

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization THE LEUKEMIA & LYMPHOMA SOCIETY INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1201 15TH STREET NW SUITE 410
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number 13-5644916
E Telephone number (914) 949-5213
G Gross receipts \$ 569,282,300

F Name and address of principal officer: E ANDERS KOLB MD
1201 15TH STREET NW SUITE 410
WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.LLS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1949 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CURE LEUKEMIA,LYMPHOMA,HODGKIN'S DISEASE, MYELOMA; IMPROVE QUALITY OF LIFE OF PATIENTS AND FAMILIES.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 20. 4 Number of independent voting members of the governing body (Part VI, line 1b) 20. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 1,228. 6 Total number of volunteers (estimate if necessary) 3,000,000. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 357,670,634 338,611,733. 9 Program service revenue (Part VIII, line 2g) 9,531,279 14,932,514. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,134,480 16,623,882. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3,997,903 -1,926,070. 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 378,338,490 368,242,059.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 147,771,106 119,474,064. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 119,899,883 137,851,341. 16a Professional fundraising fees (Part IX, column (A), line 11e) 4,917,672 4,745,743. 16b Total fundraising expenses (Part IX, column (D), line 25) 44,198,758. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 113,484,307 109,721,024. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 386,072,968 371,792,172. 19 Revenue less expenses. Subtract line 18 from line 12 -7,734,478 -3,550,113.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 643,891,871 602,010,519. 21 Total liabilities (Part X, line 26) 271,338,303 211,058,338. 22 Net assets or fund balances. Subtract line 21 from line 20 372,553,568 390,952,181.

Part II Signature Block

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

Sign Here Signature of officer GORDON MILLER JR EVP CHIEF FINANCIAL OFFICER Date 2025-02-12

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN P01249521 Firm's name KPMG LLP Firm's EIN 13-5565207 Firm's address 345 PARK AVENUE NEW YORK, NY 101540102 Phone no. (212) 758-9700

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 133,673,729 including grants of \$ 64,361,276) (Revenue \$ 14,932,514)

