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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3 INTERNATIONAL DRIVE

City or town, state or province, country, and ZIP or foreign postal code

RYE BROOK, NY 10573

D Employer identification number

13-5644916

E Telephone number

(914) 949-5213

G Gross receipts \$ 454,488,208

F Name and address of principal officer

LOUIS J DEGENNARO

3 INTERNATIONAL DRIVE SUITE 200

RYE BROOK, NY 10573

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LLS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1949

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶41,120,267

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

285,638,088

314,912,814

3,847,456

1,121,864

25,416,466

345,298,600

88,538,361

122,873,965

0

97,808,057

4,046,893

74,986,029

90,757,098

315,486,013

29,812,587

Beginning of Current Year

End of Year

217,192,867

272,265,949

99,112,566

119,978,224

118,080,301

152,287,725

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2018-02-23

Date

ROSEMARIE A LOFFREDO EVP - CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DAVID M HIGHFILL

DAVID M HIGHFILL

2018-02-23

P01517891

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE

Phone no (212) 758-9700

NEW YORK, NY 101540102

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line 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 \$ 64,184,207 including grants of \$ 53,786,718 ) (Revenue \$ 29,167,652 )

See Additional Data

**4b** (Code ) (Expenses \$ 121,459,664 including grants of \$ 74,671,557 ) (Revenue \$ )

See Additional Data

**4c** (Code ) (Expenses \$ 41,862,025 including grants of \$ ) (Revenue \$ )

See Additional Data

(Code ) (Expenses \$ 20,136,094 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. IN FY 2017 LLS PROVIDED 5 CME/CE-GRANTING PERSON EDUCATIONAL PROGRAMS ("ROUNDS"), WITH 1,468 HEALTHCARE PROFESSIONAL IN ATTENDANCE. THERE WAS 1 NATIONAL TELEPHONE-WEB EDUCATION PROGRAM FOCUSED ON AML FOR PROFESSIONALS WITH 479 PARTICIPANTS. THERE WERE 9,656 VIEWS OF OUR ONLINE VIRTUAL LECTURES FOR PROFESSIONALS AND 2,904 VIEWS OF OUR ONLINE VIDEOS FOR PROFESSIONALS.

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

(Expenses \$ 20,136,094 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **247,641,990**

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II    | <b>4</b> Yes   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III    | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | <b>8</b> Yes   |    |
| <b>9</b> 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                  | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    | <b>10</b> Yes  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI    | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII    | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX    | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | <b>11e</b>     | No |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional    | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b> Yes |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | <b>14b</b> Yes |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV    | <b>15</b> Yes  |    |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV    | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | <b>17</b> Yes  |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II    | <b>18</b> Yes  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III    | <b>19</b> Yes  |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | Yes |    |
| <b>23</b> 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> . . . . .   | Yes |    |
| <b>24a</b> 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 25a</i> . . . . .                                  |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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> . . . . .   |     | No |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .  |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     |     | No |
| <b>27</b> 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> . . . . .        |     | No |
| <b>28</b> 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)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |     | No |
| <b>c</b> 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> . . . . .  |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .  |     | No |
| <b>33</b> 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> . . . . .   | Yes |    |
| <b>34</b> 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> . . . . .   | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | Yes |    |
| <b>b</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> . . . . .   | Yes |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     | No |
| <b>37</b> 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> . . . . .  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|            |  | Yes   | No |
|------------|--|-------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 598   |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | 4     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | Yes   |    |
| <b>2a</b>  | 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  | 1,302 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | Yes   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |       | No |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |       |    |
| <b>4a</b>  | 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)? | Yes   |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>CA</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |       |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |       | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |       | No |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |       |    |
| <b>6a</b>  | 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?                                    |       | No |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |       |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |       |    |
| <b>a</b>   | 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?  | Yes   |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | Yes   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |       | No |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d    |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |       | No |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |       | No |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |       |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |       |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |       |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   |       |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |       |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |       |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a   |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b   |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |       |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a   |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | 11b   |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a   |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b   |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |       |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | 13a   |    |
| <b>b</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   |    |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c   |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a   | No |
| <b>b</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 or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

|  |   | Yes | No |
|--|---|-----|----|
| <b>1a</b>  | Enter the number of voting members of the governing body at the end of the tax year   | 27  |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |   |     |    |
| <b>b</b>   | Enter the number of voting members included in line 1a, above, who are independent  | 27  |    |
| <b>2</b>   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | No |
| <b>3</b>   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | No |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>   | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b>  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | Yes |    |
| <b>b</b>   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | Yes |    |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>   | The governing body?   | Yes |    |
| <b>b</b>   | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | No |

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

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

**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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records.  
 ▶ ROSEMARIE A LOFFREDO 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 (914) 949-5213

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2016)

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 3,681,484  |   | 390,808   |

**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 ▶ 164

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | Yes |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| RESOURCE ONE,<br>2900 EAST APACHE STREET<br>TULSA, OK 74110                                   | DIRECT MARKETIN                | 4,807,955           |
| PATIENT ADVOCACY FOUNDATION,<br>421 BUTLER FARM RD<br>HAMPTON, VA 23666                       | PAT ASSIST PROC                | 4,595,472           |
| INC RESEARCH LLC,<br>75 REMITTANCE DRIVE SUITE 3160<br>CHICAGO, IL 606753160                  | CLINICAL TRIAL                 | 3,162,386           |
| OLIVER STAFFING INC,<br>350 LEXINGTON AV SUITE 401<br>NEW YORK, NY 10016                      | TEMP STAFFING                  | 3,133,056           |
| NORTHGATE DIGITAL CORPORATION,<br>301 SOUTH STATE STREET SUITE N-200<br>NEWTOWN, PA 189401956 | SOFTWARE DEVELO                | 1,834,796           |

**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 ▶ 152



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

|   |  |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|---|--|---------------------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .  | <b>1a</b>                 | 1,485,588            |  |   |  |
|   | <b>b</b> Membership dues . . .   | <b>1b</b>                 |                      |  |   |  |
|   | <b>c</b> Fundraising events . . .  | <b>1c</b>                 | 164,610,688          |  |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>                 |                      |  |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>                 |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above  | <b>1f</b>                 | 148,816,538          |  |   |  |
|   | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____   |                           | 7,007,546            |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |                           | 314,912,814          |  |   |  |
| <b>Program Service Revenue</b>                                    |  | Business Code             |                      |  |   |  |
|   | <b>2a</b> SERVICE REVENUE  | 541900                    | 3,847,456            | 3,847,456  |   |  |
|   | <b>b</b> _____   |                           |                      |  |   |  |
|   | <b>c</b> _____   |                           |                      |  |   |  |
|   | <b>d</b> _____   |                           |                      |  |   |  |
|   | <b>e</b> _____   |                           |                      |  |   |  |
|   | <b>f</b> All other program service revenue   |                           |                      |  |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .  |                           | 3,847,456            |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .   |                           | 2,791,064            |  |   | 2,791,064  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |                           |                      |  |   |  |
|   | <b>5</b> Royalties . . . . .   |                           | 4,227,758            |  |   | 4,227,758  |
|   | <b>6a</b> Gross rents  | (i) Real (ii) Personal    |                      |  |   |  |
|   | <b>b</b> Less rental expenses  |                           |                      |  |   |  |
|   | <b>c</b> Rental income or<br>(loss)  |                           |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |                           |                      |  |   |  |
|   | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory  | (i) Securities (ii) Other |                      |  |   |  |
|   | <b>b</b> Less cost or<br>other basis and<br>sales expenses   |                           |                      |  |   |  |
|   | <b>c</b> Gain or (loss)  |                           |                      |  |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |                           | -1,669,200           |  |   | -1,669,200   |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ 164,610,688 of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b>                  | 19,972,736           |  |   |  |
|   | <b>b</b> Less direct expenses . . . . .  | <b>b</b>                  | 24,901,543           |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .  |                           | -4,928,807           |  |   | -4,928,807   |
|   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | <b>a</b>                  | 925,424              |  |   |  |
|   | <b>b</b> Less direct expenses . . . . .  | <b>b</b>                  | 246,953              |  |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . .   |                           | 678,471              |  |   | 678,471  |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .  | <b>a</b>                  |                      |  |   |  |
|   | <b>b</b> Less cost of goods sold . . . . .   | <b>b</b>                  |                      |  |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |                           |                      |  |   |  |
| Miscellaneous Revenue   |  | Business Code             |                      |  |   |  |
| <b>11a</b> TAP CONTRACTUAL RETURN                                 | 541900   | 25,320,196                | 25,320,196           |  |   |  |
| <b>b</b> OTHER MISCELLANEOUS                                      | 900099   | 118,848                   |                      |  | 118,848                                 |  |
| <b>c</b> _____  |  |                           |                      |  |   |  |
| <b>d</b> All other revenue . . . . .                              |  |                           |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |  | 25,439,044                |                      |  |   |  |
| <b>12 Total revenue.</b> See Instructions . . . . .               |  | 345,298,600               | 29,167,652           |  | 1,218,134                               |  |

**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 or note to any line in this Part IX ☐

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   | 38,911,731            | 38,911,731                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.  | 74,671,557            | 74,671,557                      |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  | 9,290,677             | 9,290,677                       |  |                             |
| <b>4</b> Benefits paid to or for members.  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.   | 2,121,068             | 1,417,657                       | 336,932                                | 366,479                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages.   | 77,877,654            | 52,114,364                      | 12,373,241                             | 13,390,049                  |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).  | 2,067,484             | 1,383,865                       | 325,194                                | 358,425                     |
| <b>9</b> Other employee benefits.  | 10,213,392            | 6,836,306                       | 1,606,461                              | 1,770,625                   |
| <b>10</b> Payroll taxes.   | 5,528,459             | 3,700,459                       | 869,569                                | 958,431                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management.   |                       |                                 |  |                             |
| <b>b</b> Legal.  | 1,413,549             | 971,712                         | 182,969                                | 258,868                     |
| <b>c</b> Accounting.   | 445,582               | 306,305                         | 57,676                                 | 81,601                      |
| <b>d</b> Lobbying.   | 1,264,751             | 869,424                         | 163,709                                | 231,618                     |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  | 4,046,893             |                                 |  | 4,046,893                   |
| <b>f</b> Investment management fees.   | 387,928               | 267,554                         | 58,189                                 | 62,185                      |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).   | 17,484,309            | 12,019,186                      | 2,263,163                              | 3,201,960                   |
| <b>12</b> Advertising and promotion.   | 6,397,782             | 3,151,715                       | 758,878                                | 2,487,189                   |
| <b>13</b> Office expenses.   | 18,534,428            | 9,774,722                       | 1,845,295                              | 6,914,411                   |
| <b>14</b> Information technology.  | 8,401,266             | 5,775,257                       | 1,087,457                              | 1,538,552                   |
| <b>15</b> Royalties.   |                       |                                 |  |                             |
| <b>16</b> Occupancy.   | 8,949,426             | 5,627,310                       | 1,212,500                              | 2,109,616                   |
| <b>17</b> Travel.  | 9,994,808             | 6,723,444                       | 1,817,797                              | 1,453,567                   |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.  |                       |                                 |  |                             |
| <b>20</b> Interest.  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates.  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.   | 7,480,169             | 5,163,747                       | 1,115,810                              | 1,200,612                   |
| <b>23</b> Insurance.   | 669,265               | 461,941                         | 100,082                                | 107,242                     |
| <b>24</b> 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):  |                       |                                 |  |                             |
| <b>a</b> RESEARCH AND DEVELOPMENT  | 5,584,310             | 5,584,310                       |  |                             |
| <b>b</b> MISCELLANEOUS   | 3,749,525             | 2,618,747                       | 548,834                                | 581,944                     |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.  | 315,486,013           | 247,641,990                     | 26,723,756                             | 41,120,267                  |
| <b>26</b> 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). | 13,095,492            | 6,539,624                       |  | 6,555,868                   |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |  |  |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |             | 14,966,805               | <b>1</b>    | 37,250,666         |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |             | 58,353,033               | <b>2</b>    | 62,751,205         |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |             | 16,707,733               | <b>3</b>    | 16,228,169         |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |             |                          | <b>4</b>    |                    |
|                                    | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.   |             |                          | <b>5</b>    |                    |
|                                    | <b>6</b>   | 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. |             |                          | <b>6</b>    |                    |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |             |                          | <b>7</b>    |                    |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |             |                          | <b>8</b>    |                    |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |             | 2,768,847                | <b>9</b>    | 3,425,491          |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   | <b>10a</b>  | 41,166,184               |             |                    |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b>  | 31,178,340               |             |                    |
|                                    |  |  |             | 16,736,701               | <b>10c</b>  | 9,987,844          |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |             | 96,515,546               | <b>11</b>   | 133,187,861        |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |             | 11,144,202               | <b>12</b>   | 9,434,713          |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |             |                          | <b>13</b>   |                    |
|                                    | <b>14</b>  | Intangible assets . . . . .  |             |                          | <b>14</b>   |                    |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .   |  |             | <b>15</b>                |             |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |  | 217,192,867 | <b>16</b>                | 272,265,949 |                    |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |             | 14,820,632               | <b>17</b>   | 24,296,564         |
|                                    | <b>18</b>  | Grants payable . . . . .   |             | 71,699,343               | <b>18</b>   | 82,120,581         |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |             | 12,592,591               | <b>19</b>   | 13,561,079         |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |             |                          | <b>20</b>   |                    |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D.   |             |                          | <b>21</b>   |                    |
|                                    | <b>22</b>  | 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 . . . . .   |             |                          | <b>22</b>   |                    |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .   |             |                          | <b>23</b>   |                    |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .   |             |                          | <b>24</b>   |                    |
|                                    | <b>25</b>  | 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.   |             |                          | <b>25</b>   |                    |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |             | 99,112,566               | <b>26</b>   | 119,978,224        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |  |             |                          |             |                    |
|                                    | <b>27</b>  | Unrestricted net assets  |             | 82,002,442               | <b>27</b>   | 120,968,910        |
|                                    | <b>28</b>  | Temporarily restricted net assets . . . . .  |             | 32,998,850               | <b>28</b>   | 28,432,696         |
|                                    | <b>29</b>  | Permanently restricted net assets  |             | 3,079,009                | <b>29</b>   | 2,886,119          |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |  |             |                          |             |                    |
|                                    | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .   |             |                          | <b>30</b>   |                    |
|                                    | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |             |                          | <b>31</b>   |                    |
|                                    | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds   |             |                          | <b>32</b>   |                    |
|                                    | <b>33</b>  | <b>Total net assets or fund balances . . . . .</b>   |             | 118,080,301              | <b>33</b>   | 152,287,725        |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances . . . . .</b>  |  | 217,192,867 | <b>34</b>                | 272,265,949 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 345,298,600 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 315,486,013 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 29,812,587  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 118,080,301 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 4,662,977   |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | -268,140    |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 152,287,725 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

