

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	<div> <div>Signature of officer</div> <div>GORDON MILLER JR EVP CHIEF FIN OFFICE</div> </div>
	<div> <div>2022-02-02</div> <div>Date</div> </div>
Paid Preparer Use Only	<div> <div>Print/Type preparer's name</div> <div>Preparer's signature</div> <div>Date 2022-02-02</div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN P01517891</div> </div> </div>
	<div> <div>Firm's name ▶ KPMG LLP</div> <div>Firm's EIN ▶ 13-5565207</div> </div>
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Part III

Statement of Program Service Accomplishments

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

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- 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 \$ 59,637,481 including grants of \$ 33,928,340) (Revenue \$ 12,281,240)
A) RESEARCH PROGRAMS: AT LLS, WE ARE PUSHING BOUNDARIES TOWARD POWERFUL NEW THERAPIES. WE PROPEL GROUNDBREAKING CANCER TREATMENTS THROUGH ALL PHASES OF THE DRUG APPROVAL PROCESS AND ARE PROUD THAT OUR SUPPORT HAS BEEN KEY TO ADVANCING 75% OF THE ALMOST 100 BLOOD CANCER TREATMENT APPROVALS OVER THE LAST FIVE YEARS. AS WE CONTINUED TO SUPPORT THE SEARCH FOR LIFESAVING AND LESS TOXIC TREATMENTS IN 2021, WE INVESTED IN EXCITING RESEARCH FRONTIERS, INCLUDING PRECISION MEDICINE, IMMUNOTHERAPY, AND LINKS BETWEEN MUTATIONS AND BLOOD CANCER-ADVANCEMENTS THAT ARE CHANGING THE PARADIGM OF CANCER TREATMENT. IN THE PROCESS, WE PROPELLED SEVERAL NOVEL SCIENCE INITIATIVES TO NEW HEIGHTS-MANY OF WHICH HARDLY SEEMED POSSIBLE JUST A SHORT TIME AGO. 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 1.5 BILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES. IN FISCAL YEAR 2021, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 6 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 33.9 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS. IMPACT RESEARCH GRANTS TO ADDRESS UNEQUAL REPRESENTATION OF UNDERSERVED POPULATIONS IN CLINICAL TRIALS, IN MAY WE INTRODUCED IMPACT (INFLUENTIAL MEDICINE PROVIDING ACCESS TO CLINICAL TRIALS) RESEARCH GRANTS. AN INITIAL FIVE-YEAR INVESTMENT OF 3.75 MILLION WAS ALLOCATED TO MAYO CLINIC, VANDERBILT UNIVERSITY MEDICAL CENTER, AND WEILL CORNELL MEDICINE IN NEW YORK CITY. THE IMPACT GRANTS WILL HELP THESE MAJOR CANCER CENTERS EXPAND CLINICAL TRIAL ACCESS TO LOCAL COMMUNITY-BASED HOSPITALS AND CLINICS WITH SUBSTANTIAL UNDERSERVED POPULATIONS. THE GOAL IS TO INCREASE TRIAL ENROLLMENT AMONG TRADITIONALLY UNDERSERVED POPULATIONS, INCLUDING RACIAL AND ETHNIC MINORITIES, RURAL RESIDENTS, AND INDIVIDUALS WITH LOW INCOME, TO AT LEAST 20%, THEREBY EXPANDING ACCESS TO STATE-OF-THE-ART THERAPIES TO A BROADER SWATH OF NEWLY DIAGNOSED BLOOD CANCER PATIENTS. THERAPY ACCELERATION PROGRAM (TAP) SINCE 2007, OUR INNOVATIVE VENTURE PHILANTHROPY INITIATIVE, THE LLS THERAPY ACCELERATION PROGRAM (TAP), HAS PARTNERED WITH BIOTECHNOLOGY COMPANIES AND ACADEMIC RESEARCHERS TO EXTEND THE THERAPEUTIC LANDSCAPE IN LEUKEMIA, LYMPHOMA, AND MULTIPLE MYELOMA. IN 2021, WE MADE SIX NEW INVESTMENTS IN COMPANIES DEVELOPING NEW IMMUNOTHERAPIES INCLUDING "OFF THE SHELF" CAR T-CELL THERAPY, "IN VIVO" THERAPY THAT GENERATES CANCER-FIGHTING CAR CELLS INSIDE THE BODY, TWO FIRST-IN-CLASS ANTIBODIES TARGETING NOVEL CHECKPOINTS, TO RELEASE THE BRAKES AND ACTIVATE IMMUNE CELLS SO THEY CAN FIGHT CANCER, AND CAR- MACROPHAGE (CAR-M) THERAPY TO TREAT CANCERS WHERE CHECKPOINT INHIBITORS TEND TO BE LESS EFFECTIVE. NATIONAL PATIENT REGISTRY COVID INFORMATION THE ONGOING COVID-19 PANDEMIC ENGENDERED A HOST OF FEARS AND QUESTIONS FOR THE BLOOD CANCER COMMUNITY. WHEN PATIENT CONCERNS AROSE ABOUT WHETHER THE NEW VACCINES WOULD PROTECT THEM, LLS STEPPED IN TO FIND ANSWERS. IN FEBRUARY 2021, LLS ACTIVATED THE LLS NATIONAL PATIENT REGISTRY, A PROJECT SUPPORTED BY ETHEL AND BERNARD GARIL IN MEMORY OF THEIR SON, MICHAEL, WHO SUCCEMBED TO ACUTE LYMPHOBLASTIC LEUKEMIA. MORE THAN 10,000 BLOOD CANCER PATIENTS ANSWERED THE CALL TO JOIN THE REGISTRY AS "CITIZEN SCIENTISTS." THIS ALLOWED US TO GENERATE THE LARGEST DATA SET REPORTED TO DATE ON VACCINE SAFETY AND EFFICACY(INCLUDING BOOSTERS) ACROSS ALL MAJOR BLOOD CANCER AND TREATMENT TYPES. THIS INFORMATION HAS HELPED PATIENTS, HEALTHCARE PROVIDERS, AND PUBLIC HEALTH OFFICIALS MAKE MORE INFORMED CHOICES ABOUT COVID-19 PREVENTION. CLINICAL TRIALS BEAT AML MASTER TRIAL BEGINNING NOVEMBER 2016, LLS LAUNCHED THE BEAT AML MASTER TRIAL, A COLLABORATIVE CLINICAL TRIAL TESTING SEVERAL NOVEL TARGETED THERAPIES FOR PATIENTS WITH ACUTE MYELOID LEUKEMIA (AML) DESIGNED TO FACILITATE FDA APPROVAL OF NEW DRUGS AND CHANGE THE TREATMENT PARADIGM FOR PATIENTS DIAGNOSED WITH AML BY DEVELOPING MORE INDIVIDUALIZED, EFFECTIVE TREATMENT APPROACHES. THE MASTER TRIAL INVOLVES COLLABORATIONS WITH MULTIPLE MEDICAL INSTITUTIONS, DRUG COMPANIES, A GENOMIC PROVIDER, A CLINICAL RESEARCH ORGANIZATION, AND THE FDA, ALL OF WHOM HAVE COMMITTED TO WORKING COLLABORATIVELY. IN FISCAL YEAR 2021, UP TO 35 PATIENTS PARTICIPATED IN CLINICAL TRIALS UNDER THE BEAT AML MASTER TRIAL.	

4b	(Code:) (Expenses \$ 164,688,249 including grants of \$ 118,625,934) (Revenue \$)
B) PATIENT & COMMUNITY SERVICES: AN ESTIMATED 1.3 MILLION PEOPLE ACROSS THE UNITED STATES (US) ARE CURRENTLY LIVING WITH OR ARE IN REMISSION FROM 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. 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. FINANCIAL ASSISTANCE OUR FINANCIAL ASSISTANCE PROGRAMS AIM TO LESSEN THE ECONOMIC TOLL ON PATIENTS AND FAMILIES TO HELP PATIENTS AFFORD LIFE-SAVING TREATMENTS. TO COUNTER CONTINUALLY RISING DRUG PRICES AND THE ONGOING FINANCIAL IMPACT OF COVID-19, WE PROVIDED MORE THAN 45,000 PATIENTS WITH OVER 241M IN TOTAL GRANTS, A 70% INCREASE OVER LAST YEAR. THE LION'S SHARE- OVER 234 MILLION- SUPPORTED PATIENTS' INSURANCE PREMIUMS AND TREATMENT-RELATED CO-PAY AND CO-INSURANCE OUT OF POCKET COSTS THROUGH OUR CO-PAY ASSISTANCE PROGRAM. IN KEEPING WITH OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION, LLS RECOGNIZES THAT NEED EXISTS THROUGHOUT ALL GEOGRAPHIC REGIONS AND WITHIN ALL PATIENT POPULATIONS, INCLUDING THOSE TRADITIONALLY UNDERREPRESENTED. IN 2021, FINANCIAL ASSISTANCE WAS PROVIDED TO PATIENTS WHO RESIDED IN 55% OF ALL U.S. COUNTIES AND 51% OF THE COUNTIES ACROSS THE U.S. WITH THE HIGHEST POVERTY RATES. 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 2021, CO-PAY ASSISTANCE WAS PROVIDED TO OVER 22,000 PATIENTS. SUSAN LANG PRE CAR T-CELL THERAPY TRAVEL ASSISTANCE PROGRAM LLS PROVIDED OVER 200 GRANTS, EACH 2,500, FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS FOR PATIENTS WHO ARE BEING EVALUATED TO RECEIVE CAR T-CELL THERAPY AS EITHER STANDARD TREATMENT OR A CLINICAL TRIAL. SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM LLS AWARDED A 500 GRANT TO OVER 4,750 PATIENTS FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS. URGENT NEED PROGRAM IN PARTNERSHIP WITH MOPPIE'S LOVE AND CHARLIE'S FUND, LLS PROVIDED A 500 GRANT TO NEARLY 9,000 PATIENTS AND FAMILIES IN ACUTE FINANCIAL NEED FOR NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES AND FOOD. PATIENT AID PROGRAM LLS PROVIDED A ONE-TIME STIPEND OF 100 TO OVER 3,700 PATIENTS TO HELP OFFSET NON-MEDICAL EXPENSES. SCHOLARSHIP FOR BLOOD CANCER SURVIVORS NEW IN 2021 WAS THE INTRODUCTION OF LLS'S SCHOLARSHIP FOR BLOOD CANCER SURVIVORS PROVIDING UP TO 7,500 IN TUITION SUPPORT FOR PATIENTS DIAGNOSED BEFORE AGE 25, ARE U.S. CITIZENS OR PERMANENT RESIDENTS PURSUING VIRTUAL OR IN-PERSON, VOCATIONAL, 2 YEAR OR 4 YEAR POST-SECONDARY EDUCATION.	