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 70 BLOOD CANCER TREATMENT APPROVALS OVER THE LAST FIVE YEARS. AS WE CONTINUED TO SUPPORT THE SEARCH FOR LIFESAVING AND LESS TOXIC TREATMENTS IN 2024, 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. IN ADDITION, WHILE LLS DEDICATES SUBSTANTIAL FUNDING TO ADVANCING NOVEL TREATMENTS FOR BLOOD CANCER, WE ALSO RECOGNIZE THAT IT IS EQUALLY IMPORTANT THAT WE COMMIT TO ENSURING THAT PATIENTS CAN ACCESS THESE ESSENTIAL THERAPIES. TO THIS END, LLS ALSO SUPPORTS HEALTH SERVICES RESEARCH WORKING TO IDENTIFY BARRIERS THAT PREVENT CERTAIN PATIENTS FROM BEING ABLE TO ACCESS THE TREATMENT AND CARE THAT THEY NEED AND FINDING ACTIONABLE SOLUTIONS THAT LLS CAN IMPLEMENT TO OVERCOME THESE BARRIERS AND ADVANCE ITS MISSION. TO DATE, LLS HAS INVESTED OVER \$1.8 BILLION IN RESEARCH AIMED AT HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES. OUR SUSTAINED RESEARCH INVESTMENT OVER MULTIPLE DECADES HAS PAID OFF HANDSOMELY. THIS IS BEST DEMONSTRATED BY OUR SEMINAL INVESTMENT IN CHIMERIC ANTIGEN RECEPTOR T CELL (CAR T) THERAPY STARTING IN 1990 THAT, SINCE 2017, HAS TRANSLATED INTO 12 FDA-APPROVED CAR T THERAPIES FOR ACUTE B-CELL LEUKEMIA, NON-HODGKIN LYMPHOMA, AND MULTIPLE MYELOMA. CAR T THERAPY HAS IN SOME CASES PRODUCED CURES IN PATIENTS WHO HAVE FAILED ALL OTHER THERAPEUTIC OPTIONS. IN FISCAL YEAR 2024, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 9 OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY \$65.71 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD CANCERS. IMPACT RESEARCH GRANTSTO ADDRESS UNEQUAL REPRESENTATION OF UNDERSERVED POPULATIONS IN CLINICAL TRIALS, IN 2021 WE ACTIVATED 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. WE NOW HAVE SIX IMPACT RESEARCH GRANTS IN PLACE SINCE OCTOBER 2022. 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, THEREBY EXPANDING ACCESS TO STATE-OF-THE-ART THERAPIES TO A BROADER SWATH OF NEWLY DIAGNOSED BLOOD CANCER PATIENTS. EQUITY IN ACCESS RESEARCH PROGRAM IN 2022, LLS LAUNCHED THE EQUITY IN ACCESS RESEARCH PROGRAM, WHICH AIMS TO FUND RESEARCH THAT WILL GENERATE ACTIONABLE EVIDENCE TO ASSIST LLS IN ADVOCATING FOR CHANGES IN HEALTHCARE POLICY, DEVELOPING PATIENT-FACING PROGRAMS, AND FOSTERING PRACTICE CHANGE TO PROVIDE ALL PATIENTS WITH A FAIR AND JUST OPPORTUNITY TO SURVIVE WITH THE OPTIMAL QUALITY OF LIFE. SINCE INCEPTION OF THIS PROGRAM, LLS HAS AWARDED MORE THAN \$5 MILLION TO PROJECTS ADDRESSING CRITICAL ISSUES SUCH AS THE COST OF ORAL ANTICANCER MEDICATIONS, ACCESS TO HEALTH INSURANCE, ACCESS TO SPECIALIZED CANCER CARE AMONG ADOLESCENTS AND YOUNG ADULTS, AND RACIAL DISPARITIES IN ACCESS TO HIGH-QUALITY END-OF-LIFE CARE. LLS RECOGNIZES THE CRITICAL NEED FOR EVIDENCE ON INTERVENTIONS TO INCREASE CANCER CLINICAL TRIAL PARTICIPATION, PARTICULARLY AMONG UNDERREPRESENTED GROUPS (I.E., ETHNIC AND RACIAL MINORITIZED GROUPS, INDIVIDUALS WITH LOW INCOME, OLDER ADULTS, AND PEOPLE WHO LIVE IN RURAL AREAS), AND WILL PRIORITIZE THIS RESEARCH THROUGH THE EQUITY IN ACCESS RESEARCH PROGRAM TO INCREASE ACCESS TO CLINICAL TRIALS, WHICH ARE CONSIDERED HIGH-QUALITY CANCER CARE. THERAPY ACCELERATION PROGRAM (TAP) TAP IS LLS' MISSION-DRIVEN, STRATEGIC VENTURE PHILANTHROPY INITIATIVE THAT SEEKS TO ACCELERATE THE DEVELOPMENT OF INNOVATIVE BLOOD CANCER THERAPEUTICS AND CHANGE THE STANDARD OF CARE. TAP COLLABORATES WITH BIOTECH COMPANIES TO SUPPORT THE DEVELOPMENT OF NOVEL PLATFORMS, FIRST-IN-CLASS ASSETS ADDRESSING UNMET MEDICAL NEEDS, EMERGING PATIENT POPULATIONS AND EVEN RARE BLOOD CANCERS. ESTABLISHED IN 2007, TAP HAS INVESTED MORE THAN \$110 MILLION IN OVER 50 BIOTECH COMPANY PROJECTS. SINCE 2017, FIVE TAP-SUPPORTED THERAPIES HAVE BEEN APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) OR INCLUDED IN THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) GUIDELINES. CURRENTLY, THERE ARE OVER 30 ACTIVE CLINICAL STUDIES WITH TAP-SUPPORTED THERAPIES, INCLUDING SEVERAL REGISTRATION-ENABLING CLINICAL STUDIES IN BLOOD CANCER THAT COULD LEAD TO MORE FDA APPROVALS. BETWEEN JULY 2023 AND JUNE 2024 (FY24), TAP MADE INVESTMENTS IN FIVE BIOTECH COMPANIES THAT INCLUDED TWO EXISTING BIOTECH PARTNERS AND THREE BRAND NEW UP-AND-COMING BIOTECH COMPANIES, TO HELP THEM NAVIGATE THE DRUG DEVELOPMENT LANDSCAPE AND TO SUPPORT CLINICAL TRIALS FOR BLOOD CANCER PATIENTS. SEVERAL OF THESE COMPANIES ARE BASED IN EUROPE AND NOW, WITH HELP FROM TAP, THESE COMPANIES ARE RUNNING CLINICAL TRIALS IN THE U.S. 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 SUCCEMDED TO ACUTE LYMPHOBLASTIC LEUKEMIA. MORE THAN 9,000 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. FROM INCEPTION THROUGH JUNE 2024, 491 PATIENTS PARTICIPATED IN CLINICAL TRIALS UNDER THE BEAT AML MASTER TRIAL. IN 2022, LLS LAUNCHED LLS' PEDIATRIC ACUTE LEUKEMIA (PEDAL) MASTER CLINICAL TRIAL. THIS UNPRECEDENTED INTERNATIONAL COLLABORATION BETWEEN LLS, THE NATIONAL CANCER INSTITUTE (NCI), THE CHILDREN'S ONCOLOGY GROUP (OCG) AND OTHER PARTNERS BREAKS NEW GROUND, BRINGING PRECISION MEDICINE TO THE TREATMENT OF PEDIATRIC RELAPSED ACUTE LEUKEMIA. RATHER THAN A "ONE SIZE FITS ALL" APPROACH, PEDAL USES GENOMICS AND OTHER BIOMARKERS TO CUSTOMIZE TREATMENT, ALLOWING INNOVATIVE THERAPIES TO BE MATCHED TO PATIENTS BASED ON THEIR UNIQUE TUMOR BIOLOGY. A WIDE RANGE OF TRIAL SCREENING LOCATIONS - SPANNING EUROPE, AUSTRALIA, NEW ZEALAND, CANADA, AND OVER 200 US SITES - ENSURES WIDESPREAD PARTICIPATION.

