCO3333 CA ST SUITE 315 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
UNIVERSITY OF CALIFORNIA SAN FRANC 500 PARNASSUS AVE SAN FRANCISCO ,CA 94143	95-1690977	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF CINCINNATI51 GOODMAN DRIVE UNIVERSITY HALL S CINCINNATI,OH 45201	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

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UNIVERSITY OF COLORADO3415 COLORADO AVE UCB 596 AURORA,CO 80045	84-6000555	3	37,500		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF COLORADO1250 14TH STREET DENVER,CO 80291	84-6000555	3	225,000		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 COLORADO AT BOULDER 3100 MARINE STREET BOULDER,CO 80303	84-6000555	3	55,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF COLORADO DENVER ANSC 13001 E 17TH PLACE AURORA,CO 80045	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 FLORIDA 113001 PO BOX GAINESVILLE,FL 32601	59-6002052	3	835,253		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF FLORIDA GAINESVILLE GAINESVILLE,FL 32611	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 FLORIDA GAINESVILLE GAINESVILLE,FL 32601	59-6002052	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MA MEDICAL SCHOOL364 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

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UNIVERSITY OF MA MEDICAL SCHOOL364 PLANTATION STREET WORCESTER,MA 01605	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MD BALTIMORE220 ARCH STREET OFFICE LEVEL 2 RO 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 MD BALTIMORE220 ARCH STREET OFFICE LEVEL 2 RO BALTIMORE,MD 21201	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MICHIGAN 1500 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 MICHIGAN 1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MICHIGAN 1500 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
UNIVERSITY OF MICHIGAN 1600 HURON PARKWAY 2ND FLOOR ANN ARBOR, MI 48109	38-6006309	3	34,982		FMV		THERAPY ACCELERATION
UNIVERSITY OF MN TWIN CITIES321 CHURCH STREET SE MINNEAPOLIS,MN 55401	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 NEBRASKA MEDICAL CENT985100 NEBRASKA MEDICAL CENTER OMAHA,NE 68105	47-0049123	3	200,000		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 PENNSYLVANIA421 CURIE BOULEVARD BRBII/IIIRM 53 PHILADELPHIA,PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET 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 ROCHESTER601 ELMWOOD AVENUE ROCHESTER, NY 14603	16-0473209	3	200,000		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 TX MD ANDERSON CANCELLATION HOLCOMBE BLVD HOUSTON, TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TX MD ANDERSON CANCELLATION 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 TX MD ANDERSON CANC1515 HOLCOMBE BLVD HOUSTON,TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TX MD ANDERSON CANC1515 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 TX MD ANDERSON CANCELLATION HOLCOMBE BLVD HOUSTON, TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TX MD ANDERSON CANCELLATION 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 TX MD ANDERSON CANC1515 HOLCOMBE BLVD HOUSTON,TX 77030	76-0300816	3	500,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF TX MD ANDERSON CANC1515 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 UTAH30 NORTH 1900E RM 1C26 SOM SALT LAKE CITY,UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF UTAH30 NORTH 1900E RM 1C26 SOM SALT LAKE CITY,UT 84112	87-6000525	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 UTAH30 NORTH 1900E RM 1C26 SOM SALT LAKE CITY, UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF UTAH30 NORTH 1900E RM 1C26 SOM 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 UTAH30 NORTH 1900E RM 1C26 SOM SALT LAKE CITY,UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF UTAH30 NORTH 1900E RM 1C26 SOM SALT LAKE CITY,UT 84112	87-6000525	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 WASHINGTON1100 NE 45TH STREET SEATTLE,WA 98105	91-6001537	3	200,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF WASHINGTON1100 NE 45TH STREET SEATTLE,WA 98105	91-6001537	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 WASHINGTON1100 NE 45TH STREET SEATTLE,WA 98105	91-6001537	3	110,000		ACCRUAL		RESEARCH GRANT
UNIVERSITY OF WI-MADISON (BOARD OF750 UNIVERSITY AVENUE MADISON,WI 53706	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
UT SOUTHWESTERN MEDICAL CENTER5323 HARRY HINES BLVD DALLAS,TX 75390	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
UT SOUTHWESTERN MEDICAL CENTER5323 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 CENTER5323 HARRY HINES BLVD DALLAS,TX 75390	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
UT SOUTHWESTERN MEDICAL CENTER5323 HARRY HINES BLVD DALLAS,TX 75390	76-0300816	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
VANDERBILT UNIVERSITY MEDICAL CENTE3319 WEST END AVENUE SUITE 800 NASHVILLE,TN 37232	62-0476822	3	110,000		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
WA UNIVERSITY OF SAINT LOUIS660 SOUTH EUCLID AVENUE ST LOUIS,MO 63110	43-0653611	3	110,000		ACCRUAL		RESEARCH GRANT
WAKE FOREST UNIVERSITY1834 WAKE FOREST ROAD WINSTONSALEM,NC 27106	22-3849199	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
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,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
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,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
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,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
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY,NY 10001	13-3376695	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
WEILL MEDICAL COLLEGE OF CORNELL UN575 LEXINGTON AVENUE 9TH FLOOR NY, NY 10001	13-3376695	3	55,000		ACCRUAL		RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL9 CAMBRIDGE CENTER CAMBRIDGE, MA 02138	06-1043412	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	65,000		ACCRUAL		RESEARCH GRANT
WHITEHEAD INSTITUTE FOR BIOMEDICAL9 CAMBRIDGE CENTER CAMBRIDGE,MA 02138	06-1043412	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 UNIVERSITY155 WHITNEY AVENUE PO BOX 208250 NEW HAVEN,CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY155 WHITNEY AVENUE PO BOX 208250 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 UNIVERSITY208250 PO BOX NEW HAVEN,CT 06510	06-0646973	3	200,000		ACCRUAL		RESEARCH GRANT
ACETYLON PHARMACEUTICALS70 FARGO STREET BOSTON,MA 02210	26-3506788		740,000		FMV		THERAPY ACCELERATION