4c	(Code:) (Expenses \$ 21,415,572 including grants of \$) (Revenue \$)
C) PUBLIC HEALTH EDUCATION: LLS BELIEVES KNOWLEDGE IS POWER. AS ALWAYS, LLS HAS OFFERED THEIR INFORMATIONAL PROGRAMS IN VIRTUAL FORMATS, CONTINUING TO PROVIDE VITALLY NEEDED EDUCATION AND EMOTIONAL SUPPORT FOR THOSE IMPACTED BY BLOOD CANCER. ONGOING PANDEMIC CONCERNS' TRAINED ONCOLOGY INFORMATION SPECIALISTS IN OUR INFORMATION RESOURCE CENTER (IRC) WERE AVAILABLE TO ANSWER PANDEMIC-RELATED AND OTHER QUESTIONS. OVER 26,000 INTERACTIONS BETWEEN THE IRC AND PATIENTS AND CAREGIVERS TOOK PLACE, WITH AVERAGE CALL LENGTHS UP 30% OVER 2020. FACILITATING CLINICAL TRIAL ACCESS THE LLS CLINICAL TRIAL SUPPORT CENTER (CTSC) GREW THROUGHOUT THE YEAR AS WE INCREASED OUR BI-LINGUAL AND PEDIATRIC EXPERTISE AMONG THE CTSC NURSE NAVIGATORS, AND CONTINUED TO EXPAND THE POSSIBILITY OF POSITIVE OUTCOMES FOR PATIENTS BY MATCHING THEM TO SUITABLE CLINICAL TRIALS. OUR NURSE NAVIGATORS ASSISTED 1,019 PATIENTS (UP 31% FROM 2020). OF THE 759 NEW PATIENTS ASSISTED (UP 31% FROM LAST YEAR), 21% ENTERED A TRIAL. WE WERE HONORED THAT A CTSC TEAM-AUTHORED ARTICLE, OVERCOMING BARRIERS TO CLINICAL TRIAL PARTICIPATION: OUTCOMES OF A NATIONAL CLINICAL TRIAL MATCHING AND NAVIGATION SERVICE FOR PATIENTS WITH A BLOOD CANCER, WAS PUBLISHED IN THE "JOURNAL OF CLINICAL ONCOLOGY, ONCOLOGY PRACTICE" IN MAY. OUTREACH TO UNDERSERVED GROUPS WE AUGMENTED EFFORTS TO EXPAND ACCESS TO LLS SERVICES AND RESOURCES BY BOLSTERING RELATIONS WITH COMMUNITY GROUPS AND LEADERS, NOTABLY IN THE AFRICAN AMERICAN AND LATINO COMMUNITIES, AND INCREASED OUR NUMBER OF BILINGUAL VOLUNTEERS. WE ALSO INCREASED ACCESSIBILITY OF OUR EDUCATION PROGRAMS TO RURAL	

PATIENTS AND FAMILIES VIA OUR VIRTUAL OFFERINGS. MOREOVER, WE EXPANDED PARTNERSHIPS WITH AFFINITY GROUPS INCLUDING: THE COALITION OF 100 BLACK WOMEN, THE MEXICAN CONSULATE'S VENTANILLA DE SALUD PROGRAM, AND PROMOTORES (VISION Y COMPROMISO). THE LLS MYELOMA LINK PROGRAM, LAUNCHED IN 2017, CONTINUED TO GAIN TRACTION. WE IMPROVED UNDERSTANDING OF TREATMENT OPTIONS BY PROVIDING IMPORTANT INFORMATION TO AFRICAN AMERICANS, WHO ARE TWICE AS LIKELY TO BE DIAGNOSED WITH MULTIPLE MYELOMA AS CAUCASIAN AMERICANS. IN 2021, LLS REACHED APPROXIMATELY 10,448 PEOPLE THROUGH MORE THAN 72 MYELOMA LINK EDUCATION AND OUTREACH ACTIVITIES IN 13 CITIES. EDUCATION AND PATIENT CONNECTIONS OUR VIRTUAL EDUCATION PROGRAMS PROVIDED BOTH PATIENTS AND FAMILIES, AS WELL AS HEALTH CARE PROFESSIONALS, ACCESS TO CONTENT INCLUDING BLOOD CANCER CONFERENCES, LOCAL EDUCATION PROGRAMS, NATIONAL WEBINARS, VIDEOS, LECTURES, AND PODCASTS. LLS'S HIGHLY VIEWED WEBSITE CONTINUES TO PROVIDE THE MOST UP TO DATE BLOOD CANCER INFORMATION INCLUDING ACCESS TO BLOGS, BOOKLETS, WORKBOOKS, FACT SHEETS AND MORE. IN ADDITION, NEARLY 1,000 CANCER PATIENTS WERE PROVIDED WITH PERSONALIZED NUTRITION CONSULTATIONS BY LLS'S REGISTERED DIETITIAN. OUR PATIENT & COMMUNITY OUTREACH TEAM CONTINUED TO BRING PATIENTS TOGETHER VIA ONLINE LOCAL SUPPORT GROUPS AND CHATS. THE PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM MATCHED NEARLY 1,800 PATIENTS (UP 5% FROM 2020) WITH TRAINED VOLUNTEERS FACING THE SAME DISEASE, HELPING TO AVERT PANDEMIC-RELATED ISOLATION. IN ADDITION, MEMBERSHIP IN LLS COMMUNITY-OUR ONLINE SOCIAL NETWORK-INCREASED 23% OVER 2020.

(Code:)	(Expenses \$ 9,280,825	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. UPCOMING AND ARCHIVED CE/CME PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/CE. IN FY 2021: -LLS PROVIDED 14 CME/CE-GRANTING VIRTUAL EDUCATIONAL PROGRAMS, WITH 2,345 HEALTHCARE PROFESSIONALS IN ATTENDANCE. --THERE WERE 44,790 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, 25,541 VIRTUAL LECTURE VIEWS AND 14,107 PODCAST DOWNLOADS.			

4d	Other program services (Describe in Schedule O.)	(Expenses \$ 9,280,825	including grants of \$	(Revenue \$)
4e	Total program service expenses ▶	255,022,127		

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV

Checklist of Required Schedules (continued)

		Yes	No	
22	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	267	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,300
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes
b If "Yes," enter the name of the foreign country: <u>► C A</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a Did the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	No
16 If the organization is subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16	No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	19	
	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	Enter the number of voting members included in line 1a, above, who are independent.	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed.	AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NH, NJ, NM, NE, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	GORDON MILLER JR 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 (914) 821-8935