4b (Code:) (Expenses \$ 104,363,302 including grants of \$ 55,112,788) (Revenue \$)

B) PATIENT & COMMUNITY SERVICES: AN ESTIMATED 1.7 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 ALLEVIATE THE BURDENS FELT BY PATIENTS COPING WITH BLOOD CANCER, LLS PROVIDED 70,982 GRANTS TOTALING OVER \$173M IN ASSISTANCE AWARDED. THE LION'S SHARE- OVER \$158 MILLION- AWARDED TO 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. 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 2024, LLS AWARDED 29,605 GRANTS THROUGH ITS CO-PAY ASSISTANCE PROGRAM. SUSAN LANG PRE

CAR T-CELL THERAPY TRAVEL ASSISTANCE PROGRAM LLS AWARDED 425 GRANTS EACH IN THE AMOUNT OF \$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 2,079 GRANTS EACH IN THE AMOUNT OF \$500 FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS. URGENT NEED PROGRAM IN PARTNERSHIP WITH MOPPIE'S LOVE AND CHARLIE'S FUND, LLS AWARDED 15,838 GRANTS EACH IN THE AMOUNT OF \$500 FOR NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD. LOCAL FINANCIAL ASSISTANCE PROGRAM LLS AWARDED 4,339 GRANTS EACH IN THE AMOUNT OF \$500 TO COVER NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD, ETC. PATIENT AID PROGRAM LLS AWARDED ONE-TIME STIPENDS OF \$100 TO OVER 18,696 PATIENTS TO HELP OFFSET NON-MEDICAL EXPENSES. SCHOLARSHIP FOR BLOOD CANCER SURVIVORS IN 2024, THE LLS SCHOLARSHIP FOR BLOOD CANCER SURVIVORS AWARDED 236 SCHOLARSHIPS EACH UP TO \$7,500 IN TUITION SUPPORT FOR VIRTUAL OR IN-PERSON VOCATIONAL, TWO-YEAR, OR FOUR-YEAR UNDERGRADUATE EDUCATION.

4c (Code:) (Expenses \$ **23,265,032** 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. ONE-ON-ONE EDUCATION AND SUPPORT TRAINED ONCOLOGY INFORMATION SPECIALISTS IN OUR INFORMATION RESOURCE CENTER (IRC) PROVIDE PATIENTS AND CAREGIVERS WITH COMPASSIONATE, COMPREHENSIVE, AND TAILORED DISEASE AND TREATMENT INFORMATION, INCLUDING REFERRALS AND LINKS TO APPROPRIATE EDUCATIONAL RESOURCES AND LITERATURE; PSYCHOSOCIAL SUPPORT INFORMATION FOR ANY POINT IN THEIR TREATMENT JOURNEY; REFERRALS TO RELEVANT LOCAL, STATE AND/OR NATIONAL RESOURCES FOR ASSISTANCE; COVID-19 RELATED INFORMATION AND GUIDANCE; AND FINANCIAL RESOURCE INFORMATION TO COVER COSTS OF TREATMENT, TRAVEL, URGENT NEEDS AND MORE. OVER 25,000 INTERACTIONS BETWEEN THE IRC AND PATIENTS AND CAREGIVERS TOOK PLACE LAST YEAR. 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 1077 PATIENTS. TWENTY PERCENT OF THESE PATIENTS ENTERED A TRIAL. 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 BLACK AND LATINO COMMUNITIES, AND INCREASED OUR NUMBER OF BILINGUAL STAFF AND VOLUNTEERS. WE ALSO INCREASED ACCESSIBILITY OF OUR EDUCATION PROGRAMS TO RURAL PATIENTS AND FAMILIES VIA OUR VIRTUAL OFFERINGS. MOREOVER, WE EXPANDED PARTNERSHIPS WITH ADDITIONAL AFFINITY GROUPS INCLUDING: THE NATIONAL HISPANIC NURSES ASSOCIATION, NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS, THE LATINO CANCER INSTITUTE, NATIONAL BLACK NURSES ASSOCIATION, ALPHA PHI ALPHA. 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 2024, LLS REACHED ALMOST 25,000 PEOPLE THROUGH MYELOMA LINK EDUCATION AND OUTREACH ACTIVITIES IN 15 CITIES ACROSS THE U.S. IN 2024, THE LLS LATINO OUTREACH PILOT REACHED APPROXIMATELY 100,000 SPANISH-SPEAKING COMMUNITY MEMBERS THROUGH COMMUNITY PROGRAMS ACROSS 5 MAJOR HISPANIC MARKETS (INCLUDING PR) AND OUR PARTNERSHIP WITH ENTRAVISION AND PRIME TIME INTERVIEWS WITH BOTH UNIVISION AND TELEMUNDO. 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, 1,638 CANCER PATIENTS WERE PROVIDED WITH PERSONALIZED NUTRITION CONSULTATIONS BY LLS'S REGISTERED DIETITIANS. 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 2,200 PATIENTS WITH TRAINED VOLUNTEERS FACING THE SAME DISEASE. IN ADDITION, MEMBERSHIP IN LLS COMMUNITY-OUR ONLINE SOCIAL NETWORK- WAS 22,796, AN INCREASE OF 9% OVER FISCAL YEAR 2023.

