

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: The Leukemia & Lymphoma Society

Executive Summary of Request:

The Leukemia & Lymphoma Society works to ensure that blood cancer patients live better, longer lives. Light the Night is an LLS fundraising event that will be held on Saturday, September 27th at Louisville Slugger Field. The event is free to attend and the funds raised are used to offset operating expenses and event expenses.

Is this program/project a fundraiser?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>12</u>	<u>Rick Blackwell/sk</u>	<u>\$5000⁰⁰</u>	<u>8/19/15</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

Applicant/Program:

Leukemia + Lymphoma Society / Light the Night

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

15
District # Tharanni Butler
Council Member Signature 1,000 -
Amount 8-13-15
Date

5
District # Cheri B. Hamilton
Council Member Signature \$1,000 -
Amount 8-13-15
Date

24
District # Mahmud Dabdoub
Council Member Signature 2000⁰⁰
Amount 8-13-15
Date

4
District # [Signature]
Council Member Signature 1,000
Amount 8-13-15
Date

3
District # Sharon Moshko
Council Member Signature \$1,000⁰⁰
Amount 8/13/15
Date

17
District # Ben Jurek
Council Member Signature 1000 -
Amount 8/13/15
Date

22
District # Robin Engel
Council Member Signature 1,000.00
Amount 8/13/15
Date

Applicant/Program:

Leukemia & Lymphoma Society

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$1,000 -</u> Amount	<u>8/13/15</u> Date
<u>14</u> District #	<u>Cristi Fowler</u> Council Member Signature	<u>\$2000 -</u> Amount	<u>8/13/15</u> Date
<u>21</u> District #	<u>Don Jan</u> Council Member Signature	<u>1,000</u> Amount	<u>8/13/15</u> Date
<u>7</u> District #	<u>[Signature]</u> Council Member Signature	<u>1,000</u> Amount	<u>8/13/15</u> Date
<u>16</u> District #	<u>Kelly Dand</u> Council Member Signature	<u>\$ 5,000</u> Amount	<u>8/13/15</u> Date
<u>10</u> District #	<u>Steve Mague</u> Council Member Signature	<u>6,000</u> Amount	<u>8/13/15</u> Date
<u>8</u> District #	<u>Thomas H. Cox</u> Council Member Signature	<u>7500</u> Amount	<u>8/18/15</u> Date

Applicant/Program: Leukemia & Lymphoma Society - Light The Night

Additional Disclosure and Signatures

Additional Council Office Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District #	Council Member Signature	Amount	Date
<u>9</u>	<u>Bill Hlodek</u>	<u>\$750⁰⁰</u>	<u>8/20/15</u>
<u>21</u>	_____	<u>\$2500⁰⁰</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant/Program: *Leukemia + Lymphoma Society / Light the Night*

Additional Disclosure and Signatures

Additional Council Office Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>

Kennedy, Liz

From: Blackwell, Rick
Sent: Wednesday, August 19, 2015 5:12 PM
To: Kennedy, Liz
Subject: LLS - Light the Night NDF

Liz –


I authorize you to sign for the District 12 office commitment for the Light the Night NDF application in the amount of \$500.00

Thanks,
Rick

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: The Leukemia & Lymphoma Society, LLC

Program Name and Request Amount: Light the Night - \$45,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input checked="" type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input checked="" type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: 	Date: 8/19/15

THE LEUKEMIA & LYMPHOMA SOCIETY, INC.**General Information**

Organization Number	0063800
Name	THE LEUKEMIA & LYMPHOMA SOCIETY, INC.
Profit or Non-Profit	N - Non-profit
Company Type	FCO - Foreign Corporation
Status	A - Active
Standing	G - Good
State	NY
File Date	7/17/1975
Authority Date	7/17/1975
Last Annual Report	6/15/2015
Principal Office	1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605
Registered Agent	ANDREW SETTLE 301 EAST MAIN STREET LOUISVILLE, KY 40202-1077

Current Officers

Chairman	<u>JAMES DAVIS</u>
President	<u>LOU DEGENNARO</u>
Secretary	<u>KENNETH SCHWARTZ</u>
Treasurer	<u>KENNETH SCHWARTZ</u>
Director	<u>JAMES BECK</u>
Director	<u>PETER BROCK</u>
Director	<u>TIMOTHY DURST</u>

Individuals / Entities listed at time of formation

Director	<u>ANTAINETTE R DE VILLIER</u>
Director	<u>RUDOLPH ROESLER DE VILLE</u>
Director	<u>WM AVERELL BROWN</u>
Incorporator	<u>ANTOINETTE R DE VILLERS</u>
Incorporator	<u>RUDOLPH ROESLER DE VILLI</u>
Incorporator	<u>WM AVERELL BROWN</u>
Incorporator	<u>NORRIS DARRELL</u>
Incorporator	<u>FARNK L BABBOTT</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	6/15/2015	1 page	<u>PDF</u>
<u>Registered Agent</u>	5/15/2015 11:29:57	1 page	<u>PDF</u>
<u>name/address change</u>	AM	1 page	<u>PDF</u>
<u>Annual Report Amendment</u>	6/6/2014	1 page	<u>PDF</u>

Annual Report	6/5/2014	1 page	PDF	
Annual Report	6/25/2013	1 page	PDF	
Registered Agent name/address change	5/29/2013 2:18:09 PM	1 page	PDF	
Annual Report	5/31/2012	1 page	PDF	
Annual Report	6/6/2011	12 pages	tiff	PDF
Annual Report	6/3/2010	1 page	tiff	PDF
Registered Agent name/address change	6/3/2010	1 page	tiff	PDF
Annual Report	6/17/2009	15 pages	tiff	PDF
Annual Report	4/30/2008	1 page	tiff	PDF
Annual Report	2/16/2007	1 page	tiff	PDF
Annual Report	3/14/2006	17 pages	tiff	PDF
Statement of Change	7/21/2005	1 page	tiff	PDF
Annual Report	6/8/2005	1 page	tiff	PDF
Annual Report	7/17/2003	30 pages	tiff	PDF
Annual Report	9/30/2002	1 page	tiff	PDF
Annual Report	6/5/2001	1 page	tiff	PDF
Principal Office Address Change	4/16/2001	1 page	tiff	PDF
Annual Report	8/14/2000	18 pages	tiff	PDF
Amendment	3/7/2000	4 pages	tiff	PDF
Annual Report	6/21/1999	26 pages	tiff	PDF
Annual Report	4/29/1998	20 pages	tiff	PDF
Annual Report	7/1/1997	11 pages	tiff	PDF
Statement of Change	7/2/1996	1 page	tiff	PDF
Annual Report	7/1/1996	10 pages	tiff	PDF
Annual Report	7/1/1995	8 pages	tiff	PDF
Annual Report	7/1/1994	7 pages	tiff	PDF
Annual Report	7/1/1993	8 pages	tiff	PDF
Statement of Change	7/29/1992	1 page	tiff	PDF
Annual Report	7/1/1992	8 pages	tiff	PDF
Annual Report	7/1/1991	8 pages	tiff	PDF
Annual Report	7/1/1990	8 pages	tiff	PDF
Annual Report	7/1/1989	9 pages	tiff	PDF
Statement of Change	5/31/1988	1 page	tiff	PDF
Statement of Change	9/8/1986	1 page	tiff	PDF
Statement of Change	9/8/1986	1 page	tiff	PDF
Statement of Change	3/28/1984	2 pages	tiff	PDF
Statement of Change	7/25/1978	2 pages	tiff	PDF
Annual Report	7/1/1976	5 pages	tiff	PDF
Certificate of Authority	7/17/1975	64 pages	tiff	PDF
Statement of Change	7/17/1975	2 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
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Annual report	6/15/2015 2:08:51 PM	6/15/2015 2:08:51 PM
Registered agent address change	5/15/2015 11:29:57 AM	5/15/2015 11:29:57 AM
Amendment to annual report	6/6/2014 10:58:44 AM	6/6/2014 10:58:44 AM
Annual report	6/5/2014 4:39:50 PM	6/5/2014 4:39:50 PM
Annual report	6/25/2013 3:06:29 PM	6/25/2013 3:06:29 PM
Registered agent address change	5/29/2013 2:18:09 PM	5/29/2013 2:18:09 PM
Annual report	5/31/2012 11:16:41 AM	5/31/2012 11:16:41 AM
Annual report	6/6/2011 9:49:18 AM	6/6/2011
Registered agent address change	6/3/2010 8:07:13 AM	6/3/2010
Annual report	6/3/2010 8:06:23 AM	6/3/2010
Annual report	6/17/2009 11:57:09 AM	6/17/2009
Annual report	4/30/2008 11:32:08 AM	4/30/2008
Annual report	2/16/2007 9:56:09 AM	2/16/2007
Annual report	3/14/2006 2:23:13 PM	3/14/2006
Registered agent address change	7/21/2005 12:40:09 PM	7/21/2005
Annual report	6/8/2005 12:37:15 PM	6/8/2005
Annual report	5/3/2004 10:56:31 AM	5/3/2004
Principal office change	5/2/2001 11:48:23 AM	5/2/2001
Principal office change	4/16/2001 3:46:00 PM	4/16/2001
Amendment - Change name	3/7/2000 12:05:38 PM	3/7/2000

LEUKEMIA SOCIETY OF AMERICA, INC.

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	6/7/2005	1 page
Annual Report	7/13/2004	28 pages
Annual Report	7/17/2003	30 pages
Annual Report	9/30/2002	1 page
Annual Report	6/5/2001	1 page
Principal Office Address Change	4/16/2001	1 page
Annual Report	8/14/2000	18 pages

Amendment

3/7/2000

2 pages



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:		The Leukemia & Lymphoma Society	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 301 East Main Street, Suite 100, Louisville, KY 40202			
Website: www.lls.org/ky			
Applicant Contact:	Andrew Settle	Title:	Campaign Manager
Phone:	502-719-0550	Email:	andrew.settle@lls.org
Financial Contact:	Andrew Settle	Title:	Campaign Manager
Phone:	502-584-8490	Email:	
Organization's Representative who attended NDF Training: Alejandra Marin			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville Slugger Field		
Council District(s):		Zip Code(s):	40202
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: The Leukemia & Lymphoma Society			
Total Request: (\$)	45,000	Total Metro Award (this program) in previous year: (\$)	39,250
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	0
Source:		Amount: (\$)	0
Source:		Amount: (\$)	0
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of The Leukemia & Lymphoma Society (LLS) is: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families.

LLS is the world's largest voluntary health agency dedicated to blood cancer. LLS funds lifesaving blood cancer research around the world and provides free information and support services.

Our Key Priorities will ensure that: The Leukemia & Lymphoma Society helps blood cancer patients live better, longer lives.

Research

Advance the diagnosis and treatment of blood cancers through continued funding of academic research, the therapy acceleration program and other special initiatives

Proactively establish a research agenda and direct a portion of research spending to specific areas of unmet medical need for leukemia, lymphoma & myeloma

Participate directly in blood cancer therapy development by expanding research beyond academic collaborations and biotech partnerships to include pharmaceutical companies and/or venture capitalists

Patient Services

Develop a services agenda for patients and their families to address their information and support needs

Inform blood cancer patients and improve access to the latest individual therapy options and blood cancer clinical trials

LLS is the key source of information and services for patients throughout their cancer journey

Public Policy

Increase funding from non-LLS sources to accelerate the discovery and development of blood cancer therapies

Encourage an effective and science-driven regulatory system for efficient review of new blood cancer therapies

Ensure patients have insurance coverage for their treatments and well-coordinated and high quality cancer care



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Light The Night is The Leukemia & Lymphoma Society's Event that funds lifesaving research and support for people battling cancer. Friends, Families, Co-worker and the Public are able to come enjoy a inspirational, memorable, evening walk.

The Louisville Light The Night Walk takes place at Louisville Slugger Field on Saturday September 27th. The event draws 7,000+ in attendance and there is no charge to attend.

The event begins at 5pm with live music on the field and booths setup on the concourse. This year we have added a health fair that will be operated by Galen College of Nursing.

Around 6:00pm we have a non-denominational remembrance ceremony in the Great Hall. This ceremony is for any individual that has lost someone to any form of cancer.

At 6:45pm the main program begins. We will have several speakers and 2-3 videos that will play on the Pepsi Vision.

7:20pm The walk will begins & Lighting of the Lanterns! Individuals will line up on the concourse and exit the Witherspoon exit of the park. They will cross the street and enter Waterfront Park make a lap around the Great Lawn and then start heading back toward the stadium.

8pm The EVENT goes LIVE! WLKY begins broadcasting the event live on there METV station with a 30 minute television special. Also at 8pm the individuals re-enter the stadium through the center field wall with there Lighted Lanterns.

8:45pm Fireworks! Zambelli International does a large firework demonstration to cap the night.

This is a great safe family evening!

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

The funds are used to offset Leukemia & Lymphoma Society operating expenses & Light The Night Event expenses. These expenses could included office rental, temporary staffing, phone expenses, mailing expenses, fundraising incentives, music and much more. Your funds allow us to put on a great free event for the community and at the same take the money that is raised and put it towards the mission of saving lives in this community. As I said earlier the event is open to the public and free of charge, but because of that there are some charges that we need to cover.

The more expense we can offset, the more funds raised that evening will go directly to blood cancer research that will directly help save lives at the James Graham Brown, Norton Cancer Institute & CBC at Baptist Health. The doctors at these institutions will tell you how valuable the research LLS does and how many lives we have saved in our community. Also we will be able to personally touch and effect more family in this community through our countless programs and financial aids.

Most items are paid with an American Express Card on a monthly basis and are subdivided by category



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

The proceeds will be spent to serve area patients and their families. The Proceeds will fund our Mission services. Which include Co-pay assistance, Travel assistance, Blood Cancer Research, also Programs & support groups for families and patients of blood cancers.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Light The Night has an operating budget, the council funds are allowing for more of the m

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Yes



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

In the last year alone LLS funded \$73.5M to cancer research involving over 400 researchers worldwide. Since January of 2013 LLS researches have got FDA approval for four new treatments and countless others are in clinical trials. Locally the Kentucky Chapter provided \$571,673 in co-pay assistance and financial aid to area patients in the last fiscal year.

In Jefferson County, KY in this fiscal year LLS has provided \$1,250 in travel assistance, \$13,700 in patient aid and \$33,539.93 in Co-pay assistance through March of 2014. Totaling \$48,489.93 in financial help to blood cancer patients right here in Metro Louisville.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

The Leukemia & Lymphoma Society (LLS) has a great working relationship with Norton Healthcare, KentuckyOne Health, Baptist Health, Galen College of Nursing, Kindred Healthcare & WLKY. All these organizations have been long term partners of LLS and the Light The Night Walk. All these partners with the exception of WLKY are cash sponsors that range between \$15,000-\$5,000. WLKY provided exposure through commercials and the Live broadcast of the event.

A handwritten signature in black ink, appearing to be the initials "AS", written over the "Applicant's Initials" text.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	8,000	11,000	19,000
B: Rent/Utilities	20,000	28,948	48,948
C: Office Supplies	1000	39,073	40,073
D: Telephone	1000	2,351	3,351
E: In-town Travel	750	23,350	24,100
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials		0	
I: Community Events & Festivals (Attach Detail List)	25,500	0	25,500
J: Small Equipment	0	0	0
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)	0	34,180	34,180
*TOTAL PROGRAM/PROJECT FUNDS	56,250	117,902	174,152
% of Program Budget	32 %	68 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	0
United Way	\$0
Private Contributions (do not include individual donor names)	357,753
Fees Collected from Program Participants	\$0
Other (please specify)	\$0
Total Revenue for Columns 2 Expenses **	357,753

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Pepsi	\$5,000	Bottled Soft Drinks
Mattingly Foods	\$2,500	Plates, Napkins, Cups, Food holders
Papa John's	\$3,000	Pizza
Volunteers hours	\$10,000	<small>number of volunteers through the year of 57.25, if no wage hourly \$8.00</small>
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$22,500	

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

- 1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee)
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 - CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory: Andrew Settle, Date: 7/29/15, Title: Campaign Manager, Phone: 502-719-0550, Extension: , Email: andrew.settle@lms.org

Applicant's Initials [Signature]

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Leukemia & Lymphoma Society	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	<input checked="" type="checkbox"/> Other (see instructions) ▶ NON-PROFIT	
Address (number, street, and apt. or suite no.) 301 E. Main Street, Suite 100		Requester's name and address (optional)
City, state, and ZIP code Louisville, Ky 40202		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	Employer identification number								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ JAN 22, 2014
------------------	----------------------------	----------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and


4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248219411
Mar. 11, 2013 LTR 4168C E0
[REDACTED] 000000 00
00022211
BODC: TE

LEUKEMIA & LYMPHOMA SOCIETY INC
1311 MAMARONECK AVENUE
WHITE PLAINS NY 10605-5221



020812

Employer Identification Number: [REDACTED]
Person to Contact: Laura Botkin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 28, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in January 2001.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Chapter P&L Kentucky & Southern Indiana For Period Ending YTD June- Audit, FY15

	1	2	3 = 2/1	4	5	6 = 5/4	7 = 3 - 6	8 = 2 - 5
	Annual Budget	YTD Actual	YTD Actual as % of Budget	Prior Year Actual	Prior YTD Actual	PYTD as % of PY Annual	YTD % of Attainment Over/(Under) PY	YTD Over / (Under) PYTD
Community Campaign	500	2,348	469.7%	443	443	100.0%	369.7	1,906
Donor Development	130,000	112,514	86.5%	88,695	88,695	100.0%	(13.5)	23,819
Federated Campaigns	26,000	17,214	66.2%	25,805	25,805	100.0%	(33.8)	(8,591)
Spec. Events - TNT	384,400	337,453	92.6%	408,430	408,430	100.0%	(7.4)	(70,977)
Spec. Events - Relationship Based	240,050	381,572	159.0%	165,230	165,230	100.0%	59.0	216,342
Spec. Events - Market Based	960,500	904,269	94.1%	860,197	860,197	100.0%	(5.9)	44,072
Other Event Revenue	0	0	0	0	0			0
Chapter Gross Campaign Revenue	1,721,450	1,755,370	102.0%	1,548,800	1,548,800	100.0%	2.0	206,570
Chap. Direct Donor Benefit Exp.	(191,613)	(220,551)	115.1%	(195,115)	(195,115)	100.0%	15.1	(25,436)
Chapter Net Campaign Revenue	1,529,837	1,534,819	100.3%	1,353,684	1,353,684	100.0%	0.3	181,135
Payroll	(332,519)	(297,838)	89.6%	(385,302)	(385,302)	100.0%	(10.4)	87,463
LSA share FICA, Dis, Unempl	(29,755)	(20,694)	69.5%	(27,290)	(27,290)	100.0%	(30.5)	6,596
Benefits	(101,177)	(79,509)	78.6%	(86,833)	(86,833)	100.0%	(21.4)	7,324
Occupancy	(75,200)	(72,445)	96.3%	(73,178)	(73,178)	100.0%	(3.7)	733
Telephone	(4,000)	(3,351)	83.8%	(5,014)	(5,014)	100.0%	(16.2)	1,663
Travel	(23,350)	(30,839)	132.1%	(31,669)	(31,669)	100.0%	32.1	830
Stationery & Supplies/Printing	(64,232)	(40,073)	62.4%	(65,782)	(65,782)	100.0%	(37.6)	25,709
Office Equipmt / Rental	(17,250)	(13,763)	79.9%	(18,056)	(18,056)	100.0%	(20.1)	4,273
Postage & Shipping	(31,266)	(20,397)	65.2%	(28,980)	(28,980)	100.0%	(34.8)	8,582
Meeting Exp	(5,900)	(2,950)	50.0%	(5,951)	(5,951)	100.0%	(50.0)	3,001
Professional Fees	(66,663)	(57,267)	85.9%	(98,138)	(98,138)	100.0%	(14.1)	40,871
Memberships	(2,750)	(4,191)	152.4%	(1,818)	(1,818)	100.0%	52.4	(2,373)
Credit Card & Bank Service Fees	(11,800)	(11,133)	94.4%	(9,944)	(9,944)	100.0%	(5.6)	(1,190)
Other	(5,900)	(6,231)	105.6%	(8,142)	(8,142)	100.0%	5.6	1,911
Chapter Expenses	(771,762)	(660,702)	85.6%	(846,095)	(846,095)	100.0%	(14.4)	185,394
Chapter Net Income	758,075	874,117	115.3%	507,589	507,589	100.0%	15.3	366,529
Chapter Margin	44.0%	49.8%	113.1%	32.8%	32.8%	100.0%	13.1%	17.0%
Salary Productivity Ratio	5.2	5.9	113.8	4.0	4.0	100.0	13.8	1.9
Payroll & FICA/Operating Expenditures	46.9%	48.2%	102.7%	48.8%	48.8%	100.0%	2.7%	-0.6%
Benefits/Operating Expenditures	13.1%	12.0%	91.8%	10.3%	10.3%	100.0%	-8.2%	1.8%
Occupancy/Operating Expenditures	9.7%	11.0%	112.5%	8.6%	8.6%	100.0%	12.5%	2.3%
Telephone/Operating Expenditures	0.5%	0.5%	97.9%	0.6%	0.6%	100.0%	-2.1%	-0.1%