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J DEGENNARO PHD PRESIDENT &	40.00 1.00			X				950,516	0	41,258
(2) GWEN NICHOLS MD EVP CHIEF ME	40.00			X				406,230	0	27,197
(3) TROY DUNMIRE - START 1132020 EVP CHIEF OP	40.00			X				408,554	0	20,814
(4) VANESSA WHITE SVP CHIEF AD	40.00					X		355,467	0	26,217
(5) LEE M GREENBERGER SVP CHIEF SC	40.00					X		325,543	0	42,366
(6) KATHY GRIESENBECK - END 7312020 EVP CHIEF RE	40.00					X		347,706	0	17,857
(7) COKER POWELL EVP PROD CAM	40.00					X		320,245	0	44,460
(8) GORDON MILLER JR EVP CHIEF FI	40.00 1.00			X				321,228	0	36,312
(9) MARGO LUCERO - END 7312020 EVP CORP PAR	40.00					X		336,366	0	19,808
(10) ROSEMARIE ALOFFREDO - END 3312019 CHIEF FIN OF	40.00						X	177,503	0	0
(11) ALESSANDRA TOCCO - START 712020 BOD MEMBER	4.00	X						0	0	0
(12) FRED A WANG - START 712020 BOD MEMBER	4.00	X						0	0	0
(13) RICH BAGGER - START 712020 BOD MEMBER	4.00	X						0	0	0
(14) RICHARD RENDINA - START 712020 BOD MEMBER	4.00	X						0	0	0
(15) MICHELE CAMERON BOD MEMBER	4.00	X						0	0	0
(16) RALPH E LAWSON FHFMA CPA CHAIRMAN	4.00	X		X				0	0	0
(17) RUBEN MESA MD FACP AT LARGE	4.00	X		X				0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN GREENE BOD MEMBER	4.00	X						0	0	0
(19) FRANCIE HELLER BOD MEMBER	4.00	X						0	0	0
(20) CASEY CUNNINGHAM MD BOD MEMBER	4.00	X						0	0	0
(21) CHRISTOPHER FLOWERS MD BOD MEMBER	4.00	X						0	0	0
(22) JANICE GABRILOVE MD BOD MEMBER	4.00	X						0	0	0
(23) RENZO CANETTA MD BOD MEMBER	4.00	X						0	0	0
(24) KATHLEEN MERIWETHER SECRETARY/TR	4.00	X		X				0	0	0
(25) LYNNE O'BRIEN BOD MEMBER	4.00	X						0	0	0
(26) MARLA PERSKY BOD MEMBER	4.00	X						0	0	0
(27) ROBERT ROSEN BOD MEMBER	4.00	X						0	0	0
(28) JEFF SACHS VICE CHAIR	4.00	X		X				0	0	0
(29) BART SICHEL BOD MEMBER	4.00	X						0	0	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	3,949,358		276,289

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 ▶ [236](#)

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PATIENT ADVOCACY FOUNDATION, 421 BUTLER FARM RD HAMPTON, VA 23666	PAT ASSIST PROC	7,853,107
SYNEOS HEALTH LLC, 75 REMITTANCE DRIVE SUITE 3160 CHICAGO, IL 606753160	CLINICAL TRIAL	5,656,214
RESOURCE ONE, 2900 EAST APACHE STREET TULSA, OK 74110	DIRECT MARKETIN	4,630,228
MERKLE, 29432 NETWORK PLACE CHICAGO, IL 606731294	MARKETING	2,513,376
FACEBOOK, 1 HACKER WAY MENLO PARK, CA 94025	ADVERTISING	2,282,901

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 ▶ [141](#)

Part VIII

Statement of Revenue

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

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	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Contributions, Gifts, Grants
and Other Similar Amounts

1a	Federated campaigns	1a	2,694,841	
b	Membership dues	1b		
c	Fundraising events	1c	160,127,233	
d	Related organizations	1d		
e	Government grants (contributions)	1e		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	278,495,420	
g	Noncash contributions included in lines 1a - 1f:\$	1g	1,784,277	
h Total. Add lines 1a-1f			441,317,494	

Program Service Revenue

2a	SERVICE REVENUE	Business Code				
		810000	12,281,240	12,281,240		
	b					
	c					
	d					
	e					
	f	All other program service revenue.				
	g Total. Add lines 2a-2f.		12,281,240			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		4,332,782			4,332,782
4	Income from investment of tax-exempt bond proceeds					
5	Royalties		12,544,341			12,544,341
6a	Gross rents	(i) Real	(ii) Personal			
	6a					
	b	Less: rental expenses	6b			
c	Rental income or (loss)	6c				
d	Net rental income or (loss)					
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a	63,571,033				
	b	Less: cost or other basis and sales expenses	7b			
c	Gain or (loss)	7c	7,965,542			
d	Net gain or (loss)		7,965,542			7,965,542
8a	Gross income from fundraising events (not including \$ 160,127,233 of contributions reported on line 1c). See Part IV, line 18	8a	4,820,136			
b	Less: direct expenses	8b	5,673,129			
c	Net income or (loss) from fundraising events		-852,993			
9a	Gross income from gaming activities. See Part IV, line 19	9a	77,510			
b	Less: direct expenses	9b	2,200			
c	Net income or (loss) from gaming activities		75,310			
10a	Gross sales of inventory, less					

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a–11d					
12 Total revenue. See instructions		477,663,716	12,281,240		24,064,982

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,137,705	29,137,705		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	118,625,934	118,625,934		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,790,635	4,790,635		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,994,372	697,169	1,015,200	282,003
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	89,968,243	45,167,324	21,529,702	23,271,217
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,091,830	1,440,530	863,958	787,342
9 Other employee benefits	11,667,753	5,462,304	3,222,357	2,983,092
10 Payroll taxes	7,026,699	3,273,845	1,963,488	1,789,366
11 Fees for services (non-employees):				
a Management				
b Legal	2,681,155	1,608,693	723,912	348,550
c Accounting	441,164		441,164	
d Lobbying	1,462,660	1,462,660		
e Professional fundraising services. See Part IV, line 17	9,126,288			9,126,288
f Investment management fees	653,745	485,260	79,871	88,614
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,042,230	15,988,647	3,029,423	3,024,160
12 Advertising and promotion	7,062,645	4,121,254	609,605	2,331,786
13 Office expenses	14,763,355	8,657,502	1,429,009	4,676,844
14 Information technology	12,131,350	914,704	9,011,167	2,205,479
15 Royalties				
16 Occupancy	8,495,355	4,153,398	1,624,264	2,717,693
17 Travel	23,191	487	8,017	14,687
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,476,787	345,544	2,860,942	270,301
23 Insurance	866,139	54,649	813,298	-1,808
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH AND DEVELOPMENT	6,877,888	6,877,888		
b MISCELLANEOUS	3,441,056	1,755,995	745,711	939,350
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	359,848,179	255,022,127	49,971,088	54,854,964
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	15,929,798	10,677,326		5,252,472

Part X

Balance Sheet

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

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				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		27,772,961	1	17,101,591	
	2	Savings and temporary cash investments		363,331,593	2	118,564,418	
	3	Pledges and grants receivable, net		24,021,989	3	13,531,687	
	4	Accounts receivable, net			4		
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		3,815,548	9	3,702,570	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	18,569,968			
	b	Less: accumulated depreciation	10b	7,821,920	9,345,892	10c	10,748,048
	11	Investments—publicly traded securities		138,900,813	11	552,134,623	
	12	Investments—other securities. See Part IV, line 11		10,426,610	12	20,423,995	
	13	Investments—program-related. See Part IV, line 11		4,062,204	13	7,406,850	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 33)		581,677,610	16	743,613,782		
Liabilities	17	Accounts payable and accrued expenses		23,457,200	17	28,917,585	
	18	Grants payable		179,469,755	18	188,608,360	
	19	Deferred revenue		12,628,217	19	12,315,339	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		215,555,172	26	229,841,284	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		249,719,310	27	328,718,773	
	28	Net assets with donor restrictions		116,403,128	28	185,053,725	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		366,122,438	32	513,772,498	
	33	Total liabilities and net assets/fund balances		581,677,610	33	743,613,782	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	477,663,716
2	Total expenses (must equal Part IX, column (A), line 25)	2	359,848,179
3	Revenue less expenses. Subtract line 2 from line 1	3	117,815,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	366,122,438
5	Net unrealized gains (losses) on investments	5	29,836,577
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,054
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	513,772,498

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC

INC

Employer identification number

13-5644916

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

The organization is not a private foundation because it is: (For lines 1 through 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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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		
Total						

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	314,912,814	419,570,497	372,750,094	427,419,530	441,317,494	1,975,970,429
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 Total. Add lines 1 through 3	314,912,814	419,570,497	372,750,094	427,419,530	441,317,494	1,975,970,429
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						515,721,732
6 Public support. Subtract line 5 from line 4.						1,460,248,697

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	314,912,814	419,570,497	372,750,094	427,419,530	441,317,494	1,975,970,429
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,018,822	8,235,985	11,830,162	29,082,073	16,877,123	73,044,165
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	25,439,044	70,000				25,509,044
11 Total support. Add lines 7 through 10						2,074,523,638
12 Gross receipts from related activities, etc. (see instructions)					12	90,794,633

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	70.390 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	75.400 %
16a 33 1/3% support test—2020. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2019. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part IIISupport 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 (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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 Part VI 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI.</i>		
7 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>		
8 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>		
9a 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 Part VI.</i>		
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 Part VI.</i>		
c 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 Part VI.</i>		
10a 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 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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? 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.		
2	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? 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.		

Section C. Type II Supporting Organizations

		Yes	No
1	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)? 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).		

Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2 above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	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? 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.			
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	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? If "Yes" or "No" provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			

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 (*explain in **Part VI***). **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 (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Return Reference	Explanation
PART II, LINE 10	OTHER MISC. REVENUE (YR 2015-2017) 188,848 TAP CONTRACTUAL RETURN (YR 2016) 25,320,196

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY INC		Employer identification number 13-5644916

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE LEUKEMIA & LYMPHOMA SOCIETYINC INC	Employer identification number 13-5644916
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC
INC

Employer identification number
13-5644916

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>

Employer identification number
13-5644916

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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 THE LEUKEMIA & LYMPHOMA SOCIETYINC INC	Employer identification number 13-5644916
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		66,059
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		105,098
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		308,666
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		110,404
i	Other activities?	Yes		1,261,825
j	Total. Add lines 1c through 1i			1,852,052
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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, ONE VOICE AGAINST CANCER, NATIONAL HEALTH COUNCIL, THE CANCER LEADERSHIP COUNCIL, AMERICAN CHILDHOOD CANCER ORGANIZATION, PUBLIC AFFAIRS COUNCIL, PATIENT QUALITY OF LIFE COALITION, DEFENSE HEALTH RESEARCH CONSORTIUM, AND THE STATE ACCESS TO INNOVATIVE MEDICINES COALITION. LLS PARTNERS WITH 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'S POLICY AGENDA.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY INC	Employer identification number 13-5644916
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ b Assets included in Form 990, Part X ▶ \$ _____	

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

3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	5,902,791	6,168,319	6,192,807	5,897,377	6,027,967
b Contributions	1,650			200	5,200
c Net investment earnings, gains, and losses	1,726,314	-8,812	292,934	546,324	119,369
d Grants or scholarships	-236,177	-246,718	-304,999	-237,896	-240,000
e Other expenditures for facilities and programs					
f Administrative expenses	-13,118	-9,998	-12,423	-13,198	-15,159
g End of year balance	7,381,460	5,902,791	6,168,319	6,192,807	5,897,377

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 ▶ 38.610 %

c

Term endowment ▶ 61.390 %

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

(ii) Related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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		1,141,552	703,323	438,229
d Equipment		17,376,846	7,067,027	10,309,819
e Other		51,570	51,570	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,748,048

Schedule D (Form 990) 2020

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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. (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.

1	Total revenue, gains, and other support per audited financial statements	1	483,943,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-7,965,542
b	Donated services and use of facilities	2b	4,226,745
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	10,186,837
e	Add lines 2a through 2d	2e	6,448,040
3	Subtract line 2e from line 1	3	477,495,899
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	167,737
b	Other (Describe in Part XIII.)	4b	80
c	Add lines 4a and 4b	4c	167,817
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	477,663,716

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.

1	Total expenses and losses per audited financial statements	1	371,594,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,226,745
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	8,173,806
e	Add lines 2a through 2d	2e	12,400,551
3	Subtract line 2e from line 1	3	359,194,435
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	653,744
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	653,744
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	359,848,179

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
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.
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.
SCHEDULE D, PAGE 3, PART X	LLS, LLSRP, AND LLSRF QUALIFY AS CHARITABLE ORGANIZATIONS AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A). ADDITIONALLY, SINCE THESE ORGANIZATIONS ARE PUBLICLY SUPPORTED, CONTRIBUTIONS QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE INTERNAL REVENUE CODE. LLSC IS REGISTERED AS A CHARITABLE ORGANIZATION UNDER THE INCOME TAX ACT (CANADA) AND IS, THEREFORE, NOT SUBJECT TO INCOME TAXES IF CERTAIN DISBURSEMENT REQUIREMENTS ARE MET. LLS AND ITS RELATED ENTITIES RECOGNIZE THE EFFECT OF TAX POSITIONS ONLY IF THOSE 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. THERE WERE NOT ENTITIES THAT RECOGNIZED UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2021 AND JUNE 30, 2020.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	LLS CANADA REVENUE 10,186,837
SCHEDULE D, PAGE 4, PART XI, LINE 4B	MISC ROUNDING 80
SCHEDULE D, PAGE 4, PART XII, LINE 2D	LLS CANADA EXPENSES 8,173,806

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC
INC

Employer identification number
13-5644916

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	4		RESEARCH FUNDING	RESEARCH GRANTS	357,600
(2) EUROPE	8		RESEARCH FUNDING	RESEARCH GRANTS	9,662,921
(3) CENTRAL AMERICA & CARIBBEAN	4		INVESTMENTS	INVESTMENTS	9,986,931
(4) MIDDLE EAST & NORTH AFRICA	1		RESEARCH FUNDING	RESEARCH GRANTS	120,000
(5) EAST ASIA & THE PACIFIC	6		RESEARCH FUNDING	RESEARCH GRANTS	1,764,767
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	23				21,892,219
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	23				21,892,219

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	RESEARCH GRANT	200,000	WIRE			ACCRUAL
(2)			EUROPE	RESEARCH GRANT	200,000	WIRE			ACCRUAL
(3)			EAST ASIA AND PACIFIC	RESEARCH GRANT	16,750	WIRE			ACCRUAL
(4)			EUROPE	RESEARCH GRANT	229,969	WIRE			ACCRUAL
(5)			NORTH AMERICA	RESEARCH GRANT	15,000	WIRE			ACCRUAL
(6)			EUROPE	RESEARCH GRANT	146,247	WIRE			ACCRUAL
(7)			NORTH AMERICA	RESEARCH GRANT	190,000	WIRE			ACCRUAL
(8)			NORTH AMERICA	RESEARCH GRANT	15,000	WIRE			ACCRUAL
(9)			EAST ASIA AND PACIFIC	RESEARCH GRANT	41,664	WIRE			ACCRUAL
(10)			EAST ASIA AND PACIFIC	RESEARCH GRANT	202,176	WIRE			ACCRUAL
(11)			EAST ASIA AND PACIFIC	RESEARCH GRANT	300,000	WIRE			ACCRUAL
(12)			NORTH AMERICA	RESEARCH GRANT	326,100	WIRE			ACCRUAL
(13)			EUROPE	RESEARCH GRANT	14,275	WIRE			ACCRUAL
(14)			EAST ASIA AND PACIFIC	RESEARCH GRANT	1,200,000	WIRE			ACCRUAL
(15)			MIDDLE EAST	RESEARCH GRANT	120,000	WIRE			ACCRUAL
(16)			EUROPE	RESEARCH GRANT	67,795	WIRE			ACCRUAL
(17)			EUROPE	THERAPY ACCELERATION	1,499,982	WIRE			FMV

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

17

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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; don't file with Form 990)*

☐ 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; don't file with Form 990).*

☐ Yes

☒ No

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.

[illegible]

Additional Data

Software ID:

Software Version:

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC
INC

Employer identification number
13-5644916

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RESOURCE ONE 2900 EAST APACHE STREET TULSO, OK 74110	DIRECT MAI		No		4,630,228	-4,630,228
2 THOMPSON HABIB & DENISON 80 HAYDEN AVENUE SUITE 300 LEXINGTON, MA 02421	DIRECT MAI		No		687,311	-687,311
3 MAIL AMERICA COMMUNICATIONS INC PO BOX 870 FORREST, V A 245510870	DIRECT MAI		No		190,269	-190,269
4 COINSTAR 1800 114TH AVENUE SE BELLEVUE, WA 98004	COIN COLLE		No	397,786	15,797	381,989
5						
6						
7						
8						
9						
10						
Total ▶				397,786	5,523,605	-5,125,819

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2020

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 MAN/WOMAN OF TH (event type)	(b) Event #2 STUDENT OF THE (event type)	(c)Other events 339 (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	4,219,087	3,335,276	157,393,006	164,947,369
	2 Less: Contributions	4,209,899	3,324,868	152,592,466	160,127,233
	3 Gross income (line 1 minus line 2)	9,188	10,408	4,800,540	4,820,136
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,675	10,302	3,364,586	3,382,563
	6 Rent/facility costs	830		931,964	932,794
	7 Food and beverages	683	106	162,918	163,707
	8 Entertainment			270,606	270,606
	9 Other direct expenses	3,252	3,732	916,475	923,459
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,673,129
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-852,993

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue			77,510	77,510
	2 Cash prizes				
	3 Noncash prizes			2,200	2,200
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				2,200
	8 Net gaming income summary. Subtract line 7 from line 1, column (d). ▶				75,310

9 Enter the state(s) in which the organization conducts gaming activities:OH , FL

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	13a	100.000 %
b	An outside facility	13b	%

14

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

Name ▶

GORDON MILLER JR

Address ▶

3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY10573

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 provide any additional information. See Instructions.

Return Reference	Explanation
SCHEDULE G, PART IV	SCHEDULE G PART I, LINE 2B LLS USED RESOURCE ONE, THOMPSON, HABIB & DENISON, AND MAIL AMERICA COMMUNICATIONS FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS. LLS USED COINSTAR FOR ITS COIN COLLECTION. SCHEDULE G PART II - LINE 2 CONTRIBUTIONS REPRESENT THE CASH DONATIONS IN EXCESS OF FAIR MARKET VALUE BENEFITS PROVIDED TO THE DONOR. SCHEDULE G PART III - LINE 9 - STATES WITH GAMING OPERATIONS UTAH, OHIO SCHEDULE G PART III - LINE 16 THE LEUKEMIA & LYMPHOMA SOCIETY DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES. EACH GAMING EVENT IS MANAGED LOCALLY BY THE SPECIFIC REGIONAL STAFF.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
 Open to Public Inspection