(Code:) (Expenses \$ **16,017,073** 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 DEPARTMENT 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 2024:- LLS PROVIDED 17 CME/CE-GRANTING LIVE EDUCATIONAL PROGRAMS, WITH 2,533 HEALTHCARE PROFESSIONALS IN ATTENDANCE. IN ADDITION 36 VIRTUAL LECTURES WERE PRESENTED WITH ALMOST 65,000 PARTICIPANTS.- OVER 22,000 PATIENTS AND PROFESSIONALS PARTICIPATED IN LIVE EDUCATION PROGRAMS DELIVERED VIRTUALLY AS WELL AS DELIVERED IN PERSON, LOCALLY AND REGIONALLY.- THERE WERE OVER 214,000 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, VIRTUAL LECTURES AND VIDEOS AND NEARLY 90,000 PODCAST DOWNLOADS. OVER 911,000 BOOKLETS AND FACT SHEETS WERE EITHER DOWNLOADED OR ORDERED IN HARD COPY.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **16,017,073** including grants of \$) (Revenue \$)

4e **Total program service expenses** **277,319,136**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Questions cover topics like organizational type, lobbying, donor funds, and fundraising activities.

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 7d, 10a, 11a, 12b, 13b, 13c), and Yes/No response columns. Row 2a contains the value 1,228.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NH, NJ, NM, NE, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WI, WV
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005 (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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) JEFF SACHS CHAIR	4.00 0.00	X		X			0	0	0
(2) KATHLEEN MERIWETHER VICE CHAIR	4.00 0.00	X		X			0	0	0
(3) FREDA WANG SECRETARY/TREASURER	4.00 0.00	X		X			0	0	0
(4) JANICE GABRILOVE MD AT LARGE	4.00 0.00	X		X			0	0	0
(5) LEROY BALL BOD MEMBER	4.00 0.00	X					0	0	0
(6) RICHARD BAGGER BOD MEMBER	4.00 0.00	X					0	0	0
(7) MARK BAEENEACHEA BOD MEMBER	4.00 0.00	X					0	0	0
(8) RENZO CANETTA MD BOD MEMBER	4.00 0.00	X					0	0	0
(9) CASEY CUNNINGHAM MD BOD MEMBER	4.00 0.00	X					0	0	0
(10) HELEN HESLOP BOD MEMBER	4.00 0.00	X					0	0	0
(11) ARI MELNICK BOD MEMBER	4.00 0.00	X					0	0	0
(12) RUBEN MESA BOD MEMBER	4.00 0.00	X					0	0	0
(13) LYNNE O'BRIEN BOD MEMBER	4.00 0.00	X					0	0	0
(14) MARLA PERSKY BOD MEMBER	4.00 0.00	X					0	0	0
(15) JIM REDDOCH BOD MEMBER	4.00 0.00	X					0	0	0
(16) RICHARD RENDINA BOD MEMBER	4.00 0.00	X					0	0	0
(17) ROBERT ROSEN BOD MEMBER	4.00 0.00	X					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) BART SICHEL BOD MEMBER	4.00 0.00	X					0	0	0
(19) ALESSANDRA TOCCO BOD MEMBER	4.00 0.00	X					0	0	0
(20) YVETTE TREMONTI BOD MEMBER	4.00 0.00	X					0	0	0
(21) E ANDERS KOLB - START 512023 PRESIDENT & CEO	40.00 0.00			X			471,613	0	8,226
(22) GWEN NICHOLS EVP, CHIEF MEDICAL OFC	40.00 0.00			X			526,284	0	50,687
(23) TROY DUNMIRE EVP, CHIEF OPERATING OFC	40.00 0.00			X			510,557	0	49,364
(24) DALE NISSENBAUM EVP, GENERAL COUNSEL	40.00 0.00			X			497,291	0	30,459
(25) GORDON MILLER JR EVP, CHIEF FINANCIAL OFC	40.00 0.00			X			453,172	0	58,818
(26) COKER POWELL SVP, CHIEF DEVELOPMENT OFC	40.00 0.00					X	388,870	0	31,076
(27) VANESSA WHITE SVP, CHIEF ADVANCEMENT OFC	40.00 0.00					X	380,333	0	35,565
(28) SUSAN BROWN SVP, CHIEF DEI OFC	40.00 0.00					X	382,991	0	47,279
(29) LEE GREENBERGER SVP, CHIEF SCIENTIFIC OFC	40.00 0.00					X	377,058	0	45,160
(30) FLORENCE GODFREY SVP, CHIEF EXPERIENCE OFC	40.00 0.00					X	341,009	0	44,689
(31) LOUIS JDEGENNARO-END 63023 PRESIDENT & CEO - FORMER	40.00 0.00					X	1,358,093	0	25,701
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						5,687,271	0	427,024	

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 **193**

	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
ICON PLC - PHARMACEUTICAL RESEARCH ASSOC 4130 PARKLAKE AVENUE SUITE 400 RALEIGH, NC 27612	CLINICAL TRIAL	10,155,555
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	PAT ASSIST PROC	7,679,383
SALESFORCE 140 E 45TH ST NEW YORK, NY 10017	SOFTWARE	3,860,428
RESOURCE ONE COMMUNICATIONS 2900 EAST APACHE STREET TULSA, OK 74110	DIRECT MARKETING	3,105,900
META PLATFORMS 1 HACKER WAY MENLO PARK, CA 94025	ADVERTISING	3,037,751

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 **368**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Amt Similar Amounts, Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include SERVICE REVENUE (810000), All other program service revenue, and Total.

Main revenue table with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income, Gross amount from sales of assets, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory, and Total revenue.