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

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BECKLOFF ASSOCIATES INC3203 SOLUTIONS CENTER CHICAGO,IL 60677	48-0842223		25,000		FMV		THERAPY ACCELERATION
BIOSYNTHESIS INC612 EAST MAIN STREET LEWISVILLE,TX 75067	75-2297191		24,400		FMV		THERAPY ACCELERATION

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

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CELATOR PHARMACEUTICALS303B COLLEGE ROAD EAST PRINCETON,NJ 08540	20-2680869		740,275		FMV		THERAPY ACCELERATION
CONSTELLATION PHARMACEUTICALS215 FIRST STREET SUITE 200 CAMBRIDGE,MA 02142	26-1741721		2,000,000		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
CURIS INC4 MAGUIRE ROAD LEXINGTON,MA 02421	04-3505116		1,650,000		FMV		THERAPY ACCELERATION
ONCONOVA THERAPEUTICS375 PHEASANT RUN NEWTOWN,PA 18940	22-3627252		500,000		FMV		THERAPY ACCELERATION

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

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INTEGRATED ANALYTICAL SOLUTION1456 FOURTH STREET UNIT C BERKELEY,CA 94710	20-0776697		11,025		FMV		THERAPY ACCELERATION
MICROCONSTANTS INC 9050 CAMINO SANTA FE SAN DIEGO,CA 92121	33-0809500		57,895		FMV		THERAPY ACCELERATION

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

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NANOSYN3100 CENTRAL EXPRESSWAY SANTA CLARA,CA 95051	86-0909295		627,175		FMV		THERAPY ACCELERATION
PEPTISYNTHA INC23424 NETWORK PLACE CHICAGO,IL 60673	76-0315292		31,772		FMV		THERAPY ACCELERATION

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

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SHAPE55 CAMBRIDGE PARKWAY CAMBRIDGE,MA 02142	26-3714475		300,000		FMV		THERAPY ACCELERATION
SMITHERS PHARMA SERVICES75711 PO BOX CLEVELAND,OH 44101	20-1922115		10,500		FMV		THERAPY ACCELERATION

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

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VALOR BIOTHERAPEUTICS 15922 PO BOX COLLEGE STATION,TX 77841	46-1883738		1,300,000		FMV		THERAPY ACCELERATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number
13-5644916

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>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 of the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>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?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div>6</div> <div>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</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div>7</div> <div>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</div>	7	Yes
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN WALTER PRESIDENT & CEO	(i) (ii)	520,000	39,000	14,622	31,500	23,485	628,607	
(2)JAMES T NANGLE SVP & CFO	(i) (ii)	216,541	5,508	14,679	22,772	23,290	282,790	
(3)LOUIS DEGENNARO CHIEF MISSION OFFICE	(i) (ii)	334,670	29,604	17,784	25,000	16,269	423,327	
(4)RICHARD WINNEKER SVP RESEARCH	(i) (ii)	254,052	22,413	19,777	17,608	1,124	314,974	
(5)GEORGE OMIROS CHIEF CAMPAIGN&FIELD	(i) (ii)	254,527	8,609	16,480	25,000	16,135	320,751	
(6)KETING CHU VP RES THERAPY	(i) (ii)	227,038	6,152	39,829	4,018	13,740	290,777	
(7)DAVID TIMKO SVP VOLUNTEER ENGAGE	(i) (ii)	235,178		17,672	24,085	16,106	293,041	
(8)NANCY KLEIN CHIEF MKTG & REVENUE	(i) (ii)	188,136		263,405	13,013	9,698	474,252	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	NANCY KLEIN 254,754 0 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	BONUSES WERE PAID BASED ON THE ACHIEVEMENT OF GROSS REVENUE EXCEEDING BUDGTED 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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2012