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number
13-5644916

Part I General Information on Grants and Assistance

1

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

☒ Yes
 ☐ No

2

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE RESEARCH FINCE 1300 MORRIS PARK AVE BELFER 1108 BRONX,NY 10461	47-2209056	3	602,666		ACCRUAL		RESEARCH GRANT
(2) ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD ATTN ELECTA MCPHERSON CHARLOTTE,NC 28203	56-6060481	3	110,000		ACCRUAL		RESEARCH GRANT
(3) BAYLOR COLLEGE OF MEDICINE BAYLOR COLLEGE OF MEDICINE P O BOX 301207 DALLAS,TX 753031207	74-1613878	3	1,275,623		ACCRUAL		RESEARCH GRANT
(4) BE THE MATCH FOUNDATION 500 N 5TH STREET MINNEAPOLIS,MN 55401	41-1704340	3	200,000		ACCRUAL		RESEARCH GRANT
(5) BECKMAN RESEARCH INSTITUTE OF THE C 1500 EAST DUARTE ROAD ATTN VALERIE BINGHAM DUARTE,CA 91010	95-3432210	3	1,331,722		ACCRUAL		RESEARCH GRANT
(6) BOARD OF TRUSTEES OF THE ELAND STA STANFORD UNIVERSITY LOCKBOX PO BOX 44253 SAN FRANCISCO,C A 941444253	94-1156365	3	1,852,192		ACCRUAL		RESEARCH GRANT
(7) BOSTON CHILDREN'S HOSPITAL ATTN RESEARCH FINANCE PO BOX 414413 BOSTON,MA 022414413	04-2774441	3	11,299		ACCRUAL		RESEARCH GRANT
(8) BOSTON UNIVERSITY RESEARCH ACCOUNTI PO BOX 28763 NEW YORK,NY 100878763	04-2103547	3	139,381		ACCRUAL		RESEARCH GRANT
(9) BRIGHAM AND WOMEN'S HOSPITAL RESEARCH PO BOX 3149 BOSTON,MA 022413149	04-2312909	3	104,500		ACCRUAL		RESEARCH GRANT
(10) BROAD INSTITUTE INC 7 CAMBRIDGE CENTER CAMBRIDGE,MA 02142	26-3428781	3	15,000		ACCRUAL		RESEARCH GRANT
(11) CINCINNATI CHILDREN'S HOSPITAL MEDI 3333 BURNET AVENUE ML 4900 CINCINNATI,OH 45229	31-0833936	3	253,350		ACCRUAL		RESEARCH GRANT
(12) CLEVELAND CLINIC FOUNDATION 9500 EUCLED AVENUE CLEVELAND,OH 44195	34-0714585	3	190,000		ACCRUAL		RESEARCH GRANT
(13) DANA-FARBER CANCER INSTITUTE RESEARCH ACCOUNTING MAIL STOP BP43 450 BROOKLINE AVENUE BOSTON,MA 02215	04-2263040	3	3,256,293		ACCRUAL		RESEARCH GRANT
(14) EMORY UNIVERSITY EMORY UNIVERSITY PO BOX 935084 ATLANTA,GA 311935084	58-2137993	3	550,000		ACCRUAL		RESEARCH GRANT
(15) FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVENUE NORTH J6-300 SEATTLE,WA 981091024	23-7156071	3	2,021,795		ACCRUAL		RESEARCH GRANT
(16) H LEE MOFFITT CANCER CENTER & RESE PO BOX 742801 ATLANTA,GA 303742801	59-3238634	3	61,919		ACCRUAL		RESEARCH GRANT
(17) HACKENSACK MERIDIAN HEALTH 40 PROSPECT AVENUE ATTN DAVID CANDELMO OFFICE OF RE HACKENSACK,NJ 07601	22-1487576	3	104,194		ACCRUAL		RESEARCH GRANT
(18) HARVARD MEDICAL SCHOOL PO BOX 415649 BOSTON,MA 022415649	04-2103580	3	56,833		ACCRUAL		RESEARCH GRANT
(19) ICAHN SCHOOL OF MEDICINE AT MOUNT S ATTN RAJ APPAVU ONE GUSTAVE L LEVY PLACE BOX 350 NEW YORK,NY 10029	13-6171197	3	120,000		ACCRUAL		RESEARCH GRANT
(20) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION PO BOX 78000 DETROIT,MI 482780867	35-6018940	3	347,105		ACCRUAL		RESEARCH GRANT
(21) INTERNATIONAL WALDENSTROM'S MACROGL 6144 CLARK CENTER AVE SARASOTA,FL 34238	54-1784426	3	50,000		ACCRUAL		RESEARCH GRANT
(22) JOAN & SANFORD I WEILL MEDICAL COL 575 LEXINGTON AVE 9TH FL ATTN MELISSA PARAY NEW YORK,NY 10022	13-1623978	3	645,500		ACCRUAL		RESEARCH GRANT
(23) MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE PO BOX 414876 BOSTON,MA 022414876	04-1564655	3	1,118,749		ACCRUAL		RESEARCH GRANT
(24) MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVE NE18-901 CAMBRIDGE,MA 02139	04-2103594	3	57,000		ACCRUAL		RESEARCH GRANT
(25) MAYO CLINIC ROCHESTER MAYO CLINIC RESEARCH PO BOX 860334 MINNEAPOLIS,MN 554860334	41-6011702	3	260,000		ACCRUAL		RESEARCH GRANT
(26) MYELOPROLIFERATIVE NEOPLASMS RESEAR 180 N MICHIGAN AVENUE SUITE 1870 CHICAGO,IL 60601	36-4330967	3	50,000		ACCRUAL		RESEARCH GRANT
(27) NEW YORK UNIVERSITY SCHOOL OF MEDIC SPONSORED PROGRAMS PO BOX 415026 BOSTON,MA 022414150	13-5562308	3	858,243		ACCRUAL		RESEARCH GRANT
(28) NORTHWESTERN UNIVERSITY ACCOUNTING SERVICES FOR RESEARCH 633 CLARK - ROOM G547 EVANSTON,IL 60208	36-2167817	3	414,500		ACCRUAL		RESEARCH GRANT
(29) OSU FOUNDATION 1960 KENNY ROAD 4TH FLOOR COLUMBUS,OH 432101016	31-6025986	3	612,312		ACCRUAL		RESEARCH GRANT
(30) PERELMAN SCHOOL OF MEDICINE AT THE OFFICE OF RESEARCH SERVICES 3451 WALNUT STREET FRANKLIN BLDG P PHILADELPHIA,PA 191046205	23-1352685	3	121,898		ACCRUAL		RESEARCH GRANT
(31) REGENTS OF THE UNIVERSITY OF MICHIG BOX 223131 PITTSBURGH,PA 152512131	38-6006309	3	582,818		ACCRUAL		RESEARCH GRANT
(32) ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 82 NEW YORK,NY 10021	13-1624158	3	190,000		ACCRUAL		RESEARCH GRANT
(33) SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEARVILLE,WA 98105	91-1156519	3	125,000		ACCRUAL		RESEARCH GRANT
(34) SLOAN KETTERING INSTITUTE FOR CANCE SLOAN KETTERING INSTITUTE FOR CANCE MSKC FINANCE GENERAL POST OFFICE PO NEW YORK,NY 10087	13-1924236	3	484,600		ACCRUAL		RESEARCH GRANT
(35) ST JUDE CHILDREN'S RESEARCH HOSPIT PO BOX 1000 DEPT 949 MEMPHIS,TN 381480949	62-0646012	3	489,500		ACCRUAL		RESEARCH GRANT
(36) TEMPLE UNIVERSITY RESEARCH ACCOUNTING SERVICES PO BOX 824242 PHILADELPHIA,PA 191824242	23-1365971	3	210,000		ACCRUAL		RESEARCH GRANT
(37) THE CHILDREN'S HOSPITAL OF PHILADEL LOCKBOX 1457 PO BOX 8500 PHILADELPHIA,PA 191781457	23-1352166	3	8,325		ACCRUAL		RESEARCH GRANT
(38) THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR,ME 046091523	01-0211513		90,000		ACCRUAL		RESEARCH GRANT
(39) THE JOHNS HOPKINS UNIVERSITY SCHOOL JOHNS HOPKINS UNIVERSITY CENTRAL LO 12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	3	290,000		ACCRUAL		RESEARCH GRANT
(40) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD 4TH FLOOR ATTN RICHARD BRADBURY COLUMBUS,OH 432101016	31-6025986	3	162,517		ACCRUAL		RESEARCH GRANT
(41) THE REGENTS OF THE UNIVERSITY OF CA 9500 GILMAN DRIVE MC 0009 LA JOLLA,CA 920930009	95-6006144	3	500,000		ACCRUAL		RESEARCH GRANT
(42) THE REGENTS OF THE UNIVERSITY OF CA UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES,CA 900744872	94-6036493	3	363,479		ACCRUAL		RESEARCH GRANT
(43) THE TRUSTEES OF COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE PO BOX 29789 NEW YORK,NY 100879789	13-5598093	3	10,000		ACCRUAL		RESEARCH GRANT
(44) THE TRUSTEES OF COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE PO BOX 29789 NEW YORK,NY 100879789	13-5598093	3	172,689		ACCRUAL		RESEARCH GRANT
(45) THE TRUSTEES OF THE UNIVERSITY OF P OFFICE OF RESEARCH SERVICES 3451 WALNUT STREET FRANKLIN BLDG P PHILADELPHIA,PA 191046205	23-1352685	3	1,424,086		ACCRUAL		RESEARCH GRANT
(46) THE UNIVERSITY OF ALABAMA AT BIRMIN 1530 3RD AVENUE SOUTH SUITE 1170 BIRMINGHAM,AL 352940111	63-6005396	3	68,350		ACCRUAL		RESEARCH GRANT
(47) THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE MC6092 CHICAGO,IL 60637	36-2177139	3	100,000		ACCRUAL		RESEARCH GRANT
(48) THE UNIVERSITY AT NORTH CAROLINA AT OFFICE OF SPONSORED RESEARCH IN CA PO BOX 402420 ATLANTA,GA 303842420	56-6001393	3	304,435		ACCRUAL		RESEARCH GRANT
(49) THE UNIVERSITY OF TEXAS MD ANDERSON ATTN GRANTS AND CONTRACTS PO BOX 4266 HOUSTON,TX 772104266	74-6001118	3	1,631,191		ACCRUAL		RESEARCH GRANT
(50) THE UNIVERSITY OF TEXAS SOUTHWESTER PO BOX 841753 DALLAS,TX 752841753	75-6002868	3	304,500		ACCRUAL		RESEARCH GRANT
(51) THE UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 145 ACCOUNTS PAYABLE SALT LAKE CITY,UT 841139003	87-6000525	3	104,500		ACCRUAL		RESEARCH GRANT
(52) TUFTS MEDICAL CENTER 800 WASHINGTON STREET 453 BOSTON,MA 02111	04-2103634	3	375,680		ACCRUAL		RESEARCH GRANT
(53) UNIVERSITY OF CALIFORNIA IRVINE OFFICE OF RESEARCH ADMINISTRATION 300 UNIVERSITY TOWER UNIVERSITY OF IRVINE,CA 926977600	95-2540117	3	190,000		ACCRUAL		RESEARCH GRANT
(54) UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVE SUITE 300 CHICAGO,IL 60637	36-2177139	3	287,302		ACCRUAL		RESEARCH GRANT
(55) UNIVERSITY OF COLORADO DENVER ANSC ANSCHUTZ MEDICAL CAMPUS BLDG 500 PO BOX 6508 AURORA,CO 80045	84-6000555	3	678,754		ACCRUAL		RESEARCH GRANT
(56) UNIVERSITY OF COLORADO-DENVER 12700 E 19TH AVENUE AURORA,CO 80045	84-6000555		200,000		ACCRUAL		RESEARCH GRANT
(57) UNIVERSITY OF FLORIDA 33 TIGERT HALL P O BOX 113001 GAINESVILLE,FL 326113001	59-6002052	3	1,743,668		ACCRUAL		RESEARCH GRANT
(58) UNIVERSITY OF KENTUCKY 500 SOUTH LIMESTONE 109 KINKEAD HALL LEXINGTON,KY 405060001	61-6033693	3	56,997		ACCRUAL		RESEARCH GRANT
(59) UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE,MD 212036428	52-6002033	3	50,000		ACCRUAL		RESEARCH GRANT
(60) UNIVERSITY OF MIAMI OFFICE OF RESEARCH ADMINISTRATION PO BOX 405803 ATLANTA,GA 303845803	59-0624458	3	1,161,500		ACCRUAL		RESEARCH GRANT
(61) UNIVERSITY OF NOTRE DAME 511 MAIN BUILDING NOTRE DAME,IN 46556	35-0868188	3	190,000		ACCRUAL		RESEARCH GRANT
(62) UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING FILE NO 52095 LOS ANGELES,CA 90089	95-1642394	3	55,000		ACCRUAL		RESEARCH GRANT
(63) UNIVERSITY OF VIRGINIA ATTN OFFICE OF SPONSORED PROGRAMS PO BOX 400195 CHARLOTTESVILLE,VA 229044195	23-7173411	3	104,194		ACCRUAL		RESEARCH GRANT
(64) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS,MI 49503	52-2000820	3	5,500		ACCRUAL		RESEARCH GRANT
(65) VANDERBILT UNIVERSITY MEDICAL CENTE DEPT OF FINANCE ATTN STEVE TODD DEPT 1236 PO BOX 12121 DALLAS,TX 75312	62-0476822	3	243,750		ACCRUAL		RESEARCH GRANT
(66) WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 700 ROSEDALE AVENUE ST LOUIS,MO 63130	43-0653611	3	220,000		ACCRUAL		RESEARCH GRANT
(67) WASHINGTON UNIVERSITY SCHOOL OF MED SPONSORED PROJECTS ACCOUNTING 700 ROSEDALE AVENUE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	3	455,000		ACCRUAL		RESEARCH GRANT
(68) WESTERN INSTITUTE FOR VETERANS RESE PO BOX 58719 SALT LAKE CITY,UT 84158	87-0470748	3	70,882		ACCRUAL		RESEARCH GRANT
(69) YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS PO BOX 6673 NEW HAVEN,CT 065201873	06-0646973	3	312,500		ACCRUAL		RESEARCH GRANT
(70) CONSTELLATION 215 FIRST STREET SUITE 200 CAMBRIDGE,MA 02142	27-0031381		50,000		FMV		THERAPY ACCELERATION
(71) ABINTUS BIO INC 10355 SCIENCE CENTER DR 250 SAN DIEGO,CA 92121	84-4349617		250,000		FMV		THERAPY ACCELERATION
(72) JOHNS HOPKINS UNIV 733 N BROADWAY BALTIMORE,MD 21231	52-0595110		20,000		FMV		THERAPY ACCELERATION