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	52,558,533	52,558,533		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	55,112,788	55,112,788		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	11,802,743	11,802,743		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,070,059	878,840	856,433	334,786
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	107,937,447	66,562,775	22,886,622	18,488,050
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,595,798	2,191,206	813,097	591,495
9 Other employee benefits	16,388,463	10,012,920	3,667,835	2,707,708
10 Payroll taxes	7,859,574	4,789,465	1,777,240	1,292,869
11 Fees for services (non-employees):				
a Management				
b Legal	2,731,853	1,639,112	737,600	355,141
c Accounting	409,995		409,995	
d Lobbying	4,125,292	4,125,292		
e Professional fundraising services. See Part IV, line 17	4,745,743			4,745,743
f Investment management fees	236,608	180,162	28,363	28,083
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,893,141	14,796,303	3,927,127	3,169,711
12 Advertising and promotion	8,557,338	5,515,795	818,627	2,222,916
13 Office expenses	14,860,478	9,195,933	1,336,863	4,327,682
14 Information technology	13,204,094	995,589	9,808,001	2,400,504
15 Royalties				
16 Occupancy	3,897,493	2,625,114	625,947	646,432
17 Travel	10,324,815	7,868,519	1,296,088	1,160,208
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	5,425,197	3,371,985	1,169,149	884,063
23 Insurance	1,154,429	710,625	257,105	186,699
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 & DEVELOPMENT	18,281,905	18,281,905		
b MISCELLANEOUS	4,618,386	4,103,532	-141,814	656,668
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	371,792,172	277,319,136	50,274,278	44,198,758
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).	21,290,012	13,907,952	0	7,382,060

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,093,408	1	3,858,985
	2 Savings and temporary cash investments	87,996,059	2	143,907,675
	3 Pledges and grants receivable, net	29,923,480	3	45,469,673
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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	5,045,849	9	5,836,452
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,315,227		
	b Less: accumulated depreciation	10b 20,562,994	13,251,184	10c 10,752,233
	11 Investments—publicly traded securities	463,285,795	11	353,960,098
	12 Investments—other securities. See Part IV, line 11	20,291,527	12	22,812,891
	13 Investments—program-related. See Part IV, line 11	10,015,427	13	11,136,057
	14 Intangible assets	516,667	14	316,667
	15 Other assets. See Part IV, line 11	12,472,475	15	3,959,788
16 Total assets: Add lines 1 through 15 (must equal line 33)	643,891,871	16	602,010,519	
Liabilities	17 Accounts payable and accrued expenses	21,647,040	17	36,559,192
	18 Grants payable	219,704,797	18	155,633,120
	19 Deferred revenue	15,561,185	19	14,667,950
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	14,425,281	25	4,198,076
	26 Total liabilities: Add lines 17 through 25	271,338,303	26	211,058,338
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	281,881,454	27	251,301,743
	28 Net assets with donor restrictions	90,672,114	28	139,650,438
	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	372,553,568	32	390,952,181
	33 Total liabilities and net assets/fund balances	643,891,871	33	602,010,519

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Columns include line number, description, and amount. Total revenue is 368,242,059 and total expenses are 371,792,172.

Part XII Financial Statements and Reporting

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

Table for financial reporting questions. Columns include question number, question text, Yes, and No. Questions cover accounting methods, compilation, and auditing of financial statements.

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number
13-5644916

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	427,419,530	441,317,494	400,540,019	357,670,634	338,611,733	1,965,559,410
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	427,419,530	441,317,494	400,540,019	357,670,634	338,611,733	1,965,559,410
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)						553,410,745
6 Public support. Subtract line 5 from line 4.						1,412,148,665

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	427,419,530	441,317,494	400,540,019	357,670,634	338,611,733	1,965,559,410
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,082,073	16,877,123	18,087,763	13,066,416	18,039,091	95,152,466
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.).						
11 Total support. Add lines 7 through 10						2,060,711,876
12 Gross receipts from related activities, etc. (see instructions)					12	68,499,130
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	68.530 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	68.950 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2023; Row 19b: 33 1/3% support tests-2022; Row 20: Private foundation.

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? 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a			
b	A family member of a person described on 11a above?		
11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		
11c			

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1			
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2			

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1			

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?		
1			
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2			
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3			

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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
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? <i>If "Yes" or "No", provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
3b			

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 (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 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

Employer identification number
13-5644916

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.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	Employer identification number 13-5644916
--	---

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. 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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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) 2019	(b) 2020	(c) 2021	(d) 2022	(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		1,087,778
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?	Yes		1,029,920
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		763,999
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		580,545
i Other activities?	Yes		663,050
j Total. Add lines 1c through 1i			4,125,292
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
PART II-B, LINE 1:	LLS PARTICIPATES IN A NUMBER OF COALITIONS AND MEMBER ORGANIZATIONS, INCLUDING ALLIANCE FOR A STRONGER FDA, ALLIANCE FOR CHILDHOOD CANCER, ALLIANCE FOR FAIR HEALTHCARE PRICING, CANCER LEADERSHIP COUNCIL, DEFENSE HEALTH RESEARCH CONSORTIUM, MAPRX COALITION, NCSL FOUNDATION FOR STATE LEGISLATURES, ONE VOICE AGAINST CANCER, PARTNERSHIP TO PROTECT COVERAGE, PATIENT QUALITY OF LIFE COALITION, PUBLIC AFFAIRS COUNCIL, AND STATE ACCESS TO INNOVATIVE MEDICINES COALITION. EMPLOYEES IN THE LLS OFFICE OF PUBLIC POLICY WORK TO ADVANCE THE ORGANIZATION'S PUBLIC POLICY PRIORITIES, DOING SO WITH SUPPORT FROM LOBBYING FIRMS AND ADVISERS RETAINED BY LLS AND IN PARTNERSHIP WITH VOLUNTEER ADVOCATES. LLS VOLUNTEER ADVOCATES ENGAGE THEIR LAWMAKERS BY CONDUCTING LETTER-WRITING CAMPAIGNS, SHARING THEIR PERSONAL STORIES, AND CONDUCTING ONE-ON-ONE VISITS IN STATE CAPITOLS AND IN WASHINGTON, D.C. ALL WITH SUPPORT FROM THE LLS OFFICE OF PUBLIC POLICY.