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

Form 990 (2016)

**Form 990, Part III, Line 4a:**

A) RESEARCH PROGRAMS WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT TO IMPROVE 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 TO DATE, LLS HAS INVESTED OVER 1.2 BILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES (CONTINUED ON SCHEDULE O) 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 2017, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 7 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 50 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, AND, - 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 - ADCETRIS WAS APPROVED IN 2011, AND IN JANUARY 2012. IT IS AN ANTIBODY-DRUG CONJUGATE THAT COMBINES AN ANTI-CD30 ANTIBODY AND THE CYTOTOXIC DRUG MONOMETHYL AURISTATIN E (MMAE). IT IS AN ANTI-NEOPLASTIC AGENT USED IN THE TREATMENT OF HODGKIN LYMPHOMA AFTER FAILURE OF AUTOLOGOUS STEM CELL TRANSPLANT OR THOSE WHO ARE NOT ELIGIBLE FOR ASCT AFTER FAILURE OF AT LEAST 2 MUTIAGEN CHEMOTHERAPY REGIMENS. ADCETRIS WAS ALSO APPROVED FOR SYSTEMIC ANAPLASTIC LARGE CELL LYMPHOMA WITH FAILURE OF AT LEAST ONE PRIOR TREATMENT - GAZYVA IS A HUMANIZED MONOCLONAL ANTIBODY USED AS A COMBINATION TREATMENT WITH CHLORAMBUCIL TO TREAT PATIENTS WITH UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA. IT WAS APPROVED BY THE FDA IN NOVEMBER 2013 AND BY THE EMA IN JULY 2014 - IMBRUVICA IS AN ORAL SMALL MOLECULE INHIBITOR AGAINST BTK KINASE. IT WAS FIRST APPROVED BY THE US FDA ON NOVEMBER 13, 2013 FOR THE TREATMENT OF MANTLE CELL LYMPHOMA. PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR TREATMENT. ON FEB. 12, 2014 THE US FDA EXPANDED THE APPROVED USE OF THE DRUG TO CHRONIC LYMPHOCYTIC LEUKEMIA (CLL). PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR TREATMENT. ADDITIONALLY, IT RECEIVED FURTHER EXPANSION TO TREAT 17P DELETION IN CLL WITH OR WITHOUT PRIOR THERAPY - ZYDELIG IS AN ORAL SMALL MOLECULE INHIBITOR THAT BLOCKS THE DELTA ISOFORM OF THE ENZYME PHOSPHOINOSITIDE 3-KINASE. IT WAS APPROVED BY THE FDA IN JULY 2014 TO TREAT RELAPSED/REFRACTORY CLL IN COMBINATION WITH RITUXAN. IT WAS ALSO APPROVED TO USE AS A MONOTHERAPY FOR RELAPSED MANTLE CELL LYMPHOMA AND FOLLICULAR LYMPHOMA. 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 2017, FOR THE SIXTH YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN SIX OTHER UNDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS. NEW RESEARCH IS FOCUSED ON - DEVELOPMENT OF NOVEL THERAPEUTIC STRATEGIES FOR PATIENTS WITH NON-CUTANEOUS T-CELL LYMPHOPROLIFERATIVE DISORDERS - DEVELOP NOVEL TARGETED THERAPIES FOR CLL PATIENTS, WITH REAL CURATIVE POTENTIAL - DEVELOP NOVEL TREATMENT STRATEGIES FOR MDS AND AML PATIENTS - DEVELOP NOVEL TARGETED THERAPIES FOR PATIENTS WITH HIGH-RISK MYELOMA - DEVELOPMENT OF NEW-TARGETED THERAPIES FOR INDOLENT LYMPHOMA PATIENTS - DEFINE GENETIC/MOLECULAR PREDISPOSITION

## Form 990, Part III, Line 4b:

B) PATIENT & COMMUNITY SERVICES AN ESTIMATED 1 29 MILLION PEOPLE ACROSS THE UNITED STATES (US) CURRENTLY BATTLE LEUKEMIA, LYMPHOMA AND MYELOMA THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS AN ARRAY OF FREE, COMPREHENSIVE RESOURCES TO BLOOD CANCER PATIENTS, CAREGIVERS, FAMILIES AND FRIENDS OF PATIENTS, ADVOCATES, HEALTHCARE PROFESSIONALS AND THE PUBLIC 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 (CONTINUED ON SCHEDULE O) SUPPORT SERVICES ARE PROVIDED BY PROFESSIONALS OR RIGOROUSLY TRAINED PEER VOLUNTEERS ALL RESOURCES ARE PROVIDED THROUGH A VARIETY OF MEDIA - PRINT, ONLINE, BY PHONE, AND FACE-TO-FACE IN COMMUNITIES A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS PRINT PUBLICATIONS AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS EACH YEAR, LLS DISTRIBUTES DISEASE AND SUPPORT BOOKLETS AND FACT SHEETS THROUGH THE INFORMATION RESOURCE CENTER AND LLS CHAPTERS EACH YEAR, 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 - 632,829 FREE PRINTED DISEASE AND SUPPORT BOOKLETS AND 7,191 DISEASE-FOCUSED FACT SHEETS WERE ORDERED IN 2017 ADDITIONALLY, THERE WERE 86,615 PAGE VIEWS OF THESE BOOKLETS AND FACT SHEETS ON THE LLS WEBSITE FINANCIAL ASSISTANCE IN 2017, A COMBINED 74,188,838 WAS DISBURSED TO PATIENTS THROUGH THE CO-PAY ASSISTANCE PROGRAMS (72,968,508) AND THE LLS NATIONAL PATIENT TRAVEL ASSISTANCE PROGRAM, (1,181,500), AND LLS FINANCIAL ASSISTANCE PROGRAM (38,830) CO-PAY ASSISTANCE PROGRAM THE CO-PAY ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS 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 FUNDING AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS IN 2017, 72,968,508 WAS PROVIDED TO PATIENTS THROUGH THE LLS CO-PAY ASSISTANCE PROGRAM - 31,026 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2017 SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM THE SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS WITH TRAVEL AND LODGING EXPENSES RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS TRAVEL ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY IN 2017, 1,181,500 WAS PROVIDED TO PATIENTS THROUGH THE LLS SUSAN LANG TRAVEL PROGRAM 2,363 PATIENTS RECEIVED LLS TRAVEL ASSISTANCE IN 2017 FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS (PCR PROGRAM) THE FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS SUPPORTS QUALIFYING PATIENTS WITH OUT OF POCKET EXPENSES RELATED TO THEIR ROUTINE POLYMERASE CHAIN REACTION (PCR) TESTING IN 2017, 38,830 WAS PROVIDED TO PATIENTS THROUGH THE PCR PROGRAM 85 PATIENTS RECEIVED LLS PCR ASSISTANCE IN 2017 COMMUNITY PROGRAMS SERVICES ARE PROVIDED IN COMMUNITIES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS BY PATIENT ACCESS STAFF AND TRAINED VOLUNTEERS WHO HAVE SPECIFIC SUPPORT AND OUTREACH ROLES STAFF ARE HEALTHCARE AND ALLIED HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING, PUBLIC HEALTH OR SOCIAL WORK, VOLUNTEERS ARE TYPICALLY PATIENTS OR CAREGIVERS WHO UNDERGO RIGOROUS BACKGROUND CHECKS AND TRAINING STAFF AND VOLUNTEERS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS, AND PROVIDE COMMUNITY-BASED OUTREACH, EDUCATION, AND SUPPORT IN A VARIETY OF FORMS REGIONAL BLOOD CANCER CONFERENCES LLS WORKS TO ELEVATE OUR VISIBILITY IN COMMUNITIES WE SERVE BY HOSTING LARGER-SCALE CONFERENCES, GEARED FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS THESE EVENTS ARE A CATALYST FOR BRINGING MANY DEDICATED PEOPLE TOGETHER TO FOCUS ON BLOOD CANCER AWARENESS, INFORMATION AND THE LATEST ADVANCES IN MEDICAL SCIENCE THEY ARE DESIGNED FOR PATIENTS AND CAREGIVERS BUT ARE ATTENDED BY SOME LOCAL HEALTHCARE PROFESSIONALS (NURSES AND SOCIAL WORKERS) AS WELL IN 2017, 106 BCC CONFERENCES WERE HELD WITH 3,352 ATTENDEES LLS COMMUNITY THE ONLINE "LLS COMMUNITY" WAS LAUNCHED ON FEBRUARY 1, 2016 IT WAS DESIGNED TO PROVIDE A WAY FOR PATIENTS AND CAREGIVERS TO 1) BECOME PART OF A SOCIAL NETWORK TO CONNECT WITH PATIENTS AND CAREGIVERS IN SIMILAR SITUATIONS AND BECOME EMPOWERED, 2) PROVIDE INFORMATION ABOUT ONESELF AND ONE'S DISEASE, TO BECOME PART OF THE RESEARCH TO CURE BLOOD CANCERS, AND 3) GAIN THE LATEST INFORMATION ABOUT ONE'S DISEASE, LEARN ABOUT SURVIVORSHIP ISSUES, AND ABOUT CLINICAL TRIALS BY THE END OF FY 2017, THERE WERE APPROXIMATELY 6,000 COMMUNITY MEMBERS AND 44,000 RESPONSES TO THE "QUESTIONS OF THE DAY," AS WELL AS CLOSE TO 13,500 COMMENTS POSTED BY USERS FAMILY SUPPORT GROUPS THROUGHOUT THE US, IN 2017, LLS SUPPORTED OR HOSTED 135 FAMILY SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES GROUPS ARE GUIDED BY ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS LLS SUPPORT GROUPS ARE THE PERFECT PLACE TO TALK WITH OTHER PEOPLE AFFECTED BY BLOOD CANCERS, INCLUDING PATIENTS, FAMILY MEMBERS AND CAREGIVERS THE GROUPS PROVIDE MUTUAL SUPPORT AND OFFER THE OPPORTUNITY TO DISCUSS ANXIETIES AND CONCERNS WITH OTHERS WHO SHARE THE SAME EXPERIENCES THIS SHARING STRENGTHENS THE FAMILY BOND AND ENHANCES EVERYONE'S ABILITY TO COPE WITH CANCER IN ADDITION, LLS HOSTED 7 ONLINE CHAT GROUPS - I E , VIRTUAL SUPPORT GROUPS - THAT ARE PROFESSIONALLY MODERATED IN FY 2017, 3,506 INDIVIDUALS PARTICIPATED IN THESE CHATS 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- REFERRAL IS ALSO PROVIDED BY LLS'S INFORMATION RESOURCE CENTER -OVER 1,100 FIRST CONNECTIONS WERE MADE ACROSS THE US IN FY 2017

**Form 990, Part III, Line 4c:**

C) PUBLIC HEALTH EDUCATION INFORMATION AND EDUCATION 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 LLS'S 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 (CONTINUED ON SCHEDULE O) INFORMATION SPECIALISTS ALSO CONDUCT CLINICAL-TRIAL SEARCHES TO HELP PATIENTS WORK WITH THEIR DOCTORS TO FIND OUT ABOUT SPECIFIC CLINICAL TRIALS THE INFORMATION RESOURCE CENTER ALSO HAS AN EXPANDING IN-DEPTH CLINICAL TRIAL NAVIGATION SERVICE PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A M TO 9 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 IN FY 2017 - 17,800 INQUIRIES WERE MADE TO OUR INFORMATION SPECIALISTS - 10,632 HOUSEHOLDS RECEIVED INFORMATION AND/OR SUPPORT FROM INFORMATION SPECIALISTS VIA EMAILS, PHONE, AND ANSWER CHATS -339 PATIENTS WORKED WITH A CLINICAL TRIAL NAVIGATOR TO RECEIVE COMPREHENSIVE ASSISTANCE WITH CLINICAL TRIAL ENROLLMENT, OVER 60% OF THESE PATIENTS ENROLLED ON A CLINICAL TRIAL 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 THEIR LOCATION 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, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, DISCUSSION BOARDS, 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 INFORMATIONAL MATERIALS ARE AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER MANY DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH NATIONAL TELEPHONE/ WEB EDUCATION PROGRAMS ADDITIONALLY, LLS ALSO SPONSORS TELEPHONE- WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS ALSO AVAILABLE THROUGH THE LLS WEBSITE ARE VIRTUAL LECTURES AND VIDEOS FEATURING DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT SUPPORT AND TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS IN FY 2017 -LLS PROVIDED 10 LIVE NATIONAL TELEPHONE-WEB EDUCATION PROGRAMS, WITH 4,605 PARTICIPANTS -THERE WERE 21,766 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, 29,453 VIEWS OF VIDEOS

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LOUIS J DEGENNARO<br>.....<br>PRESIDENT &   | 40 00<br>.....<br>1 00   |   |                       | X       |              |                              |        | 522,261   | 0  | 101,298   |
| ROSEMARIE A LOFFREDO<br>.....<br>EVP - CFO  | 40 00<br>.....<br>1 00   |   |                       | X       |              |                              |        | 393,691   | 0  | 22,219  |
| GORDON MILLER JR<br>.....<br>EVP FINANCE  | 40 00<br>.....<br>5 00   |   |                       | X       |              |                              |        | 254,734   | 0  | 40,974  |
| MARK ROITHMAYR - TERM 12312016<br>.....<br>EVP CHIEF RE   | 40 00<br>.....   |   |                       |         | X            |                              |        | 412,015   | 0  | 39,075  |
| ANDREW S COCCARI<br>.....<br>EVP CHIEF PR   | 40 00<br>.....   |   |                       |         | X            |                              |        | 353,754   | 0  | 30,120  |
| ALICE O'ROURKE<br>.....<br>EVP CHIEF DE   | 40 00<br>.....   |   |                       |         | X            |                              |        | 292,097   | 0  | 28,864  |
| LEE M GREENBERGER<br>.....<br>EVP CHIEF SC  | 40 00<br>.....   |   |                       |         |              | X                            |        | 305,682   | 0  | 38,692  |
| PAULETTE DAMIANO - TERM 6302016<br>.....<br>VP ORG DEV &  | 40 00<br>.....   |   |                       |         |              | X                            |        | 319,566   | 0  | 19,981  |
| CROKER POWELL<br>.....<br>EVP, LTN CAM  | 40 00<br>.....   |   |                       |         |              | X                            |        | 239,284   | 0  | 27,077  |
| DEBORAH MATZ<br>.....<br>EVP, LEGAL A   | 40 00<br>.....   |   |                       |         |              | X                            |        | 231,541   | 0  | 29,556  |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MICHELE PRZYPYSZNY - TERM 7212016<br>.....<br>EXECUTIVE DI  | 40 00<br>.....   |   |                       |         |              | X                            |        | 245,733   | 0  | 12,952  |
| GEORGE J OMIROS-TERM APR15<br>.....<br>EVP-CHIEF CA   | <br>.....  |   |                       |         |              |                              | X      | 111,126   | 0  | 0   |
| PETER B BROCK<br>.....<br>CHAIR   | 6 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| JORGE L BENITEZ<br>.....<br>VICE CHAIR  | 4 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| RALPH E LAWSON<br>.....<br>SECRETARY/TR   | 4 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| RAANAN HOROWITZ<br>.....<br>AT LARGE  | 4 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| JAMES A BECK<br>.....<br>BOD MEMBER   | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WILLIAM G BEHNKE<br>.....<br>BOD MEMBER   | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DANA CALLOW JR<br>.....<br>BOD MEMBER   | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RENZO CANETTA<br>.....<br>BOD MEMBER  | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