2

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

75

3

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COPAY ASSISTANCE CLL	3388	13,280,647			
(2) COPAY ASSISTANCE LYMPHOMA	3480	10,533,758			
(3) COPAY ASSISTANCE MDS	2987	9,998,616			
(4) COPAY ASSISTANCE MYELOMA	11872	61,505,457			
(5) COPAY ASSISTANCE MANTEL	894	2,975,201			
(6) COPAY ASSISTANCE WALDENST	567	2,168,330			
(7) COPAY ASSISTANCE ALL	64	238,812			
(8) COPAY ASSISTANCE AML	3288	10,693,411			
(9) COPAY ASSISTANCE CML	152	237,174			
(10) PATIENT TRAVEL ASSISTANC	4944	2,903,009			
(11) PATIENT AID	9863	4,091,519			

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

Return to Form

Software ID:
Software Version:

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC
INC

Employer identification number
13-5644916

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> 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 If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 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: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		
6 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: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 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		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II

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

For each individual whose compensation must be reported 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				
1LOUIS J DEGENNARO PHD PRESIDENT & CEO	(i)	599,504	330,000	21,012	14,537	26,721	991,774	
	(ii)							
2GWEN NICHOLS MD EVP CHIEF MED OFFICE	(i)	380,665		25,565	758	26,439	433,427	
	(ii)							
3TROY DUNMIRE - START 1132020 EVP CHIEF OPER OFFIC	(i)	407,443		1,111		20,814	429,368	
	(ii)							
4VANESSA WHITE SVP CHIEF ADV OFF	(i)	354,266		1,201	4,703	21,514	381,684	
	(ii)							
5LEE M GREENBERGER SVP CHIEF SCIEN OFFI	(i)	306,565		18,978	6,118	36,248	367,909	
	(ii)							
6KATHY GRIESENBECK - END 7312020 EVP CHIEF REL OFFICE	(i)	214,806		132,900	6,365	11,492	365,563	
	(ii)							
7COKER POWELL EVP PROD CAMP DEV	(i)	300,001		20,244	4,342	40,118	364,705	
	(ii)							
8GORDON MILLER JR EVP CHIEF FIN OFFICE	(i)	319,573		1,655	6,469	29,843	357,540	
	(ii)							
9MARGO LUCERO - END 7312020 EVP CORP PARTNERSHIP	(i)	199,983		136,383		19,808	356,174	
	(ii)							
10ROSEMARIE ALOFFREDO - END 3312019 CHIEF FIN OFFICER	(i)			177,503			177,503	
	(ii)							

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	KATHY GRIESENBECK - END 7/31/2020 127,308 0 0 MARGO LUCERO - END 7/31/2020 135,416 0 0 ROSEMARIE A.LOFFREDO - END 3/31/2019 177,503 0 0
SCHEDULE J, PAGE 1, PART I, LINE 7	BONUS WAS A RETENTION BONUS PAID BASED ON MILESTONE ACHIEVEMENT AS PER CONTRACT.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC
INC

Employer identification number
13-5644916

Part ITypes of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	217	1,575,597	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PRINTED ► ITEMS)	X	8		
26 Other (VARIOUS ► OTHER)	X	35	208,680	
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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 nonstandard contributions?