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number

13-5644916

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements with multiple rows for questions about preservation of land, number of easements, and monitoring expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with rows for reporting on art collections.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 0 |
| d Additions during the year | 1,000,000 |
| e Distributions during the year | |
| f Ending balance | 1,000,000 |
- 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	7,730,391	7,288,293	7,381,460	5,902,791	6,168,319
b Contributions	80,666	30,000	1,129,903	1,650	
c Net investment earnings, gains, and losses	787,363	713,739	-913,685	1,726,314	-8,812
d Grants or scholarships	308,062	291,598	295,324	236,177	246,718
e Other expenditures for facilities and programs					
f Administrative expenses	13,050	10,043	14,061	13,118	9,998
g End of year balance	8,277,308	7,730,391	7,288,293	7,381,460	5,902,791

- 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 ▶ 60.190 %
 - c** Term endowment ▶ 39.810 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | No |
| (ii) Related organizations | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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		1,038,869	945,434	93,435
d Equipment		30,224,812	19,566,014	10,658,798
e Other		51,546	51,546	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,752,233

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE LIABILITY	4,198,076
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,198,076

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	388,210,511
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,380,597	
b	Donated services and use of facilities	2b	12,063,656	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,522,001	
e	Add lines 2a through 2d			2e 20,205,060
3	Subtract line 2e from line 1			3 368,005,451
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	236,608	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 236,608
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 368,242,059

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	394,745,114
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,063,656	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,125,894	
e	Add lines 2a through 2d			2e 23,189,550
3	Subtract line 2e from line 1			3 371,555,564
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	236,608	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 236,608
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 371,792,172

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
PART III, LINE 1A:	THE LLS COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS.
PART IV, LINE 1B:	LLS HELD \$1 MILLION IN ESCROW ON BEHALF OF IFLI AS PART OF A PASS-THROUGH GRANT AGREEMENT.
PART V, LINE 4:	LLS'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT LLS'S PUBLIC EDUCATION PROGRAMS.
PART X, LINE 2:	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 NO ENTITIES THAT RECOGNIZED UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2024 AND JUNE 30, 2023.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	LLS CANADA REVENUE 10,522,001.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LLS CANADA EXPENSE 11,125,894.

Additional Data

Return to Form

Software ID:

Software Version:

2023

Open to Public Inspection

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number

13-5644916

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or 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	1		RESEARCH FUNDING	RESEARCH GRANTS	1,503,560
(2) EUROPE			RESEARCH FUNDING	RESEARCH GRANTS	7,930,983
(3) CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	9,358,822
(4) EAST ASIA & THE PACIFIC			RESEARCH FUNDING	RESEARCH GRANTS	2,368,200
(5) EUROPE			INVESTMENTS	INVESTMENTS	8,036,661
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	0			29,198,226
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			29,198,226

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.

(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)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(2)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(3)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(4)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(5)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,656	WIRE PAYMENT	0		ACCRUAL
(6)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,500	WIRE PAYMENT	0		ACCRUAL
(7)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,975	WIRE PAYMENT	0		ACCRUAL
(8)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(9)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,069	WIRE PAYMENT	0		ACCRUAL
(10)		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	120,000	WIRE PAYMENT	0		ACCRUAL
(11)		NORTH AMERICA	RESEARCH GRANTS	125,000	WIRE PAYMENT	0		ACCRUAL
(12)		NORTH AMERICA	RESEARCH GRANTS	150,000	WIRE PAYMENT	0		ACCRUAL
(13)		NORTH AMERICA	RESEARCH GRANTS	150,000	WIRE PAYMENT	0		ACCRUAL
(14)		NORTH AMERICA	RESEARCH GRANTS	78,600	WIRE PAYMENT	0		ACCRUAL
(15)		NORTH AMERICA	RESEARCH GRANTS	999,960	WIRE PAYMENT	0		ACCRUAL
(16)		EUROPE	RESEARCH GRANTS	31,667	WIRE PAYMENT	0		ACCRUAL
(17)		EUROPE	RESEARCH GRANTS	750,000	WIRE PAYMENT	0		ACCRUAL
(18)		EUROPE	RESEARCH GRANTS	496,337	WIRE PAYMENT	0		ACCRUAL
(19)		EUROPE	RESEARCH GRANTS	125,000	WIRE PAYMENT	0		ACCRUAL
(20)		EUROPE	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(21)		EUROPE	RESEARCH GRANTS	50,000	WIRE PAYMENT	0		ACCRUAL
(22)		EUROPE	RESEARCH GRANTS	249,977	WIRE PAYMENT	0		ACCRUAL
(23)		EUROPE	RESEARCH GRANTS	250,000	WIRE PAYMENT	0		ACCRUAL
(24)		EUROPE	RESEARCH GRANTS	231,171	WIRE PAYMENT	0		ACCRUAL
(25)		EUROPE	RESEARCH GRANTS	1,700,000	WIRE PAYMENT	0		ACCRUAL
(26)		EUROPE	RESEARCH GRANTS	425,841	WIRE PAYMENT	0		ACCRUAL
(27)		EUROPE	RESEARCH GRANTS	186,861	WIRE PAYMENT	0		ACCRUAL
(28)		EUROPE	THERAPY ACCELERATION	3,181,189	WIRE PAYMENT	0		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 0