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	102	1,094,571	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	56		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PRINTED ITEMS)	X	9		
26 Other ► (FURNITURE&EQUIP)	X	2		
27 Other ► (VARIOUS)	X	90		
28 Other ► ()				

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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

2012

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>CONTINUE TO SUPPORT RESEARCH THROUGH OUR INNOVATIVE AND INTEGRATED FUNDING PROGRAMS, UNTIL EVERY PATIENT HAS A SAFE AND EFFECTIVE THERAPY IN FISCAL YEAR 2013, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 7 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 72 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS. OUR CRITICAL ROLE LLS PROGRAMS ACCELERATE RELEVANT RESEARCH OUTCOMES BY - BUILDING A FOCUSED RESEARCH WORK-FORCE. ASSURING THE NEXT ROUND OF BREAKTHROUGHS REQUIRES THAT YOUNG INVESTIGATORS BE ENCOURAGED TO WORK IN BLOOD CANCER RESEARCH FIELDS - TURNING DISCOVERIES INTO NEW THERAPIES. FUNDAMENTAL NEW FINDINGS CAN BE TRANSLATED INTO SAFE AND EFFECTIVE TREATMENTS THAT CAN ULTIMATELY PROLONG AND ENHANCE PATIENT LIVES - SUPPORTING SYNERGY. LARGE GRANTS AND CONTRACTS ENABLE SCIENTISTS IN ACADEMIA AND THE PRIVATE-SECTOR TO COLLABORATE, COMBINING RESOURCES AND EXPERTISE TO PRODUCE MORE AND FASTER ADVANCES - FILLING A VOID. RESEARCH PROJECTS THAT ARE HIGH-RISK AND/OR ADDRESS RARE CANCERS ARE LESS LIKELY TO BE FUNDED BY GOVERNMENT AGENCIES OR FOR-PROFIT COMPANIES, BUT MAY PROVIDE IMPORTANT ADVANCES - SPEEDING NEW TREATMENTS TO PATIENTS. PARTNERING WITH BIOTECHNOLOGY AND PHARMACEUTICAL COMPANIES CAN ADVANCE PROMISING THERAPIES THROUGH CLINICAL 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), MYELODYSPLASTIC 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</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>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 2013, FOR THE SECOND YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN THREE OTHER UNDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS NEW RESEARCH IS FOCUSED ON - THE MALIGNANT STEM CELL IN AML AND MDS - NON-CUTANEOUS T-CELL LEUKEMIAS AND LYMPHOMAS - HIGH RISK MYELOMA CASES THE THERAPY ACCELERATION PROGRAM THIS STRATEGIC INITIATIVE WAS LAUNCHED IN 2007 TO MOVE NEW TREATMENTS AND DIAGNOSTICS THROUGH PRECLINICAL DEVELOPMENT AND CLINICAL TRIALS, FASTER USING MILESTONE-DRIVEN CONTRACTS AND WORKING IN CONCERT WITH ACADEMIC INVESTIGATORS, MEDICAL CENTERS AND COMPANIES, LLS IS FURTHER BRIDGING THE GAP BETWEEN DISCOVERY AND HUMAN APPLICATIONS TO INCREASE THE LIKELIHOOD THAT NOVEL, POSSIBLY BREAKTHROUGH, TREATMENTS WILL BE AVAILABLE TO PATIENTS AS SOON AS POSSIBLE THE PROGRAM INCLUDES - THE ACADEMIC CONCIERGE DIVISION IDENTIFIES ESPECIALLY PROMISING LLS-FUNDED GRANT PROJECTS AND PROVIDES ADDITIONAL SUPPORT TO ADVANCE SELECTED PROJECTS TO THE PRODUCT STAGE - 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</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>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. - 920,398 PRINTED BOOKLETS, BROCHURES, FACT SHEETS, EDUCATION PROGRAM TRANSCRIPTS AND DVDS DISTRIBUTED IN 2013. FINANCIAL ASSISTANCE IN 2013, A COMBINED 45,639,792 DOLLARS WAS DISBURSED TO PATIENTS THROUGH THE LLS PATIENT FINANCIAL AID (2,989,442) AND CO-PAY ASSISTANCE PROGRAMS (42,650,350). PATIENT