Chapter P&L Kentucky & Southern Indiana For Period Ending YTD June- Audit, FY15

	1	2	3 = 2/1	4	5	6 = 5/4	7 = 3 - 6	8 = 2 - 5
	Annual Budget	YTD Actual	YTD Actual as % of Budget	Prior Year Actual	Prior YTD Actual	PYTD as % of PY Annual	YTD % of Attainment Over/(Under) PY	YTD Over / (Under) PYTD
Travel/Operating Expenditures	3.0%	4.7%	154.3%	3.7%	3.7%	100.0%	54.3%	0.9%
Consolidated Printing/Operating Expenditures								
Office Equip. & Rental/Operating Expenditures	2.2%	2.1%	93.3%	2.1%	2.1%	100.0%	-6.7%	0.0%
Postage/Operating Expenditures	4.1%	3.1%	76.2%	3.4%	3.4%	100.0%	-23.8%	-0.3%
Meeting Exp./Operating Expenditures	0.8%	0.4%	58.4%	0.7%	0.7%	100.0%	-41.6%	-0.3%
Professional Fees/Operating Expenditures	8.6%	8.7%	100.3%	11.6%	11.6%	100.0%	0.3%	-2.9%
Other Expense/Operating Expenditures	0.8%	0.9%	123.4%	1.0%	1.0%	100.0%	23.4%	0.0%
Net TNT Marathon	196,113	205,408	104.7%	225,279	225,279	100.0%	4.7	(19,871)
Net TNT Cycle		4,081		1,254	1,254	100.0%	(100.0)	2,827
Net TNT Triathlon	66,757	52,812	79.1%	56,668	56,668	100.0%	(20.9)	(3,856)
Net TNT Other	14,600	5,534	37.9%	7,129	7,129	100.0%	(62.1)	(1,595)
TNT Hike	19,092	8,822	46.2%	36,479	36,479	100.0%	(53.8)	(27,658)
Total Gross TNT	364,400	337,453	92.6%	408,430	408,430	100.0%	(7.4)	(70,977)
Total TNT DIR. BEN. EXP.	(67,838)	(60,797)	89.6%	(81,622)	(81,622)	100.0%	(10.4)	20,825
Total Net TNT	296,562	276,656	93.3%	326,809	326,809	100.0%	(6.7)	(50,152)
TNT Direct Benefit Expense Ratio	18.6%	18.0%	96.8%	20.0%	20.0%	100.0%	-3.2%	-2.0%
Celebrity Waiters DDB Ratio								
Net "Black Tie"/Dinners/Galas		0		(54)	(54)	100.0%	(100.0)	54
Net Man/Woman of the Year	209,350	318,540	152.2%	142,415	142,415	100.0%	52.2	176,125
Net Golf		5,715						5,715
Net Regatta				0	0			0
Other Relationship DDB Ratio								
Total Gross Relationship Based	240,050	381,572	159.0%	165,230	165,230	100.0%	59.0	216,342
Total Relationship Based DIR. BEN. EXP.	(30,700)	(57,316)	186.7%	(22,868)	(22,868)	100.0%	86.7	(34,448)
Total Net Relationship Based	209,350	324,255	154.9%	142,361	142,361	100.0%	54.9	181,894
Relationship Based Dir. Ben. Exp. Ratio	12.8%	15.0%	117.5%	13.8%	13.8%	100.0%	17.5%	1.2%
Net Light the Night	498,725	448,517	89.9%	417,928	417,928	100.0%	(10.1)	30,589
Net School & Youth	368,700	353,315	95.8%	351,644	351,644	100.0%	(4.2)	1,670
Soccer DDB Ratio								
Net All Other Marketing Based				0	0			0
Total Gross Marketing Based	960,500	904,269	94.1%	860,197	860,197	100.0%	(5.9)	44,072

Chapter P&L Kentucky & Southern Indiana For Period Ending YTD June- Audit, FY15

	1	2	3 = 2/1	4	5	6 = 5/4	7 = 3 - 6	8 = 2 - 5
	Annual Budget	YTD Actual	YTD Actual as % of Budget	Prior Year Actual	Prior YTD Actual	PYTD as % of PY Annual	YTD % of Attainment Over/(Under) PY	YTD Over / (Under) PYTD
Total Marketing Based DIR, BEN, EXP.	(93,075)	(102,438)	110.1%	(90,625)	(90,625)	100.0%	10.1	(11,813)
Total Net Marketing Based	867,425	801,831	92.4%	769,572	769,572	100.0%	(7.6)	32,259
Marketing Based Dir. Ben. Exp. Ratio	9.7%	11.3%	116.9%	10.5%	10.5%	100.0%	16.9%	0.8%
Cash in Banks - Operating		(12,887)		(7,566)	(7,566)	100.0%	(100.0)	(5,322)
Cash in Banks - Paycor		0		0	0			0
Cash in Banks - Other		(41,297)		0	0			(41,297)
Petty Cash		(1,285)		(1,285)	(1,285)	100.0%	(100.0)	0
Accounts Receivable		0		0	0			0
Prepaid Expenses		(11,509)		(21,103)	(21,103)	100.0%	(100.0)	9,594
Leasehold Impvts		(6,970)		(6,970)	(6,970)	100.0%	(100.0)	0
Furniture		(14,812)		(14,812)	(14,812)	100.0%	(100.0)	0
Computers		0		0	0			0
Accum Depn - Furniture		20,510		18,601	18,601	100.0%	(100.0)	1,909
Accounts Payable & Accrued Exp		4,422		10,605	10,605	100.0%	(100.0)	(6,183)
Deferred Income		150,781		128,004	128,004	100.0%	(100.0)	22,778
Net Assets		(105,475)		(136,900)	(136,900)	100.0%	(100.0)	31,425
Remittances		(855,596)		(414,063)	(414,063)	100.0%	(100.0)	(441,532)
Patient Aid Expenses		0		(62,100)	(62,100)	100.0%	(100.0)	62,100

Current 3 Highest Paid Local Staff

Andrew Settle	\$50,000
Sheila Gustafson	\$42,500
Keri Walls	\$35,000

Index of Articles of Incorporation and related documents

Index Tab	Document	Date
1	Original Cert. of Inc - Robert Roesler De Villiers Fdn, Inc	Jan-49
2	Certificate of Change of Name to Leukemia Society, Inc	Jul-55
3	Certificate of Amendment to Increase the # of directors	Dec-63
4	Certificate of Change of Name to LSA	Mar-67
5	Certificate of Amendment (powers, # of directors)	Oct-68
6	Certificate of Amendment (# of directors)	Oct-74
7	Certificate of Merger with Leukemia Guild	Dec-74
8	Certificate of Amendment (powers)	Oct-80
9	Certificate of Amendment (Name Change)	Feb-00

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CERTIFICATE OF INCORPORATION

of

ROBERT HOESLER DE VILLIERS FOUNDATION, INC.

Pursuant to the Membership Corporations Law

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED JAN 31 1949

Dated, January 10th, 1949

TAXES none
FILING FEE \$ 40

Thomas Glavin

Secretary of State

By *William Averell Brown*
William Averell Brown
71 Broadway
New York 6, N.Y.

5709-3-1



The University of the State of New York

STATE OF NEW YORK: SS.
COUNTY OF ALBANY :

Pursuant to the provisions of Section 11, Article 2 of the Membership Corporations Law, consent is hereby given to the filing of the annexed certificate of incorporation of "ROBERT ROESLER DE VILLIERS FOUNDATION, INC." as a membership corporation.

This consent, however, shall in no way be construed as an approval by the Education Department, Board of Regents or Commissioner of Education of the purposes and objects of this corporation, nor shall it be construed as giving the officers or agents of this corporation the right to use the name of the University of the State of New York, Education Department, Board of Regents or Commissioner of Education in its publications and advertising matter.

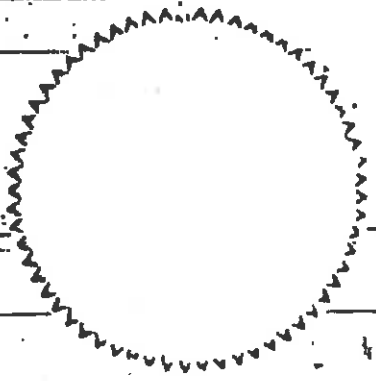
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IN WITNESS WHEREOF, I, Lewis A. Wilson,

Acting Commissioner of Education
of the State of New York, for and
on behalf of the State Education
Department, do hereunto set my hand
and affix the seal of the State Ed-
ucation Department, at the City of
Albany, this 21st day of January,

1949

Acting Commissioner of Education



5108-3-2

CERTIFICATE OF INCORPORATION

of

ROBERT ROESLER DE VILLIERS FOUNDATION, INC.

Pursuant to the Membership Corporations Law

The undersigned, desiring to form a corporation in accordance with the Membership Corporations Law of the State of New York, make, sign, acknowledge and file this Certificate.

FIRST: The name of the proposed corporation is

ROBERT ROESLER DE VILLIERS FOUNDATION, INC.

SECOND: The purposes for which the Corporation is to be formed are:

1. To assist in the education and welfare of boys and young men of good character and ability by arranging and financing in whole or part such boys' and young men's trips to and sojourns in Switzerland, or other countries in Europe and in the Western Hemisphere, to enable them to study at universities or other educational institutions in such countries or regain their health there.

2. To make grants of financial aid to hospitals and other institutions, and individuals, for the study of, and research into, the causes of leukemia, and its treatment and cure.

3. To assist in the education and welfare of boys and young men of good character and ability by

(a) making direct grants of financial aid to or

5109-3.3

for such boys and young men for the purpose of carrying on their education;

(b) paying directly to educational institutions the charges for tuition, board, lodging and other expenses of such boys and young men who are receiving their education at such institutions;

(c) granting funds for scholarships, fellowships and other educational assistance to or for such boys and young men;

(d) distributing funds of the corporation to other organizations-established for charitable and educational purposes.

4. To engage in, assist and contribute to the support of exclusively charitable, scientific, literary and educational activities and projects, and to contribute to the support of exclusively charitable, scientific, literary and educational organizations and funds, of any and every kind, provided, however, that nothing herein contained shall authorize this Corporation to undertake or carry on any of the activities specified in Section 11 of the Membership Corporations Law or Section 35 of the Social Welfare Law.

5. In carrying out these purposes the Corporation shall have power -

(a) to solicit contributions and to receive, acquire, hold, own, invest and reinvest any and all such cash, securities, evidences of indebtedness or other property, real or personal, as may from time to time be given,

3

sold, transferred, granted, conveyed or assigned to it by any person, estate, firm, committee, association or corporation; to take by devise or bequest, or otherwise, subject to limitations, imposed by law, any and all property heretofore or hereafter devised or bequeathed by will or otherwise, or in any manner granted or conveyed to it; to exercise in respect to any and all such property any and all rights, powers and privileges of ownership, and to collect any and all rents, profits and income therefrom; and

(b) generally, to do any and all things which may be necessary or proper in connection with its objects and purposes which may not be contrary to law, either alone or in association with other corporations, firms, political subdivisions or individuals.

6. This Corporation shall be operated exclusively for charitable, scientific, literary or educational purposes, and no part of its property or net earnings thereof shall inure to the benefit of any private member or individual, firm or corporation and no substantial part of its activities shall consist in carrying on propaganda or otherwise attempting to influence legislation. Upon dissolution of the Corporation, its property, after the payment of all debts, shall be disposed of or applied only for

the purposes for which the Corporation is organized, *in accordance with the provisions of the Membership Corporations Law.*

THIRD: The territory in which the operations of the Corporation are principally to be conducted is the United States of America.

FOURTH: The principal office of the Corporation is to be located in the City of New York, County and State of New York.

FIFTH: The number of directors or trustees shall be not less than three nor more than fifteen.

SIXTH: The names and residences of the persons who are to be

directors or trustees until the first annual meeting and until their successors are elected are;

<u>NAME</u>	<u>RESIDENCE</u>
Antoinette K. de Villiers	417 Park Avenue, New York 22, N. Y.
Rudolph Roessler de Villiers	417 Park Avenue, New York 22, N. Y.
Wm. Averell Brown	129 East 95th Street, New York 22, N. Y.

SEVENTH: All the subscribers to this Certificate are of full age; at least two-thirds of them are citizens of the United States; at least one of them is a resident of the State of New York; and of the persons named as directors or trustees at least one is a citizen of the United States and a resident of the State of New York.

IN WITNESS WHEREOF, we have made, subscribed and acknowledged this Certificate this 10th day of January, One thousand nine hundred forty-nine.

Antoinette R. de Villiers
Antoinette R. de Villiers

Rudolph Roessler de Villiers
Rudolph Roessler de Villiers

Wm. Averell Brown
Wm. Averell Brown

Norris Darrell
Norris Darrell

Frank L. Babbett
Frank L. Babbett

STATE OF NEW YORK)
) SS.:
COUNTY OF NEW YORK)

On this 11th day of January, 1949, before me personally came Antoinette R. de Villiers, to me known and known to me to be one of the persons described in and who executed the foregoing Certificate of Incorporation, and she thereupon duly acknowledged to me that she executed the same.

William L. Windisch

WILLIAM L. WINDISCH
Notary Public, State of New York
Residing in Queens County
Que. Co. Clk's No. 1827 Reg. No. 63-W-7
Certificate Filed in
N.Y. Co. Clk's No. 51 Reg. No. 140-W-9
Commission Expires March 30, 1950

STATE OF NEW YORK)
) SS.:
COUNTY OF NEW YORK)

On this 11th day of January, 1949, before me personally came Rudolph Roesler de Villiers, to me known and known to me to be one of the persons described in and who executed the foregoing Certificate of Incorporation, and he thereupon duly acknowledged to me that he executed the same.

William L. Windisch

WILLIAM L. WINDISCH
Notary Public, State of New York
Residing in Queens County
Que. Co. Clk's No. 1827 Reg. No. 63-W-9
Certificate Filed in
N.Y. Co. Clk's No. 51 Reg. No. 140-W-9
Commission Expires March 30, 1950

STATE OF NEW YORK)
) SS.:
COUNTY OF NEW YORK)

On this 10th day of January, 1949, before me personally came Wm. Averell Brown, to me known and known to me to be one of the persons described in and who executed the foregoing Certificate of Incorporation, and he thereupon duly acknowledged to me that he executed the same.

William J. Dickson

WILLIAM J. DICKSON
NOTARY PUBLIC in the State of New York
Residing in Queens County
Que. Co. Clk's No. 94
Certificate Filed in New York Co.
Clk's No. 112, Reg. No. 14-D-0
Commission Expires March 30, 1950

STATE OF NEW YORK)
) SS.:
COUNTY OF NEW YORK)

On this 13th day of January, 1949, before me personally came Morris Darrell, to me known and known to me to be one of the persons described in and who executed the foregoing Certificate of Incorporation, and he thereupon duly acknowledged to me that he executed the same.

J. W. P. Johnson
Notary Public in the State of New York
Residing in Kings County
Kings Co. C. L. No. 271, Reg. No. 218-C-0
N. Y. Co. C. L. No. 211, Reg. No. 220-C-0
Commission Expires March 20, 1950

STATE OF NEW YORK)
) SS.:
COUNTY OF NEW YORK)

On this 13th day of January, 1949, before me personally came Frank Babbott, to me known and known to me to be one of the persons described in and who executed the foregoing Certificate of Incorporation, and he thereupon duly acknowledged to me that he executed the same.

Alfred G. Coyle
ALFRED G. COYLE
Notary Public in the State of New York
Residing in Kings County
Kings Co. C. L. No. 271, Reg. No. 218-C-0
Queens Co. C. L. No. 221, Reg. No. 116-C-0
N.Y.Co. C. L. No. 271, Reg. No. 220-C-0
Brooklyn Co. C. L. No. 19, Reg. No. 65-C-0
Richmond Co. C. L. No. 20-C
Commission Expires March 20, 1950

STATE OF NEW YORK)
) SS.:
COUNTY OF NEW YORK)

Wm. Averell Brown being duly sworn, deposes and says:

I am an attorney for the subscribers to the foregoing Certificate of Incorporation. No previous application for the approval of said Certificate has been made to any Justice of the Supreme Court.

Sworn to before me this
14th day of January, 1949.

Wm Averell Brown

William J. Dickson
WILLIAM J. DICKSON
NOTARY PUBLIC in the State of New York
Residing in Kings County
Kings Co. C. L. No. 271, Reg. No. 218-C-0
N. Y. Co. C. L. No. 271, Reg. No. 220-C-0
Commission Expires March 20, 1950

5018-3-8

Justice of the Supreme Court of the
State of New York.

James V. Bruden

I, **LOUIS A. VALENTE**, one of the Justices of the Supreme
Court of the State of New York, First Judicial District, hereby approve the fore-
going Certificate of Incorporation of Robert Roslor de Williger Foundation, Inc.
Dated, New York City, New York, this 27 day of January, 1969.

11/11/75

CERTIFICATE

OF

CHANGE OF NAME

OF

ROBERT ROESLER DE VILLIERS FOUNDATION, INC.

TO

LEUKEMIA SOCIETY, INC.

Pursuant to Section Forty of the General Corporation Law

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED AUG 1 - 1975

TAX I None
FILE NUMBER 25

[Signature]
By *[Signature]*

DAVIS POLK WARDELL SUNDERLAND & KIENDL
COUNSELORS AT LAW
19 BROAD STREET
BOROUGH OF MANHATTAN
NEW YORK 2, N. Y.

jb

CERTIFICATE
OF
CHANGE OF NAME
OF

ROBERT ROESLER DE VILLIERS FOUNDATION, INC.

TO
LEUKEMIA SOCIETY, INC.

Pursuant to Section Forty of the
General Corporation Law

We, the undersigned, being a vice-president and
the secretary, respectively, of ROBERT ROESLER DE VILLIERS
FOUNDATION, INC., do hereby make, subscribe and acknowledge
this certificate and do hereby state and certify as follows:

1. The name (unchanged since the date of incor-
poration) of the corporation is ROBERT ROESLER DE VILLIERS
FOUNDATION, INC.

2. The date of filing of the certificate of in-
corporation in each state office where filed is:

In the office of the Secretary of State of
the State of New York on January 31, 1949.

1109 127

3. The new name to be assumed by the corporation is LEUKEMIA SOCIETY, INC.

IN WITNESS WHEREOF the undersigned have made, subscribed and acknowledged this certificate this 29th day of July, 1955.

Frank L. Babott
Vice-President

Benjamin H. Gaylord
Secretary

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

On this 29th day of July, 1955, before me personally of the FRANK L. BABBOTT and BENJAMIN H. GAYLORD, to me known and known to me to be the persons described in and who executed the foregoing certificate as vice-president and secretary, respectively, of ROBERT ROESLER DE VILLIERS FOUNDATION, INC., the corporation described in the foregoing certificate, and they severally duly acknowledged to me that they executed the same.