3 Enter total number of other organizations or entities 29

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

Additional Data

Software ID:

Software Version:

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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 **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 THOMPSON HABIB & DENISON 80 HAYDEN AVENUE SUITE 300 LEXINGTON, MA 02421	DIRECT MAIL		No	0	413,042	-413,042
2 RESOURCE ONE 2900 EAST APACHE STREET TULSA, OK 74110	DIRECT MAIL		No	0	3,105,900	-3,105,900
3						
4						
5						
6						
7						
8						
9						
10						
Total					3,518,942	-3,518,942

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC, PR

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		LAKE TAHOE BIKE RIDE (event type)	HOUSTON STUDENT VISIONARIES (event type)	260 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,840,907	2,803,106	145,855,889	151,499,902
	2 Less: Contributions	2,354,726	2,672,567	129,661,929	134,689,222
	3 Gross income (line 1 minus line 2)	486,181	130,539	16,193,960	16,810,680
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	86,656	23,792	2,185,838	2,296,286
	6 Rent/facility costs	226,676	39,331	13,808,655	14,074,662
	7 Food and beverages	73,728	88,948	3,386,465	3,549,141
	8 Entertainment	103,761	8,170	1,695,286	1,807,217
	9 Other direct expenses	99,687	1,750	703,815	805,252
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				22,532,558
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-5,721,878	

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.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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	%
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 ▶ -----

Address ▶ -----

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 ▶ -----

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 I, LINE 2B, COLUMN (V)	LLS USED RESOURCE ONE AND THOMPSON HABIB, & DENISON FOR IT'S NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS.

Additional Data

Return to Form

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY INC 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like Columbia University Medical Center, Albert Einstein College of Medicine, Atrium Health Foundation, Baylor College of Medicine, Beckman Research Institute of the City of Hope, Boston Children's Hospital, Cincinnati Children's Hospital Medical Center, Cleveland Clinic Foundation, Dana-Farber Cancer Institute, Dren Bio, Duke University Medical Center, Emory University, Fred Hutchinson Cancer Center, George Washington University, H Lee Moffitt Cancer Center & Research Institute, Houston Methodist Research Institute, Icahn School of Medicine at Mount Sinai, Immunitas Therapeutics Inc, Indiana University, International Waldenström Macroglobulinemia Foundation, Joan & Sanford I. Weill Medical College of Cornell University, Maine Medical Center, Massachusetts General Hospital, Mayo Clinic, MPN Research, Myeloproliferative Neoplasms Research Foundation, Northwestern University, NYU Grossman School of Medicine, Oregon Health & Science University Cancer Institute, OSU Foundation, Perelman School of Medicine at the University of Pennsylvania, President and Fellows of Harvard College, Regents of the University of Michigan, Rhode Island Hospital, Rutgers University, Seattle Children's Hospital, Sloan Kettering Institute for Cancer Research, St. Jude Children's Research Hospital, Texas A&M University Health Science Center, The Board of Trustees of the Leland Stanford Junior University, The Brigham and Women's Hospital Inc, The Children's Hospital of Philadelphia, The Jackson Laboratory, The Johns Hopkins University School of Medicine, The Medical College of Wisconsin, The Ohio State University, The Regents of the University of California San Diego, The Regents of the University of California San Francisco, The Research Institute of Fox Chase Cancer Center, The University of Alabama at Birmingham, The University of Chicago, The University of Texas at Austin, The University of Texas MD Anderson Cancer Center, Tufts Medical Center, UNC Lineberger Comprehensive Cancer Center, University of Arkansas for Medical Sciences, University of Colorado Denver Anschutz Medical Campus, University of Florida, University of Miami, University of Pennsylvania Department of Medicine, University of Pittsburgh, University of Southern California, University of Virginia, Van Andel Research Institute, Vanderbilt University Medical Center, Versiti Blood Center of Wisconsin, Vittoria Biopharmaceuticals, Washington University in St. Louis, Yale University.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 66

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

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	9903	25,992,224			
(2) COPAY ASSISTANCE LYMPHOMA	4960	12,367,827			
(3) COPAY ASSISTANCE MDS	1225	0			
(4) COPAY ASSISTANCE MYELOMA	7518	0			
(5) COPAY ASSISTANCE MANTEL	149	0			
(6) COPAY ASSISTANCE WALDENST	415	1,697,709			
(7) COPAY ASSISTANCE ALL	76	379,947			
(8) COPAY ASSISTANCE AML	5359	10,987,710			
(9) PATIENT TRAVEL ASSISTANCE	3304	1,160,225			
(10) PATIENT AID	55805	13,358,106			

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
PART I, LINE 2:	<p>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 OF 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, OFTEN TIMES 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.</p>

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number
13-5644916

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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)?