(A)(B)(C)(D)(E)(F)

| Name and Title                               | Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
|  |   | Individual trustee or director   | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |  |
| SCOTT A CARROLL<br>.....<br>BOD MEMBER       | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| ELIZABETH J CLARK PHD<br>.....<br>BOD MEMBER | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| WILLIAM S DALTON PHD<br>.....<br>BOD MEMBER  | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| BERNARD H GARIL<br>.....<br>BOD MEMBER       | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| FRANCIE HELLER<br>.....<br>BOD MEMBER        | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| RICHARD M JEANNERET<br>.....<br>BOD MEMBER   | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| JOSEPH B KELLEY<br>.....<br>BOD MEMBER       | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| MICHELLE LE BEAU PHD<br>.....<br>BOD MEMBER  | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| CONNIE L LINDSEY<br>.....<br>BOD MEMBER      | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |
| KATHLEEN MERIWETHER<br>.....<br>BOD MEMBER   | 4 00<br>.....   | X  |                       |         |              |                              |        | 0  | 0   | 0  |

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| TED MOROZ<br>.....<br>BOD MEMBER          | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DONALD PROCTOR<br>.....<br>BOD MEMBER     | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEVEN T ROSEN<br>.....<br>BOD MEMBER     | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KENNETH M SCHWARTZ<br>.....<br>BOD MEMBER | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BART SICHEL<br>.....<br>BOD MEMBER        | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FRANK O SMITH<br>.....<br>BOD MEMBER      | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KATHRYN C VECELLIO<br>.....<br>BOD MEMBER | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LOUISE G WARNER<br>.....<br>BOD MEMBER    | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KEITH S WHITE<br>.....<br>BOD MEMBER      | 4 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

|   |  |   |
|---|--|---|
| <b>SCHEDULE A</b><br>(Form 990 or 990-EZ)   | <b>Public Charity Status and Public Support</b><br>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.<br>▶ Attach to Form 990 or Form 990-EZ.<br>▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No 1545-0047<br><b>2016</b><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br>Internal Revenue Service<br><b>Name of the organization</b><br>THE LEUKEMIA & LYMPHOMA SOCIETYINC |  | <b>Employer identification number</b><br>13-5644916                 |

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s) \_\_\_\_\_

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**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, 8, or 9 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<br>(or fiscal year beginning in) ► |   | (a)2012     | (b)2013     | (c)2014     | (d)2015     | (e)2016     | (f)Total      |
|--|---|-------------|-------------|-------------|-------------|-------------|---------------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  | 279,789,664 | 302,437,152 | 283,909,984 | 285,638,088 | 314,912,814 | 1,466,687,702 |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |             |             |             |             |             |               |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge   |             |             |             |             |             |               |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3   | 279,789,664 | 302,437,152 | 283,909,984 | 285,638,088 | 314,912,814 | 1,466,687,702 |
| <b>5</b>   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |             |             |             |             |             | 245,762,639   |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4  |             |             |             |             |             | 1,220,925,063 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a)2012     | (b)2013     | (c)2014     | (d)2015     | (e)2016     | (f)Total      |
|--|--|-------------|-------------|-------------|-------------|-------------|---------------|
| <b>7</b>   | Amounts from line 4  | 279,789,664 | 302,437,152 | 283,909,984 | 285,638,088 | 314,912,814 | 1,466,687,702 |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,260,636   | 1,203,865   | 1,891,412   | 1,565,846   | 7,018,822   | 13,940,581    |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on                             |             |             |             |             |             |               |
| <b>10</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                | 1,974,227   | 104,879     | 56,829      | 19,529      | 25,439,044  | 27,594,508    |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 1,508,222,791 |

**12** Gross receipts from related activities, etc. (see instructions) **12** 117,717,676**13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ► ☐**Section C. Computation of Public Support Percentage**

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>14</b> | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 80.950 % |
| <b>15</b> | Public support percentage for 2015 Schedule A, Part II, line 14                        | <b>15</b> | 84.360 % |

**16a** **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**b** **10%-facts-and-circumstances test—2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 10 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<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5   |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b  |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |         |         |         |         |         |          |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes        | No |
|---|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  | <b>3a</b>  |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  | <b>4b</b>  |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   | <b>8</b>   |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  | <b>10b</b> |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |
| <b>2a</b>   |  |  |
| <b>2b</b>   |  |  |
| <b>3a</b>   |  |  |
| <b>3b</b>   |  |  |



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b> Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b> Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b>       |                                |

**Section B - Minimum Asset Amount**

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                                |
| <b>a</b> Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b> Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                                |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)  |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                                |

**Section C - Distributable Amount**

|   |          | Current Year |
|---|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b> |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |          |              |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI) See instructions   |              |
| 7 Total annual distributions. Add lines 1 through 6  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c From 2013. . . . .  |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2016 distributable amount  |                             |  |   |
| i Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2016 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a   |                             |  |   |
| b Excess from 2013. . . . .   |                             |  |   |
| c Excess from 2014. . . . .   |                             |  |   |
| d Excess from 2015. . . . .   |                             |  |   |
| e Excess from 2016. . . . .   |                             |  |   |

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test****990 Schedule A, Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART II, LINE 10 | GRANT TERM & REFUND (YR 2012) 1,844,147 OTHER MISC REVENUE (YR 2012-2016) 430,165 TAP CONTRACTUAL RETURN 25,320,196 |

Schedule A Form 990 or 990-EZ 2016

**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.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

|  |   |
|--|---|
| Name of the organization<br>THE LEUKEMIA & LYMPHOMA SOCIETYINC | <b>Employer identification number</b><br>13-5644916 |
|--|---|

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

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

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

|           |   |  |
|-----------|---|--|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$   |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$   |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 7202 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4a</b> | Was a correction made?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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).**

|          |   |  |
|----------|---|--|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities  | ▶ \$   |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   | ▶ \$   |
| <b>3</b> | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  | ▶ \$   |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5</b> | 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- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
| 2        |             |         |   |  |
|          |             |         |   |  |
| 3        |             |         |   |  |
|          |             |         |   |  |
| 4        |             |         |   |  |
|          |             |         |   |  |
| 5        |             |         |   |  |
|          |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals**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

| 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?☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | <b>(a)</b> 2013 | <b>(b)</b> 2014 | <b>(c)</b> 2015 | <b>(d)</b> 2016 | <b>(e)</b> Total |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying nontaxable amount                                |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                                |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                               |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

|           |  | (a) |    | (b)       |
|-----------|--|-----|----|-----------|
|           |  | Yes | No | Amount    |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |           |
| <b>a</b>  | Volunteers?  | Yes |    |           |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes |    |           |
| <b>c</b>  | Media advertisements?  |     | No |           |
| <b>d</b>  | Mailings to members, legislators, or the public?   |     | No |           |
| <b>e</b>  | Publications, or published or broadcast statements?  | Yes |    | 188,955   |
| <b>f</b>  | Grants to other organizations for lobbying purposes?   |     | No |           |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 207,888   |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  | Yes |    | 298,823   |
| <b>i</b>  | Other activities?  | Yes |    | 714,313   |
| <b>j</b>  | Total. Add lines 1c through 1i   |     |    | 1,409,979 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | No |           |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912  |     |    |           |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |           |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |           |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**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."**

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

**Part IV Supplemental Information**

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference              | Explanation   |
|-------------------------------|---|
| SCHEDULE C, PART II-B, LINE 1 | LLS IS A MEMBER OF A NUMBER OF COALITIONS AND MEMBERSHIPS INCLUDING FRIENDS OF CANCER RESEARCH, ALLIANCE FOR A STRONGER FDA, ONE VOICE AGAINST CANCER, NATIONAL HEALTH COUNCIL, NORTH AMERICAN ASSOCIATION, AMERICAN CHILDHOOD CANCER ORGANIZATION, PUBLIC AFFAIRS COUNCIL, THE CANCER LEADERSHIP COUNCIL AND THE STATE ACCESS TO INNOVATIVE MEDICINES COALITION  |
| SCHEDULE C, PART IV           | 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. |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS   |  | As Filed Data -  |  | DLN: 93493054002448                          |  |
| <div>SCHEDULE D<br/>(Form 990)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div>  |  | <div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br/>► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> |  |  | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization<br>THE LEUKEMIA & LYMPHOMA SOCIETYINC   |  |  |  | Employer identification number<br>13-5644916 |  |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.              |  |  |  |  |  |
|  |  | (a) Donor advised funds  |  | (b) Funds and other accounts                 |  |
| 1  | Total number at end of year  |  |  |  |  |
| 2  | Aggregate value of contributions to (during year)  |  |  |  |  |
| 3  | Aggregate value of 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?   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 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?  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  |  |  |  |  |  |
| 1  | Purpose(s) of conservation easements held by the organization (check all that apply)<br><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> 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   |  |  |  |  |
| a  | Total number of conservation easements   | Held at the End of the Year  |  |  |  |
| b  | Total acreage restricted by conservation easements   | 2a   |  |  |  |
| c  | Number of conservation easements on a certified historic structure included in (a)   | 2b   |  |  |  |
| d  | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   | 2c   |  |  |  |
|  |  | 2d   |  |  |  |
| 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?   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►  |  |  |  |  |
| 7  | Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.<br>Complete if the organization answered "Yes" on 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) Revenue included on 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  | Revenue included on 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) 2016                   |  |



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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

|  | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance                     | 6,027,967       | 6,115,645     | 6,122,698         | 6,027,657           | 6,000,186          |
| b Contributions                                  | 5,200           | 45,095        |                   |                     |                    |
| c Net investment earnings, gains, and losses     | 119,369         | 116,288       | 218,549           | 313,872             | 482,520            |
| d Grants or scholarships                         | -240,000        | -240,000      | -221,499          | -215,000            | -450,000           |
| e Other expenditures for facilities and programs |                 |               |                   |                     |                    |
| f Administrative expenses                        | -15,159         | -9,060        | -4,103            | -3,831              | -5,049             |
| g End of year balance                            | 5,897,377       | 6,027,967     | 6,115,645         | 6,122,698           | 6,027,657          |

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

►

51 000 %

c

Temporarily restricted endowment

►

49 000 %

The percentages on 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" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes☐ No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. 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  |                                      | 1,567,984                       | 856,968                      | 711,016        |
| d Equipment   |                                      | 35,693,636                      | 27,252,511                   | 8,441,125      |
| e Other   |                                      | 3,904,564                       | 3,068,861                    | 835,703        |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 9,987,844      |

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives . . . . .                                     |                   |   |
| (2) Closely-held equity interests . . . . .                             |                   |   |
| (3) Other _____   |                   |   |
| (A)   |                   |   |
| (B)   |                   |   |
| (C)   |                   |   |
| (D)   |                   |   |
| (E)   |                   |   |
| (F)   |                   |   |
| (G)   |                   |   |
| (H)   |                   |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )       |                   |   |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

| (a) Description of investment                                     | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) |                |   |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) |                |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

| (a) Description of liability                                      | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
|   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) |                |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 374,922,421 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 4,662,977   |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 11,041,935  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 8,699,483   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 24,404,395  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 350,518,026 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 95,949      |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | -5,315,375  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | -5,219,426  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 345,298,600 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 337,468,337 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25  |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | 11,041,935  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 10,852,338  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 21,894,273  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 315,574,064 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 95,949      |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | -184,000    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | -88,051     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 315,486,013 |

**Part XIII Supplemental Information**

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.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

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

**Supplemental Information**

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| 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 |

| Supplemental Information           |   |
|------------------------------------|---|
| Return Reference                   | Explanation   |
| 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 |

| Supplemental Information   |  |
|----------------------------|--|
| Return Reference           | Explanation  |
| 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, 2017 AND 2016 |

| Supplemental Information             |  |
|--------------------------------------|--|
| Return Reference                     | Explanation  |
| SCHEDULE D, PAGE 4, PART XI, LINE 2D | LLS CANADA REVENUE 8,524,695 PEARLPOINT CANCER SUPPORT REVENUE 174,788 |



| Supplemental Information                |   |
|---|---|
| Return Reference                        | Explanation   |
| SCHEDULE D, PAGE 4, PART XI,<br>LINE 4B | PEARLPOINT MANAGEMENT FEES 118,848 LOSS ON SALE OF ASSET -5,434,223 |

| Supplemental Information                 |  |
|--|--|
| Return Reference                         | Explanation  |
| SCHEDULE D, PAGE 4, PART XII,<br>LINE 2D | LLS CANADA EXPENSES 5,085,686 PEARLPOINT CANCER SUPPORT EXPENSES 332,429 LOSS ON SALE OF ASSET 5,434,223 |

| Supplemental Information                 |  |
|--|--|
| Return Reference                         | Explanation                              |
| SCHEDULE D, PAGE 4, PART XII,<br>LINE 4B | LLS CANADA FOREIGN CURRENCY ADJ -184,000 |

**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.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data                                    |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               | 7                                   | 21   |   |  | 13,814,917   |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)             | 7                                   | 21   |   |  | 13,814,917   |

**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.

[illegible]

|   |  |   |       |
|---|--|---|-------|
| 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 . . . . .  | ▶ | 19    |

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16. |
|-----------------|---|

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

**Part V Supplemental Information**

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).

| Return Reference                   | Explanation  |
|------------------------------------|--|
| SCHEDULE F, PAGE 1, PART I, LINE 2 | FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT THE ACCOUNTING METHOD UTILIZED FOR GRANTS REPORTED ON PART II IS THE ACCRUAL METHOD AS CONSISTENT WITH BOOKS AND RECORDS |



| Return Reference                      | Explanation  |
|---------------------------------------|--|
| SCHEDULE F, PAGE 1, PART<br>I, LINE 3 | CENTRAL AMERICA & CARIBBEAN 0 3,543,591 EAST ASIA 824,166 0 NORTH AMERICA 7,043,037 0<br>EUROPE 1,423,474 0 EUROPE 0 980,649 |