Anthony J. ...
Notary Public

ANTHONY J. ...
Notary Public

Notary Public for the State of New York
and Rochester County, New York
Commission Expires March 1, 1957

61-8-1272

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

FRANK L. BABBOTT and BENJAMIN H. GAYLORD, each being duly sworn, depose and say, and each individually deposes and says, that the said FRANK L. BABBOTT is vice-president of ROBERT ROESLER DE VILLIERS FOUNDATION, INC., and the said BENJAMIN H. GAYLORD is secretary thereof; that they have been duly authorized to execute and file the foregoing certificate by the concurring votes cast in person or by proxy of a majority of the members of record of the corporation who are entitled to vote; and that such votes were cast at a meeting of the members called for the purpose of considering and voting upon a change of name, upon like notice as that required for the annual meetings of the corporation; and that the date of such meeting was July 29, 1955.

Frank L. Babbott
Frank L. Babbott

Benjamin H. Gaylord
Benjamin H. Gaylord

Sworn to before me this

29 day of July, 1955.

Notary Public
Notary Public

ANTHONY J.
Notary Public

Notary Public with Title in the State of New York
and Westchester County, New York
Commission Expires August 1, 1959

6109 27-3

BERNARD PERLMAN
ATTORNEY AT LAW
EMPIRE STATE BUILDING
230 FIFTH AVENUE, NEW YORK 1, NEW YORK

**CERTIFICATE OF AMENDMENT TO INCREASE
THE NUMBER OF DIRECTORS OF LEUKEMIA
SOCIETY, INC.**

(Pursuant to Section 30 of the Membership
Corporation Law.)

WE, HAROLD L. SCHIFF, President and HENRY GREENE,
Secretary, of LEUKEMIA SOCIETY, INC., a membership corpora-
tion, duly organized and existing under the New York Member-
ship Corporations Law, for the purpose of increasing the
number of authorized directors of said corporation, pursuant
to Section 30 of the Membership Corporations Law, do hereby
make, subscribe and acknowledge this Certificate and do
certify as follows:-

1. The name of this corporation is LEUKEMIA
SOCIETY, INC.

2. The Certificate of Incorporation was filed in
the office of the Secretary of State of the State of New
York on the 31st day of January, 1949, and its change of
name from ROBERT ROESLER DE VILLIERS FOUNDATION, INC., to
LEUKEMIA SOCIETY, INC., was filed in the office of the
Secretary of State of the State of New York on the 1st day
of August, 1955.

3. The original Certificate of Incorporation when
organized specified the number of directors as;

"Fifth: The number of directors or trustees shall be
not less than three nor more than fifteen"

Said provision has not been changed since the
date of incorporation.

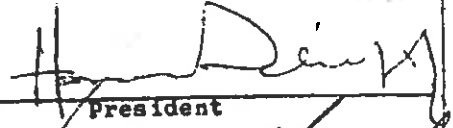
4. The amendment of the Certificate of Incorporation
relating to the number of authorized directors intended
to be established by the execution and filing of this

111089

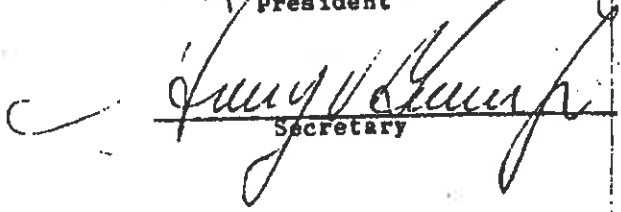
Certificate of Amendment is;

"FIFTH: The number of directors or trustees shall be not less than five nor more than sixty."

IN WITNESS WHEREOF, we have made, signed and acknowledged this Certificate this 6th day of December, 1963.



President




Secretary

NOTARY PUBLIC STATE OF NEW YORK
OFFICE OF THE NOTARY PUBLIC

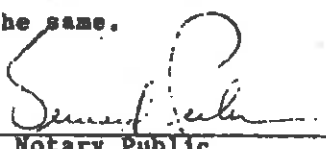
STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

On this 6th day of December, 1963 before me personally came HAROLD L. SCHIFF, to me known and known to me to be the person described in, and who executed the foregoing amended Certificate of Incorporation, and he duly acknowledged that he executed the same.


Notary Public

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

On this 6th day of December, 1963 before me personally came HENRY GREENE, to me known and known to me to be the person described in, and who executed the foregoing amended Certificate of Incorporation, and he duly acknowledged that he executed the same.


Notary Public

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

HAROLD L. SCHIFF and HENRY GREENE, being severally duly sworn, depose and say: that HAROLD L. SCHIFF is the President of LEUKEMIA SOCIETY, INC., and HENRY GREENE, is the Secretary thereof; that they were authorized to execute and file the foregoing Certificate of Amendment of the number of authorized directors of LEUKEMIA SOCIETY, INC., pursuant to Section 30 of the Membership Corporations Law, by the concurring vote of a majority of the members of the corporation present at an annual meeting held on the 6th day of December, 1963, upon notice pursuant to Section 43 of the Membership Corporations Law, and they subscribe such certificate by virtue of such authority.

Sworn to before me this
6th day of December, 1963.

David [Signature]

Henry V. Greene

COURT OF THE STATE OF NEW YORK
DIVISION OF THE SUPREME COURT


I, **GEORGE TILZER**, a Justice of the Supreme Court of the State of New York, hereby approve the foregoing Certificate of Amendment of number of authorized directors and consent to the filing of the same.

Dated: *June 16*, 1963


Justice of the Supreme Court of the State of New York

NOTICE RECEIVED. NO OBJECTION
(This is not to be deemed an approval on behalf of any other State or agency, nor an authorization of activities otherwise prohibited by law.)

1/10/63
LOUIS F. SPROWITZ
Attorney General of the State of New York

BY: 
Assistant Attorney General

1001 William De Villiers Foundation, Inc

1100-3

411089

<p><i>11/1/5</i></p> <p>CERTIFICATE OF AMENDMENT TO INCREASE THE NUMBER OF DIRECTORS OF LEUKEMIA SOCIETY, INC.</p>	<p>STATE OF NEW YORK DEPARTMENT OF STATE</p> <p>NOV 1 1963</p> <p><i>Nov 1 50</i></p>	<p><i>file 11/1/5</i></p> <p>Secretary of State</p> <p><i>[Signature]</i></p>	<p>BERNARD PERLMAN ATTORNEY AT LAW EMPIRE STATE BUILDING 350 FIFTH AVENUE, NEW YORK 1, NEW YORK PENNSYLVANIA 6-2632</p>
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9

Salomon & Salomon

State of New York }
Department of State }
S.S.

31752

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State
and that the same is a correct transcript of said original.

WITNESS my hand and seal of the Department of State on NOV 19 1973

John P. Lomenzo
Secretary of State

State of New York }
Department of State }
ss.:

24743

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State
and that the same is a correct transcript of said original.

WITNESS my hand and seal of the Department of State on NOV 19 1973

John P. Lorenzo
Secretary of State

616642

CERTIFICATE OF CHANGE OF NAME
OF

LEUKEMIA SOCIETY, INC.

PURSUANT TO SECTION FORTY OF THE GENERAL
CORPORATION LAW

WE, THE UNDERSIGNED, BRYANT FISCHLER and ELIZABETH SWEET, being respectively the president and the secretary of the LEUKEMIA SOCIETY, INC. hereby certify:

1. That the original name of this corporation was ROBERT ROESLER DE VILLIERS FOUNDATION, INC, which was subsequently changed to LEUKEMIA SOCIETY, INC.

2. The certificate of incorporation of said corporation was filed in the office of the Department of State on the 31st day of January, 1949.

3. That the name of the corporation on the Certificate of Incorporation of LEUKEMIA SOCIETY, INC. is hereby amended to effect a change in the corporate name pursuant to Section 40 of the General Corporation Law.

4. Paragraph one (1) of the Certificate of Incorporation is hereby amended as follows: The name of the corporation is LEUKEMIA SOCIETY OF AMERICA, INC.

5. The manner in which this amendment to the Certificate of Incorporation of LEUKEMIA SOCIETY OF AMERICA, INC. was authorized was by the affirmative vote of a majority of the members of the corporation present at the annual corporate membership meeting held upon due notice pursuant to Section 43 of the Membership Corporations Law on the 29th of October, 1966, a quorum being present.

1000

IN WITNESS WHEREOF, the undersigned have executed and signed
this certificate this 14th day of March, 1967.

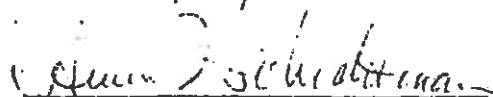
Bryant Fischler
BRYANT FISCHLER, President

Elizabeth Sweet
BETTY SWEET, Secretary
ELIZABETH SWEET

ES

STATE OF NEW YORK)
SS:
COUNTY OF ORANGE)

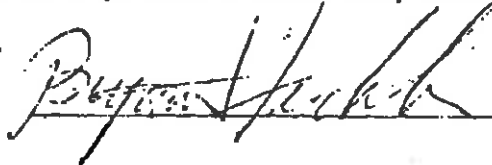
On the 14th day of March, 1967, before me personally came
BRYANT FISCHLER to me known, and known to me to be the person described
in and who executed the foregoing certificate, and he duly acknowledged to
me that he executed the same.



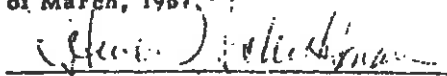
STEVEN L. SCHECHTMAN
Notary Public, State of New York
No. 41270-2
Qualified in Orange County
Commission Expires March 20, 1970

STATE OF NEW YORK)
SS:
COUNTY OF ORANGE)

BRYANT FISCHLER, being duly sworn, deposes and says that
he is the president of LEUKEMIA SOCIETY OF AMERICA, INC.; that he has
been authorized to execute and file the foregoing certificate by the concurring
vote of a majority of the members of the corporation present at an annual
meeting of the members held in the City of Boston, State of Massachusetts,
on the 29th day of October, 1966, upon notice pursuant to section forty-three
of the Membership Corporations Law.



Subscribed and sworn to
before me, this 14th day
of March, 1967.



STEVEN L. SCHECHTMAN
Notary Public, State of New York
No. 41270-2
Qualified in Orange County
Commission Expires March 20, 1970

STATE OF ~~FLORIDA~~ ^{New York}
COUNTY OF ~~...~~ ^{New York} SS:

On the 14th day of March, 1967, before me personally came
BETTYE SWEET to me known, and known to me to be the person described
in and who executed the foregoing certificate, and she duly acknowledged
to me that she executed the same.

Steven L. Schmitt
Notary Public

STEVEN L. SCHMITT
Notary Public, State of Florida
Commission Expires 12/31/68

STATE OF ~~FLORIDA~~ ^{New York}
COUNTY OF ~~...~~ ^{New York} SS:

BETTYE SWEET, being duly sworn, deposes and says that she is
the secretary of LEUKEMIA SOCIETY OF AMERICA, INC.; that she has
been authorized to execute and file the foregoing certificate, by the concurring
vote of a majority of the members of the corporation present at an annual
meeting of the members held in the City of Boston, State of Massachusetts,
on the 29th day of October, 1966, upon notice pursuant to section forty-three
of the Membership Corporations Law.

Elizabeth Sweet
BETTYE SWEET
ELIZABETH SWEET

Subscribed and sworn to
before me, this 14th day
of March, 1967.

Steven L. Schmitt
Notary Public

STEVEN L. SCHMITT
Notary Public, State of Florida
Commission Expires 12/31/68

616642

1/5/44

CERTIFICATE OF CHANGE OF
NAME

OF

LEUKEMIA SOCIETY, INC.

PURSUANT TO SECTION THIRTY
OF THE MEMBERSHIP
CORPORATIONS LAW

2

SCOTT W. SUECHTHAN

ATTORNEY AND COUNSELLOR AT LAW

240 Liberty Street
Newburgh, New York

RECEIVED
MAY 9 1967
STATE OF NEW YORK

MAY 9 1967

SCOTT W. SUECHTHAN
ATTORNEY AT LAW

5/5/67

5/5/67

5/5/67

51

State of New York }
Department of State }
SECRET

64755

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State
and that the same is a correct transcript of said original.

WITNESS my hand and seal of the Department of State on NOV 19 1973

John P. Lorenzo
Secretary of State

1 Recd

75-7745

CERTIFICATE OF AMENDMENT CHANGING THE POWERS OF
LEUKEMIA SOCIETY OF AMERICA, INC.
PURSUANT TO SECTION 30 OF THE MEMBERSHIP CORPORATION LAW

WE, THE UNDERSIGNED, JOHN J. KENNY, President, and
JULES OSTROFF, Secretary, of the LEUKEMIA SOCIETY OF AMERICA,
INC., a membership corporation, duly organized and existing
under the Membership Corporation Law of the State of New York,
for the purpose of eliminating one of the powers of said corp-
oration and increasing the authorized number of directors, pur-
suant to section 30 of the Membership Corporations Law, do hereby
make, sign and acknowledge this certificate and do certify as
follows:

1. The name of the corporation is LEUKEMIA SOCIETY OF AMERICA, INC. *The principal office is in the county and City of New York*
2. The Certificate of Incorporation was filed in the

office of the Secretary of State of the State of New York on the
29th day of January, 1949, at which time the corporation was
known as ROBERT ROESLER DE VILLIERS FOUNDATION, INC.

That thereafter and on the 29th day of July, 1955, the
said corporate name was amended to the LEUKEMIA SOCIETY, INC.,
pursuant to section 40 of the General Corporation Law.

That thereafter on the 3rd day of May, 1967, the name
of the corporation was again amended and changed to be the
LEUKEMIA SOCIETY OF AMERICA, INC., pursuant to section 30 of the
Membership Corporation Law.

3. The particular objects for which the above named corporation was organized are as follows:

a) To make grants of financial aid to hospitals and other institutions, and individuals, for the study of and research into, the causes of leukemia, and its treatment and cure.

b) To assist and contribute to the support of exclusively charitable, scientific, literary and educational activities and projects, and to contribute to the support of exclusively charitable, scientific, literary and educational organizations and funds, of any and every kind, provided, however, that nothing herein contained shall authorize this corporation to undertake or carry on any of the activities specified in Section II of the Membership Corporation Law of Section 35 of the Social Welfare Law.

c) In carrying out these purposes the Corporation shall have power -

1. to solicit contributions and to receive, acquire, hold, own, invest and reinvest any and all such cash securities, evidences of indebtedness or other property, real or personal, as may from time to time be given, sold, transferred, granted, conveyed or assigned to it by any person, estate, firm, committee, association or corporation; to take by devise or bequest, or otherwise

subject to limitations, imposed by law, any and all property heretofore or hereafter devised or bequeathed by will or otherwise, or in any manner granted or conveyed to it; to exercise in respect to any and all such property any and all rights, powers, and privileges of ownership, and to collect any and all rents, profits and income therefrom; and

2. generally, to do any and all things which may be necessary or proper in connection with its objects and purposes which may not be contrary to law, either alone or in association with other corporations, firms, political subdivisions or individuals.

d) This Corporation shall be operated exclusively for charitable, scientific, literary or educational purposes, and no part of its property or net earnings thereof shall enure to the benefit of any private member or individual, firm or corporation and no substantial part of its activities shall consist in carrying on propaganda or otherwise attempting to influence legislation. Upon dissolution of the Corporation, its property, after the payment of all debts, shall be disposed of or applied only for the purposes for which the Corporation is organized, in accordance with the provisions of the Membership Corporations Law.

4. The alterations proposed and intended to be effected by the execution and filing of this certificate consist of a limitation of the power of the corporation so as to preclude the corporation from engaging in any literary activities, and further to provide that the corporation shall have no less than three (3) directors or trustees and no more than sixty (60), and the corporation shall have the power as follows:

a) To make grants of financial aid to hospitals and other institutions, and individuals, for the study of, and research into, the causes of leukemia, and its treatment and cure.

b) To ^{voluntarily} assist and contribute to the support of exclusively charitable, scientific, education activities and projects, and to contribute to the support of exclusively charitable, scientific, educational organizations and funds, or any and every kind, provided, however, that nothing herein contained shall authorize this Corporation to undertake or carry on any of the activities specified in Section II of the Membership Corporation Law of Section 35 of the Social Welfare Law.

c) In carrying out these purposes the Corporation shall have power -

1. to solicit contributions and to receive, acquire, hold, own, invest and reinvest any and all such cash securities, evidences of indebted-

ness or other property, real or personal, as may from time to time be given, sold, transferred, granted, conveyed or assigned to it by any person, estate, firm, committee, association or corporation; to take by devise or bequest, or otherwise subject to limitations, imposed by law, any and all property heretofore or hereafter devised or bequeathed by will or otherwise, or in any manner granted or conveyed to it; to exercise in respect to any and all such property any and all rights, powers, and privileges of ownership, and to collect any and all rents, profits and income therefrom; and

2. generally, to do any and all things which may be necessary or proper in connection with its objects and purposes which may not be contrary to law, either alone or in association with other corporations, firms, political subdivisions or individuals *within such limitations as are permitted by law.*

d) This Corporation shall be operated exclusively for charitable, scientific, educational purposes, and no part of its property or net earnings thereof shall inure to the benefit of any private member or individual, firm or corporation and no substantial part of its activities shall consist in carrying on propanganda or otherwise attempting to influence

legislation. Upon dissolution of the Corporation, its property, after the payment of all debts, shall be disposed of or applied only for the purposes for which the Corporation is organized, in accordance with the provisions of the Membership Corporations Law ~~AND~~ *with the approval of a justice of the Supreme Court*

The manner in which this amendment to the Certificate of Incorporation of LEUKEMIA SOCIETY OF AMERICA, INC. was authorized was by the affirmation vote of the majority of The members of the corporation present at the annual corporation membership meeting held upon due notice pursuant to section 43 of the Membership Corporations Law on the 19th day of October, 1968.

The number of directors or trustees shall be not less than 3, nor more than ~~6~~.

IN WITNESS WHEREOF, we have made, signed, and acknowledged this Certificate, this *14th* day of *October*, 1968.

J. H. Kennedy
President

Julius Ostroff
Secretary

I, Hon. Leonard J. Supple, J. S. C., hereby approve the foregoing Certificate of Amendment or Powers and consent to the filing of same.

Dated: *October 29th* 1968

Leonard J. Supple
Justice of the Supreme Court

JUSTICE OF THE SUPREME COURT
OF THE STATE OF NEW YORK

I, EDWARD T. McCAFFREY, S.C. hereby approve
the foregoing Certificate of Amendment of ^{of the American Society of} Powers and America, Inc.,
consent to the filing of same.

April 30, 1969

Edward T. McCaffrey
Justice of the Supreme Court
Just. Edward T. McCaffrey

STATE OF *New York*,
COUNTY OF *New York*, SS:

On the *19th* day of *October*, 1968, before me personally came JOHN J. KENNY, to me known, and known to me to be the person described in and who executed the foregoing certificate, and he duly acknowledged to me that he executed the same.

Steven Schechtman
Notary Public

STEVEN I. SCHECHTMAN
Notary Public, State of New York
No. 41-8795780
Qualified in Queens County
Commission Expires March 30, 1969

STATE OF *New York*,
COUNTY OF *New York*, SS:

JOHN J. KENNY, being duly sworn, deposes and says that he is the president of LEUKEMIA SOCIETY OF AMERICA, INC.; that he has been authorized to execute and file the foregoing certificate by the concurring vote of a majority of the members of the corporation present at an annual meeting held on the 19th day of October, 1968, upon notice pursuant to section 43 of the Membership Corporations Law.

J. J. Kenny
JOHN J. KENNY

Subscribed and sworn to before me this *19th* day of *October*, 1968.

Steven Schechtman
Notary Public

STEVEN I. SCHECHTMAN
Notary Public, State of New York
No. 41-8795780
Qualified in Queens County
Commission Expires March 30, 1969

4

STATE OF *New York*,
COUNTY OF *New York* SS:

On the *19* day of ~~September~~ *October*, 1968, before me personally came JULES OSTROFF, to me known, and known to me to be the person described in and who executed the foregoing certificate, and he duly acknowledged to me that he executed the same.