FINANCIAL AID PROGRAM FOR MORE THAN 46 YEARS, LLS HAS HELPED PATIENTS DEMONSTRATING SIGNIFICANT NEED TO OBTAIN FINANCIAL ASSISTANCE TO COVER A PORTION OF THEIR TREATMENT COSTS. THE LLS PATIENT FINANCIAL AID PROGRAM PROVIDES A LIMITED AMOUNT OF FINANCIAL ASSISTANCE TO HELP PATIENTS WITH SIGNIFICANT FINANCIAL NEED AND WHO ARE UNDER A DOCTOR'S CARE FOR A CONFIRMED BLOOD CANCER DIAGNOSIS. PATIENT FINANCIAL AID FUNDS ARE SUBJECT TO AVAILABILITY. - 29,894 PATIENTS RECEIVED FINANCIAL AID IN 2013. CO-PAY ASSISTANCE PROGRAM: THIS CO-PAY ASSISTANCE PROGRAM HELPS PATIENTS WITH MANY KINDS OF BLOOD CANCERS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR CANCER. PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT. CO-PAY ASSISTANCE IS SUBJECT TO FUND AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS. FOR MORE INFORMATION CALL, (877) LLS-COPAY (877) 557-2672 OR VISIT WWW.LLS.ORG/COPAY. - 18,259 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2013. COMMUNITY PROGRAMS: EACH LLS CHAPTER OFFICE IS STAFFED WITH A PATIENT SERVICES MANAGER (PSM) WHO OVERSEES SERVICES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS. PSMS ARE HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY, NURSING OR SOCIAL WORK. PSMS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY. HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS: COMMUNITY-BASED EDUCATION AND OUTREACH, SUPPORT AND PUBLIC POLICY AND ADVOCACY PROGRAMS ARE AVAILABLE. - 34,809 PATIENT AND CAREGIVER PARTICIPANTS IN 2013. - 13,182 HEALTHCARE PROFESSIONAL PARTICIPANTS IN 2013. PROGRAMS FOR CHILDREN AND YOUNG ADULTS: THE TRISH GREENE BACK TO SCHOOL PROGRAM FOR CHILDREN WITH CANCER FOCUSES ON INCREASING COMMUNICATION AMONG HEALTHCARE PROFESSIONALS, PARENTS, PATIENTS AND SCHOOL PERSONNEL TO SUPPORT CHILDREN, ADOLESCENTS AND YOUNG ADULTS LIVING WITH CANCER. PRINTED LITERATURE, VIDEOS AND OTHER MATERIALS TO AID THE PROCESS ARE AVAILABLE IN COMMUNITIES THROUGHOUT THE US AND CANADA VIA LLS CHAPTER OFFICES. THE PROGRAM INCLUDES STAYING CONNECTED: FACILITATING THE LEARNING EXPERIENCE DURING AND AFTER CANCER TREATMENT. THIS EDUCATION PROGRAM FOR SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS DESCRIBES PHYSICAL, COGNITIVE AND PSYCHOSOCIAL SHORT-AND LONG-TERM EFFECTS THAT CHILDREN, ADOLESCENTS AND YOUNG ADULTS MAY EXPERIENCE DURING AND AFTER TREATMENT. THE PROGRAM OFFERS GUIDANCE AND NUMEROUS RESOURCES TO HELP CHILDREN, ADOLESCENTS AND YOUNG ADULTS CONTINUE THEIR EDUCATION DURING AND AFTER TREATMENT. - 2,412 SCHOOL PERSONNEL, HEALTHCARE PROFESSIONALS AND PARENTS PARTICIPATED IN THE 54 STAYING CONNECTED PROGRAMS ACROSS THE US AND CANADA IN 2013. FAMILY SUPPORT GROUPS: LLS HAS DEVELOPED 415 FAMILY SUPPORT GROUPS AT CHAPTERS THROUGHOUT THE US AND CANADA. LLS ALSO HAS 843 VOLUNTEER SUPPORT GROUP FACILITATORS WITH BACKGROUNDS IN ONCOLOGY, NURSING OR SOCIAL WORK. GROUPS ARE GUIDED BY TWO VOLUNTEER ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS. - 9,452 PARTICIPANTS IN FAMILY SUPPORT GROUPS IN 2013. PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM: FIRST CONNECTION IS A PROGRAM THAT LINKS NEWLY DIAGNOSED PATIENTS TO A PEER VOLUNTEER WHO HAS EXPERIENCED A SIMILAR DIAGNOSIS. A TRAINED PATIENT-VOLUNTEER CURRENTLY IN REMISSION CONTACTS THE NEW PATIENT TO SHARE INFORMATION AND SUPPORT. THIS PROGRAM IS AVAILABLE THROUGH LLS CHAPTERS. - 6,322 FIRST CONNECTIONS IN 2013.</p>