Yes

No

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

Yes

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETYINC

INC

Employer identification number

13-5644916

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>A) RESEARCH PROGRAMS: AT LLS, WE ARE PUSHING BOUNDARIES TOWARD POWERFUL NEW THERAPIES. WE PROPEL GROUNDBREAKING CANCER TREATMENTS THROUGH ALL PHASES OF THE DRUG APPROVAL PROCESS AND ARE PROUD THAT OUR SUPPORT HAS BEEN KEY TO ADVANCING 75% OF THE ALMOST 100 BLOOD CANCER TREATMENT APPROVALS OVER THE LAST FIVE YEARS. AS WE CONTINUED TO SUPPORT THE SEARCH FOR LIFESAVING AND LESS TOXIC TREATMENTS IN 2021, WE INVESTED IN EXCITING RESEARCH FRONTIERS, INCLUDING PRECISION MEDICINE, IMMUNOTHERAPY, AND LINKS BETWEEN MUTATIONS AND BLOOD CANCER-ADVANCEMENTS THAT ARE CHANGING THE PARADIGM OF CANCER TREATMENT. IN THE PROCESS, WE PROPELLED SEVERAL NOVEL SCIENCE INITIATIVES TO NEW HEIGHTS-MANY OF WHICH HARDLY SEEMED POSSIBLE JUST A SHORT TIME AGO. 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 1.5 BILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES. IN FISCAL YEAR 2021, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 6 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY 33.9 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS. IMPACT RESEARCH GRANTS TO ADDRESS UNEQUAL REPRESENTATION OF UNDERSERVED POPULATIONS IN CLINICAL TRIALS, IN MAY WE INTRODUCED IMPACT (INFLUENTIAL MEDICINE PROVIDING ACCESS TO CLINICAL TRIALS) RESEARCH GRANTS. AN INITIAL FIVE-YEAR INVESTMENT OF 3.75 MILLION WAS ALLOCATED TO MAYO CLINIC, VANDERBILT UNIVERSITY MEDICAL CENTER, AND WEILL CORNELL MEDICINE IN NEW YORK CITY. THE IMPACT GRANTS WILL HELP THESE MAJOR CANCER CENTERS EXPAND CLINICAL TRIAL ACCESS TO LOCAL COMMUNITY-BASED HOSPITALS AND CLINICS WITH SUBSTANTIAL UNDERSERVED POPULATIONS. THE GOAL IS TO INCREASE TRIAL ENROLLMENT AMONG TRADITIONALLY UNDERSERVED POPULATIONS, INCLUDING RACIAL AND ETHNIC MINORITIES, RURAL RESIDENTS, AND INDIVIDUALS WITH LOW INCOME, TO AT LEAST 20%, THEREBY EXPANDING ACCESS TO STATE-OF-THE-ART THERAPIES TO A BROADER SWATH OF NEWLY DIAGNOSED BLOOD CANCER PATIENTS. THERAPY ACCELERATION PROGRAM (TAP) SINCE 2007, OUR INNOVATIVE VENTURE PHILANTHROPY INITIATIVE, THE LLS THERAPY ACCELERATION PROGRAM (TAP), HAS PARTNERED WITH BIOTECHNOLOGY COMPANIES AND ACADEMIC RESEARCHERS TO EXTEND THE THERAPEUTIC LANDSCAPE IN LEUKEMIA, LYMPHOMA, AND MULTIPLE MYELOMA. IN 2021, WE MADE SIX NEW INVESTMENTS IN COMPANIES DEVELOPING NEW IMMUNOTHERAPIES INCLUDING "OFF THE SHELF" CAR T-CELL THERAPY, "IN VIVO" THERAPY THAT GENERATES CANCER-FIGHTING CAR CELLS INSIDE THE BODY, TWO FIRST-IN-CLASS ANTIBODIES TARGETING NOVEL CHECKPOINTS, TO RELEASE THE BRAKES AND ACTIVATE IMMUNE CELLS SO THEY CAN FIGHT CANCER, AND CAR- MACROPHAGE (CAR-M) THERAPY TO TREAT CANCERS WHERE CHECKPOINT INHIBITORS TEND TO BE LESS EFFECTIVE. NATIONAL PATIENT REGISTRY COVID INFORMATION THE ONGOING COVID-19 PANDEMIC ENGENDERED A HOST OF FEARS AND QUESTIONS FOR THE BLOOD CANCER COMMUNITY. WHEN PATIENT CONCERNS AROSE ABOUT WHETHER THE NEW VACCINES WOULD PROTECT THEM, LLS STEPPED IN TO FIND ANSWERS. IN FEBRUARY 2021, LLS ACTIVATED THE LLS NATIONAL PATIENT REGISTRY, A PROJECT SUPPORTED BY ETHEL AND BERNARD GARIL IN MEMORY OF THEIR SON, MICHAEL, WHO SUCCUMBED TO ACUTE LYMPHOBLASTIC LEUKEMIA. MORE THAN 10,000 BLOOD CANCER PATIENTS ANSWERED THE CALL TO JOIN THE REGISTRY AS "CITIZEN SCIENTISTS." THIS ALLOWED US TO GENERATE THE LARGEST DATA SET REPORTED TO DATE ON VACCINE SAFETY AND EFFICACY(INCLUDING BOOSTERS) ACROSS ALL MAJOR BLOOD CANCER AND TREATMENT TYPES. THIS INFORMATION HAS HELPED PATIENTS, HEALTHCARE PROVIDERS, AND PUBLIC HEALTH OFFICIALS MAKE MORE INFORMED CHOICES ABOUT COVID-19 PREVENTION. CLINICAL TRIALS BEAT AML MASTER TRIAL BEGINNING NOVEMBER 2016, LLS LAUNCHED THE BEAT AML MASTER TRIAL, A COLLABORATIVE CLINICAL TRIAL TESTING SEVERAL NOVEL TARGETED THERAPIES FOR PATIENTS WITH ACUTE MYELOID LEUKEMIA (AML) DESIGNED TO FACILITATE FDA APPROVAL OF NEW DRUGS AND CHANGE THE TREATMENT PARADIGM FOR PATIENTS DIAGNOSED WITH AML BY DEVELOPING MORE INDIVIDUALIZED, EFFECTIVE TREATMENT APPROACHES. THE MASTER TRIAL INVOLVES COLLABORATIONS WITH MULTIPLE MEDICAL INSTITUTIONS, DRUG COMPANIES, A GENOMIC PROVIDER, A CLINICAL RESEARCH ORGANIZATION, AND THE FDA, ALL OF WHOM HAVE COMMITTED TO WORKING COLLABORATIVELY. IN FISCAL YEAR 2021, UP TO 35 PATIENTS PARTICIPATED IN CLINICAL TRIALS UNDER THE BEAT AML MASTER TRIAL.</p>
FORM 990, PAGE 2, PART III, LINE 4B	<p>B) PATIENT & COMMUNITY SERVICES: AN ESTIMATED 1.3 MILLION PEOPLE ACROSS THE UNITED STATES (US) ARE CURRENTLY LIVING WITH OR ARE IN REMISSION FROM 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. 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. FINANCIAL ASSISTANCE OUR FINANCIAL ASSISTANCE PROGRAMS AIM TO LESSEN THE ECONOMIC TOLL ON PATIENTS AND FAMILIES TO HELP PATIENTS AFFORD LIFE-SAVING TREATMENTS. TO COUNTER CONTINUALLY RISING DRUG PRICES AND THE ONGOING FINANCIAL IMPACT OF COVID-19, WE PROVIDED MORE THAN 45,000 PATIENTS WITH OVER 241M IN TOTAL GRANTS, A 70% INCREASE OVER LAST YEAR. THE LION'S SHARE-OVER 234 MILLION- SUPPORTED PATIENTS' INSURANCE PREMIUMS AND TREATMENT-RELATED CO-PAY AND CO-INSURANCE OUT OF POCKET COSTS THROUGH OUR CO-PAY ASSISTANCE PROGRAM. IN KEEPING WITH OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION, LLS RECOGNIZES THAT NEED EXISTS THROUGHOUT ALL GEOGRAPHIC REGIONS AND WITHIN ALL PATIENT POPULATIONS, INCLUDING THOSE TRADITIONALLY UNDERREPRESENTED. IN 2021, FINANCIAL ASSISTANCE WAS PROVIDED TO PATIENTS WHO RESIDED IN 55% OF ALL U.S. COUNTIES AND 51% OF THE COUNTIES ACROSS THE U.S. WITH THE HIGHEST POVERTY RATES. CO-PAY ASSISTANCE PROGRAM THE CO-PAY</p>