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                  | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA & CARIBBEAN |                                     | 1   | INVESTMENTS  | INVESTMENTS  | 3,543,591                         |
| EAST ASIA                   |                                     | 5   | RESEARCH FUNDING   | RESEARCH GRANTS  | 824,166                           |
| NORTH AMERICA               | 7                                   | 7   | RESEARCH FUNDING   | RESEARCH GRANTS  | 7,043,037                         |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE     |                                     | 7   | RESEARCH FUNDING   | RESEARCH GRANTS  | 1,423,474                         |
| EUROPE     |                                     | 1   | INVESTMENTS  | INVESTMENTS  | 980,649                           |

| 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       | 100,000                  | WIRE                            |                                   |  | FMV   |
|  |   | EAST ASIA & PACIFIC | RESEARCH GRANT       | 60,000                   | WIRE                            |                                   |  | FMV   |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |                     |                      |                          |                                 |                                   |  |   |
|--|---|---------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region          | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | EAST ASIA & PACIFIC | RESEARCH GRANT       | 199,175                  | WIRE                            |                                   |  | FMV   |
|  |   | EAST ASIA & PACIFIC | RESEARCH GRANT       | 199,991                  | CHECK                           |                                   |  | FMV   |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |                     |                      |                          |                                 |                                   |  |   |
|--|---|---------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region          | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | EAST ASIA & PACIFIC | RESEARCH GRANT       | 200,000                  | WIRE                            |                                   |  | FMV   |
|  |   | EUROPE              | RESEARCH GRANT       | 65,583                   | WIRE                            |                                   |  | FMV   |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |               |                      |                          |                                 |                                   |  |   |
|--|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region    | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 60,000                   | CHECK                           |                                   |  | FMV   |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | FMV   |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |               |                      |                          |                                 |                                   |  |   |
|--|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region    | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 200,000                  | CHECK                           |                                   |  | FMV   |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 1,000,000                | CHECK                           |                                   |  | FMV   |



| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |               |                      |                          |                                 |                                   |  |   |
|--|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region    | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 1,000,000                | CHECK                           |                                   |  | FMV   |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 300,000                  | CHECK                           |                                   |  | FMV   |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |               |                      |                          |                                 |                                   |  |   |
|--|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region    | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 65,000                   | CHECK                           |                                   |  | FMV   |
|  |   | NORTH AMERICA | THERAPY ACCELERATION | 11,655                   | CHECK                           |                                   |  | FMV   |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |               |                      |                          |                                 |                                   |  |   |
|--|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region    | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | NORTH AMERICA | THERAPY ACCELERATION | 11,655                   | CHECK                           |                                   |  | FMV   |
|  |   | NORTH AMERICA | RESEARCH GRANT       | 4,194,727                | WIRE                            |                                   |  | FMV   |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States |   |                     |                      |                          |                                 |                                   |  |   |
|--|---|---------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization   | (b) IRS code section and EIN(if applicable) | (c) Region          | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |   | EAST ASIA & PACIFIC | RESEARCH GRANT       | 65,000                   | WIRE                            |                                   |  | FMV   |
|  |   | EUROPE              | THERAPY ACCELERATION | 250,000                  | WIRE                            |                                   |  | 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     | RESEARCH GRANT       | 399,558                  | WIRE                            |                                   |  | FMV   |
|  |   | EUROPE     | RESEARCH GRANT       | 200,000                  | WIRE                            |                                   |  | 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     | RESEARCH GRANT       | 110,000                  | WIRE                            |                                   |  | FMV   |
|  |   | EUROPE     | RESEARCH GRANT       | 133,333                  | WIRE                            |                                   |  | 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     | RESEARCH GRANT       | 65,000                   | WIRE                            |                                   |  | FMV   |
|  |   | EUROPE     | RESEARCH GRANT       | 200,000                  | WIRE                            |                                   |  | FMV   |

### Supplemental Information Regarding Fundraising or Gaming Activities

# 2016

### Open to Public Inspection

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Employer identification number**

13-5644916

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

- | (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<br>174 ELKTON FARM ROAD<br><br>FOREST, VA 24551   | DIRECT MAI    |  | No |                                   | 1,129,235  | -1,129,235  |
| THOMPSON HABIB & DENISON<br>80 HAYDEN AVENUE SUITE 300<br><br>LEXINGTON, MA 02421 | DIRECT MAI    |  | No |                                   | 623,839  | -623,839  |
| THE HERITAGE COMPANY INC<br>PO BOX 16325<br><br>LITTLE ROCK, AR 722316325         | DIRECT MAI    |  | No |                                   | 280,024  | -280,024  |
| COINSTAR<br>1800 114TH AVENUE SE<br><br>BELLEVUE, WA 98004                        | COIN COLLE    |  | No |                                   | 27,462   | -27,462   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
| <b>Total</b>  |               |  |    |                                   | 2,060,560  | -2,060,560  |

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

-----  
All States



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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.

| Revenue         |   | (a) Event #1<br><u>LAKE TAHOE BIKE</u><br>(event type) | (b) Event #2<br><u>DC LEUKEMIA BAL</u><br>(event type) | (c) Other events<br><u>487</u><br>(total number) | (d)<br>Total events<br>(add col (a) through<br>col (c)) |
|-----------------|---|--|--|--|---|
|                 |   |  |  |  |   |
|                 | <b>1</b> Gross receipts . . . . .   | 3,274,204  | 3,088,181  | 178,221,039                                      | 184,583,424   |
|                 | <b>2</b> Less Contributions . . . . .   | 3,046,757  | 1,763,429  | 159,800,502                                      | 164,610,688   |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 227,447  | 1,324,752  | 18,420,537                                       | 19,972,736  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  |  |  |  |   |
|                 | <b>5</b> Noncash prizes . . . . .   | 80,220   | 5,309  | 4,755,183  | 4,840,712   |
|                 | <b>6</b> Rent/facility costs . . . . .  | 523  | 729,071  | 8,712,085  | 9,441,679   |
|                 | <b>7</b> Food and beverages . . . . .   | 50,223   | 330,743  | 3,604,904  | 3,985,870   |
|                 | <b>8</b> Entertainment . . . . .  | 2,310  | 285,830  | 868,603  | 1,156,743   |
|                 | <b>9</b> Other direct expenses . . . . .  | 248,392  | 32,088   | 5,196,059  | 5,476,539   |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |  |  |  | 24,901,543  |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |  |  |  | -4,928,807  |

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

| Revenue         |  | (a) Bingo  | (b) Pull tabs/Instant<br>bingo/progressive bingo                               | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|--|--|--|---|---|
|                 |  |  |  |   |   |
|                 | <b>1</b> Gross revenue . . . . .   |  |  | 925,424   | 925,424   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .   |  |  | 2,000   | 2,000   |
|                 | <b>3</b> Noncash prizes . . . . .  |  |  | 244,953   | 244,953   |
|                 | <b>4</b> Rent/facility costs . . . . .   |  |  |   |   |
|                 | <b>5</b> Other direct expenses . . . . .   |  |  |   |   |
|                 | <b>6</b> Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 90 000 %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |  |  |   | 246,953   |
|                 | <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |  |  |   | 678,471   |

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

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

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

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

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

11

Does the organization conduct 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 conducted in

|   |                             |            |          |
|---|-----------------------------|------------|----------|
| a | The organization's facility | <b>13a</b> | 25 000 % |
| b | An outside facility         | <b>13b</b> | 75 000 % |

14

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

Name ▶

ROSEMARIE LOFFREDO

Address ▶

3 INTERNATIONAL DRIVE SUITE 200  
RYE BROOK, NY 10573

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.** 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).

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| SCHEDULE G, PAGE 2, PART III, LINE 9 | TEXAS, IOWA   |
| SCHEDULE G, PART IV                  | SCHEDULE G PART I, LINE 2B LLS USED MAIL AMERICA COMMUNICATIONS, THOMPSON, HABIB & DENSION, AND THE HERITAGE COMPANY FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS THESE PROGRAMS GENERATED GROSS RECEIPTS OF 20,728,022 DURING FISCAL YEAR 2017 LLS USED COINSTAR FOR ITS COIN COLLECTION DURING THE FISCAL YEAR 2017 SCHEDULE G PART II - LINE 2 CONTRIBUTIONS REPRESENT THE CASH DONATIONS IN EXCESS OF THE FAIR MARKET VALUE OF BENEFITS PROVIDED TO THE DONOR SCHEDULE G PART III - LINE 16 THE LEUKEMIA AND LYMPHOMA SOCIETY DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES EACH GAMING EVENT IS MANAGED LOCALLY BY THE SPECIFIC CHAPTER STAFF |

Schedule G (Form 990 or 990-EZ) 2016

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 13-5644916

**Name:** THE LEUKEMIA & LYMPHOMA SOCIETYINC

**Form 990 Schedule G Part III Line 9**

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

AL, DE, DC, NY, OH, OR, PA, TX, IA

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493054002448

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
13-5644916

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 section if applicable | (d) Amount of cash grant | (e) Amount 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                          |         |                               |                          |                                   |   |  |                                    |
| (1)  |         |                               |                          |                                   |   |  |                                    |
| (2)  |         |                               |                          |                                   |   |  |                                    |
| (3)  |         |                               |                          |                                   |   |  |                                    |
| (4)  |         |                               |                          |                                   |   |  |                                    |
| (5)  |         |                               |                          |                                   |   |  |                                    |
| (6)  |         |                               |                          |                                   |   |  |                                    |
| (7)  |         |                               |                          |                                   |   |  |                                    |
| (8)  |         |                               |                          |                                   |   |  |                                    |
| (9)  |         |                               |                          |                                   |   |  |                                    |
| (10)   |         |                               |                          |                                   |   |  |                                    |
| (11)   |         |                               |                          |                                   |   |  |                                    |
| (12)   |         |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 207

3 Enter total number of other organizations listed in the line 1 table . . . . . 9

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| See Additional Data Table       |                          |                          |                                   |   |  |
| (1)                             |                          |                          |                                   |   |  |
| (2)                             |                          |                          |                                   |   |  |
| (3)                             |                          |                          |                                   |   |  |
| (4)                             |                          |                          |                                   |   |  |
| (5)                             |                          |                          |                                   |   |  |
| (6)                             |                          |                          |                                   |   |  |
| (7)                             |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference                   | Explanation   |
|------------------------------------|---|
| 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 PATIENT FINANCIAL AID THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR MANY EXPENSES RELATED TO THEIR TREATMENT SOMETIMES PATIENTS HAVE TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE TREATMENT EXPENSES IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS HAS ESTABLISHED A PATIENT FINANCIAL AID PROGRAM THAT PROVIDES APPLICANTS, WHO RESIDE IN THE US AND HAVE A BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA CO-PAY ASSISTANCE PATIENT APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS ELIGIBLE PATIENTS MUST RESIDE IN THE UNITED STATES OR PUERTO RICO, HAVE A PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN MEDICAL/PRESCRIPTION INSURANCE AND HAVE HOUSEHOLD INCOME AT OR BELOW 500% OF THE US FEDERAL POVERTY LEVEL AS ADJUSTED BY HOUSEHOLD SIZE AND COST OF LIVING INDEX PATIENTS MUST PROVIDE PROOF OF INSURANCE AND INCOME QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD PATIENT TRAVEL ASSISTANCE THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR TRANSPORTATION TO GET TO THEIR PROVIDERS, E G DOCTORS, HOSPITALS, TRANSPLANT CENTERS, AND RESEARCH OR CLINICAL TRIAL CENTERS SOMETIMES PATIENTS HAVE TO TRAVEL OUT-OF-STATE TO GET THEIR PRESCRIBED AND RECOMMENDED TREATMENTS, OFTENTIMES RESULTING IN PATIENTS HAVING TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS ESTABLISHED THE TRAVEL ASSISTANCE PROGRAM WHICH PROVIDES APPLICANTS, WHO ARE US CITIZENS OR PERMANENT RESIDENTS, HAVE AN ANNUAL INCOME AT OR BELOW 500% OF THE FEDERAL POVERTY LEVEL (FPL) AND HAVE A CONFIRMED BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA |

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF ALABAMA AT BIRMINGHAM<br>1530 3RD AVENUE SOUTH<br>SUITE 1170<br>BIRMINGHAM, AL 352940111 | 63-6005396 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM<br>1530 3RD AVENUE SOUTH<br>SUITE 1170<br>BIRMINGHAM, AL 352940111 | 63-6005396 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| THE UNIVERSITY OF ARIZONA<br>1303 E UNIVERSITY BLVD BOX 3<br>TUCSON, AZ 85721                                  | 74-2652689 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DECOY BIOSCIENCES<br>AGREEMENT (PURCHA<br>3830 VALLEY CENTRE DR<br>SUITE 705 P<br>SAN DIEGO, CA 92130          | 46-3416861 |                               | 50,003                   |                                   | FMV   |  | THERAPY<br>ACCELERATION            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| FORTY SEVEN INC<br>1490 OBRIEN DRIVE SUITE A<br>MENLO PARK, CA 94025   | 47-4065674 |                               | 1,000,000                |                                   | FMV   |  | THERAPY<br>ACCELERATION            |
| IMMUNGENE INC<br>480 CONSTITUTION AVENUE<br>CAMARILLO, CA 93012  | 26-1339641 |                               | 500,000                  |                                   | FMV   |  | THERAPY<br>ACCELERATION            |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| KITE PHARMA INC<br>2225 COLORADO AVENUE<br>SANTA MONICA, CA 90404  | 27-1524986 |                               | 200,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| KITE PHARMA INC<br>2225 COLORADO AVENUE<br>SANTA MONICA, CA 90404  | 27-1524986 |                               | 400,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| KITE PHARMA INC<br>2225 COLORADO AVENUE<br>SANTA MONICA, CA 90404  | 27-1524986 |                               | 400,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| BECKMAN RESEARCH<br>INSTITUTE OF CITY<br>1500 DUARTE ROAD<br>DUARTE, CA 910103000                              | 95-3432210 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BECKMAN RESEARCH INSTITUTE OF CITY<br>1500 DUARTE ROAD<br>DUARTE, CA 910103000                                 | 95-3432210 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BECKMAN RESEARCH INSTITUTE OF CITY<br>1500 DUARTE ROAD<br>DUARTE, CA 910103000                                 | 95-3432210 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| BECKMAN RESEARCH INSTITUTE OF CITY<br>1500 DUARTE ROAD<br>DUARTE, CA 910103000                                 | 95-3432210 | 3                             | 300,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CEDARS-SINAI MEDICAL CENTER<br>8700 BEVERLY BOULEVARD<br>65-WIL 115<br>LOS ANGELES, CA 90048                   | 95-1644600 | 3                             | 133,333                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| CHILDREN'S HOSPITAL LOS ANGELES<br>4650 SUNSET BLVD MAIL STOP 54<br>LOS ANGELES, CA 90027                      | 95-1690977 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LA JOLLA INSTITUTE FOR ALLERGY AND<br>9420 ATHENA CIRCLE<br>LA JOLLA, CA 92037                                 | 33-0328688 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| LELAND STANFORD JUNIOR UNIVERSITY<br>STANFORD UNIVERSITY<br>LOCKBOX PO BOX<br>SAN FRANCISCO, CA<br>941444253   | 94-1156365 | 3                             | 100,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SANFORD BURNHAM PREBYS MEDICAL DISC<br>10901 NORTH TORREY PINES ROAD<br>LA JOLLA, CA 92037                     | 51-0197108 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE REGENTS OF THE UNIVERSITY OF CA<br>11000 KINROSS AVE SUITE 102<br>LOS ANGELES, CA 90095                    | 95-6006143 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE REGENTS OF THE UNIVERSITY OF CA<br>9500 GILMAN DRIVE MC 0009<br>LA JOLLA, CA 920930009                     | 95-6006144 | 3                             | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE REGENTS OF THE UNIVERSITY OF CA<br>1855 FOLSOM STREET SUITE 425<br>SAN FRANCISCO, CA 94143                 | 94-6036493 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| THE REGENTS OF THE UNIVERSITY OF CA<br>1855 FOLSOM STREET SUITE 425<br>SAN FRANCISCO, CA 94143                 | 94-6036493 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE REGENTS OF THE UNIVERSITY OF CA<br>1855 FOLSOM STREET SUITE 425<br>SAN FRANCISCO, CA 94143                 | 94-6036493 | 3                             | 300,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE SCRIPPS RESEARCH INSTITUTE<br>10550 NORTH TORREY PINES ROAD TPC-7<br>LA JOLLA, CA 92037                    | 33-0435954 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA SAN FRANC<br>1855 FOLSOM STREET SUITE 425<br>SAN FRANCISCO, CA 94143                  | 94-6036493 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| UNIVERSITY OF CALIFORNIA<br>SAN FRANC<br>1855 FOLSOM STREET SUITE 425<br>SAN FRANCISCO, CA 94143               | 94-6036493 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| REGENTS OF THE UNIVERSITY OF COLORA<br>579 UCB3100 MARINE STREET<br>BOULDER, CO 803090572                      | 84-6000555 | 3                             | 54,000                   |                                   | FMV   |  | THERAPY ACCELERATION               |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YALE UNIVERSITY<br>PO BOX 208327<br>NEW HAVEN, CT 065208327  | 06-0646973 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| YALE UNIVERSITY<br>PO BOX 208327<br>NEW HAVEN, CT 065208327  | 06-0646973 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| YALE UNIVERSITY<br>PO BOX 208327<br>NEW HAVEN, CT 065208327  | 06-0646973 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| IWMF<br>6144 CLARK CENTER AVE<br>SARASOTA, FL 34238  | 54-1784426 | 3                             | 125,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| EMORY UNIVERSITY<br>1599 CLIFTON RD NE 4TH FL<br>1599-0<br>ATLANTA, GA 303224250                               | 58-2137993 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| EMORY UNIVERSITY<br>1599 CLIFTON RD NE 4TH FL<br>1599-0<br>ATLANTA, GA 303224250                               | 58-2137993 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| H LEE MOFFITT CANCER CENTER & RESE<br>PO BOX 742801<br>ATLANTA, GA 303742801                                   | 59-3238634 | 3                             | 449,155                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF NORTH CAROLINA AT<br>PO BOX 402420<br>ATLANTA, GA 303842420                                  | 56-6001393 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF MIAMI<br>PO BOX 405803<br>ATLANTA, GA 303845803  | 59-0624458 | 3                             | 100,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MIAMI<br>PO BOX 405803<br>ATLANTA, GA 303845803  | 59-0624458 | 3                             | 150,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF MIAMI<br>PO BOX 405803<br>ATLANTA, GA 303845803  | 59-0624458 | 3                             | 300,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY<br>CEN<br>12529 COLLECTIONS CENTER<br>DRIVE<br>CHICAGO, IL 60693                      | 52-0595110 | 3                             | 250,000                  |                                   | FMV   |  | THERAPY<br>ACCELERATION            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JOHNS HOPKINS UNIVERSITY<br>CEN<br>12529 COLLECTIONS CENTER<br>DRIVE<br>CHICAGO, IL 60693                      | 52-0595110 | 3                             | 250,000                  |                                   | FMV   |  | THERAPY<br>ACCELERATION            |
| MPNRF<br>180 N MICHIGAN AVENUE<br>SUITE 1870<br>CHICAGO, IL 60601  | 36-4330967 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NORTHWESTERN UNIVERSITY<br>633 CLARK - ROOM G547<br>EVANSTON, IL 60208   | 36-2167817 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NORTHWESTERN UNIVERSITY<br>633 CLARK - ROOM G547<br>EVANSTON, IL 60208   | 36-2167817 | 3                             | 133,333                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE JOHNS HOPKINS UNIVERSITY SCHOOL<br>12529 COLLECTIONS CENTER DRIVE<br>CHICAGO, IL 60693                     | 52-0595110 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE JOHNS HOPKINS UNIVERSITY SCHOOL<br>12529 COLLECTIONS CENTER DRIVE<br>CHICAGO, IL 60693                     | 52-0595110 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE UNIVERSITY OF CHICAGO<br>5841 S MARYLAND AVE<br>MC6092<br>CHICAGO, IL 60637                                | 36-2177139 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF CHICAGO<br>5841 S MARYLAND AVE<br>MC6092<br>CHICAGO, IL 60637                                | 36-2177139 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE UNIVERSITY OF CHICAGO<br>5841 S MARYLAND AVE<br>MC6092<br>CHICAGO, IL 60637                                | 36-2177139 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF CHICAGO<br>5841 S MARYLAND AVE<br>MC6092<br>CHICAGO, IL 60637                                | 36-2177139 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE UNIVERSITY OF CHICAGO<br>5841 S MARYLAND AVE<br>MC6092<br>CHICAGO, IL 60637                                | 36-2177139 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| INDIANA UNIVERSITY<br>509 E 3RD STREET<br>BLOOMINGTON, IN<br>474013654   | 35-6018940 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| INDIANA UNIVERSITY-PURDUE<br>UNIVERSIT<br>980 INDIANA AVENUE<br>LOCKEFIELD 2232<br>INDIANAPOLIS, IN 462022915  | 35-6001673 | 3                             | 133,333                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF IOWA<br>GILMORE HALL UNIVERSITY<br>OF IOWA<br>IOWA CITY, IA 52242                                | 42-6004813 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF IOWA<br>GILMORE HALL UNIVERSITY OF IOWA<br>IOWA CITY, IA 52242                                   | 42-6004813 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CONSTELLATION<br>PHARMACEUTICAL<br>215 FIRST STREET SUITE 200<br>CAMBRIDGE, MA 02142                           | 26-1741721 |                               | 250,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CONSTELLATION<br>PHARMACEUTICAL<br>215 FIRST STREET SUITE 200<br>CAMBRIDGE, MA 02142                           | 26-1741721 |                               | 350,000                  |                                   | FMV   |  | THERAPY<br>ACCELERATION            |
| DANA FARBER CANCER<br>INSTITU<br>450 BROOKLINE AVENUE<br>ROOM M557<br>BOSTON, MA 022155450                     | 04-2263040 | 3                             | 83,325                   |                                   | FMV   |  | THERAPY<br>ACCELERATION            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA FARBER CANCER INSTITU<br>450 BROOKLINE AVENUE<br>ROOM M557<br>BOSTON, MA 022155450                        | 04-2263040 | 3                             | 83,325                   |                                   | FMV   |  | THERAPY ACCELERATION               |
| KDAC THERAPEUTICS<br>400 TECHNOLOGY SQUARE<br>10TH FLOOR<br>CAMBRIDGE, MA 02139                                | 46-3394196 |                               | 300,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF MARYLAND AT BALTIMORE<br>PO BOX 41428<br>BALTIMORE, MD 212036428                                 | 52-6002033 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BETH ISRAEL DEACONESS MEDICAL CENTE<br>330 BROOKLINE AVE BR-0259<br>BOSTON, MA 02215                           | 04-2103881 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BETH ISRAEL DEACONESS MEDICAL CENTE<br>330 BROOKLINE AVE BR-0259<br>BOSTON, MA 02215                           | 04-2103881 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BETH ISRAEL DEACONESS MEDICAL CENTE<br>330 BROOKLINE AVE BR-0259<br>BOSTON, MA 02215                           | 04-2103881 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 022414413  | 04-2774441 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 022414413  | 04-2774441 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 022414413  | 04-2774441 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 022414413  | 04-2774441 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 022414413  | 04-2774441 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BOSTON CHILDREN'S HOSPITAL<br>PO BOX 414413<br>BOSTON, MA 022414413  | 04-2774441 | 3                             | 133,333                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BRIGHAM AND WOMENS HOSPITAL<br>PO BOX 3149<br>BOSTON, MA 022413149   | 04-2312909 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BRIGHAM AND WOMENS HOSPITAL<br>PO BOX 3149<br>BOSTON, MA 022413149   | 04-2312909 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BRIGHAM AND WOMENS HOSPITAL<br>PO BOX 3149<br>BOSTON, MA 022413149   | 04-2312909 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BRIGHAM AND WOMENS HOSPITAL<br>PO BOX 3149<br>BOSTON, MA 022413149   | 04-2312909 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BRIGHAM AND WOMENS HOSPITAL<br>PO BOX 3149<br>BOSTON, MA 022413149   | 04-2312909 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BRIGHAM AND WOMENS HOSPITAL<br>PO BOX 3149<br>BOSTON, MA 022413149   | 04-2312909 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BROAD INSTITUTE INC<br>7 CAMBRIDGE CENTER<br>CAMBRIDGE, MA 02142   | 26-3428781 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 15,477                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 46,647                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 199,999                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 1,000,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 300,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE MAIL STOP BP45<br>BOSTON, MA 02215                        | 04-2263040 | 3                             | 133,333                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| HARVARD MEDICAL SCHOOL<br>PO BOX 415649<br>BOSTON, MA 022415649  | 04-2103580 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MASSACHUSETTS GENERAL HOSPITAL<br>MGH RESEARCH FINANCE PO<br>BOX 414876<br>BOSTON, MA 022414876                | 04-1564655 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL<br>MGH RESEARCH FINANCE PO<br>BOX 414876<br>BOSTON, MA 022414876                | 04-1564655 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MASSACHUSETTS GENERAL HOSPITAL<br>MGH RESEARCH FINANCE PO<br>BOX 414876<br>BOSTON, MA 022414876                | 04-1564655 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS GENERAL HOSPITAL<br>MGH RESEARCH FINANCE PO<br>BOX 414876<br>BOSTON, MA 022414876                | 04-1564655 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MASSACHUSETTS GENERAL HOSPITAL<br>MGH RESEARCH FINANCE PO BOX 414876<br>BOSTON, MA 022414876                   | 04-1564655 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MASSACHUSETTS INSTITUTE OF TECHNOLO<br>77 MASSACHUSETTS AVE NE18-901<br>CAMBRIDGE, MA 02139                    | 04-2103594 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>PO BOX 415026<br>BOSTON, MA 022414150                                | 13-5562308 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>PO BOX 415026<br>BOSTON, MA 022414150                                | 13-5562308 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>PO BOX 415026<br>BOSTON, MA 022414150                                | 13-5562308 | 3                             | 300,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>PO BOX 415026<br>BOSTON, MA 022414150                                | 13-5562308 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NEW YORK UNIVERSITY<br>SCHOOL OF MEDIC<br>PO BOX 415026<br>BOSTON, MA 022414150                                | 13-5562308 | 3                             | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MASSACHUSETTS MEDICAL<br>55 LAKE AVENUE NORTH<br>WORCESTER, MA 016550002                         | 04-3167352 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF MASSACHUSETTS MEDICAL<br>55 LAKE AVENUE NORTH<br>WORCESTER, MA 016550002                         | 04-3167352 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIVERSITY OF MASSACHUSETTS MEDICAL<br>55 LAKE AVENUE NORTH<br>WORCESTER, MA 016550002                         | 04-3167352 | 3                             | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAYO CLINIC ARIZONA<br>MAYO CLINIC RESEARCH PO<br>BOX 860334<br>MINNEAPOLIS, MN 554860334                      | 86-0800150 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MAYO CLINIC ROCHESTER<br>MAYO CLINIC RESEARCH PO<br>BOX 860334<br>MINNEAPOLIS, MN 554860334                    | 41-6011702 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF MINNESOTA<br>TWIN CITIE<br>450 MCNAMARA ALUMNI<br>CENTER<br>MINNEAPOLIS, MN 55414                | 41-6007513 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WASHINGTON UNIVERSITY IN<br>ST LOUIS<br>1 BROOKINGS DR<br>ST LOUIS, MO 63130                                   | 43-0653611 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WASHINGTON UNIVERSITY<br>SCHOOL OF MED<br>700 ROSEDALE AVENUE<br>CAMPUS BOX 1034<br>ST LOUIS, MO 631121408     | 43-0653611 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WASHINGTON UNIVERSITY<br>SCHOOL OF MED<br>700 ROSEDALE AVENUE<br>CAMPUS BOX 1034<br>ST LOUIS, MO 631121408     | 43-0653611 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WASHINGTON UNIVERSITY<br>SCHOOL OF MED<br>700 ROSEDALE AVENUE<br>CAMPUS BOX 1034<br>ST LOUIS, MO 631121408     | 43-0653611 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WASHINGTON UNIVERSITY<br>SCHOOL OF MED<br>700 ROSEDALE AVENUE<br>CAMPUS BOX 1034<br>ST LOUIS, MO 631121408     | 43-0653611 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALBERT EINSTEIN COLLEGE OF MEDICINE<br>RESEARCH FINANCE 1300 MORRIS PARK A<br>BRONX, NY 10461                  | 47-2209056 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ALBERT EINSTEIN COLLEGE OF MEDICINE<br>RESEARCH FINANCE 1300 MORRIS PARK A<br>BRONX, NY 10461                  | 47-2209056 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALBERT EINSTEIN COLLEGE OF MEDICINE<br>RESEARCH FINANCE 1300 MORRIS PARK A<br>BRONX, NY 10461                  | 47-2209056 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| COLD SPRING HARBOR LABORATORY<br>1 BUNGTOWN ROAD PO BOX 100<br>COLD SPRING HARBOR, NY 11724                    | 11-2013303 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ICAHN SCHOOL OF MEDICINE<br>AT MOUNT S<br>ONE GUSTAVE L LEVY PLACE<br>BOX 350<br>NEW YORK, NY 10029            | 13-6171197 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ICAHN SCHOOL OF MEDICINE<br>AT MOUNT S<br>ONE GUSTAVE L LEVY PLACE<br>BOX 350<br>NEW YORK, NY 10029            | 13-6171197 | 3                             | 300,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 59,999                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 133,333                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEMORIAL SLOAN KETTERING<br>CANCER CEN<br>PO BOX 026338<br>NEW YORK, NY 10087                                  | 13-1924236 | 3                             | 2,000,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| NEW YORK UNIVERSITY<br>MEDICAL CENTER<br>665 BROADWAY SUITE 801<br>NEW YORK, NY 100122331                      | 13-5562308 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| RESEARCH FOUNDATION OF SUNY AT UPST<br>750 E ADAMS STREET ROOM 209 CAB<br>SYRACUSE, NY 13210                   | 14-1368361 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET - MAIL CODE 8<br>NEW YORK, NY 10027               | 13-5598093 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET -<br>MAIL CODE 8<br>NEW YORK, NY 10027            | 13-5598093 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET -<br>MAIL CODE 8<br>NEW YORK, NY 10027            | 13-5598093 | 3                             | 65,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET -<br>MAIL CODE 8<br>NEW YORK, NY 10027            | 13-5598093 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET -<br>MAIL CODE 8<br>NEW YORK, NY 10027            | 13-5598093 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET -<br>MAIL CODE 8<br>NEW YORK, NY 10027            | 13-5598093 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET -<br>MAIL CODE 8<br>NEW YORK, NY 10027            | 13-5598093 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE TRUSTEES OF COLUMBIA UNIVERSITY<br>615 WEST 131ST STREET -<br>MAIL CODE 8<br>NEW YORK, NY 10027            | 13-5598093 | 3                             | 500,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WEILL CORNELL MEDICAL COLLEGE<br>575 LEXINGTON AVE 9TH FL<br>NEW YORK, NY 10022                                | 13-1623978 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WEILL CORNELL MEDICAL COLLEGE<br>575 LEXINGTON AVE 9TH FL<br>NEW YORK, NY 10022                                | 13-1623978 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WEILL CORNELL MEDICAL COLLEGE<br>575 LEXINGTON AVE 9TH FL<br>NEW YORK, NY 10022                                | 13-1623978 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WEILL CORNELL MEDICAL COLLEGE<br>575 LEXINGTON AVE 9TH FL<br>NEW YORK, NY 10022                                | 13-1623978 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WEILL CORNELL MEDICAL COLLEGE<br>575 LEXINGTON AVE 9TH FL<br>NEW YORK, NY 10022                                | 13-1623978 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WEILL CORNELL MEDICAL COLLEGE<br>575 LEXINGTON AVE 9TH FL<br>NEW YORK, NY 10022                                | 13-1623978 | 3                             | 400,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| WEILL CORNELL MEDICAL COLLEGE<br>575 LEXINGTON AVE 9TH FL<br>NEW YORK, NY 10022                                | 13-1623978 | 3                             | 149,985                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHARLOTTE MECKLENBURG HOSPITAL AUTH<br>208 EAST BOULEVARD<br>CHARLOTTE, NC 28203                               | 56-0529945 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| DUKE UNIVERSITY MEDICAL CENTER<br>324 BLACKWLL STREET<br>WASHINGTON BLD<br>DURHAM, NC 27708                    | 56-0532129 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DUKE UNIVERSITY MEDICAL CENTER<br>324 BLACKWLL STREET<br>WASHINGTON BLD<br>DURHAM, NC 27708                    | 56-0532129 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CASE WESTERN RESERVE UNIVERSITY SCH<br>10900 EUCLID AVENUE<br>BIOENTERPRISE B<br>CLEVELAND, OH 441067037       | 34-1018992 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CINCINNATI CHILDREN'S HOSPITAL MEDI<br>3333 BURNET AVENUE<br>CINCINATTI, OH 45229                              | 31-0833936 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CINCINNATI CHILDREN'S RESEARCH FOUN<br>3333 BURNET AVENUE<br>CINCINNATI, OH 45229                              | 31-0833936 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE OHIO STATE UNIVERSITY<br>1960 KENNY ROAD THE<br>OFFICE OF SPONS<br>COLUMBUS, OH 43210                      | 31-6025986 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE OHIO STATE UNIVERSITY<br>1960 KENNY ROAD THE<br>OFFICE OF SPONS<br>COLUMBUS, OH 43210                      | 31-6025986 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE OHIO STATE UNIVERSITY<br>1960 KENNY ROAD THE<br>OFFICE OF SPONS<br>COLUMBUS, OH 43210                      | 31-6025986 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE OHIO STATE UNIVERSITY<br>1960 KENNY ROAD THE<br>OFFICE OF SPONS<br>COLUMBUS, OH 43210                      | 31-6025986 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF CINCINNATI<br>SRS-ACCOUNTING 51<br>GOODMAN DRIVE S<br>CINCINNATI, OH 452210222                   | 31-0896555 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| OREGON HEALTH & SCIENCE<br>UNIVERSITY<br>3181 SW SAM JACKSON PARK<br>ROAD MAIL<br>PORTLAND, OR 972393098       | 23-7083114 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN ASSOCIATION FOR CANC<br>615 CHESTNUT STREET 17TH FLOOR<br>PHILADELPHIA, PA 191064404                  | 23-6251648 | 3                             | 6,000                    |                                   | FMV   |  | THERAPY ACCELERATION               |
| PERELMAN SCHOOL OF MEDICINE AT THE<br>3451 WALNUT STREET<br>FRANKLIN BLDG P-<br>PHILADELPHIA, PA 191046205     | 23-1352685 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| REGENTS OF THE UNIVERSITY OF MICHIG<br>BOX 223131<br>PITTSBURGH, PA 152512131                                  | 38-6006309 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| REGENTS OF THE UNIVERSITY OF MICHIG<br>BOX 223131<br>PITTSBURGH, PA 152512131                                  | 38-6006309 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| REGENTS OF THE UNIVERSITY OF MICHIG<br>BOX 223131<br>PITTSBURGH, PA 152512131                                  | 38-6006309 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| REGENTS OF THE UNIVERSITY OF MICHIG<br>BOX 223131<br>PITTSBURGH, PA 152512131                                  | 38-6006309 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE CHILDREN'S HOSPITAL OF PHILADEL<br>PO BOX 8500 LOCKBOX 1457<br>PHILADELPHIA, PA 191781457                  | 23-1352166 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE CHILDREN'S HOSPITAL OF PHILADEL<br>PO BOX 8500 LOCKBOX 1457<br>PHILADELPHIA, PA 191781457                  | 23-1352166 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE TRUSTEES OF THE UNIVERSITY OF P<br>3451 WALNUT STREET<br>FRANKLIN BLDG P-<br>PHILADELPHIA, PA 191046205    | 23-1352685 | 3                             | 55,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE TRUSTEES OF THE UNIVERSITY OF P<br>3451 WALNUT STREET<br>FRANKLIN BLDG P-<br>PHILADELPHIA, PA 191046205    | 23-1352685 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE WISTAR INSTITUTE<br>3601 SPRUCE STREET<br>PHILADELPHIA, PA 19104   | 23-6434390 | 3                             | 60,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| ST JUDE CHILDREN'S<br>RESEARCH HOSPIT<br>PO BOX 1000 DEPT 949<br>MEMPHIS, TN 381480949                         | 62-0646012 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA MAIL STOP BCM-31<br>HOUSTON, TX 77030                           | 74-1613878 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA MAIL STOP BCM-31<br>HOUSTON, TX 77030                           | 74-1613878 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA MAIL STOP BCM-31<br>HOUSTON, TX 77030                           | 74-1613878 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA MAIL STOP BCM-31<br>HOUSTON, TX 77030                           | 74-1613878 | 3                             | 1,250,000                |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA MAIL STOP BCM-31<br>HOUSTON, TX 77030                           | 74-1613878 | 3                             | 100,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF TEXAS MD ANDERSON<br>PO BOX 4266<br>HOUSTON, TX 772104266                                    | 74-6001118 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE UNIVERSITY OF TEXAS<br>MD ANDERSON<br>PO BOX 4266<br>HOUSTON, TX 772104266                                 | 74-6001118 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE UNIVERSITY OF TEXAS<br>MD ANDERSON<br>PO BOX 4266<br>HOUSTON, TX 772104266                                 | 74-6001118 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE UNIVERSITY OF TEXAS<br>MD ANDERSON<br>PO BOX 4266<br>HOUSTON, TX 772104266                                 | 74-6001118 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| UNIV OF TEXAS HEALTH<br>SCIENCE CENTER<br>MAIL CODE 78287703 FLOYD<br>CURL DRIVE<br>SAN ANTONIO, TX 782293900  | 74-1586031 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UT SOUTHWESTERN MEDICAL CENTER<br>PO BOX 841753<br>DALLAS, TX 752841753  | 75-6002868 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| VANDERBILT UNIVERSITY<br>MEDICAL CENTE<br>PO BOX 121236<br>DALLAS, TX 75312                                    | 62-0476822 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF TEXAS<br>PO BOX 4390<br>HOUSTON, TX 772104390  | 30-0710145 | 3                             | 250,000                  |                                   | FMV   |  | THERAPY ACCELERATION               |
| THE UNIVERSITY OF UTAH<br>201 S PRESIDENTS CIRCLE RM 145<br>SALT LAKE CITY, UT 841129003                       | 87-6000525 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE UNIVERSITY OF UTAH<br>201 S PRESIDENTS CIRCLE RM 145<br>SALT LAKE CITY, UT 841129003                       | 87-6000525 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| VIRGINIA COMMONWEALTH UNIVERSITY<br>PO BOX 843039<br>RICHMOND, VA 232843039                                    | 54-6001758 | 3                             | 300,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FRED HUTCHINSON CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH J6-300<br>SEATTLE, WA 981091024           | 23-7156071 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| FRED HUTCHINSON CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH J6-300<br>SEATTLE, WA 981091024           | 23-7156071 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FRED HUTCHINSON CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH J6-300<br>SEATTLE, WA 981091024           | 23-7156071 | 3                             | 67,000                   |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| FRED HUTCHINSON CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH J6-300<br>SEATTLE, WA 981091024           | 23-7156071 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FRED HUTCHINSON CANCER RESEARCH CEN<br>1100 FAIRVIEW AVENUE<br>NORTH J6-300<br>SEATTLE, WA 981091024           | 23-7156071 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| CHILDREN'S NATIONAL HEALTH SYSTEM<br>111 MICHIGAN AVENUE NW<br>CRI CENTER<br>WASHINGTON DC, DC 20010           | 52-1654453 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE BOARD OF REGENTS OF THE UNIVERS<br>21 N PARK ST SUITE 6401<br>MADISON, WI 537151218                        | 39-6006492 | 3                             | 110,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |
| THE BOARD OF REGENTS OF THE UNIVERS<br>21 N PARK ST SUITE 6401<br>MADISON, WI 537151218                        | 39-6006492 | 3                             | 200,000                  |                                   | ACCRUAL   |  | RESEARCH GRANT                     |