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	<p>OUT ABOUT SPECIFIC CLINICAL TRIALS PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A M TO 6 P M, ET, EMAIL INFOCENTER@LLS.ORG OR CHAT ONE-ON-ONE VIA THE LLS WEBSITE. THE INFORMATION RESOURCE CENTER OFFERS TRANSLATION SERVICES IN MORE THAN 165 LANGUAGES - 54,682 INQUIRIES IN 2013 THE LLS WEBSITE THE LLS WEBSITE, WWW.LLS.ORG, FULFILLS A WIDE VARIETY OF EDUCATION AND INFORMATION NEEDS VISITORS CAN PERSONALIZE THEIR WEB PAGES TO KEEP CURRENT WITH DISEASE-SPECIFIC UPDATES AND COMMUNITY EDUCATION AND SUPPORT ACTIVITIES THE WEBSITE PROVIDES ACCESS TO LLS PROGRAMS AND SERVICES, INCLUDING CO-PAY ASSISTANCE, PATIENT FINANCIAL AID, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, NATIONAL TELEPHONE AND WEB EDUCATION PROGRAMS, PUBLICATIONS IN ENGLISH AND SPANISH, AND CLINICAL-TRIAL SEARCHES VIA AN ONLINE CLINICAL-TRIAL SEARCH SERVICE THAT OFFERS PATIENTS AND CAREGIVERS IMMEDIATE ACCESS TO LISTINGS OF BLOOD CANCER CLINICAL TRIALS PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS CAN INTERACT WITH LLS AND ONE ANOTHER THROUGH SOCIAL NETWORKING, PODCASTS AND ENEWSLETTERS NATIONAL TELEPHONE/ WEB EDUCATION PROGRAMS LLS SPONSORS TELEPHONE AND WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES IN 2013, 14 LLS NATIONAL EDUCATION PROGRAMS FEATURED DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS THESE PROGRAMS OFFER CONTINUING EDUCATION CREDITS FOR NURSES AND SOCIAL WORKERS LLS ALSO SPONSORS A RANGE OF PROFESSIONAL EDUCATION PROGRAMS RECENT PROGRAMS EXPLORED THE ADMINISTRATION AND MANAGEMENT OF CURRENT THERAPIES FOR HEMATOLOGIC MALIGNANCIES AND COMMUNICATION AMONG PRIMARY CARE PROVIDERS AND HEMATOLOGISTS/ONCOLOGISTS IN MANAGING PATIENTS WITH HEMATOLOGIC CANCER UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS PROFESSIONAL EDUCATION PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PROFESSIONALEDD 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 CAO & CFO, SR 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 PART VI, LINE 12 C ALL EMPLOYEES, BOARD OF DIRECTORS MEMBERS, BOARD OF REPRESENTATIVES ARE RECUSED FROM ANY DISCUSSION WHERE A CONFLICT OF INTEREST EXISTS ANY QUESTIONS REGARDING COI WILL GO TO THE AUDIT COMMITTEE

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	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
GROUP RETURN METHOD	FORM 990, PAGE 7, PART VII	PARENT ORGANIZATION HAS FILED A CONSOLIDATED RETURN

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	LLS CANADA REVENUE 13,446,524 ROUNDING -305 LSRP CONTRIBUTION -681,316 LLS CANADA EXPENSES -13,101,520 FOREIGN CURRENCY TRANSALATION ADJUSTMENT - 83,698 ROUNDING -1,506

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	CHANGE IN NET ASSETS LLS CANADA -345,004 LSRP CONNTRIBUTION 681,316 FINANCIAL STATEMENT ROUNDING 102

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

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s 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

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE LEUKEMIA & LYMPHOMA SOCIETY	D	146,528	COST
(2) OF CANADA			
(3) THE ILS RESEARCH PROGRAMS INC	C	681,316	COST

Schedule R (Form 990) 2012

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]

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

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

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