Return Reference	Explanation
	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 2021, CO-PAY ASSISTANCE WAS PROVIDED TO OVER 22,000 PATIENTS. SUSAN LANG PRE CAR T-CELL THERAPY TRAVEL ASSISTANCE PROGRAM LLS PROVIDED OVER 200 GRANTS, EACH 2,500, FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS FOR PATIENTS WHO ARE BEING EVALUATED TO RECEIVE CAR T-CELL THERAPY AS EITHER STANDARD TREATMENT OR A CLINICAL TRIAL. SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM LLS AWARDED A 500 GRANT TO OVER 4,750 PATIENTS FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS. URGENT NEED PROGRAM IN PARTNERSHIP WITH MOPPIE'S LOVE AND CHARLIE'S FUND, LLS PROVIDED A 500 GRANT TO NEARLY 9,000 PATIENTS AND FAMILIES IN ACUTE FINANCIAL NEED FOR NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES AND FOOD. PATIENT AID PROGRAM LLS PROVIDED A ONE-TIME STIPEND OF 100 TO OVER 3,700 PATIENTS TO HELP OFFSET NON-MEDICAL EXPENSES. SCHOLARSHIP FOR BLOOD CANCER SURVIVORS NEW IN 2021 WAS THE INTRODUCTION OF LLS'S SCHOLARSHIP FOR BLOOD CANCER SURVIVORS PROVIDING UP TO 7,500 IN TUITION SUPPORT FOR PATIENTS DIAGNOSED BEFORE AGE 25, ARE U.S. CITIZENS OR PERMANENT RESIDENTS PURSUING VIRTUAL OR IN-PERSON, VOCATIONAL, 2 YEAR OR 4 YEAR POST-SECONDARY EDUCATION.
FORM 990, PAGE 2, PART III, LINE 4C	C) PUBLIC HEALTH EDUCATION: LLS BELIEVES KNOWLEDGE IS POWER. AS ALWAYS, LLS HAS OFFERED THEIR INFORMATIONAL PROGRAMS IN VIRTUAL FORMATS, CONTINUING TO PROVIDE VITALLY NEEDED EDUCATION AND EMOTIONAL SUPPORT FOR THOSE IMPACTED BY BLOOD CANCER. ONGOING PANDEMIC CONCERNS TRAINED ONCOLOGY INFORMATION SPECIALISTS IN OUR INFORMATION RESOURCE CENTER (IRC) WERE AVAILABLE TO ANSWER PANDEMIC-RELATED AND OTHER QUESTIONS. OVER 26,000 INTERACTIONS BETWEEN THE IRC AND PATIENTS AND CAREGIVERS TOOK PLACE, WITH AVERAGE CALL LENGTHS UP 30% OVER 2020. FACILITATING CLINICAL TRIAL ACCESS THE LLS CLINICAL TRIAL SUPPORT CENTER (CTSC) GREW THROUGHOUT THE YEAR AS WE INCREASED OUR BI-LINGUAL AND PEDIATRIC EXPERTISE AMONG THE CTSC NURSE NAVIGATORS, AND CONTINUED TO EXPAND THE POSSIBILITY OF POSITIVE OUTCOMES FOR PATIENTS BY MATCHING THEM TO SUITABLE CLINICAL TRIALS. OUR NURSE NAVIGATORS ASSISTED 1,019 PATIENTS (UP 31% FROM 2020). OF THE 759 NEW PATIENTS ASSISTED (UP 31% FROM LAST YEAR), 21% ENTERED A TRIAL. WE WERE HONORED THAT A CTSC TEAM-AUTHORED ARTICLE, OVERCOMING BARRIERS TO CLINICAL TRIAL PARTICIPATION: OUTCOMES OF A NATIONAL CLINICAL TRIAL MATCHING AND NAVIGATION SERVICE FOR PATIENTS WITH A BLOOD CANCER, WAS PUBLISHED IN THE "JOURNAL OF CLINICAL ONCOLOGY, ONCOLOGY PRACTICE" IN MAY. OUTREACH TO UNDERSERVED GROUPS WE AUGMENTED EFFORTS TO EXPAND ACCESS TO LLS SERVICES AND RESOURCES BY BOLSTERING RELATIONS WITH COMMUNITY GROUPS AND LEADERS, NOTABLY IN THE AFRICAN AMERICAN AND LATINO COMMUNITIES, AND INCREASED OUR NUMBER OF BILINGUAL VOLUNTEERS. WE ALSO INCREASED ACCESSIBILITY OF OUR EDUCATION PROGRAMS TO RURAL PATIENTS AND FAMILIES VIA OUR VIRTUAL OFFERINGS. MOREOVER, WE EXPANDED PARTNERSHIPS WITH AFFINITY GROUPS INCLUDING: THE COALITION OF 100 BLACK WOMEN, THE MEXICAN CONSULATE'S VENTANILLA DE SALUD PROGRAM,AND PROMOTORES (VISION Y COMPROMISO). THE LLS MYELOMA LINK PROGRAM, LAUNCHED IN 2017, CONTINUED TO GAIN TRACTION. WE IMPROVED UNDERSTANDING OF TREATMENT OPTIONS BY PROVIDING IMPORTANT INFORMATION TO AFRICAN AMERICANS, WHO ARE TWICE AS LIKELY TO BE DIAGNOSED WITH MULTIPLE MYELOMA AS CAUCASIAN AMERICANS. IN 2021, LLS REACHED APPROXIMATELY 10,448 PEOPLE THROUGH MORE THAN 72 MYELOMA LINK EDUCATION AND OUTREACH ACTIVITIES IN 13 CITIES. EDUCATION AND PATIENT CONNECTIONS OUR VIRTUAL EDUCATION PROGRAMS PROVIDED BOTH PATIENTS AND FAMILIES, AS WELL AS HEALTH CARE PROFESSIONALS, ACCESS TO CONTENT INCLUDING BLOOD CANCER CONFERENCES, LOCAL EDUCATION PROGRAMS, NATIONAL WEBINARS, VIDEOS, LECTURES, AND PODCASTS. LLS'S HIGHLY VIEWED WEBSITE CONTINUES TO PROVIDE THE MOST UP TO DATE BLOOD CANCER INFORMATION INCLUDING ACCESS TO BLOGS, BOOKLETS, WORKBOOKS, FACT SHEETS AND MORE. IN ADDITION, NEARLY 1,000 CANCER PATIENTS WERE PROVIDED WITH PERSONALIZED NUTRITION CONSULTATIONS BY LLS'S REGISTERED DIETITIAN. OUR PATIENT & COMMUNITY OUTREACH TEAM CONTINUED TO BRING PATIENTS TOGETHER VIA ONLINE LOCAL SUPPORT GROUPS AND CHATS. THE PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM MATCHED NEARLY 1,800 PATIENTS (UP 5% FROM 2020) WITH TRAINED VOLUNTEERS FACING THE SAME DISEASE, HELPING TO AVERT PANDEMIC-RELATED ISOLATION. IN ADDITION, MEMBERSHIP IN LLS COMMUNITY-OUR ONLINE SOCIAL NETWORK-INCREASED 23% OVER 2020.
FORM 990, PAGE 2, PART III, LINE 4D	D) PROFESSIONAL EDUCATION: LLS SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR. THE EDUCATIONAL PROGRAM OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT. UPCOMING AND ARCHIVED CE/CME PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/CE. IN FY 2021: -LLS PROVIDED 14 CME/CE-GRANTING VIRTUAL EDUCATIONAL PROGRAMS, WITH 2,345 HEALTHCARE PROFESSIONALS IN ATTENDANCE. -THERE WERE 44,790 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, 25,541 VIRTUAL LECTURE VIEWS AND 14,107 PODCAST DOWNLOADS.
FORM 990, PART V, LINE 4B	CANADA
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WAS PREPARED BY THE LLS FINANCE DEPARTMENT AND WAS REVIEWED BY THE CFO, VICE PRESIDENT, CONTROLLER, 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.
FORM 990, PAGE 6, PART VI, LINE 12C	ALL EMPLOYEES, VOLUNTEERS, CONSULTANTS, TEMPORARY EMPLOYEES, LOCAL BOARD MEMBERS, AND MEMBERS OF THE NATIONAL BOARD OF DIRECTORS 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 CONFLICT OF INTEREST DISCLOSURE FORMS ARE REVIEWED BY THE LEGAL DEPARTMENT AND, IF DEEMED NECESSARY, ESCALATED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR FURTHER REVIEW, EVALUATION, AND/OR MANAGEMENT OF ANY ACTUAL OR APPARENT CONFLICTS OF INTEREST.
FORM 990,	THE EXECUTIVE COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS REVIEWS, MONITORS,

Return Reference	Explanation
PAGE 6, PART VI, LINE 15A	AND APPROVES THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND COMPENSATION. THEIR DECISION IS INCLUDED IN THE APPROPRIATE MINUTES OF THE MEETING IN WHICH APPROVAL WAS GIVEN. IN 2020, 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 AND SET THE CHIEF EXECUTIVE'S SALARY COMMENSURATELY. THE COMMITTEE MET, APPROVED AND DOCUMENTED THE PROCESS IN THE COMMITTEE MINUTES.
FORM 990, PAGE 6, PART VI, LINE 15B	IN 2020, 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.
FORM 990, PAGE 6, PART VI, LINE 17	ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEBRASKA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA
FORM 990, PAGE 6, PART VI, LINE 19	THE LEUKEMIA & LYMPHOMA SOCIETY, INC. MAKES ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.LLS.ORG. ITS GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION. ANY IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990.
FORM 990, PART XI, LINE 9	MISC ROUNDING -2,054

Additional Data

[Return to Form](#)

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Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEAT AML LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY	12,281,252	4,921,911	LLS
(2) LLS PEDAL INITIATIVE LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY		-1,187,768	LLS
(3) LLS TAP FORTY SEVEN LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(4) LLS TAP MIRAGEN LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(5) LLS TAP X4 LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY		1,980,000	LLS
(6) LLS TAP LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY	2,869,351	4,588,434	LLS
(7) LLS TAP CONSTELLATION LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(8) LLS TAP AFFIRMED LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(9) LLS TAP SUTRO LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(10) LLS TAP JOHNS HOPKINS LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(11) LLS TAP SELVITA LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(12) LLS TAP VERASTEM LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			LLS
(13) LLS TAP KDAC LLC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	RESEARCH	NY			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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1)THE LLS RESEARCH PROGRAMS INC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 13-3470494	PART VII	DE	501C3	12A	LLS INC	Yes	
(2)THE LLS RESEARCH FOUNDATION 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573 13-3709252	PART VII	DE	501C3	12A	LLS INC	Yes	
(3)THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO M2J4P8 CA	PART VII	CA			NA		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled 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?

- a**

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

b

Gift, grant, or capital contribution to related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)
- k**

Lease of facilities, equipment, or other assets from related organization(s)
- l**

Performance of services or membership or fundraising solicitations for related organization(s)
- m**

Performance of services or membership or fundraising solicitations by related organization(s)
- n**

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

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

[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., BUT IN CANADA. THE LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC. AND THE LEUKEMIA RESEARCH FOUNDATION, INC. SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

Additional Data

[Return to Form](#)

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