Steven L. Schechtman
Notary Public
STEVEN L. SCHECHTMAN
Notary Public, State of New York
No. 41-8795780
Qualified in Queens County
Commission Expires March 30, 1970

STATE OF *New York*,
COUNTY OF *New York* SS:

JULES OSTROFF, being duly sworn, deposes and says that he is the secretary of LEUKEMIA SOCIETY OF AMERICA, INC.; that he has been authorized to execute and file the foregoing certificate by the concurring vote of a majority of the members of the corporation present at an annual meeting held on the 19th day of October, 1968, upon notice pursuant to section 43 of the Membership Corporations Law...

Jules Ostroff
JULES OSTROFF
1968

Subscribed and sworn to before me this *19th* day of ~~September~~ *October*, 1968.

Steven L. Schechtman
Notary Public

STEVEN L. SCHECHTMAN
Notary Public, State of New York
No. 41-8795780
Qualified in Queens County
Commission Expires March 30, 1970

75A748-10

CERTIFICATE OF AMENDMENT
CHANGING THE POWERS OF
LEUKEMIA SOCIETY OF AMERICA,
INC.
PURSUANT TO SECTION 30 OF THE
MEMBERSHIP CORPORATION LAW

[Handwritten signature]

SCOTT & SCHECHTMAN
~~XXXXXXXXXXXXXXXXXXXX~~
ATTORNEY AND COUNSELLOR AT LAW
280 ~~XXXXXXXXXXXX~~ Broadway
NEWBURGH, N. Y.
862-8020

assumed name *Robert*

5/3/67

orig name 5709-3

Robert Roeder, Dr., Veterans Funds

1/31/49

174 Co

3/28

STATE OF NEW YORK
DEPARTMENT OF STATE
MAY 6 1968
[Signature]

Secretary of State
[Signature]

9

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

LEUKEMIA SOCIETY OF AMERICA, INC.

UNDER SECTION 803 OF THE
NOT-FOR-PROFIT CORPORATION
LAW

We, the undersigned, being the President and Secretary of Leukemia Society of America, Inc., do hereby certify:

(1) The name of the corporation is Leukemia Society of America, Inc. The name under which the corporation was formed is Robert Roesler De Villiers Foundation, Inc.

(2) The certificate of incorporation of Robert Roesler De Villiers Foundation, Inc. was filed by the Department of State on the 31st day of January, 1949. The said corporation was formed under the Membership Corporation Law of the State of New York. This name was changed to Leukemia Society, Inc. by an amendment dated July 29, 1955 pursuant to section 40 of the General Corporation Law. Thereafter, and on the 3rd day of May, 1967, the name of the corporation was again amended and changed to be Leukemia Society of America, Inc., pursuant to section 30 of the Membership Corporation Law.

(3) The Leukemia Society of America, Inc. is a corporation as defined in subparagraph (a) (5) of section 102 of the Not-For-Profit Corporation Law and is a Type B corporation under section 201 of said law. ✓

(4) The post-office address, within the state to which the secretary of state shall mail a copy of any notice required by law is: 211 East 43rd Street, New York, N.Y. 10017.

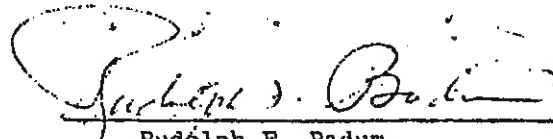
(5) The certificate of incorporation is hereby amended to effect the deletion therefrom of a provision restrictive of the powers of the Board of Directors pursuant to section 801 (b) (3) of the Not-For-Profit Corporation Law. The certificate of incorporation is hereby amended by striking out the following statement from Paragraph Fifth, to wit:

"The number of directors or trustees shall be not less than three nor more than fifteen."

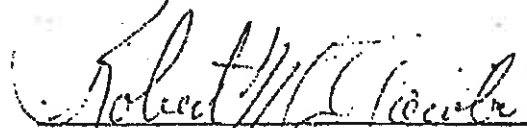
(6) The manner in which this amendment to the certificate of incorporation of Leukemia Society of America, Inc. was authorized was by the affirmative vote of a majority of the members entitled to vote thereon at a meeting of the members duly called and held on the 29th day of June, 1974, the affirmative vote being at least equal to the quorum.

(7) No approvals or consents are required by the Not-for-Profit Corporation Law or by any other statute of the State of New York.

IN WITNESS WHEREOF, the undersigned have executed and signed this certificate this 25 day of October, 1974



Rudolph F. Badum,
President



Robert M. Jacobi,
Secretary

State of New York }
Department of State } ss.:

22165

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.

Witness my hand and seal of the Department of State on AUG 2 1976

Walter D. Wilson
Secretary of State

CERTIFICATE OF MERGER

OF
THE LEUKEMIA GUILD

INTO
LEUKEMIA SOCIETY OF AMERICA, INC.
Under Section 906 of the Not-For-Profit
Corporation Law

1202712

The undersigned being the President and Secretary of the Leukemia Society of America, Inc., a domestic corporation duly organized and existing under and by virtue of the laws of the State of New York and the undersigned being the President and Secretary of The Leukemia Guild, a foreign corporation duly organized and existing under and by virtue of the laws of the State of Missouri, hereby certify:

(1) The names of the constituent corporations are The Leukemia Guild and Leukemia Society of America, Inc. The latter domestic corporation was initially incorporated as the Robert Roesler De Villiers Foundation, Inc. on January 31, 1949. This name was subsequently changed to the Leukemia Society, Inc. by amendment dated July 29, 1955 and to the Leukemia Society of America, Inc. by amendment dated May 3, 1967. The Society is a Type B corporation under the Not-For-Profit Laws of the State of New York.

The Leukemia Guild was incorporated in the State of Missouri on December 27, 1957 as Leukemia Guild of Missouri. Its name was changed to The Leukemia Guild by amendment dated October 21, 1959.

(2) The name of the surviving corporation is the Leukemia Society of America, Inc.

(3) As to each constituent corporation, the members, including their number, classification and voting rights are as follows:

(a) The Society:

"Section 1. Corporate Membership.
The Corporate Membership of the Leukemia Society of America, Inc., for all purposes under the Membership Corporation Law shall consist of all the affiliated chapters of the Corporation. Each affiliated chapter shall be represented by one delegate at all annual and special Corporate Membership meetings.

The delegate of each affiliated chapter shall be designated by such chapter, in writing, to the Corporation prior to all annual and special Corporate Membership meetings."

"Section 4. Voting. Corporate Members shall be entitled to vote at annual and special Corporate Membership meetings, either by delegate or written proxy duly executed by an affiliated member chapter. Each member chapter shall be entitled to one vote."

(b) The Guild:

"As to the Guild, there are no members entitled to vote."

(4) There are no amendments or changes to be made in the certificate of incorporation of the Leukemia Society of America, Inc.

(5) The effective date of the merger of The Leukemia Guild into Leukemia Society of America, Inc. is the date of filing of this certificate of merger by the Department of State.

(6) No application by The Leukemia Guild for authority to conduct activities in the State of New York has been filed by it with the Secretary of State.

(7) This merger is permitted by the laws of Missouri and is in compliance therewith and was authorized by the unanimous

(v) - 100-207541

vote of the Board of Directors of Leukemia Guild at a meeting duly called for that purpose. Insofar as the Leukemia Society of America, Inc. is concerned, this merger was approved by a unanimous vote of its Board of Trustees and by a similar vote of its members at a special meeting duly called for that purpose after notice having been given of the plan of merger.

IN WITNESS WHEREOF, the undersigned have executed, signed and verified this certificate this 30th day of June 1973.

THE LEUKEMIA GUILD

By V. Claude Petrov
V. Claude Petrov, President
By G. J. Ehrmann
G. J. Ehrmann, Secretary

LEUKEMIA SOCIETY OF AMERICA, INC.

By John F. Schuey
John F. Schuey, President
By Robert M. Yacopi
Robert M. Yacopi, Secretary



NOTARY PUBLIC FOR THE STATE OF MISSOURI
STATE OF MISSOURI
COUNTY OF ST. LOUIS

STATE OF MISSOURI)
COUNTY OF ST. LOUIS) SS.:

V. CLAUDE PETROV, being duly sworn deposes and says, that he is the President of THE LEUKEMIA GUILD, the corporation named in and described in the foregoing certificate. That he has read the foregoing certificate and knows the contents thereof, and that the same is true of his own knowledge, except as to the matters therein stated to be alleged-upon information and belief, and as to those matters he believes it to be true.

V. Claude Petrov

Sworn to before me this
4th day of December, 1974

Mary Lee Timmerberg
Mary Lee Timmerberg, Notary Public
My Term Expires August 21, 1978

STATE OF MISSOURI)
COUNTY OF ST. LOUIS)

SS.:

G. T. EHRMANN, being duly sworn deposes and says, that he is the Secretary of THE LEUKEMIA GUILD, the corporation named in and described in the foregoing certificate. That he has read the foregoing certificate and knows the contents thereof, and that the same is true of his own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters he believes it to be true.

G. T. Ehrmann

Sworn to before me this
4th day of December, 1974

Mary Lee Zimmerman
Mary Lee Zimmerman, Notary Public
My Term Expires August 21, 1978

STATE OF NEW YORK)
COUNTY OF NEW YORK)

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

JOHN F. SCHLEUTER, being duly sworn deposes and says, that he is the President of LEUKEMIA SOCIETY OF AMERICA, INC., the corporation named in and described in the foregoing certificate. That he has read the foregoing certificate and knows the contents thereof, and that the same is true of his own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters he believes it to be true.

John F. Schleuter

Sworn to before me this

25th day of October, 1974.

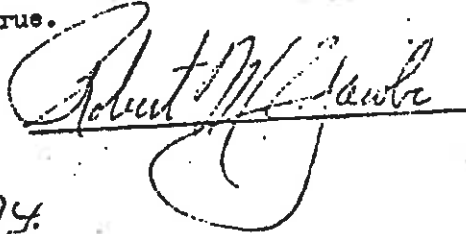
[Signature]

JAMES H. HANLON, JR.
Notary Public, State of New York
No. 20-6738250
Qualified in New York County
Certificate filed in New York County
Commission Expires March 30, 1976

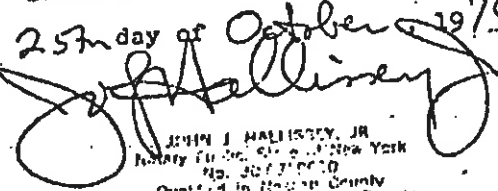
STATE OF NEW YORK)
COUNTY OF NEW YORK)

STATE OF NEW YORK)
COUNTY OF NEW YORK) SS.:

ROBERT M. YACOBI, being duly sworn deposes and says, that he is the Secretary of LEUKEMIA SOCIETY OF AMERICA, INC., the corporation named in and described in the foregoing certificate. That he has read the foregoing certificate and knows the contents thereof, and that the same is true of his own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters he believes it to be true.



Sworn to before me this
25th day of October 1974.



JOHN J. MALLINCKRODT, JR.
Notary Public, State of New York
No. 30770010
Qualified in Nassau County
Commission Expires March 30, 1976

At a Special Term Part ² of the
Supreme Court of the State of
New York, hold in and for the
County of New York, at the
Courthouse thereof, located at
60 Centre Street, on the 2nd
day of July, 1974.

P R E S E N T :

HON. SAMUEL R. ROSENBERG, Justice.

-----X
In the Matter of the Application of
THE LEUKEMIA GUILD and LEUKEMIA SOCIETY
OF AMERICA, INC. for an Order Approving
Their Plan of Merger Under Section 907
of the Not-For-Profit Corporation Law
with Leukemia Society of America, Inc.
being the Surviving Corporation and
Authorizing the Filing of the Certi-
ficate of Merger Under Section 904 of
said Law.

ORDER

Index No.
5897/74

-----X
Upon reading the affidavits of Claude Petrov,
President of The Leukemia Guild, and John F. Schlueter,
President of Leukemia Society of America, Inc. sworn to
the 1st day of July, 1973 and the 30th day of June, 1973
respectively and upon the plan of merger of said corporations
dated June 30, 1973 and the financial statement with respect
to each corporation and no votes having been cast by the
members of either corporation against the adoption of the
resolutions approving the plan of merger and the Attorney
General having waived notice and certified that he had no
objection to the entry of this Order and it appearing to
the satisfaction of the court that the provisions of Article
9 of the Not-For-Profit Corporation Law have been complied
with and that the interests of the constituent corporations
and the public's interests would not be adversely affected

by the merger of the petitioning corporations and due deliberation having been had thereon,

Now upon motion of John J. Hallissey, Jr., the attorney for the petitioners, it is hereby

ORDERED, that the plan, dated June 30, 1973, authorizing the merger of The Leukemia Guild and the Leukemia Society of America, Inc. henceforth to be known solely by the name of Leukemia Society of America, Inc. be and the same is hereby approved, and it is further

ORDERED, that the said corporations be and they are hereby authorized to file with the Secretary of State the certificate of merger executed and acknowledged by them on the 30th day of June, 1973 in the form annexed to this application, and it is further

ORDERED, that upon the filing of the said certificate of merger together with a certified copy of this Order as required all of the assets of The Leukemia Guild shall be thereby transferred and conveyed to the Leukemia Society of America, Inc. for the purposes described in the aforesaid plan of merger, and it is further

ORDERED, that the merger of the corporations shall have the effect provided by Section 905 of the Not-For-Profit Corporation Law of the State of New York.

E N T E R ,

STATE OF NEW YORK
 COUNTY OF NEW YORK
 DEPARTMENT OF STATE
 OFFICE OF THE CLERK OF THE SUPREME COURT, NEW YORK COUNTY
 JULY 20 1973
 1476 New York
 CLERK OF THE SUPREME COURT, NEW YORK COUNTY

James R. ...
 S. C.

The Attorney General of the State of New York hereby certifies that he has no objection to the entry of the foregoing Order and hereby waives notice of the application therefor, and notice of settlement thereof.

Dated: New York, New York
May , 1974

Attorney General

Notice of Application Waived
(This is not to be deemed an approval on behalf of any Department or Agency of the State of New York, nor an authorization of activities otherwise limited by law.)

Dated: June 14, 1974
LOUIS J. LEFKOWITZ
Attorney General

By [Signature]
Assistant Attorney General
[Signature]

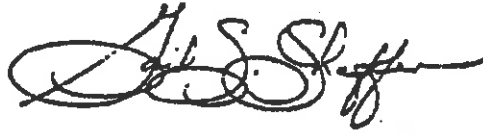
State of New York }
Department of State } ss.:

27659

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.

Witness my hand and seal of the Department of State on

MAY 24 1983



Secretary of State

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
LEUKEMIA SOCIETY OF AMERICA, INC.

Under Section 803 of the Not-For-Profit
CORPORATION LAW

The undersigned, being the President and Secretary, respectively, of the LEUKEMIA SOCIETY OF AMERICA, INC., hereby certify that:

1. The name of the Corporation is LEUKEMIA SOCIETY OF AMERICA, INC. It was incorporated under the name of ROBERT ROESLER DE VILLIERS FOUNDATION, INC. On or about July 29, 1955, its name was changed to LEUKEMIA SOCIETY, INC. and on or about March 15, 1967 to its present name, LEUKEMIA SOCIETY OF AMERICA, INC.

2. The Certificate of Incorporation of said Robert Roesler DeVilliers Foundation, Inc., now known as LEUKEMIA SOCIETY OF AMERICA, INC. was filed in the office of the Department of State, State of New York, on January 31, 1949. Said corporation was formed under the Membership Corporation Law.

3. LEUKEMIA SOCIETY OF AMERICA, INC. is a corporation as defined in subparagraph (a) (5) of section 102 of the Not-For-Profit Corporation Law and is a Type B corporation pursuant to section 201 of said law. The corporate purposes are not

enlarged, limited or in any way changed by this certificate of amendment and it shall continue to be a type B corporation thereafter.

4. The post-office address within the state to which the Secretary of State shall mail a copy of any notice required by law is LEUKEMIA SOCIETY OF AMERICA, INC., 800 Second Avenue, New York, New York 10017.

5. The Certificate of Incorporation of LEUKEMIA SOCIETY OF AMERICA, INC. as amended on or about October 19, 1968 is hereby further amended at the request of the Internal Revenue Service, to change the wording of said certificate relating to the distribution of the assets of the corporation upon dissolution. Paragraph "SECOND: 6" of the Certificate of Incorporation as amended by paragraph "3.d)" of the aforesaid Certificate of Amendment of October 19, 1968, which is to be eliminated by the execution and filing of this Certificate of Amendment, reads as follows:

"d) This Corporation shall be operated exclusively for charitable, scientific, educational purposes, and no part of its property or net earnings thereof shall enure to the benefit of any private member or individual, firm or corporation and no substantial part of its activities shall consist in carrying on propaganda or otherwise attempting to influence legislation. Upon dissolution of the Corporation, its property, after payment of all debts, shall be

disposed of or applied only for the purposes for which the Corporation is organized, in accordance with the provisions of the Membership Corporations Law and with the approval of a Justice of the Supreme Court."

6. The new Paragraph "SECOND: 6" to be substituted for the foregoing upon the execution and filing of this certificate of amendment, will read as follows:

"(i) This Corporation shall be operated exclusively for charitable, scientific and/or educational purposes, and no part of its property or net earnings thereof shall enure to the benefit of any private member or individual, firm or corporation and no substantial part of its activities shall consist in carrying on propaganda or otherwise attempting to influence legislation.

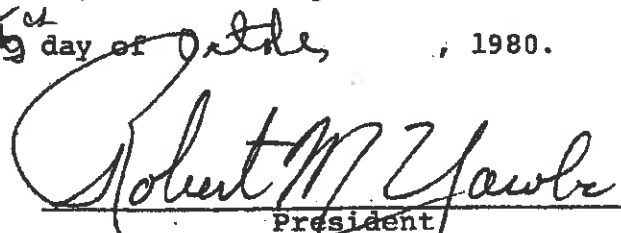
(ii) Upon dissolution of this Corporation, its assets, after the payment of all debts, shall be transferred, subject to the approval of a Justice of the Supreme Court of the State of New York, to any other Corporation(s) and/or organization(s) exempt under section 501(c) (3) of the Internal Revenue Code and engaged in activities substantially similar to those of the dissolved corporation, or to the Federal Government,

or to a state or local government for a public purpose."

7. The manner in which this Amendment to the Certificate of Incorporation was authorized was by the consent of a majority vote of the Members of LEUKEMIA SOCIETY OF AMERICA, INC. at the annual corporation membership meeting held at Houston, Texas on October 25, 1980 upon due notice pursuant to section 605 of the Not-For-Profit Corporation Law.

8. No approvals or consents are required pursuant to 102(a) (3).

IN WITNESS WHEREOF, the undersigned have executed this certificate this ^{15th} 25 day of October, 1980.



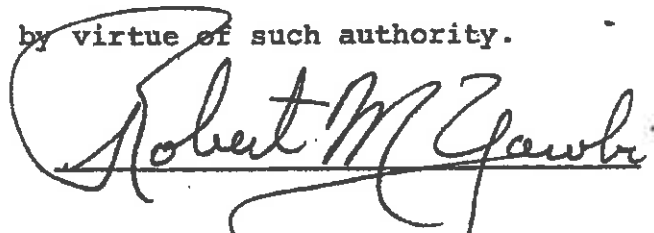

President



Secretary

STATE OF NEW YORK)
 : SS.:
COUNTY OF NEW YORK)

ROBERT M. YACOBI and ROBERT H. NEWMAN, being severally duly sworn, depose and say: that ROBERT M. YACOBI is the President of LEUKEMIA SOCIETY OF AMERICA, INC. and ROBERT H. NEWMAN is the Secretary thereof; that they were authorized to execute the foregoing Certificate of Amendment of the Certificate of Incorporation of LEUKEMIA SOCIETY OF AMERICA, INC., pursuant to Section 803 of the Not-for-Profit Corporations Law, by the concurring vote of a majority of the members of the corporation present at an annual meeting held on the 25th day of October, 1980, upon notice pursuant to Section 605 of the Not-for-Profit Corporations Law, and they subscribe such certificate by virtue of such authority.