	Yes	No
1a		
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

For each individual whose compensation must be reported 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, 1099-MISC compensation, and/or 1099-NEC			(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				
1 LOUIS JDEGENNARO-END 63023 PRESIDENT & CEO - FORMER	(i)	380,343	970,000	7,750	20,790	4,911	1,383,794	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 GWEN NICHOLS EVP, CHIEF MEDICAL OFC	(i)	440,830	50,000	35,454	16,500	34,187	576,971	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 TROY DUNMIRE EVP, CHIEF OPERATING OFC	(i)	459,027	50,000	1,530	11,550	37,814	559,921	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 DALE NISSENBAUM EVP, GENERAL COUNSEL	(i)	442,974	50,000	4,317	11,550	18,909	527,750	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 GORDON MILLER JR EVP, CHIEF FINANCIAL OFC	(i)	401,060	50,000	2,112	16,500	42,318	511,990	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 E ANDERS KOLB - START 512023 PRESIDENT & CEO	(i)	470,244	0	1,369	0	8,226	479,839	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 SUSAN BROWN SVP, CHIEF DEI OFC	(i)	379,359	0	3,632	16,500	30,779	430,270	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 LEE GREENBERGER SVP, CHIEF SCIENTIFIC OFC	(i)	346,994	20,000	10,064	11,550	33,610	422,218	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 COKER POWELL SVP, CHIEF DEVELOPMENT OFC	(i)	365,009	0	23,861	11,550	19,526	419,946	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 VANESSA WHITE SVP, CHIEF ADVANCEMENT OFC	(i)	379,032	0	1,301	11,550	24,015	415,898	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 FLORENCE GODFREY SVP, CHIEF EXPERIENCE OFC	(i)	336,016	0	4,993	16,019	28,670	385,698	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

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
PART I, LINE 7	LLS AWARDS NON-FIXED PAYMENTS SUCH AS BONUSES ON A DISCRETIONARY BASIS TIED TO THE EMPLOYEE PERFORMANCE AND ORGANIZATION TARGETS. THE NAMES OF EMPLOYEES AND THE AMOUNTS THAT WERE PAID ARE FOUND ON SCHEDULE J, PAGE 2, PART II, COL (B) (II).

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number

13-5644916

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	193	3,141,651	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	9	67,424	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VARIOUS)	X	9	59,309	FAIR MARKET VALUE
▶ OTHER)				
26 Other (PRINTED)	X	1	2,500	FAIR MARKET VALUE
▶ ITEMS)				
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	0
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	Yes	No
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?		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	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

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 - SUPPLEMENTAL INFORMATION 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.

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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.****Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC**Employer identification number**

13-5644916

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING THE TAX YEAR, LLS AMENDED ITS BYLAWS EFFECTIVE FEBRUARY 3, 2024. THE BYLAW AMENDMENTS INCLUDED THE CREATION OF AN OPERATIONS COMMITTEE OF THE BOARD OF DIRECTORS TO OVERSEE LLS' OPERATIONAL PLANS, DESIGNATED OFFICER POSITIONS FOR LLS' GENERAL COUNSEL AND CHIEF PEOPLE OFFICER AND INCLUDED A REQUIREMENT THAT A CHAIRPERSON AND VICE CHAIRPERSON MUST SERVE AS A DIRECTOR FOR 1 TERM PRIOR TO THEIR ELECTION TO THE POSITION.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY THE LLS FINANCE DEPARTMENT AND WAS REVIEWED BY THE CFO, SENIOR VICE PRESIDENT OF FINANCE, 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, PART VI, SECTION B, 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, PART VI, SECTION B, LINE 15	THE TALENT AND COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS REVIEWS, MONITORS, 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 JUNE 2023, THE TALENT AND COMPENSATION 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. IN 2023, THE TALENT AND COMPENSATION 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, PART VI, SECTION C, 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 IX, LINE 11G	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 14,796,303. MANAGEMENT AND GENERAL EXPENSES 3,927,127. FUNDRAISING EXPENSES 3,169,711. TOTAL EXPENSES 21,893,141.
FORM 990, PART XI, LINE 9:	FOREIGN CURRENCY ADJUSTMENTS 335,200.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
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Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LEUKEMIA & LYMPHOMA SOCIETYINC

Employer identification number

13-5644916

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

(a) Name, address, and EIN (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 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	NY	4,987,820	-56,200	LLS
(2) LLS PEDAL INITIATIVE LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	NY	10,885,329	3,394,697	LLS
(3) LLS TAP MIRAGEN LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			LLS
(4) LLS TAP X4 LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			LLS
(5) LLS TAP LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE	931,402	10,401,740	LLS
(6) LLS TAP CONSTELLATION LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			LLS
(7) LLS TAP KDAC LLC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005	RESEARCH	DE			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 OF CANADA 804 2 LANSING SQUARE TORONTO M2J4P8 CA	PART VII	CA			N/A		No
(2) THE LLS RESEARCH FOUNDATION 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005 13-3709252	PART VII	DE	501(C)(3)	LINE 12A, I	LLS INC	Yes	
(3) THE LLS RESEARCH PROGRAMS INC 1201 15TH STREET NW SUITE 410 WASHINGTON, DC 20005 13-3470494	PART VII	DE	501(C)(3)	LINE 12A, I	LLS INC	Yes	

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

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

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

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

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2023

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