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. |                         |                         |                                  |  |                                       |
|--|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (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 |
| COPAY ASSISTANCE CLL   | 5970                    | 14,572,918              |                                  |  |                                       |
| COPAY ASSISTANCE LYMPHOMA  | 9488                    | 12,493,774              |                                  |  |                                       |
| COPAY ASSISTANCE MDS   | 1568                    | 3,419,824               |                                  |  |                                       |
| COPAY ASSISTANCE MYELOMA   | 11094                   | 34,277,850              |                                  |  |                                       |
| COPAY ASSISTANCE MANTEL  | 1411                    | 4,225,653               |                                  |  |                                       |

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. |                         |                         |                                  |  |                                       |
|--|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (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 |
| COPAY ASSISTANCE WALDENST  | 1104                    | 3,402,974               |                                  |  |                                       |
| COPAY ASSISTANCE CML   | 391                     | 576,110                 |                                  |  |                                       |
| PATIENT TRAVEL ASSISTNCE   | 3405                    | 1,702,538               |                                  |  |                                       |

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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number  
13-5644916

Part I Questions Regarding Compensation

|  | Yes       | No  |
|--|-----------|-----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</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> |           |     |
| <b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | <b>1b</b> |     |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  | <b>2</b>  |     |
| <b>3</b> 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.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>  |           |     |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment?   | <b>4a</b> | Yes |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b> | No  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |           |     |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?  | <b>5a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.  | <b>5b</b> | No  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?  | <b>6a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.  | <b>6b</b> | No  |
| <b>7</b> For persons listed on 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.   | <b>7</b>  | Yes |
| <b>8</b> Were any amounts reported on 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.  | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>  |     |

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

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |  |

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

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.

| Return Reference                   | Explanation   |
|------------------------------------|---|
| SCHEDULE J, PAGE 1, PART I, LINE 4 | LOUIS J DEGENNARO 0 65,000 0 PAULETTE DAMIANO - TERM 6/30/2016 220,328 0 0 MICHELE PRZYPYSZNY - TERM 7/21/2016 125,350 0 0<br>GEORGE J OMIROS-TERM APR15 111,126 0 0                                |
| SCHEDULE J, PAGE 1, PART I, LINE 7 | BONUSES WERE PAID BASED ON THE ACHIEVEMENT OF THE EMPLOYEE INDIVIDUAL PERFORMANCE. BONUSES WERE CAPPED ACCORDING TO LLS'S POLICY. THESE AMOUNTS ARE REPORTED ON SCHEDULE J PART II, COLUMN (B)(II). |

Additional Data

Software ID:

Software Version:

EIN: 13-5644916

Name: THE LEUKEMIA & LYMPHOMA SOCIETYINC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (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 in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1LOUIS J DEGENNARO<br>PRESIDENT & CEO                        | (i)  | 491,307  |                                     | 30,954                              | 79,209   | 22,089                  | 623,559                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| 1ROSEMARIE A LOFFREDO<br>EVP - CFO                           | (i)  | 319,678  | 51,000                              | 23,013                              | 9,275  | 12,944                  | 415,910                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| 2GORDON MILLER JR<br>SVP FINANCE                             | (i)  | 234,874  | 19,082                              | 778                                 | 13,007   | 27,967                  | 295,708                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| MARK ROITHMAYR - TERM<br>312312016<br>EVP CHIEF REL OFFICE   | (i)  | 353,887  | 36,593                              | 21,535                              | 9,275  | 29,800                  | 451,090                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| 4ANDREW S COCCARI<br>EVP CHIEF PROD OFFIC                    | (i)  | 319,590  | 32,500                              | 1,664                               | 744  | 29,376                  | 383,874                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| 5ALICE O'ROURKE<br>EVP CHIEF DEV OFFICE                      | (i)  | 287,904  |                                     | 4,193                               |  | 28,864                  | 320,961                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| 6LEE M GREENBERGER<br>SVP CHIEF SCIEN OFFI                   | (i)  | 284,352  | 14,565                              | 6,765                               | 9,275  | 29,417                  | 344,374                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| PAULETTE DAMIANO - TERM<br>76302016<br>VP ORG DEV & CHANGE   | (i)  | 98,397   |                                     | 221,169                             | 4,688  | 15,293                  | 339,547                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| 8COKER POWELL<br>SVP, LTN CAMPAIGN                           | (i)  | 203,284  | 18,000                              | 18,000                              | 4,627  | 22,450                  | 266,361                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| 9DEBORAH MATZ<br>SVP, LEGAL AND ERM                          | (i)  | 217,336  | 11,068                              | 3,137                               | 6,253  | 23,303                  | 261,097                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| MICHELE PRZYPYSZNY -<br>10TERM 7212016<br>EXECUTIVE DIRECTOR | (i)  | 120,007  |                                     | 125,726                             | 6,076  | 6,876                   | 258,685                         |   |
|  | (ii) |  |                                     |                                     |  | -                       | -                               |   |
| GEORGE J OMIROS-TERM<br>11APR15<br>EVP-CHIEF CAMP&FIELD      | (i)  |  |                                     | 111,126                             |  |                         | 111,126                         |   |
|  | (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.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number  
13-5644916

Part I

Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                               |  |   |  |
| 2 Art—Historical treasures . . . . .   |                               |  |   |  |
| 3 Art—Fractional interests . . . . .   |                               |  |   |  |
| 4 Books and publications . . . . .   |                               |  |   |  |
| 5 Clothing and household<br>goods . . . . .  |                               |  |   |  |
| 6 Cars and other vehicles . . . . .  |                               |  |   |  |
| 7 Boats and planes . . . . .   |                               |  |   |  |
| 8 Intellectual property . . . . .  |                               |  |   |  |
| 9 Securities—Publicly traded . . . . .   | X                             | 181  | 3,455,301   | MARKET VALUE   |
| 10 Securities—Closely held stock . . . . .   |                               |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .  |                               |  |   |  |
| 12 Securities—Miscellaneous . . . . .  |                               |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . .   |                               |  |   |  |
| 14 Qualified conservation<br>contribution—Other . . . . .  |                               |  |   |  |
| 15 Real estate—Residential . . . . .   |                               |  |   |  |
| 16 Real estate—Commercial . . . . .  |                               |  |   |  |
| 17 Real estate—Other . . . . .   |                               |  |   |  |
| 18 Collectibles . . . . .  |                               |  |   |  |
| 19 Food inventory . . . . .  | X                             | 70   |   |  |
| 20 Drugs and medical supplies . . . . .  | X                             | 6  | 3,442,425   | MARKET VALUE   |
| 21 Taxidermy . . . . .   |                               |  |   |  |
| 22 Historical artifacts . . . . .  |                               |  |   |  |
| 23 Scientific specimens . . . . .  |                               |  |   |  |
| 24 Archeological artifacts . . . . .   |                               |  |   |  |
| 25 Other ► ( <u>PRINTED ITEMS</u> )  | X                             | 7  |   |  |
| 26 Other ► ( <u>VARIOUS</u> )  | X                             | 129  | 109,820   |  |
| 27 Other ► ( <u>                    </u> )   |                               |  |   |  |
| 28 Other ► ( <u>                    </u> )   |                               |  |   |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions<br>for which the organization completed Form 8283, Part IV, Donee Acknowledgement |                               |  | 29  |  |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? . . . . .

32a

Yes

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

33

Yes

No



**Part II**      **Supplemental Information.**

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.

| Return Reference            | Explanation  |
|-----------------------------|--|
| 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    PART I, LINE 33 - EXPLANATION FOR NOT REPORTING REVENUE LLS ONLY RECORDS DONATED SECURITIES AS REVENUE    ALL OTHER ITEMS FOR WHICH COLUMN A IS CHECKED ARE NOT RECORDED AS REVENUE OR EXPENSE BECAUSE THEY WOULD NOT HAVE BEEN PURCHASED HAD THEY NOT BEEN DONATED, AND ARE IMMATERIAL IN AMOUNT RELATIVE TO THE STATEMENTS OF LLS |

|   |  |                 |                                  |
|---|--|-----------------|----------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                              |  | As Filed Data - | DLN: 93493054002448              |
| <b>SCHEDULE O</b><br>(Form 990 or 990-EZ)                         | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |                 | OMB No 1545-0047                 |
|   |  |                 | <b>2016</b>                      |
| Department of the Treasury<br><del>Internal Revenue Service</del> |  |                 | <b>Open to Public Inspection</b> |
| Name of the organization<br>THE LEUKEMIA & LYMPHOMA SOCIETYINC    | Employer identification number<br>13-5644916   |                 |                                  |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | <p>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 2017, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 7 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 50 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, AND, - 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.</p> |

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | <p>E CANCERS, AND PATIENTS WITH OTHER DISEASES INCLUDING ALZHEIMER'S, ASTHMA AND PULMONARY HYPERTENSION - RITUXAN WAS THE FIRST FDA-APPROVED, ANTI-CANCER ANTIBODY DRUG, DEVELOPED FOR PATIENTS WITH FORMS OF B-CELL NON-HODGKIN LYMPHOMA (NHL) IT IS NOW ALSO APPROVED FOR CLL PATIENTS AND AS A "MAINTENANCE" THERAPY FOR FOLLICULAR LYMPHOMA PATIENTS, AND SHOWING PROMISE FOR PATIENTS WITH ALL AND AFTER STEM CELL TRANSPLANTATION IN ADDITION, IT IS APPROVED FOR TREATING PATIENTS WITH SEVERE RHEUMATOID ARTHRITIS AND TWO OTHER TYPES OF AUTOIMMUNE DISEASES A RELATED ANTIBODY DRUG, ARZERRA, IS APPROVED FOR CLL PATIENTS AND SHOWING WIDER PROMISE - VELCADE, THALIDOMID AND REVLIMID ARE FDA-APPROVED FOR PATIENTS WITH MYELOMA AND ARE ALSO HELPING SOME PATIENTS WITH HODGKIN LYMPHOMA AND NHL KRYPOLIS WAS RECENTLY APPROVED FOR MYELOMA PATIENTS FOR WHOM AT LEAST TWO PRIOR THERAPIES WERE INSUFFICIENT ONE OR MORE OF THESE DRUGS ARE NOW BEING TESTED FOR PATIENTS WITH T-CELL AND B-CELL FORMS OF LYMPHOMA, ACUTE LEUKEMIAS, AS WELL AS AIDS-RELATED KAPOSI SARCOMA AND BRAIN, BREAST, COLORECTAL, HEAD-AND-NECK, KIDNEY, LIVER, LUNG, OVARIAN AND PROSTATE CANCERS, AND ALZHEIMER'S DISEASE - 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 - ADCETRIS WAS APPROVED IN 2011, AND IN JANUARY 2012 IT IS AN ANTIBODY-DRUG CONJUGATE THAT COMBINES AN ANTI-CD30 ANTIBODY AND THE CYTOTOXIC DRUG MONOMETHYL AURISTATIN E (MMAE) IT IS AN ANTI-NEOPLASTIC AGENT USED IN THE TREATMENT OF HODGKIN LYMPHOMA AFTER FAILURE OF AUTOLOGOUS STEM CELL TRANSPLANT OR THOSE WHO ARE NOT ELIGIBLE FOR ASCT AFTER FAILURE OF AT LEAST 2 MULTI-AGENT CHEMOTHERAPY REGIMENS ADCETRIS WAS ALSO APPROVED FOR SYSTEMIC ANAPLASTIC LARGE CELL LYMPHOMA WITH FAILURE OF AT LEAST ONE PRIOR TREATMENT - GAZYVA IS A HUMANIZED MONOCLONAL ANTIBODY USED AS A COMBINATION TREATMENT WITH CHLORAMBUCIL TO TREAT PATIENTS WITH UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA IT WAS APPROVED BY THE FDA IN NOVEMBER 2013 AND BY THE EMA IN JULY 2014 - IMBRUVICA IS AN ORAL SMALL MOLECULE INHIBITOR AGAINST BTK KINASE IT WAS FIRST APPROVED BY THE US FDA ON NOVEMBER 13, 2013 FOR THE TREATMENT OF MANTLE CELL LYMPHOMA PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR TREATMENT ON FEB 12, 2014 THE US FDA EXPANDED THE APPROVED USE OF THE DRUG TO CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) PATIENTS WHO HAVE RECEIVED AT LEAST ONE PRIOR TREATMENT ADDITIONALLY, IT RECEIVED FURTHER EXPANSION TO TREAT 17P DELETION IN CLL WITH OR WITHOUT PRIOR THERAPY - ZYDELIG IS AN ORAL SMALL MOLECULE INHIBITOR THAT</p> |

# 990 Schedule O, Supplemental Information

| Return Reference                    | Explanation   |
|-------------------------------------|---|
| FORM 990, PAGE 2, PART III, LINE 4A | <p>AT BLOCKS THE DELTA ISOFORM OF THE ENZYME PHOSPHOINOSITIDE 3-KINASE IT WAS APPROVED BY THE FDA IN JULY 2014 TO TREAT RELAPSED/REFRACTORY CLL IN COMBINATION WITH RITUXAN IT WAS ALSO APPROVED TO USE AS A MONOTHERAPY FOR RELAPSED MANTLE CELL LYMPHOMA AND FOLLICULAR LYMPHOMA 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 2017, FOR THE SIXTH YEAR, LLS ACTIVELY RECRUITED RESEARCH PROPOSALS IN SIX OTHER UNDERDEVELOPED RESEARCH AREAS IN WHICH PROGRESS IS LIKELY TO IMPROVE OUTCOMES FOR PATIENTS WITH PARTICULARLY URGENT NEEDS NEW RESEARCH IS FOCUSED ON - DEVELOPMENT OF NOVEL THERAPEUTIC STRATEGIES FOR PATIENTS WITH NON-CUTANEOUS T-CELL LYMPHOPROLIFERATIVE DISORDERS - DEVELOP NOVEL TARGETED THERAPIES FOR CLL PATIENTS, WITH REAL CURATIVE POTENTIAL - DEVELOP NOVEL TREATMENT STRATEGIES FOR MDS AND AML PATIENTS - DEVELOP NOVEL TARGETED THERAPIES FOR PATIENTS WITH HIGH-RISK MYELOMA - DEVELOPMENT OF NEW-TARGETED THERAPIES FOR INDOLENT LYMPHOMA PATIENTS - DEFINE GENETIC/MOLECULAR PREDISPOSITIONS TO LONG-TERM AND LATE-TERM EFFECTS ASSOCIATED WITH STANDARD THERAPIES IN PEDIATRIC ALL AND APPLY THIS INFORMATION TO IMPROVE PATIENT OUTCOMES 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</p> |