Sworn to before me this
25th day of *October*, 1980.



— RITA HICKS —
Notary Public, State of New York
No. 41-4514148
Qualified in Queens County
Commission Expires March 30, 1981

*State of New York }
Department of State } ss:*

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on FEB 01 2000



A handwritten signature in cursive script, appearing to read "J. Clark", written in black ink over a horizontal line.

Special Deputy Secretary of State

DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

F0002010005

ENTITY NAME: THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

DOCUMENT TYPE: NAME RESERVATION (NCH) (DOM. NFP)

SERVICE COMPANY: DELANEY CORPORATE SERVICES LTD.

SERVICE CODE: 30

APPLICANT NAME : LEUKEMIA SOCIETY OF AMERICA, INC.

FILED:12/14/1999 DURATION:02/14/2000 CASH#:991214000712 FILM #:991214000684

ADDRESS FOR PROCESS

REGISTERED AGENT



** SUBMIT RECEIPT WHEN FILING CERTIFICATE **

FILER	FEES		PAYMENTS	
		35.00		35.
LEUKEMIA SOCIETY OF AMERICA, INC.	FILING	10.00	CASH	0.
600 THIRD AVENUE	TAX	0.00	CHECK	0.
	CERT	0.00	CHARGE	0.
NEW YORK, NY 10022	COPIES	0.00	DRAWDOWN	35.
	HANDLING	25.00	BILLED	0.
			REFUND	0.

F 00020100051

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
LEUKEMIA SOCIETY OF AMERICA, INC.

Under Section 803 of the Not-For-Profit Corporation Law

I, the undersigned President of Leukemia Society of America, Inc., (the Corporation), hereby certify that:

1. The name of the Corporation is Leukemia Society of America, Inc. (the "Corporation"). The Corporation was formed under the name of Robert Roesler de Villiers Foundation, Inc.

2. The Certificate of Incorporation of the Corporation was filed by the Department of State of the State of New York on January 31, 1949. The Corporation was formed under the New York State Membership Corporations Law.

3. A Certificate of Change of Name of the Corporation amending the Corporation's name to Leukemia Society, Inc. was filed by the Department of State of

the State of New York on August 1, 1955. A Certificate of Change of Name of the Corporation changing the Corporation's name to Leukemia Society of America, Inc. was filed by the Department of State of the State of New York on May 3, 1967.

4. The Corporation is a corporation as defined in Section 102(a)(5) of the Not-For-Profit Corporation Law ("NPCL"); the Corporation is a Type B corporation under Section 201 of the NPCL.

5. The Certificate of Incorporation of the Corporation is hereby amended to change the name of the Corporation to The Leukemia & Lymphoma Society, Inc.

6. To effect the foregoing amendment, Paragraph FIRST of the Certificate of Incorporation, which was previously amended on August 1, 1955 and again on May 3, 1967, is now amended to read as follows:

"FIRST: The name of the Corporation is The Leukemia & Lymphoma Society, Inc."

7. The above amendment was authorized by a majority vote of the members of the Corporation present at a meeting of the members duly called and held on June 26, 1999 and the affirmative votes cast in favor of such amendment were at least equal to a quorum of members.

8. The Secretary of State is hereby designated as agent of the Corporation upon whom process against the Corporation may be served. The post office address to

which the Secretary of State shall mail a copy of any process against the Corporation served upon him is:

The Leukemia & Lymphoma Society, Inc.
600 Third Avenue
New York, New York 10016

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment and, under penalties of perjury, affirms the truth of the statements made herein this 6th day of January, 2000.

Dwayne Howell

Dwayne Howell
President

024462

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7000

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

LEUKEMIA SOCIETY OF AMERICA, INC.

Under Section 803 of the Not-For-Profit Corporation Law

**DRAWDOWN
DELANEY - 30**

GILBERT, SEGALL AND YOUNG LLP
430 PARK AVENUE
NEW YORK, N.Y. 10022-3592

ASU

1CC
STATE OF NEW YORK
DEPARTMENT OF STATE
FILED FEB 01 2000
TAX \$ _____
BY: *[Signature]*

5

00020100053

State of New York }
Department of State } ss:

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on

October 28, 2005



A handwritten signature in black ink, appearing to read "R. H. Ho", is written over the seal area.

Special Deputy Secretary of State

The University of the State of New York

STATE OF NEW YORK: SS.
COUNTY OF ALBANY :

Pursuant to the provisions of Section 11, Article 2 of the Membership Corporations Law, consent is hereby given to the filing of the annexed certificate of incorporation of "ROBERT ROESLER DE VILLIERS FOUNDATION, INC." as a membership corporation.

This consent, however, shall in no way be construed as an approval by the Education Department, Board of Regents or Commissioner of Education of the purposes and objects of this corporation, nor shall it be construed as giving the officers or agents of this corporation the right to use the name of the University of the State of New York, Education Department, Board of Regents or Commissioner of Education in its publications and advertising matter.

IN WITNESS WHEREOF, I, Lewis A. Wilson,
Acting Commissioner of Education
of the State of New York, for and
on behalf of the State Education
Department, do hereunto set my hand
and affix the seal of the State Education
Department, at the City of
Albany, this 21st day of January,
1949.


Lewis A. Wilson
Acting Commissioner of Education

5109-3-2

CERTIFICATE OF INCORPORATION

ROBERT ROESLER DE VILLIERS FOUNDATION, INC.

Pursuant to the Membership Corporations Law

The undersigned, desiring to form a corporation in accordance with the Membership Corporations Law of the State of New York, make, sign, acknowledge and file this Certificate.

FIRST: The name of the proposed Corporation is ROBERT ROESLER DE VILLIERS FOUNDATION, INC.

SECOND: The purposes for which the Corporation is to be formed are:

1. To assist in the education and welfare of boys and young men of good character and ability by arranging and financing in whole or part such boys' and young men's trips to and sojourns in Switzerland, or other countries in Europe and in the Western Hemisphere, to enable them to study at universities or other educational institutions in such countries or regain their health there.

2. To make grants of financial aid to hospitals and other institutions, and individuals, for the study of, and research into, the causes of leukemia, and its treatment and cure.

3. To assist in the education and welfare of boys and young men of good character and ability by

(a) making direct grants of financial aid to or

5109-3-3

for such boys and young men for the purpose of carrying on their education;

(b) paying directly to educational institutions the charges for tuition, board, lodging and other expenses of such boys and young men who are receiving their education at such institutions;

(c) granting funds for scholarships, fellowships and other educational assistance to or for such boys and young men;

(d) distributing funds of the corporation to other institutions established for charitable and educational purposes;

4. To assist and contribute to the support of exclusively charitable, scientific, literary and educational activities and projects and to contribute to the support of exclusively charitable, scientific, literary and educational organizations and funds, of any and every kind, provided however, that nothing herein contained shall authorize this Corporation to undertake or carry on any of the activities specified in Section 11 of the Membership Corporations Law or Section 35 of the Social Welfare Law.

5. In carrying out these purposes the Corporation shall have

(a) to solicit contributions and to receive, acquire, hold, own, invest and reinvest any and all such cash, securities, evidences of indebtedness or other property, real or personal, as may from time to time be given;

5109-3-4

3

... sold, transferred, granted, conveyed or assigned to it
by any person, estate, firm, committee, association or
corporation, nor take by devise or bequest, or otherwise,
subject to limitations, imposed by law, any and all property
herein or hereafter devised or bequeathed by will or
otherwise, or in any manner granted or conveyed to it; to
exercise in respect to any and all such property any and all
rights, powers and privileges of ownership, and to collect
any and all rents, profits and income therefrom; and

(b) generally, to do any and all things which may be
necessary or proper in connection with its objects and
purposes, which may not be contrary to law, either alone or
in association with other corporations, firms, political
subdivisions or individuals.

6. This corporation shall be operated exclusively for charitable,
scientific, literary or educational purposes, and no part of its property
or net earnings therefor shall inure to the benefit of any private member
or individual, firm or corporation and no substantial part of its activities
shall consist in carrying on propaganda or otherwise attempting to
influence legislation. Upon dissolution of the Corporation, its property,
after the payment of all debts, shall be disposed of or applied only for
the purposes for which the Corporation is organized, *in accordance
with the provisions of the Membership Corporations Law.*

THIRD: The territory in which the operations of the Corporation
are principally to be conducted is the United States of America.

FOURTH: The principal office of the Corporation is to be
located in the City of New York, County and State of New York.

FIFTH: The number of directors or trustees shall be not less
than three nor more than fifteen.

SIXTH: The names and residences of the persons who are to be

5019-35

directors of business until the first annual meeting and until their

successors are elected are:

<u>NAME</u>	<u>RESIDENCE</u>
Antoinette R. de Villiers	417 Park Avenue, New York 22, N. Y.
Rudolph Roessler de Villiers	417 Park Avenue, New York 22, N. Y.
Wm. Averell Brown	129 East 95th Street, New York 28, N. Y.

SEVENTH: All the subscribers to this Certificate are of full age; at least two-thirds of them are citizens of the United States; at least one of them is a resident of the State of New York; and of the persons named as directors or trustees at least one is a citizen of the United States and a resident of the State of New York.

IN WITNESS WHEREOF, we have made, subscribed and acknowledged this Certificate this 10 day of January, One thousand nine hundred forty-nine.

Antoinette R. de Villiers
Antoinette R. de Villiers

Rudolph Roessler de Villiers
Rudolph Roessler de Villiers

Wm. Averell Brown
Wm. Averell Brown

Norris Darrell
Norris Darrell

Frank L. Babbott
Frank L. Babbott

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STATE OF NEW YORK)
) SS. 1
COUNTY OF NEW YORK)

On this 11 day of January, 1949, before me personally came Antoinette
H. de Villiers, to me known and known to me to be one of the persons described in
and who executed the foregoing Certificate of Incorporation, and she thereupon
only acknowledged to me that she executed the same.

William L. Windisch

WILLIAM L. WINDISCH
Notary Public, State of New York
Residing in Queens County
Que Co. Clk's No. 1930 Reg. No. 88-W-9
Certificate Filed in
N.Y. Co. Clk's No. 81 Reg. No. 149-W-9
Commission Expires March 30, 1949

STATE OF NEW YORK)
) SS. 1
COUNTY OF NEW YORK)

On this 11 day of January, 1949, before me personally came Rudolph
Koesler de Villiers, to me known and known to me to be one of the persons de-
scribed in and who executed the foregoing Certificate of Incorporation, and he
thereupon duly acknowledged to me that he executed the same.

William L. Windisch

WILLIAM L. WINDISCH
Notary Public, State of New York
Residing in Queens County
Que Co. Clk's No. 1930 Reg. No. 88-W-9
Certificate Filed in
N.Y. Co. Clk's No. 81 Reg. No. 149-W-9
Commission Expires March 30, 1949

STATE OF NEW YORK)
) SS. 1
COUNTY OF NEW YORK)

On this 10 day of January, 1949, before me personally came Wm.
Apprell Brown, to me known and known to me to be one of the persons described in
and who executed the foregoing Certificate of Incorporation, and he thereupon
only acknowledged to me that he executed the same.

William J. Dickson

WILLIAM J. DICKSON
NOTARY PUBLIC in the State of New York
Residing in Nassau County
Nassau County Clerk's No. 94
Certificates filed in New York Co.
Clerk's No. 112, Executive No. 14-D-0
Commission Expires March 30, 1950

4019-37

STATE OF NEW YORK)
COUNTY OF NEW YORK)

On this 14th day of January, 1949, before me personally came Norris
Dorrelly, do as known and known to me to be one of the persons described in and
who executed the foregoing Certificate of Incorporation, and he thereupon duly
acknowledged to me that he executed the same.

John W. P. Slobadin
JOHN W. P. SLOBADIN
Notary Public in the State of New York
Residing in Kings County
Kings Co. Clk's No. 108 Reg. No. 108-C-0
CERIFICATE FILED IN
N.Y. Co. Clk's No. 231 Reg. No. 231-C-0
Commission Expires March 30, 1950

STATE OF NEW YORK)
COUNTY OF NEW YORK)

On this 14th day of January, 1949, before me personally came Frank
Robett, do as known and known to me to be one of the persons described in and
who executed the foregoing Certificate of Incorporation, and he thereupon duly
acknowledged to me that he executed the same.

Albert G. Coyle
ALBERT G. COYLE
Notary Public in the State of New York
Residing in Kings County
Kings Co. Clk's No. 24, Reg. No. 24-C-0
Queens Co. Clk's No. 224, Reg. No. 116-C-0
N.Y. Co. Clk's No. 274, Reg. No. 22-C-0
Bronx Co. Clk's No. 16, Reg. No. 65-C-0
Richmond Co. Clk's No. 20-C
Commission Expires March 30, 1950

STATE OF NEW YORK)
COUNTY OF NEW YORK)

Mr. Averell Brown being duly sworn, deposes and says:
I am attorney for the subscribers to the foregoing Certificate of
Incorporation. No previous application for the approval of said Certificate
has been made to any Justice of the Supreme Court.

Sworn to before me this
14th day of January, 1949.

Wm Averell Brown

William J. Dickson
WILLIAM J. DICKSON
NOTARY PUBLIC in the State of New York
Residing in Kings County
Kings Co. Clk's No. 108 Reg. No. 108-C-0
CERIFICATE FILED IN
N.Y. Co. Clk's No. 231 Reg. No. 231-C-0
Commission Expires March 30, 1950

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4

Justice of the Supreme Court of the State of New York.

James M. ...

Dated, New York City, New York, this 17 day of January, 1979.

ROBERTSON, INC., INCORPORATED, ROBERTSON DE WILLIAMS FOUNDATION, INC.

COURT OF THE DISTRICT OF NEW YORK, THE JUDICIAL DISTRICT, hereby approve the fore-

LOUIS A. VALENTI
one of the Justices of the Supreme

7

STATE OF NEW YORK

ROBERT ROSSER DEVLANSKY FOUNDATION, INC.

Family Ownership Corporation Law

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED JAN 31 1949

January 10, 1949

TAXES

FILED FEB 8 1949

none

40 -

Thomas Glavin

Secretary of State

By *W. Brown*
William Averell Brown
71 Broadway
New York 6, N.Y.

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**The Leukemia & Lymphoma Society
Kentucky & Southern Indiana
FY16 Budget Summary**

	FY14 Actual	YTD June- Audit Actual FY15	FY15 Budget Baseline	FY16 Budget	Budget Growth \$	Budget Growth %	FY16 Goal
Net TNT	326,809	276,651	265,615	181,433	(84,182)	(31.69)%	240,000
Net TNT Margin	80.02%	81.98%	80.14%	80.64%	0.49%	0.62%	100.00%
Net Light the Night	417,928	448,517	461,344	439,132	(22,212)	(4.81)%	479,810
Net LTN Margin	87.26%	86.27%	87.75%	87.44%	(0.31)%	(0.35)%	88.85%
Net School & Youth	351,644	353,315	358,200	376,100	17,900	5.00%	375,700
Net S&Y Margin	92.23%	91.92%	91.73%	93.56%	1.83%	1.99%	93.46%
Net Man/Woman of the Year	142,415	318,540	209,350	204,550	(4,800)	(2.29)%	204,550
Net MWOY Margin	86.19%	90.18%	87.21%	90.71%	3.50%	4.01%	90.71%
Regatta Gross	0						
Regatta DDB	0						
Net Regatta	0						
Net Black Tie	(54)	0					
All Other Campaign Revenue	0	5,715					0
Donor Development	88,695	112,514	97,250	104,500	7,250	7.46%	
Community Campaign	443	2,348	500	500	0	0.00%	
Federated Campaigns	25,805	17,214	26,000	26,000	0	0.00%	
Other Event Revenue	0	0	0	0	0		
Total Gross Revenue	1,548,800	1,755,365	1,611,465	1,485,699	(125,766)	(7.80)%	1,407,500
Total DDB	(195,115)	(220,551)	(193,206)	(153,484)	39,722	(20.56)%	(107,440)
Revenue:							
Chapter Net Revenue	1,353,684	1,534,814	1,418,259	1,332,215	(86,044)	(6.07)%	1,300,060
Payroll	(385,302)	(297,838)	(318,062)	(301,977)	16,085	(5.06)%	
LSA share FICA, Dis, Unempl	(27,290)	(20,694)	(23,717)	(23,101)	616	(2.60)%	
Benefits	(86,833)	(79,509)	(84,613)	(74,606)	10,007	(11.83)%	
Benefits & Taxes	(114,122)	(100,203)	(108,330)	(97,707)	10,623	(9.81)%	
Professional Fees	(98,138)	(57,267)	(61,991)	(82,401)	(20,410)	32.92%	(82,100)
Occupancy	(73,178)	(72,445)	(75,200)	(75,000)	200	(0.27)%	
Stationery & Supplies	(29,891)	(25,410)	(26,289)	(25,150)	1,139	(4.33)%	(14,050)
Printing	(35,891)	(21,740)	(32,488)	(23,300)	9,188	(28.28)%	(22,800)
Printing & Supplies	(65,782)	(47,150)	(58,777)	(48,450)	10,327	(17.57)%	(36,850)
Travel & Meeting	(37,619)	(33,789)	(26,976)	(31,700)	(4,724)	17.51%	(20,400)
Postage & Shipping	(28,980)	(20,397)	(23,491)	(29,600)	(6,109)	26.01%	(10,300)
Bank & Credit Card Fees	(9,944)	(11,133)	(10,300)	(11,968)	(1,668)	16.19%	(2,743)
Office Equipt / Rental	(18,056)	(13,783)	(16,750)	(16,200)	550	(3.28)%	(1,000)
Telephone	(5,014)	(3,351)	(4,000)	(3,200)	800	(20.00)%	0

The Leukemia & Lymphoma Society
 Kentucky & Southern Indiana
 FY16 Budget Summary

	FY14 Actual	YTD June-Actual FY15	FY15 Budget Baseline	FY16 Budget	Budget Growth \$	Budget Growth %	FY16 Goal
All Other Expenses	(7,085)	(8,514)	(8,760)	(11,700)	(2,940)	33.56%	(950)
Depreciation	(2,875)	(1,909)					
Expenses:							
Chapter Expenses	(846,095)	(667,779)	(712,637)	(709,903)	2,734	(0.38)%	(154,343)
Chapter Net Income	507,589	867,035	705,622	622,312	(83,310)	(11.81)%	1,145,717
Net Income Margin	(33)	(49)	(44)	(42)	2	(4.34)%	(81)

LLS Board Members

First	Last	Address	City	ST	Zip	Phone	Email	Company	Committee	Focus	Term
Patty	Benz	14926 Landmark Dr	Louisville	KY	40245	502.797.4046 C	paty@physicaltherapist.com	KORT Rehab		LTN & TNT	2
Marty	Driskell	101 Winding Hollow Rd	Lebanon Junction	KY	40150	502.523.3434 C	mdriskell@ups.com	UPS		TNT	3
Allene	Gold, EdD	705 Amherst Place	Louisville	KY	40223	502.485.3710 W 502.640.8841 C	allene.gold@jefferson.kyschools.us	JCPS (Public School system)		PA & S&Y	1
Geetha	Joseph, MD	11309 Yandell Dr	Louisville	KY	40223	502.608.1003 C	a.joseph@insightbb.com	Baptist Hospital & CBC		TNT & LTN	8
Jason	Kron	94 Warrior Road	Louisville	KY	40207	502.417.5123 C	jasonkron3@gmail.com	Attorney / Real Estate		TNT	4
Aimee	McCaa	3991 Dutchmans Lane # 405	Louisville	KY	40207	502.435.1047 C 502.899.3366 W	aimee.mccaa@nortonhealthcare.org	Norton Healthcare			2
Dr. Cesar	Rodriguez	2417 Brighton Dr	Louisville	KY	40205	502.562.4569 W 502.396.3173 C	cesar.rodriguez@louisville.edu	UofL Healthcare / KY One Healthcare			2
Diahanna	Vallentine	7009 Quarry Drive	Crestwood	KY	40014	502.500.6549 C	dtvallentine@gmail.com	Waddell & Reed - Investments		MWOY	2
Jennifer	Washle	4406 Lochridge Pkwy	Louisville	KY	40299	502.644.8670 C	jwashle@bisig.com	Bisig Impact Group		LTN	1

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning 07/01, 2012, and ending 06/30, 2013

2012

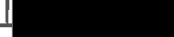
Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

The Leukemia & Lymphoma Society, Inc.



Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 290,358,467.00
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on Investment Income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Signature of officer [Handwritten Signature]

Date 2/12/14

CAO & CFO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Form section for ERO's Use Only, including fields for ERO's signature, firm's name, address, and ZIP code, and checkboxes for 'Check if also paid preparer' and 'Check if self-employed'.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form section for Paid Preparer Use Only, including fields for preparer's name, signature, date, firm's name, address, and phone number.

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC		D Employer identification number [REDACTED]
	Doing Business As		E Telephone number 914-949-5213
	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	
	1311 MAMARONECK AVENUE		#310
City, town or post office, state, and ZIP code WHITE PLAINS NY 10605		G Gross receipts \$ 376,034,972	
F Name and address of principal officer LOUIS J. DEGENNARO, INTERIM PRES&CEO 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.LLS.ORG		L Year of formation: 1949	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.		
	2 Check this box <input type="checkbox"/> 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)	3 22	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 1580	
	6 Total number of volunteers (estimate if necessary)	6 3000000	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 282,672,073	Current Year: 279,789,665
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,039,879	8,133,222
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,111,041	2,435,580
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,822,993	290,358,467
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	115,731,627	117,726,007
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	86,776,477	90,034,581
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,175,403	10,134,488
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 48,057,833		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,711,007	89,083,589
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	292,394,514	306,978,665
19 Revenue less expenses. Subtract line 18 from line 12	428,479	-16,620,198	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 223,445,924	End of Year: 236,325,556
	21 Total liabilities (Part X, line 26)	109,397,145	135,316,123
	22 Net assets or fund balances. Subtract line 21 from line 20	114,048,779	101,009,433

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: <i>Rosemarie Loffredo</i>		Date: 2/12/14	
	Type or print name and title: ROSEMARIE LOFFREDO CAO & CFO			
Paid Preparer Use Only	Print/Type preparer's name: KPMG, LLP	Preparer's signature: KPMG, LLP	Date: 02/12/14	Check <input type="checkbox"/> if self-employed
	Firm's name ▶ KPMG LLP		Firm's EIN ▶ [REDACTED]	
	Firm's address ▶ 345 Park Avenue New York, NY 10154-0102		Phone no 212-758-9700	

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

Yes No

Form 990 (2012) **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Page 2

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ **76,025,725** including grants of \$ **72,086,215**) (Revenue \$)**A) RESEARCH PROGRAMS:**

With advisory input from recognized biomedical research experts, LLS funds exemplary projects across the entire research continuum relevant to improved outcomes for blood cancer patients, from basic laboratory science through clinical trials, and from investigator-initiated research to private-sector drug development alliances. LLS is deliberate and purposeful in finding and supporting research that is most likely to help patients as soon as possible.

(CONTINUED ON SCHEDULE O)

To date, LLS has invested almost \$1 billion in research aimed at helping all blood cancer patients live better, longer lives. We will

4b (Code:) (Expenses \$ **107,397,528** including grants of \$ **45,639,792**) (Revenue \$)**B) PATIENT & COMMUNITY SERVICES:**

An estimated 1,129,813 people across the United States (US) currently battle leukemia, lymphoma and myeloma. The Leukemia & Lymphoma Society (LLS) offers a free, comprehensive array of services to blood cancer patients and their families, volunteer caregivers and advocates, healthcare professionals and the public.

(CONTINUED ON SCHEDULE O)

LLS is committed to providing the most accurate and up-to-date blood cancer information. Professional volunteer clinical advisors work with LLS staff to review all of the information LLS provides through healthcare professional and patient education programs, publications and the LLS

4c (Code:) (Expenses \$ **41,981,280** including grants of \$) (Revenue \$)**C) PUBLIC HEALTH EDUCATION:****INFORMATION AND EDUCATION****Information Resource Center**

Paying for medical care, making treatment choices, communicating with healthcare providers, family members and friends-these are some of the stresses that come with a cancer diagnosis.

(CONTINUED ON SCHEDULE O)

LLS Information Specialists are Master's level oncology social workers, nurses and health educators who provide help with disease, treatment and clinical trial information and support. LLS Information Specialists conduct clinical-trial searches to help patients work with their doctors to find

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule R, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in 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?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: Canada See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **ROSEMARIE LOFFREDO** **1311 MAMARONECK AVENUE** **914-949-5213**

WHITE PLAINS

NY 10605

914-949-5213

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES A. BECK	2.00									
BOD MEMBER	0.00	X					0	0	0	
(2) WILLIAM G. BEHNKE	2.00									
BOD MEMBER	0.00	X					0	0	0	
(3) JORGE L. BENITEZ	2.00									
BOD MEMBER	0.00	X					0	0	0	
(4) PETER B. BROCK	2.00									
BOD MEMBER	0.00	X					0	0	0	
(5) A. DANA CALLOW JR.	2.00									
BOD MEMBER	0.00	X					0	0	0	
(6) SCOTT A. CARROLL	2.00									
BOD MEMBER	0.00	X					0	0	0	
(7) ELIZABETH J. CLARK	2.00									
BOD MEMBER	0.00	X					0	0	0	
(8) Rodman N. Myers	2.00									
Life Member	0.00	X					0	0	0	
(9) JAMES H. DAVIS, PHD	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(10) TIMOTHY DURST	2.00									
CHAIR	0.00	X		X			0	0	0	
(11) BERNARD H. GARIL	2.00									
BOD MEMBER	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PAMELA JO HAYLOCK	2.00									
BOD MEMBER	0.00	X						0	0	
(13) RAANAN HOROWITZ	2.00									
BOD MEMBER	0.00	X						0	0	
(14) RICHARD M. JEANNERET	2.00									
BOD MEMBER	0.00	X						0	0	
(15) JORGE CORTES	2.00									
BOD MEMBER	0.00	X						0	0	
(16) JOSEPH B. KELLEY	2.00									
BOD MEMBER	0.00	X						0	0	
(17) MARIE V. MCDEMMOND	2.00									
BOD MEMBER	0.00	X						0	0	
(18) MATTHEW WINTER	2.00									
BOD MEMBER	0.00	X						0	0	
(19) STEVEN T. ROSEN, MD, FACP	2.00									
BOD MEMBER	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								2,745,676	282,843	
d Total (add lines 1b and 1c)								2,745,676	282,843	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAIL AMERICA FOREST VA 24551	174 EIKTON FARM RD FUNDRAISING SER	4,010,903
INFOCISION AKRON OH 44333	325 SPRINGSIDE DRIVE FUNDRAISING SERV	1,791,410
PARADYZ MATERA NEW YORK NY 10004	5 HANOVER SQUARE FUNDRAISING SER	1,766,306
ROBERT MICHAEL EDUCATIONAL VORHEES NJ 08043	101 LAUREL ROAD EDUCATIONAL SER	1,671,489
DIRECT PRINT COMMUNICATIONS SANTA ANA CA 92707	201 EAST SANDPOINTE FUNDRAISING	1,392,841

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 47**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KENNETH M. SCHWARTZ	2.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(13) KATHRYN C. VECELLIO	2.00									
BOD MEMBER	0.00	X					0	0	0	
(14) LOUISE E. WARNER	2.00									
BOD MEMBER	0.00	X					0	0	0	
(15) JOHN WALTER	45.00									
PRESIDENT & CEO	0.00			X			573,622	0	54,985	
(16) JAMES T. NANGLE	45.00									
SVP & CFO	0.00			X			236,728	0	46,062	
(17) LOUIS DEGENNARO	45.00									
CHIEF MISSION OFFICE	0.00					X	382,058	0	41,269	
(18) RICHARD WINNEKER	45.00									
SVP RESEARCH	0.00					X	296,242	0	18,732	
(19) GEORGE OMIROS	45.00									
CHIEF CAMPAIGN&FIELD	0.00					X	279,616	0	41,135	
1b Sub-total							1,768,266		202,183	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KETING CHU VP RES THERAPY	45.00 0.00					X		273,019	0	17,758
(13) DAVID TIMKO SVP VOLUNTEER ENGAGE	45.00 0.00					X		252,850	0	40,191
(14) NANCY KLEIN CHIEF MKTG & REVENUE	0.00 0.00						X	451,541	0	22,711
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								977,410		80,660
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 2,264,122			
	b Membership dues	1b			
	c Fundraising events	1c 161,261,897			
	d Related organizations	1d 681,316			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 115,582,330			
	g Noncash contributions included in lines 1a-1f:	\$ 1,094,571			
	h Total. Add lines 1a-1f		279,789,665		
Program Service Revenue	2a	Buon. Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,256,195		2,256,195
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		4,441		4,441
	6a Gross rents	(i) Real (ii) Personal			
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	57,803,147		
	b Less: cost or other basis & sales exps.		51,926,120		
	c Gain or (loss)		5,877,027		5,877,027
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ 161,261,897 of contributions reported on line 1c). See Part IV, line 18	a 33,429,268			
	b Less: direct expenses	b 33,429,268			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	a 778,030			
	b Less: direct expenses	b 321,117			
	c Net income or (loss) from gaming activities		456,913	456,913	
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Buon. Code			
11a GRANT TERMINATION	541900	1,844,147		1,844,147	
b OTHER MISCELLANEOUS	900099	130,079		130,079	
c					
d All other revenue					
e Total. Add lines 11a-11d		1,974,226			
12 Total revenue. See instructions		290,358,467	456,913	0	10,111,889

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	6,532,613	1	5,620,937
	2	Savings and temporary cash investments	17,034,917	2	19,656,020
	3	Pledges and grants receivable, net	5,178,782	3	7,252,079
	4	Accounts receivable, net	264,507	4	81,719
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,875,009	9	4,851,345
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,600,484		
	b	Less: accumulated depreciation	10b 11,006,325	10c 6,641,060	10c 10,594,159
	11	Investments—publicly traded securities	138,026,930	11	112,406,398
	12	Investments—other securities. See Part IV, line 11	43,892,106	12	75,862,899
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	223,445,924	16	236,325,556	
Liabilities	17	Accounts payable and accrued expenses	19,660,610	17	20,652,928
	18	Grants payable	72,815,341	18	80,460,957
	19	Deferred revenue	16,921,194	19	34,202,238
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	109,397,145	26	135,316,123
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	100,978,174	27	90,324,737
	28	Temporarily restricted net assets	10,221,074	28	7,775,266
	29	Permanently restricted net assets	2,849,531	29	2,909,430
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	114,048,779	33	101,009,433	
34	Total liabilities and net assets/fund balances	223,445,924	34	236,325,556	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Number

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1342082639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1342082639
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						141,092,274
6 Public support. Subtract line 5 from line 4.						1200990365

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	269,156,149	238,668,944	270,731,343	283,279,625	280,246,578	1342082639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,950,554	4,962,639	3,145,637	2,705,046	2,260,636	20,024,512
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,816,918	1,925,834	1,779,485	1,502,044	1,974,227	9,998,508
11 Total support. Add lines 7 through 10						1372105659
12 Gross receipts from related activities, etc. (see instructions)					12	179,352,415
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2012 (line 6, column (f) divided by line 11, column (f))	14	87.53%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	91.31%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Part II, Line 10 - Other Income Detail

GRANT TERMINATIONS & REFUNDS \$ 9,734,908

OTHER MISC. REVENUE \$ 263,600

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2012

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes 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? Yes 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 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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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 instructions for lines 2a through 2f on page 4.)

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

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

	(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?	<input checked="" type="checkbox"/>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<input checked="" type="checkbox"/>		
c Media advertisements?		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public?		<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements?	<input checked="" type="checkbox"/>		114,447
f Grants to other organizations for lobbying purposes?		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<input checked="" type="checkbox"/>		538,408
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<input checked="" type="checkbox"/>		132,952
i Other activities?	<input checked="" type="checkbox"/>		637,152
j Total. Add lines 1c through 1i			1,422,959
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>

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) if Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

LLS IS A MEMBER OF A NUMBER OF COALITIONS INCLUDING NATIONAL COALITION FOR CANCER RESEARCH, ALLIANCE FOR A STRONGER FDA, FRIENDS OF CANCER RESEARCH, CANCER LEADERSHIP COUNCIL, PATIENT ADVOCATE FOUNDATION, AMERICA ASSOCIATION FOR CANCER RESEARCH, CHILDREN'S CAUSE FOR CANCER ADVOCACY AND THE ANTICANCER AGENT DEVELOPMENT AND VALIDATION WORKSHOP. LLS



Part IV Supplemental Information (continued)

PARTNERS WITH A NUMBER OF LOBBYING FIRMS WHO WORK WITH
OUR PUBLIC POLICY STAFF TO CARRY OUT OUR LOBBYING OBJECTIVES.

LLS mobilizes patient-advocates and volunteers to engage with their federal
and state legislators through digital advocacy - sending letters; sharing
their personal stories; signing petitions; and encouraging their
legislators to support LLS' policy priorities. In conjunction with LLS
employees, patient-advocates also visit their legislators in their local
offices, in Washington, DC and in state capitols to further LLS' policy
agenda.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC



Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, etc.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections 1a, 1b, 2 for reporting on art and historical treasures.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

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

- a Board designated or quasi-endowment %
 - b Permanent endowment 48.00 %
 - c Temporarily restricted endowment 52.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

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

Schedule D (Form 990) 2012 **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Part VII Investments—Other Securities. 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 FUND OF HEDGE FUNDS- OPERATING	69,452,037	Market
(A) LIMITED PARTNERSHIP EQUITIES-OPERATI	2,492,002	Market
(B) FUND OF HEDGE FUNDS-ENDOWMENT	2,317,410	Market
(C) 457B PLAN	1,357,371	Market
(D) LIMITED PARTNERSHIP EQUITIES-ENDOWME	244,079	Market
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	75,862,899	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

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

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

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

Part XIII Supplemental Information

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

Part III, Line 4 - Collections and Relation to Exempt Purpose

THE LLS COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS.

Part V, Line 4 - Intended Uses for Endowment Funds

LLS'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT LLS'S PUBLIC EDUCATION PROGRAMS.

Part X - FIN 48 Footnote

LLS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO LLS'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. LLS DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED JUNE 30, 2013 AND 2012.

Part XIII Supplemental information (continued)**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

LLS Canada Revenue	\$ 13,446,524
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Rounding	\$ -305
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Part XI, Line 4b - Revenue Amounts Included on Return - Other

LSRP Contribution	\$ 681,316
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Part XII, Line 2d - Expense Amounts Included in Financials - Other

LLS CANADA EXPENSES	\$ 13,101,520
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Foreign Currency Translation Adjustment	\$ 83,698
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Rounding	\$ 1,506
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Part XIII - Supplemental Financial Information

LLS MAINTAINS A SMALL PHOTOGRAPH COLLECTION FOR PUBLIC EXHIBITION WHICH HAS AN ESTIMATED VALUE OF BETWEEN \$20,000 AND \$50,000. AS THIS REPRESENTS A RELATIVELY SMALL PERCENTAGE OF LLS'S ASSETS, IT IS NOT SEPARATELY DISCLOSED IN THE FINANCIAL STATEMENTS OR FOOTNOTES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA					
(1)	2	2	RESEARCH FUNDING	RESEARCH GRANTS	436,347
EUROPE					
(2)	6	7	RESEARCH FUNDING	RESEARCH GRANTS	762,288
NORTH AMERICA					
(3)	7	12	RESEARCH FUNDING	RESEARCH GRANTS	1,563,666
CENTRAL AMERICA & CARIBBEAN					
(4)			INVESTMENTS	INVESTMENTS	20,938,231
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	15	21			23,700,532
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	15	21			23,700,532

Schedule F (Form 990) 2012 THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Member of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA & PACIFIC	RESEARCH GRANT	50,000	CHECK			ACCRUAL
			EAST ASIA & PACIFIC	RESEARCH GRANT	100,000	CHECK			ACCRUAL
			EAST ASIA & PACIFIC	RESEARCH GRANT	190,657	CHECK			ACCRUAL
			EAST ASIA & PACIFIC	THERAPY ACCELERATION	95,690	CHECK			ACCRUAL
			EAST ASIA & PACIFIC	RESEARCH GRANT	110,000	CHECK			ACCRUAL
			EUROPE	RESEARCH GRANT	65,000	CHECK			ACCRUAL
			EUROPE	RESEARCH GRANT	50,000	CHECK			ACCRUAL
			EUROPE	RESEARCH GRANT	100,000	CHECK			ACCRUAL
			EUROPE	THERAPY ACCELERATION	331,503	CHECK			FMV
			EUROPE	THERAPY ACCELERATION	82,300	CHECK			FMV
			EUROPE	THERAPY ACCELERATION	23,485	CHECK			FMV
			NORTH AMERICA	RESEARCH GRANT	200,000	CHECK			ACCRUAL
			NORTH AMERICA	RESEARCH GRANT	50,000	CHECK			ACCRUAL
			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
			NORTH AMERICA	RESEARCH GRANT	505,594	CHECK			ACCRUAL
			NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL

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 grantees or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012 **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region (if applicable)	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(2)			NORTH AMERICA	RESEARCH GRANT	241,290	CHECK			ACCRUAL
(3)			NORTH AMERICA	RESEARCH GRANT	55,000	CHECK			ACCRUAL
(4)			NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
(5)			NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
(6)			NORTH AMERICA	RESEARCH GRANT	100,000	CHECK			ACCRUAL
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes No

Part V Supplemental Information

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

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.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
EAST ASIA	\$ 436,347	\$ 0
EUROPE	\$ 762,288	\$ 0
NORTH AMERICA	\$ 1,563,666	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 0	\$ 20,938,231

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

[REDACTED]

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MAIL AMERICA COMMUNICATIONS INC. 174 ELKTON FARM ROAD FOREST VA 24551	Direct Mail		X	0	4,010,903	-4,010,903
2 INFOCISION 325 SPRINSIDE DRIVE AKRON OH 44333	TELEMARKET		X	0	1,791,410	-1,791,410
3 PARADYZ MATERA 5 HANOVER SQUARE, 6TH FLOOR NEW YORK NY 10004	DIRECT MAIL		X	0	1,766,306	-1,766,306
4 DIRECT PRINT COMMUNICATIONS 201 EAST SANDPOINTE, SUITE 400 SANTA ANA CA 92707	DIRECT MAIL		X	0	1,382,841	-1,382,841
5 THOMPSON, HABIB & DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	DIRECT MAIL		X	0	670,953	-670,953
6 DONOR CARE CENTER INC. 4345 STRAUSSER ST NW NORTH CANTON OH 44720	TELEMARKET		X	0	400,252	-400,252
7 BLACKBAUD 1800 DIAGONAL ROAD, SUITE 400 ALEXANDRIA VA 22314	DIRECT MAIL		X	0	111,823	-111,823
8						
9						
10						
Total					10,134,488	-10,134,488

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

ALL STATES AS WELL AS THE DISTRICT OF COLUMBIA AND PUERTO RICO

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 16, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		NIKE WOMEN HALF (event type)	NIKE WOMENS MAR (event type)	1050 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	6,347,050	9,777,032	178,435,083	194,559,165
	2	Less: Contributions	5,108,549	6,741,163	149,412,185	161,261,897
	3	Gross income (line 1 minus line 2)	1,238,501	3,035,869	29,154,898	33,429,268
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,238,501	3,035,869	29,154,898	33,429,268
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					

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

		(a) Bingo	(b) Pull tab/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			778,030
Direct Expenses	2	Cash prizes			13,067	13,067
	3	Noncash prizes			263,649	263,649
	4	Rent/facility costs			25,239	25,239
	5	Other direct expenses			19,162	19,162
	6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9.00 %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					321,117
8	Net gaming income summary. Combine line 1, column d, and line 7					456,913

9 Enter the state(s) in which the organization operates gaming activities: **SCHEDULE G, PART IV**
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:



- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	1.00 %
b	An outside facility	99.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **ROSEMARIE LOFFREDO**
 1311 MAMARONECK AVENUE
 Address ▶ **WHITE PLAINS** NY 10605

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ **SEE SCHEDULE G, PART IV**

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Schedule G, Page 3, Part IV - Additional Information
SCHEDULE G PART I, LINE 2B
 LLS USED INFOCISON, MAIL AMERICA COMMUNICATIONS, DONOR CARE CENTER INC., AND THOMPSON, HABIB & DENISON FOR ITS NATIONAL COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS. THESE PROGRAMS GENERATED GROSS RECEIPTS OF \$21,722,519 DURING FISCAL YEAR 2013. LLS USED DIRECT PRINT COMMUNICATIONS, PARADYZ MATERA AND BLACKBAUD FOR ALL OF ITS OTHER FUNDRAISING EVENTS DURING FISCAL YEAR 2013.

SCHEDULE G, PART III, LINE 9-STATES WITH GAMING OPERATIONS
 ARIZONA, CALIFORNIA, CONNECTICUT, DISTRICT OF COLUMBIA, IOWA, KANSAS, LOUISIANA, MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NEW YORK, NORTH CAROLINA, OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, TEXAS, WISCONSIN.



- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

SCHEDULE G, PART III, LINE 16

THE LEUKEMIA & LYMPHOMA SOCIETY DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES. EACH GAMING EVENT IS MANAGED LOCALLY BY THE SPECIFIC CHAPTER STAFF.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	Albert Einstein College of Medicine 1300 Morris Park Ave. Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Albert Einstein College of Medicine 1300 Morris Park Ave. Bronx NY 10461	13-1624225	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	Albert Einstein College of Medicine 1300 Morris Park Ave. Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77030	74-1613878	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77002	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 321

3 Enter total number of other organizations listed in the line 1 table ▶ 14

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	Beth Israel Deaconess Medical Center 330 Brookline Ave Boston MA 02108	04-2103881	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Beth Israel Deaconess Medical Center 330 Brookline Ave Boston MA 02108	04-2103881	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Beth Israel Deaconess Medical Center 330 Brookline Ave Boston MA 02108	04-2103881	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Brigham and Women's Hospital, Inc. 75 Francis St Boston MA 02115	04-2312909	3	1,250,000		ACCRUAL		RESEARCH GRANT
(5)	Brigham and Women's Hospital, Inc. 75 Francis St Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Brigham and Women's Hospital, Inc. 75 Francis st Boston MA 02115	04-2312909	3	100,000		ACCRUAL		RESEARCH GRANT
(7)	Brigham and Women's Hospital, Inc. 101 Huntington Ave Suite 300 Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Brigham and Women's Hospital, Inc. 101 Huntington Ave Suite 300 Boston MA 02115	04-2312909	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	California Institute of Technology 1200 East CA Blvd. Pasadena CA 91125	95-1643307	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization: **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**
Employer identification number: [REDACTED]

General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Case Western Reserve University - 10900 Euclid Avenue Cleveland OH 44106	34-1018992	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Children's Hospital Corporation 300 Longwood Av. Boston MA 02108	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Children's Hospital Corporation 300 Longwood Av. Boston MA 02108	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati OH 45229	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Children's Hospital Los Angeles 4650 Sunset Blvd Los Angeles CA 90001	95-1690977	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Children's Hospital of Boston 300 Longwood Avenue Boston MA 02108	04-2774441	3	200,000		ACCRUAL		RESEARCH GRANT

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section number if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Children's Hospital of Boston 300 Longwood Avenue Boston MA 02108	04-2774441	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Children's Hospital of Boston 300 Longwood Avenue Boston MA 02108	04-2774441	3	323,707		FMV		THERAPY ACCELERATION
(3)	Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland OH 44195	34-0714595	3	270,000		FMV		THERAPY ACCELERATION
(4)	Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland OH 44195	34-0714553	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	Columbia University Medical Center 630 West 168th street, Box 49 NY 10001	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT

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

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

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

DAA

CMB No. 1545-0047
2012
Open to Public

Number



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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. Yes No

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

1	(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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Columbia University Medical Center 630 West 168th street, Box 49 NY NY 10001	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT

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

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

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

**SCHEDULE I
(Form 990)**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

Part I General Information on Grants and Assistance

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

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1	(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
(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT

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1	(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 (cost, FMV, appraisal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

1	(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
(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

1	(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
(1)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 44 Binney street Boston MA 02108	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 44 Binney street Boston MA 02108	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 44 Binney Street Boston MA 02108	04-2263040	3	388,850		FMV		THERAPY ACCELERATION
(5)	Duke University Medical Center 3813 Box Research Drive Durham NC 27710	56-0532129	3	492,061		ACCRUAL		RESEARCH GRANT
(6)	Duke University Medical Center 324 Blackwell street Durham NC 27710	56-0532129	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Emory University 201 Dowman Drive Atlanta GA 30322	58-0566256	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2012

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**SCHEDULE I
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Name of the organization

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Employer identification number

**Grants and Other Assistance to Organizations,
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General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(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
(1)	Fred Hutchinson Cancer Research Ceb 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Fred Hutchinson Cancer Research Ceb 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Fred Hutchinson Cancer Research Ceb 1100 Fairview Avenue North, J6-500 Seattle WA 98109	23-7156071	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	GHSU Research Institute Inc. 1120 15th Street Augusta GA 30912	58-1418202	3	344,189		FMV		THERAPY ACCELERATION
(5)	Harvard University Massachusetts Hall, Cambridge MA 02138	53-0199180	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Harvard University Massachusetts Hall, Cambridge MA 02138	53-0199180	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Harvard University Massachusetts Hall, Cambridge MA 02138	53-0199180	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	Indianapolis University 620 Union Drive, Room 518 Indianapolis IN 46201	35-6018940	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Institute of Biosciences & Technolb 400 Harvey Mitchell Parkway South, College Station TX 77845	33-0328688	3	65,000		ACCRUAL		RESEARCH GRANT

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1	(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
(1)	Immune Disease Institute (aka) The 3 Blackfan Cir Boston MA 02115	04-2158520	3	1,250,000		ACCRUAL		RESEARCH GRANT
(2)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	500,000		FMV		THERAPY ACCELERATION
(3)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	400,000		FMV		THERAPY ACCELERATION
(4)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Johns Hopkins University School of 3400 North Charles Street Baltimore MD 21201	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT

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1	(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
(1)	KUMC Research Institute Inc. 3901 Rainbow Boulevard, MS 1039 Kansas City KS 66160	48-1202402	3	300,000		FMV		THERAPY ACCELERATION
(2)	La Jolla Institute for Allergy and 9420 Athena Circle La Jolla CA 92037	33-0328688	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	La Jolla Institute for Allergy and 9420 Athena Circle La Jolla CA 92037	33-0328688	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT

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(1)	Massachusetts General Hospital 50 Staniford street Boston MA 02108	04-1564655	3	1,250,000		ACCRUAL		RESEARCH GRANT
(2)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Mayo Clinic AZ 13400 East Shea Blvd. Scottsdale AZ 85250	86-0800150	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Mayo Clinic Rochester 200 First street SW Rochester MN 55905	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Mayo Clinic Rochester 200 First street SW Rochester MN 55905	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Mayo Clinic Rochester 200 First street SW Rochester MN 55905	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	MD Anderson Cancer Center 1515 Holcombe Blvd Houston TX 77030	74-6001118	3	55,000		ACCRUAL		RESEARCH GRANT

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(1)	Medical College of WI, Inc. 8701 Watertown Plank Rd. P. O. Box 2 Milwaukee WI 53226	39-0806261	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Memorial Sloan Kettering 633 Third Avenue New York NY 10017	91-2154267	3	114,350		FMV		THERAPY ACCELERATION
(3)	Moffitt Cancer Center and Research 12902 Magnolia Dr. Tampa FL 33612	59-2451713	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Mount Sinai School of Medicine 1079 One Gustave L. Levy Place NY 10029	13-6171197	3	1,250,000		ACCRUAL		RESEARCH GRANT
(5)	Mount Sinai School of Medicine 1428 Madison Avenue NY 10029	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Mount Sinai School of Medicine 1428 Madison Avenue NY 10029	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	National Institutes of Health, NIH 6705 Rockledge Dr Bethesda MD 20892	52-0858115	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT

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Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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. Yes No

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

1	(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
(1)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	1,250,000		ACCRUAL		RESEARCH GRANT
(3)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Northwestern University 710 N Lake Shore Drive Chicago IL 60601	36-2656113	3	65,000		ACCRUAL		RESEARCH GRANT
(5)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY NY 10001	13-6171197	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY NY 10001	13-6171197	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	NY University School of Medicine 545 First Avenue GBH, SC1-55 NY NY 10001	13-6171197	3	65,000		ACCRUAL		RESEARCH GRANT

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	NY University School of Medicine 545 First Avenue GRH, SC1-55 NY 10001	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Ohio State University 281 W Lane Avenue Columbus, OH 43210	31-6401599	3	1,250,000		ACCRUAL		RESEARCH GRANT
(7)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	1,250,000		ACCRUAL		RESEARCH GRANT
(9)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	2,222,000		FMV		THERAPY ACCELERATION

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

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	Pennsylvania State University 123 S Burrowes st State College PA 16801	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	President & Fellows of Harvard Coll 6th Floor, Holyoke Center 1350 MA A Cambridge MA 02138	04-2103580	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Princeton University 200 Elm Drive Princeton NJ 08544	21-0634501	3	335,145		ACCRUAL		RESEARCH GRANT
(4)	Regents of the University of MN - T 450 McNamara Alumni Center 200 Oak Minneapolis MN 55401	41-6007513	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Rhode Island Hospital 593 Eddy street, Aldrich 3-317 Providence RI 02903	26-3020947	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Robert Wood Johnson Medical School 335 George street, Liberty Plaza 4t New Brunswick NJ 08901	22-1776306	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

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

1	(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
(1)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Rockefeller University 1230 York Avenue NY 10065	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Saint Jude Children's Research Hosp 262 Danny Thomas Place Memphis TN 38105	62-0646012	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Scripps Research Institute 10550 North Torrey Pines Road La Jolla CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Scripps Research Institute 10550 North Torrey Pines Road La Jolla CA 92037	33-0435954	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Sloan-Kettering Institute for Canc 1275 York Avenue NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Sloan-Kettering Institute for Canc 1275 York Avenue NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Sloan-Kettering Institute for Canc 1275 York Avenue NY 10001	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Sloan-Kettering Institute for Canc 1275 York Avenue NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT

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

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

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10001	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10065	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10065	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Sloan-Kettering Institute for Canc 1275 York Avenue NY NY 10065	91-2154267	3	500,000		ACCRUAL		RESEARCH GRANT

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

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Form 990-SS instructions number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10065	91-2154267	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Sloan-Kettering Institute for Cancer 1275 York Avenue NY 10065	91-2154267	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Saint Louis University 3700 West Pine Mall St. Louis MO 63104	43-0654872	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Stanford University 9500 Gilman Drive La Jolla CA 92037	23-7121131	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Stanford University 9500 Gilman Drive La Jolla CA 92037	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	500,000		ACCRUAL		RESEARCH GRANT
(8)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	110,000		ACCRUAL		RESEARCH GRANT

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

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

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DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2012

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Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Stanford University 340 Panama Street Stanford CA 94305	23-7121131	3	100,000		ACCRUAL		RESEARCH GRANT
(3)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Stanford University Medical Center 301 Ravenswood Avenue, Mail Code 55 Menlo Park CA 94025	23-7121131	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	Stowers Institute for Medical Resea 1000 East 50th street Kansas City MO 64110	43-1684454	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	SUNY Upstate Medical University 750 East Adams street Syracuse NY 13210	14-1368361	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	SUNY Upstate Medical University - S 750 E. Adams st. Syracuse NY 13210	14-1368361	3	110,000		ACCRUAL		RESEARCH GRANT

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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

1	(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
(1)	Temple University 3400N. Board street Philadelphia PA 19140	23-1365971	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Board of Trustees of the Univerk 809 S. Marshfield Avenue, M/C 551 Chicago IL 60607	37-600511	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	The Children's Hospital of Philadel 3615 Civic Center Blvd Philadelphia PA 19104	23-1352166	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	The Children's Hospital of Philadel 3615 Civic Center Blvd Philadelphia PA 19104	23-1352166	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The Hospital for Special Surgery 535 East 70th. street NY NY 10021	13-6714749	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	The Ohio State Universty 320 West 10th Avenue Columbus OH 43210	31-6401599	3	1,250,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of CA 2150 Shattuck Avenue Berkeley CA 94720	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of CA 2150 Shattuck Avenue Berkeley CA 94720	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of CA 2150 Shattuck Avenue Berkeley CA 94720	94-6002123	3	55,000		ACCRUAL		RESEARCH GRANT

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

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OMB No. 1545-0047
2012

Open to Public Inspection

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

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Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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. Yes No

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

1	(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
(1)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	65,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of CA 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of CA 9500 Gilman Drive La Jolla CA 92093	95-2872494	3	110,000		ACCRUAL		RESEARCH GRANT
				110,000		ACCRUAL		RESEARCH GRANT

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

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Part I THE LEUKEMIA & LYMPHOMA SOCIETY, INC
General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	The Regents of the University of CA 505 Parnassus Avenue Suite M1286, B San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT

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

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

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DAW

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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

1	(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
(1)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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2012

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Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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. Yes No

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

1	(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
(1)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of CA 1111 Franklin st Oakland CA 94607	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT

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

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

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

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. Yes No

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

1	(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
(1)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of MI 515 E Jefferson st Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of MI 515 E Jefferson st, Ann Arbor MI 48109	38-6006309	3	50,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of MI 1500 E Medical Center Drive Ann Arbor MI 48109	38-6006309	3	974,091		FMV		THERAPY ACCELERATION
(7)	The Research Institute of Fox Chase 333 Cottman Avenue Philadelphia PA 19111	23-2003072	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	The Trustees of the University of P 3451 Walnut Street Philadelphia PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	The Trustees of the University of P 3451 Walnut street, Philadelphia PA 19104	23-1352685	3	1,250,000		ACCRUAL		RESEARCH GRANT

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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2012

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Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	The Trustees of the University of 3451 Walnut street, Philadelphia PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Trustees of the University of 3451 Walnut street, Philadelphia PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	The Trustees of the University of 3451 Walnut street Philadelphia PA 19104	23-1352685	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	The University of Chicago 900 East 57th street Chicago IL 60601	36-2177139	3	100,000		ACCRUAL		RESEARCH GRANT
(5)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	The University of Chicago 6030 S. Ellis Ave Chicago IL 60601	36-2177139	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Trustees of Dartmouth College 6010 Parkhurst Hall, Suite 204 Hanover NH 03755	02-0222111	3	200,000		ACCRUAL		RESEARCH GRANT

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Univ of TX Health Science Center at 7703 Floyd Curl Drive San Antonio TX 78229	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of Alabama at Birmingham 1720 2nd Avenue South Birmingham AL 35294	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	University of Arkansas for Medical 4301 W Markham st. Little Rock AR 72205	71-6046242	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	University of CA at San Francisco 3333 CA st., Suite 315 San Francisco CA 94143	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	University of California, San Francisco 500 Parnassus Ave. San Francisco CA 94143	95-1690977	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	University of Cincinnati 51 Goodman Drive University Hall, Cincinnati OH 45201	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	University of Colorado 3415 Colorado Ave, UCB 596 Aurora CO 80045	84-6000555	3	37,500		ACCRUAL		RESEARCH GRANT
(8)	University of Colorado 1250 14th Street Denver CO 80291	84-6000555	3	225,000		FMV		THERAPY ACCELERATION
(9)	University of Colorado at Boulder 3100 Marine street Boulder CO 80303	84-6000555	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

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

OMB No. 1545-0047

2012

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2012

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Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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. Yes No

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

1	(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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of Colorado Denver, Ansp 13001 E 17th Place Aurora CO 80045	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of Florida 113001 PO Box Gainesville FL 32601	59-6002052	3	835,253		ACCRUAL		RESEARCH GRANT
(3)	University of Florida Gainesville Gainesville FL 32611	59-6002052	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	University of Florida Gainesville Gainesville FL 32601	59-6002052	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	University of MA Medical School 364 Plantation street Worcester MA 01605	04-3167352	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	University of MA Medical School 364 Plantation street Worcester MA 01605	04-3167352	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	University of MD, Baltimore 220 Arch street, Office Level 2, Rm Baltimore MD 21201	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	University of MD, Baltimore 220 Arch street, Office Level 2, Rm Baltimore MD 21201	52-6002033	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	University of Michigan 1500 E Medical Center Drive Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

General Information on Grants and Assistance

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1	(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
(1)	University of Michigan 1500 E Medical Center Drive Ann Arbor MI 48109	38-6006309	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of Michigan 1500 E Medical Center Drive Ann Arbor MI 48109	38-6006309	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	University of Michigan 1600 Huron Parkway, 2nd Floor Ann Arbor MI 48109	38-6006309	3	34,982		FMV		THERAPY ACCELERATION
(4)	University of MN, Twin Cities 321 Church street SE Minneapolis MN 55401	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	University of Nebraska Medical Center 985100 Nebraska Medical Center Omaha NE 68105	47-0049123	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	University of North Carolina at Chapel Hill 450 West Drive Chapel Hill NC 27599	56-6001393	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	University of Pennsylvania 421 Curie Boulevard BRBII/III, Rm 53 Philadelphia PA 19104	23-1352685	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	University of Pennsylvania 3451 Walnut street Philadelphia PA 19104	23-1352685	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	University of Rochester 601 Elmwood Avenue Rochester NY 14603	16-0473209	3	200,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Employer identification number

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

1	(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
(1)	University of Rochester 601 Elmwood Avenue Rochester NY 14603	16-0473209	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	500,000		ACCRUAL		RESEARCH GRANT
(9)	University of TX M.D. Anderson Canc 1515 Holcombe Blvd. Houston TX 77030	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT

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

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
2012

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Department of the Treasury
Internal Revenue Service

Name of the organization: **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**
Employer identification number: [REDACTED]

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	University of Utah 30 North 1900E Rm. 1C26 SOM Salt Lake City UT 84112	87-6000525	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	University of Washington 1100 NE 45th street Seattle WA 98105	91-6001537	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	University of Washington 1100 NE 45th street Seattle WA 98105	91-6001537	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	University of Washington 1100 NE 45th street Seattle WA 98105	91-6001537	3	110,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Part I General Information on Grants and Assistance

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1	(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
(1)	University of WI-Madison (Board of 750 University Avenue Madison WI 53706	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas TX 75390	76-0300816	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Vanderbilt University Medical Center 3319 West End Avenue, Suite 800 Nashville TN 37232	62-0476822	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Virginia Commonwealth University 401 College street Richmond VA 23298	54-6001758	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	WA University of Saint Louis 660 South Euclid Avenue St Louis MO 63110	43-0653611	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Wake Forest University 1834 Wake Forest Road Winston-Salem NC 27106	22-3849199	3	200,000		ACCRUAL		RESEARCH GRANT

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

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

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

DA

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section number if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Weill Medical College of Cornell Un 575 Lexington Avenue, 9th Floor NY NY 10001	13-3376695	3	55,000		ACCRUAL		RESEARCH GRANT

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02138	06-1043412	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02138	06-1043412	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02138	06-1043412	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Yale University 155 Whitney Avenue, PO Box 208250 New Haven CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Yale University 155 Whitney Avenue, PO Box 208250 New Haven CT 06510	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Yale University 208250 PO Box New Haven CT 06510	06-0646973	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Acetylon Pharmaceuticals 70 Fargo Street Boston MA 02210	26-3506788		740,000		FMV		THERAPY ACCELERATION
(8)	Beckloff Associates, Inc. 3203 Solutions Center Chicago IL 60677	48-0842223		25,000		FMV		THERAPY ACCELERATION
(9)	Biosynthesis, Inc. 612 East Main Street Lewisville TX 75067	75-2297191		24,400		FMV		THERAPY ACCELERATION

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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
(1)	Calator Pharmaceuticals 303B College Road East Princeton NJ 08540	20-2680869		740,275		FMV		THERAPY ACCELERATION
(2)	Constellation Pharmaceuticals 215 First Street, Suite 200 Cambridge MA 02142	26-1741721		2,000,000		FMV		THERAPY ACCELERATION
(3)	Curis, Inc. 4 Maguire Road Lexington MA 02421	04-3505116		1,650,000		FMV		THERAPY ACCELERATION
(4)	Onconova Therapeutics 375 Pheasant Run Newtown PA 18940	22-3627252		500,000		FMV		THERAPY ACCELERATION
(5)	Integrated Analytical Solution 1456 Fourth Street, Unit C Berkeley CA 94710	20-0776697		11,025		FMV		THERAPY ACCELERATION
(6)	MicroConstants, Inc. 9050 Camino Santa Fe San Diego CA 92121	33-0809500		57,895		FMV		THERAPY ACCELERATION
(7)	Nanosyn 3100 Central Expressway Santa Clara CA 95051	86-0909295		627,175		FMV		THERAPY ACCELERATION
(8)	Peptisyntha, Inc. 23424 Network Place Chicago IL 60673	76-0315292		31,772		FMV		THERAPY ACCELERATION
(9)	Shape 55 Cambridge Parkway Cambridge MA 02142	26-3714475		300,000		FMV		THERAPY ACCELERATION

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Smithers Pharma Services 75711 PO Box Cleveland OH 44101	20-1922115		10,500		FMV		THERAPY ACCELERATION
(2)	Valor Biotherapeutics 15922 PO Box College Station TX 77841	46-1883738		1,300,000		FMV		THERAPY ACCELERATION
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

Schedule I (Form 990) (2012) THE LEUKEMIA & LYMPHOMA SOCIETY, INC
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

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

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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 ILS RECEIVES AND APPROVES THE DELINQUENT REPORT.