# 990 Schedule O, Supplemental Information

| Return Reference                    | Explanation  |
|-------------------------------------|--|
| FORM 990, PAGE 2, PART III, LINE 4B | <p>SUPPORT SERVICES ARE PROVIDED BY PROFESSIONALS OR RIGOROUSLY TRAINED PEER VOLUNTEERS. ALL RESOURCES ARE PROVIDED THROUGH A VARIETY OF MEDIA - PRINT, ONLINE, BY PHONE, AND FACE-TO-FACE IN COMMUNITIES. A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS. PRINT PUBLICATIONS AN EXTENSIVE CATALOG OF EDUCATION MATERIALS IS OFFERED FREE-OF-CHARGE TO PATIENTS AND HEALTHCARE PROFESSIONALS. EACH YEAR, LLS DISTRIBUTES DISEASE AND SUPPORT BOOKLETS AND FACT SHEETS THROUGH THE INFORMATION RESOURCE CENTER AND LLS CHAPTERS. EACH YEAR, 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. - 632,829 FREE PRINTED DISEASE AND SUPPORT BOOKLETS AND 7,191 DISEASE-FOCUSED FACT SHEETS WERE ORDERED IN 2017. ADDITIONALLY, THERE WERE 86,615 PAGE VIEWS OF THESE BOOKLETS AND FACT SHEETS ON THE LLS WEBSITE. FINANCIAL ASSISTANCE IN 2017, A COMBINED 74,188,838 WAS DISBURSED TO PATIENTS THROUGH THE CO-PAY ASSISTANCE PROGRAMS (72,968,508) AND THE LLS NATIONAL PATIENT TRAVEL ASSISTANCE PROGRAM, (1,181,500), AND LLS FINANCIAL ASSISTANCE PROGRAM (38,830). CO-PAY ASSISTANCE PROGRAM THE CO-PAY ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS. 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 FUNDING AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS. IN 2017, 72,968,508 WAS PROVIDED TO PATIENTS THROUGH THE LLS CO-PAY ASSISTANCE PROGRAM. - 31,026 PATIENTS RECEIVED LLS CO-PAY ASSISTANCE IN 2017. SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM THE SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS WITH TRAVEL AND LODGING EXPENSES RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS. TRAVEL ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY. IN 2017, 1,181,500 WAS PROVIDED TO PATIENTS THROUGH THE LLS SUSAN LANG TRAVEL PROGRAM. 2,363 PATIENTS RECEIVED LLS TRAVEL ASSISTANCE IN 2017. FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS (PCR PROGRAM) THE FINANCIAL ASSISTANCE PROGRAM FOR CML PATIENTS SUPPORTS QUALIFYING PATIENTS WITH OUT-OF-POCKET EXPENSES RELATED TO THEIR ROUTINE POLYMERASE CHAIN REACTION (PCR) TESTING. IN 2017, 38,830 WAS PROVIDED TO PATIENTS THROUGH THE PCR PROGRAM. 85 PATIENTS RECEIVED LLS PCR ASSISTANCE IN 2017. COMMUNITY PROGRAMS SERVICES ARE PROVIDED IN COMMUNITIES TO PATIENTS AND THEIR FAMILIES, CAREGIVERS AND HEALTHCARE PROFESSIONALS BY</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4B | <p>PATIENT ACCESS STAFF AND TRAINED VOLUNTEERS WHO HAVE SPECIFIC SUPPORT AND OUTREACH ROLES STAFF ARE HEALTHCARE AND ALLIED HEALTHCARE PROFESSIONALS, OFTEN WITH A BACKGROUND IN ONCOLOGY NURSING, PUBLIC HEALTH OR SOCIAL WORK. VOLUNTEERS ARE TYPICALLY PATIENTS OR CAREGIVERS WHO UNDERGO RIGOROUS BACKGROUND CHECKS AND TRAINING STAFF AND VOLUNTEERS SERVE AS LIAISONS WITH COMMUNITY AND REGIONAL ONCOLOGY/HEMATOLOGY HEALTHCARE PROFESSIONALS AND TREATMENT CENTERS, AND PROVIDE COMMUNITY-BASED OUTREACH, EDUCATION, AND SUPPORT IN A VARIETY OF FORMS REGIONAL BLOOD CANCER CONFERENCES LLS WORKS TO ELEVATE OUR VISIBILITY IN COMMUNITIES WE SERVE BY HOSTING LARGER-SCALE CONFERENCES, GEARED FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS THESE EVENTS ARE A CATALYST FOR BRINGING MANY DEDICATED PEOPLE TOGETHER TO FOCUS ON BLOOD CANCER AWARENESS, INFORMATION AND THE LATEST ADVANCES IN MEDICAL SCIENCE THEY ARE DESIGNED FOR PATIENTS AND CAREGIVERS BUT ARE ATTENDED BY SOME LOCAL HEALTHCARE PROFESSIONALS (NURSES AND SOCIAL WORKERS) AS WELL IN 2017, 106 BCC CONFERENCES WERE HELD WITH 3,352 ATTENDEES LLS COMMUNITY THE ONLINE "LLS COMMUNITY" WAS LAUNCHED ON FEBRUARY 1, 2016 IT WAS DESIGNED TO PROVIDE A WAY FOR PATIENTS AND CAREGIVERS TO 1) BECOME PART OF A SOCIAL NETWORK TO CONNECT WITH PATIENTS AND CAREGIVERS IN SIMILAR SITUATIONS AND BECOME EMPOWERED, 2) PROVIDE INFORMATION ABOUT ONESELF AND ONE'S DISEASE, TO BECOME PART OF THE RESEARCH TO CURE BLOOD CANCERS, AND 3) GAIN THE LATEST INFORMATION ABOUT ONE'S DISEASE, LEARN ABOUT SURVIVORSHIP ISSUES, AND ABOUT CLINICAL TRIALS BY THE END OF FY 2017, THERE WERE APPROXIMATELY 6,000 COMMUNITY MEMBERS AND 44,000 RESPONSES TO THE "QUESTIONS OF THE DAY," AS WELL AS CLOSE TO 13,500 COMMENTS POSTED BY USERS FAMILY SUPPORT GROUPS THROUGHOUT THE US, IN 2017, LLS SUPPORTED OR HOSTED 135 FAMILY SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES GROUPS ARE GUIDED BY ONCOLOGY HEALTH PROFESSIONALS, PROVIDING INFORMATION AND SUPPORT AND ENCOURAGING GREATER COMMUNICATION AMONG PATIENTS, FAMILIES, FRIENDS AND HEALTHCARE PROFESSIONALS LLS SUPPORT GROUPS ARE THE PERFECT PLACE TO TALK WITH OTHER PEOPLE AFFECTED BY BLOOD CANCERS, INCLUDING PATIENTS, FAMILY MEMBERS AND CAREGIVERS THE GROUPS PROVIDE MUTUAL SUPPORT AND OFFER THE OPPORTUNITY TO DISCUSS ANXIETIES AND CONCERNS WITH OTHERS WHO SHARE THE SAME EXPERIENCES THIS SHARING STRENGTHENS THE FAMILY BOND AND ENHANCES EVERYONE'S ABILITY TO COPE WITH CANCER IN ADDITION, LLS HOSTED 7 ONLINE CHAT GROUPS - I.E., VIRTUAL SUPPORT GROUPS - THAT ARE PROFESSIONALLY MODERATED IN FY 2017, 3,506 INDIVIDUALS PARTICIPATED IN THESE CHATS 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, REFERRAL IS ALSO PROVIDED BY L</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4B | LS'S INFORMATION RESOURCE CENTER -OVER 1,100 FIRST CONNECTIONS WERE MADE ACROSS THE US IN FY 2017 |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4C | <p>INFORMATION SPECIALISTS ALSO CONDUCT CLINICAL-TRIAL SEARCHES TO HELP PATIENTS WORK WITH THEIR DOCTORS TO FIND OUT ABOUT SPECIFIC CLINICAL TRIALS THE INFORMATION RESOURCE CENTER ALSO HAS AN EXPANDING IN-DEPTH CLINICAL TRIAL NAVIGATION SERVICE PATIENTS, FAMILIES AND HEALTHCARE PROFESSIONALS MAY SPEAK TO AN INFORMATION SPECIALIST AT (800) 955-4572 MONDAY THROUGH FRIDAY, 9 A M TO 9 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 IN FY 2017 - 17,800 INQUIRIES WERE MADE TO OUR INFORMATION SPECIALISTS - 10,632 HOUSEHOLDS RECEIVED INFORMATION AND/OR SUPPORT FROM INFORMATION SPECIALISTS VIA EMAILS, PHONE, AND ANSWER CHATS -339 PATIENTS WORKED WITH A CLINICAL TRIAL NAVIGATOR TO RECEIVE COMPREHENSIVE ASSISTANCE WITH CLINICAL TRIAL ENROLLMENT, OVER 60% OF THESE PATIENTS ENROLLED ON A CLINICAL TRIAL 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 THEIR LOCATION 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, THE MOST CURRENT AND ACCURATE INFORMATION AND STATISTICS, WEEKLY FACILITATED ONLINE CHATS, DISCUSSION BOARDS, 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 INFORMATIONAL MATERIALS ARE AVAILABLE TO VIEW AND DOWNLOAD AT WWW.LLS.ORG/RESOURCECENTER MANY DOWNLOADABLE MATERIALS ARE AVAILABLE IN ENGLISH, SPANISH AND FRENCH NATIONAL TELEPHONE/ WEB EDUCATION PROGRAMS ADDITIONALLY, LLS ALSO SPONSORS TELEPHONE-WEB EDUCATION PROGRAMS FOR PATIENTS, CAREGIVERS, SURVIVORS AND HEALTHCARE PROFESSIONALS ABOUT LEUKEMIA, LYMPHOMA, MYELOMA AND MYELODYSPLASTIC SYNDROMES OPPORTUNITIES ARE PROVIDED TO ASK QUESTIONS OF EXPERTS DURING THESE PROGRAMS ALSO AVAILABLE THROUGH THE LLS WEBSITE ARE VIRTUAL LECTURES AND VIDEOS FEATURING DISEASE-SPECIFIC UPDATES AND INFORMATION ABOUT SUPPORT AND TREATMENT OPTIONS FROM WORLD RENOWNED CLINICAL EXPERTS UPCOMING PROGRAMS ARE POSTED AT WWW.LLS.ORG/PROGRAMS AND ARCHIVES OF PAST PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/PASTPROGRAMS IN FY 2017 -LLS PROVIDED 10 LIVE NATIONAL TELEPHONE-WEB EDUCATION PROGRAMS, WITH 4,605 PARTICIPANTS -THERE WERE 21,766 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, 29,453 VIEWS OF VIDEOS</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation  |
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| FORM 990,<br>PAGE 2,<br>PART III,<br>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 IN FY 2017 -LLS PROVIDED 5 CME/CE-GRANTING PERSON EDUCATIONAL PROGRAMS ("ROUNDS"), WITH 1,468 HEALTHCARE PROFESSIONAL IN ATTENDANCE -THERE WAS 1 NATIONAL TELEPHONE-WEB EDUCATION PROGRAM FOCUSED ON AML FOR PROFESSIONALS WITH 479 PARTICIPANTS -THERE WERE 9,656 VIEWS OF OUR ONLINE VIRTUAL LECTURES FOR PROFESSIONALS AND 2,904 VIEWS OF OUR ONLINE VIDEOS FOR PROFESSIONALS |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation |
|---------------------------------|-------------|
| FORM 990,<br>PART V,<br>LINE 4B | CANADA      |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                        | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 6 | THE MEMBERS OF LLS CONSIST OF ONE ELECTED REPRESENTATIVE FROM EACH CHAPTER |

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7B | SIGNIFICANT DECISIONS AFFECTING THE CHAPTERS REQUIRE AN APPROVING VOTE BY THE CHAPTER DELEGATES<br>DECISIONS NOT SIGNIFICANTLY AFFECTING THE CHAPTERS DO NOT REQUIRE APPROVAL FROM THE CHAPTER<br>DELEGATES |

## 990 Schedule O, Supplemental Information

| Return Reference                             | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | THE FORM 990 WAS PREPARED BY THE LLS FINANCE DEPARTMENT AND WAS REVIEWED BY THE 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, AS WILL BE FILED WITH THE IRS, WAS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS |

**990 Schedule O, Supplemental Information**

| Return Reference                    | Explanation   |
|-------------------------------------|---|
| 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 |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | THE EXECUTIVE COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS REVIEWS, MONITORS, AND APPROVES THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND COMPENSATION IN 2017 THE EXECUTIVE COMMITTEE, THROUGH AN INDEPENDENT THIRD PARTY, OBTAINED A MARKET STUDY COMPRISED OF SIMILAR NOT-FOR-PROFIT ORGANIZATIONS TO REVIEW THEIR COMPENSATION MARKET LEVELS AND SET THE CHIEF EXECUTIVE'S SALARY COMMENSURATELY THE COMMITTEE MET, APPROVED AND DOCUMENTED THE PROCESS IN THE COMMITTEE MINUTES |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15B | IN 2017, THE EXECUTIVE COMMITTEE, THROUGH AN INDEPENDENT THIRD PARTY, OBTAINED A MARKET STUDY COMPRISED OF SIMILAR NOT-FOR-PROFIT ORGANIZATIONS TO REVIEW THE COMPENSATION MARKET LEVELS OF OTHER OFFICERS AND KEY EMPLOYEES AND TO APPROVE THE PRESIDENT AND CEO'S RECOMMENDATIONS ON THEIR COMPENSATION LEVELS |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation  |
|---|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 17 | ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA,<br>MISSOURI, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEBRASKA, NEW YORK, OHIO, OKLAHOMA,<br>OREGON, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA,<br>WASHINGTON, WISCONSIN, WEST VIRGINIA |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>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 FOR PUBLIC INSPECTION ANY IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990 |

**990 Schedule O, Supplemental Information**

| Return Reference    | Explanation  |
|---------------------|--|
| FORM 990, PART VIII | <p>IN JANUARY 2009, AS PART OF ITS THERAPY ACCELERATION PROGRAM (TAP), LLS ENTERED INTO AN AGREEMENT WITH CELATOR PHARMACEUTICALS, INC (CELATOR) THROUGH WHICH LLS PROVIDED FUNDING OF APPROXIMATELY 4 1M TO CELATOR IN SUPPORT OF THE PHASE 2 STUDY OF CELATOR'S LEAD COMPOUND VYXEOS (DAUNORUBICIN AND CYTARABINE LIPOSOME FOR INJECTION) FOR THE TREATMENT OF ACUTE MYELOID LEUKEMIA (AML) FROM 2012 THROUGH 2016, LLS PROVIDED FUNDING OF AN ADDITIONAL 5 0M FOR THE PHASE 3 CLINICAL STUDY OF VYXEOS LLS PROVISIONS OF FUNDING TO CELATOR WERE BASED ON CLINICAL MILESTONES AS PART OF THE AGREEMENT, CELATOR WAS OBLIGATED TO MAKE PAYMENTS TO LLS RELATIVE TO THE TIMING OF THE PRODUCT COMMERCIALIZATION AND OTHER LIQUIDITY EVENTS IN JULY 2016, JAZZ PHARMACEUTICALS (JAZZ) COMPLETED THE PURCHASE OF CELATOR, TRIGGERING A PAYMENT OF 13 7M TO LLS IN LATE 2016, JAZZ TERMINATED THE AGREEMENT WITH LLS TRIGGERING A ONE TIME CONTRACT TERMINATION FEE OF 11 6M TO ELIMINATE POTENTIAL FUTURE ROYALTY PAYMENTS RELATED TO VYXEOS THE TOTAL AMOUNT OF THE RETURN TO LLS FROM ITS TAP INVESTMENT IN CELATOR WAS 25 3M THE REMAINING 4 2M OF TAP CONTRACTUAL RETURN COMES FROM VARIOUS OTHER TAP INVESTMENTS</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation   |
|---------------------------------|---|
| FORM 990,<br>PART XI,<br>LINE 9 | LLS CANADA RESTATEMENT -268,729 FINANCIAL STATEMENT ROUNDING 589 TOTAL -268,140 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number  
13-5644916

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |  |                     |                           |                                  |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) BEAT AML LLC<br>3 INTERNATIONAL DRIVE<br>RYE BROK, NY 10573  | RESEARCH                | NY   | 3,847,455           | 9,407,419                 | LLS                              |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |  |                            |   |                                  |  |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |                         |  |                            |   |                                  | Yes  | No |
| (1)THE LLS RESEARCH PROGRAMS INC<br>3 INTERNATIONAL DRIVE<br><br>RYE BROOK, NY 10573<br>13-3470494  | PART VII                | DE   | 501C3                      | 12A   | LLS INC                          | Yes  |    |
| (2)THE LLS RESEARCH FOUNDATION<br>3 INTERNATIONAL DRIVE<br><br>RYE BROOK, NY 10573<br>13-3709252  | PART VII                | DE   | 501C3                      | 12A   | LLS INC                          | Yes  |    |
| (3)THE LLS OF CANADA<br>804 2 LANSING SQUARE<br>TORONTO M2J4P8<br>CA  | PART VII                | CA   |                            |   | NA                               |  | No |
| (4)PEARLPOINT CANCER SUPPORT<br>2817 WEST END AVENUE<br><br>NASHVILLE, TN 37203<br>58-1747771   | PART VII                | TN   | 501C3                      | 7   | LLS INC                          | Yes  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

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

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

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

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



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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?

|  | Yes           | No |
|--|---------------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b>     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b>     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b>     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b>     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b>     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b> Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b>     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b> Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b>     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b>     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b>     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) THE LLS OF CANADA               | B                                | 4,194,727              | COST   |
| (2) THE LLS OF CANADA               | C                                | 77,724                 | COST   |
| (3) PEARLPOINT CANCER SUPPORT       | L                                | 118,848                | COST   |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

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

[illegible]

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation  |
|------------------|--|
| SCHEDULE R       | THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA & LYMPHOMA SOCIETY, INC , IN CANADA<br>THE LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC AND THE LEUKEMIA RESEARCH FOUNDATION, INC SUPPORT THE ACTIVITIES OF THE LEUKEMIA &<br>LYMPHOMA SOCIETY, INC THE LEUKEMIA & LYMPHOMA SOCIETY, INC IS THE 100% CONTROLLING MEMBER OF PEARLPOINT CANCER SUPPORT, INC |