SCHEDULE J
(Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC



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 in 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 indemnification 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization uses 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** **X**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **X**

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN WALTER PRESIDENT & CEO	520,000	39,000	14,622	31,500	23,485	628,607	0
2 JAMES T. NANGLE SVP & CFO	216,541	5,508	14,679	22,772	23,290	282,790	0
3 LOUIS DEGENNARO CHIEF MISSION OFFICE	334,670	29,604	17,784	25,000	16,269	423,327	0
4 RICHARD WINNEKER SVP RESEARCH	254,052	22,413	19,777	17,608	1,124	314,974	0
5 GEORGE OMIROS CHIEF CAMPAIGN&FIELD	254,527	8,609	16,480	25,000	16,135	320,751	0
6 KETING CHU VP RES THERAPY	227,038	6,152	39,829	4,018	13,740	290,777	0
7 DAVID TIMKO SVP VOLUNTEER ENGAGE	235,178	0	17,672	24,085	16,106	293,041	0
8 NANCY KLEIN CHIEF MKTG & REVENUE	188,136	0	263,405	13,013	9,698	474,252	0
9.							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

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

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified Equity-based
NANCY KLEIN	254,754	0

Part I, Line 7 - Non-Fixed Payments Provided

Bonuses were paid based on the achievement of gross revenue exceeding budgeted gross revenue, employee individual performance and other metrics. Bonuses were capped according to LLS's policy. These amounts are reported on schedule J Part II, Column (B) (II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

[REDACTED]

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	102	1,094,571	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	56		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRINTED ITEMS)	X	9	0	
26 Other ▶ (FURNITURE & EQUIP)	X	2		
27 Other ▶ (VARIOUS)	X	90		
28 Other ▶ ()				

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

29

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

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

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

31	X	
----	---	--

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

32a		X
-----	--	---

b If "Yes," describe in Part II.

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



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

Part I, Line 33 - Explanation for Not Reporting Revenue

LLS ONLY RECORDS DONATED SECURITIES AS REVENUE. ALL OTHER ITEMS FOR WHICH COLUMN A IS CHECKED ARE NOT RECORDED AS REVENUE OR EXPENSE BECAUSE THEY WOULD NOT HAVE BEEN PURCHASED HAD THEY NOT BEEN DONATED, AND ARE IMMATERIAL IN AMOUNT RELATIVE TO THE STATEMENTS OF LLS.

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Form 990, Part III, Line 4a - First Accomplishment

continue to support research through our innovative and integrated funding programs, until every patient has a safe and effective therapy. In fiscal year 2013, LLS supported research in the U.S., Canada and 7 other countries with a total research disbursement of approximately \$72 million. Research funding was distributed across all blood cancers.

OUR CRITICAL ROLE

LLS programs accelerate relevant research outcomes by:

- Building a focused research work-force: Assuring the next round of breakthroughs requires that young investigators be encouraged to work in blood cancer research fields.
- Turning discoveries into new therapies: Fundamental new findings can be translated into safe and effective treatments that can ultimately prolong and enhance patient lives.
- Supporting synergy: Large grants and contracts enable scientists in academia and the private-sector to collaborate, combining resources and expertise to produce more and faster advances.
- Filling a void: Research projects that are high-risk and/or address rare cancers are less likely to be funded by government agencies or for-profit companies, but may provide important advances.
- Speeding new treatments to patients: Partnering with biotechnology and pharmaceutical companies can advance promising therapies through clinical

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

[REDACTED] per

testing, faster.

PAST ADVANCES MADE WITH LLS RESEARCH FUNDING

Generous donors have helped LLS support research that has already benefited blood cancer patients and many others. Advances include:

- Multi-drug therapies that are more effective than treatments with single anti-cancer agents,
- Bone marrow / stem cell transplantation and supportive care treatments for patients who relapse despite the best available therapy,
- Tests that distinguish specific characteristics of particular blood cancers for accurate diagnosis of cancer subtypes, and for "risk stratification" to select an optimal therapy.

TARGETED THERAPY RESEARCH

Discovering the molecular abnormalities that cause particular types of blood cancer has been useful in diagnosis and risk stratification, and in new "targeted drug" development. LLS-funded investigators have helped advance molecularly targeted treatments that can selectively kill blood cancer cells versus normal cells. Many of these new treatments benefit not only blood cancer patients, but also patients with other diseases. For example:

- Gleevec® is FDA-approved for patients of all ages with chronic myeloid leukemia (CML), and is also approved for patients with one form of acute

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

EIN

lymphoid leukemia (ALL), myelodysplastic syndromes (MDS),
myeloproliferative disorders and rare forms of stomach and skin cancers.

Related drugs, Sprycel® and Tasisign®, are approved for patients who do not benefit from Gleevec. One or more of these drugs are also showing promise for patients with various lymphomas, acute myeloid leukemia (AML), chronic lymphocytic leukemia (CLL), and other cancers, including brain, breast, head-and-neck, lung, pancreatic, and prostate cancers, and patients with other diseases including Alzheimer's, asthma and pulmonary hypertension.

- Rituxan® was the first FDA-approved, anti-cancer antibody drug, developed for patients with forms of B-cell non-Hodgkin lymphoma (NHL). It is now also approved for CLL patients and as a "maintenance" therapy for follicular lymphoma patients, and showing promise for patients with ALL and after stem cell transplantation. In addition, it is approved for treating patients with severe rheumatoid arthritis and two other types of autoimmune diseases. A related antibody drug, Arzerra®, is approved for CLL patients and showing wider promise.

- Velcade®, Thalidomid® and Revlimid® are FDA-approved for patients with myeloma and are also helping some patients with Hodgkin lymphoma and NHL. Krypolis® was recently approved for myeloma patients for whom at least two prior therapies were insufficient. One or more of these drugs are now being tested for patients with T-cell and B-cell forms of lymphoma, acute leukemias, as well as AIDS-related Kaposi sarcoma and brain, breast, colorectal, head-and-neck, kidney, liver, lung, ovarian and prostate cancers, and Alzheimer's disease.

- Istodax®, Zolinza®, Dacogen® and Vidaza® target small chemical, "epigenetic" changes. The first two drugs are approved for patients with peripheral T-cell lymphomas; the latter drugs are approved for MDS

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

patients. One or more of these drugs are being tested for patients with ALL, AML, CML, CLL, myeloma and forms of NHL, after stem cell transplantation, and for patients with breast, brain, kidney, colorectal, head-and-neck, lung, stomach, prostate and ovarian cancers, melanoma as well as sickle cell disease and persistent HIV infections.

OTHER ACTIVE RESEARCH DIRECTIONS

LLS-funded researchers are also exploring other areas of research that hold promise for patients:

- **Novel Stem Cell Transplantation Procedures:** These include so-called "mini" transplants that use less toxic pre-transplant treatments and engineered donor cells that help reduce post-transplant complications, making these potentially curative treatments available to more patients.
- **Immunotherapies:** Including antibodies, vaccines and engineered immune cells, these targeted therapies help a patient's immune system fight infections and kill residual cancer cells, prolonging remissions, and perhaps one day replacing toxic chemotherapies.
- **Diagnostics:** New technologies make it possible to characterize the abnormalities in individual cancer cases in molecular detail. This information can be used to help choose the best possible treatment for each patient, especially as more targeted therapies become available.
- **Quality of Life Research:** These studies increase our understanding of how specific treatments can cause debilitating side-effects, including late-effects, and which patients are at risk for developing these complications, so that they can be better managed or even prevented.

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS

LLS continues to solicit and support research focused on improving blood cancer patients' quality of life after today's curative therapies. Also in 2013, for the second year, LLS actively recruited research proposals in three other underdeveloped research areas in which progress is likely to improve outcomes for patients with particularly urgent needs. New research is focused on:

- the malignant stem cell in AML and MDS
- non-cutaneous T-cell leukemias and lymphomas
- high risk myeloma cases

THE THERAPY ACCELERATION PROGRAM

This strategic initiative was launched in 2007 to move new treatments and diagnostics through preclinical development and clinical trials, faster. Using milestone-driven contracts and working in concert with academic investigators, medical centers and companies, LLS is further bridging the gap between discovery and human applications to increase the likelihood that novel, possibly breakthrough, treatments will be available to patients as soon as possible. The program includes:

- The Academic Concierge Division identifies especially promising LLS-funded grant projects and provides additional support to advance selected projects to the product stage.

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

- The Biotechnology Accelerator Division partners LLS with companies to combine scientific and financial resources and accelerate the development of potential blood cancer therapies that otherwise might not be prioritized by the company.

- The Clinical Trials Division brings clinical trials to blood cancer patients in their communities, including under-represented populations, and with the ultimate goal of increasing patient enrollment in blood cancer trials.

Form 990, Part III, Line 4b - Second Accomplishment

website. A number of resources are available in Spanish for patients, caregivers and healthcare professionals.

LLS publishes an annual compilation of data available for blood cancers, including the estimated numbers of new blood cancer cases and deaths, the most recent statistics available for incidence, mortality and survival; and current and accurate information about symptoms, risk factors and treatment.

Publications:

An extensive catalog of education materials is offered free-of-charge to patients and healthcare professionals. Each year, LLS distributes booklets, brochures, fact sheets, education program transcripts and DVDs through the Information Resource Center and LLS chapters.

Many materials are also available to view and download at

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

www.LLS.org/resourcecenter. Downloadable materials are available in English and Spanish.

- 920,398 printed booklets, brochures, fact sheets, education program transcripts and DVDs distributed in 2013

Financial Assistance

In 2013, a combined \$45,639,792 dollars was disbursed to patients through the LLS Patient Financial Aid (\$2,989,442) and Co-Pay Assistance programs (\$42,650,350).

Patient Financial Aid Program

For more than 46 years, LLS has helped patients demonstrating significant need to obtain financial assistance to cover a portion of their treatment costs. The LLS Patient Financial Aid program provides a limited amount of financial assistance to help patients with significant financial need and who are under a doctor's care for a confirmed blood cancer diagnosis. Patient Financial Aid funds are subject to availability.

- 29,894 patients received Financial Aid in 2013

Co-Pay Assistance Program

This Co-Pay Assistance program helps patients with many kinds of blood cancers meet their health insurance or Medicare Plan Part B or D premiums

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

or co-payment obligations related to treating their cancer. Patients with prescription drug coverage, Medicare beneficiaries under Medicare Part B and/or Medicare Part D, Medicare Supplementary Health Insurance or Medicare Advantage should check with LLS to see if they meet eligibility requirements to receive financial support. Co-pay Assistance is subject to fund availability by specific blood cancer diagnosis. For more information call, (877) LLS-COPAY [(877) 557-2672] or visit www.LLS.org/copay.

- 18,259 patients received LLS Co-pay Assistance in 2013

Community Programs

Each LLS chapter office is staffed with a patient services manager (PSM) who oversees services to patients and their families, caregivers and healthcare professionals. PSMs are healthcare professionals, often with a background in oncology nursing or social work. PSMs serve as liaisons with community and regional oncology/hematology healthcare professionals and treatment centers. Community-based education and outreach, support and public policy and advocacy programs are available.

- 34,809 patient and caregiver participants in 2013

- 13,182 healthcare professional participants in 2013

Programs for Children and Young Adults

The Trish Greene Back to School Program for Children with Cancer focuses on increasing communication among healthcare professionals, parents, patients

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

EIN

and school personnel to support children, adolescents and young adults living with cancer. Printed literature, videos and other materials to aid the process are available in communities throughout the US and Canada via LLS chapter offices. The program includes Staying Connected: Facilitating the Learning Experience During and After Cancer Treatment. This education program for school personnel, healthcare professionals and parents describes physical, cognitive and psychosocial short-and long-term effects that children, adolescents and young adults may experience during and after treatment. The program offers guidance and numerous resources to help children, adolescents and young adults continue their education during and after treatment.

- 2,412 school personnel, healthcare professionals and parents participated in the 54 Staying Connected programs across the US and Canada in 2013.

Family Support Groups

LLS has developed 415 Family Support Groups at chapters throughout the US and Canada. LLS also has 843 volunteer support group facilitators with backgrounds in oncology nursing or social work. Groups are guided by two volunteer oncology health professionals, providing information and support and encouraging greater communication among patients, families, friends and healthcare professionals.

- 9,452 participants in Family Support Groups in 2013

Patti Robinson Kaufmann First Connection Program

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

First Connection is a program that links newly diagnosed patients to a peer volunteer who has experienced a similar diagnosis. A trained patient-volunteer currently in remission contacts the new patient to share information and support. This program is available through LLS chapters.

- 6,322 First Connections in 2013

Form 990, Part III, Line 4c - Third Accomplishment
out about specific clinical trials.

Patients, families and healthcare professionals may speak to an Information Specialist at (800) 955-4572 Monday through Friday, 9 a.m. to 6 p.m., ET, email infocenter@LLS.org or chat one-on-one via the LLS website. The Information Resource Center offers translation services in more than 165 languages.

- 54,682 inquiries in 2013

The LLS Website

The LLS website, www.LLS.org, fulfills a wide variety of education and information needs. Visitors can personalize their web pages to keep current with disease-specific updates and community education and support activities. The website provides access to LLS programs and services, including co-pay assistance, patient financial aid, the most current and accurate information and statistics, weekly facilitated online chats,

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

national telephone and web education programs, publications in English and Spanish, and clinical-trial searches via an online clinical-trial search service that offers patients and caregivers immediate access to listings of blood cancer clinical trials. Patients, caregivers and healthcare professionals can interact with LLS and one another through social networking, podcasts and eNewsletters.

National Telephone/ Web Education Programs

LLS sponsors telephone and web education programs for patients, caregivers, survivors and healthcare professionals about leukemia, lymphoma, myeloma and myelodysplastic syndromes. In 2013, 14 LLS national education programs featured disease-specific updates and information about treatment options from world renowned clinical experts. Opportunities are provided to ask questions of experts during these programs. These programs offer continuing education credits for nurses and social workers. LLS also sponsors a range of professional education programs. Recent programs explored the administration and management of current therapies for hematologic malignancies and communication among primary care providers and hematologists/oncologists in managing patients with hematologic cancer. Upcoming programs are posted at www.LLS.org/programs and archives of past programs are available at www.LLS.org/pastprograms. Professional education programs are available at www.LLS.org/professionaled. LLS also offers disease-specific webcasts presented by world renowned clinical experts. These can be accessed at www.LLS.org/webcasts.

Form 990, Part III, Line 4d - All Other Accomplishment

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Number

D) PROFESSIONAL EDUCATION:

LLS serves the educational needs of the medical and research community through a number of professional education symposia offered throughout the year. The educational program offers varying formats to facilitate the exchange of information and ideas on the newest developments in cancer research and treatment.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Canada

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The members of LLS consist of one elected representative from each chapter.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The board of representatives (representing the chapters) elects the members of LLS's governing body, its National Board of Directors.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Significant decisions affecting the chapters require an approving vote by the chapter delegates. Decisions not significantly affecting the chapters do not require approval from the chapter delegates.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 was prepared by the LLS Finance department and was reviewed by the CAO & CFO, Sr. Vice President of Finance, and KPMG for comment and suggested

Name of the organization:

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

revisions.

The Form 990 was then provided to the Audit Committee, which is a committee of the Board of Directors. The Audit Committee reviewed the 990 and provided input prior to filing.

The final draft Form 990 was provided to the entire Board of Directors prior to filing by posting the form on an intranet website.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All employees, Board of Directors members, Board of Representatives members, Chapter Board members, Family Support Group facilitators, and TNT coaches are required to review the conflict of interest policy on an annual basis and submit a signed form acknowledging that they have reviewed the policy and disclosed any conflicts of interest.

All forms are collected and the audit committee reviews any forms disclosing a possible conflict of interest and determines whether or not a conflict exists.

Part VI, Line 12 C:

All employees, Board of Directors members, Board of Representatives are recused from any discussion where a Conflict of Interest exists. Any questions regarding COI will go to the Audit Committee.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee, comprised of independent members of the Board of Directors, reviews and monitors the Chief Executive Officer's performance and compensation. The committee obtained a survey of other not-for-profit

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

organizations' compensation ranges and set the Chief Executive's salary commensurately. The review was documented in the Executive Committee's minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Committee, comprised of independent members of the Board of Directors, reviewed a survey of other not-for-profit organizations' compensation ranges and compared this to the other officer's salary and determined that it was appropriate. The review was documented in the Executive Committee's minutes.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, New Hampshire, New Jersey, New Mexico, Nebraska, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin, West Virginia

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Leukemia & Lymphoma Society, Inc. makes its annual financial statements available to the public on its website at www.lls.org. Its governing documents are made available, when changes are made, as part of the 990 available for public inspection. Any identified conflicts of interest are disclosed in the 990.

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Foreign Currency Translation Adjustment	\$ -83,698
Rounding	\$ -1,709
TOTAL	\$ -85,407

Form 990, Part XI and Schedule D

Reconciliation of Change in Net Assets on a Consolidated to Separate Company Basis:

Change in Net Assets per Consolidated Financials	\$ -13,375,760
Change in Net Assets LLS Canada	-345,004
LSRP Contribution	681,316
Financial Statements Rounding	1,811
Unrealized Change on Investments	-3,666,259
Foreign Currency Translation Adjustment	83,698
Change in Net Assets per Form 990 (Part XI, Line 3)	\$ -16,620,198

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

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

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Name, address, and EIN (if applicable) of disregarded entity	Legal domicile (state or foreign country)	Primary activity	Total income	End-of-year assets	Direct controlling entity	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?
(1)									Yes No
(2)									
(3)									
(4)									
(5)									

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Name, address, and EIN of related organization	Legal domicile (state or foreign country)	Primary activity	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	Direct controlling entity	Section 512(b)(13) controlled entity?	Yes No
(1) THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO CA M2J4P8	CA	PART VII			N/A				X
(2) THE LLS RESEARCH PROGRAMS, INC. 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605 13-3470494	DE	PART VII	501C3	11b	LLS, INC				X
(3) THE LLS RESEARCH FOUNDATION 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605 13-3709252	DE	PART VII	501C3	11b	LLS, INC				X
(4)									
(5)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V-URI amount in box 20 of Schedule K-1 (Form 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Schedule R (Form 990) 2012 THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest (ii) 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)

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

	(a) Name of other organization	(b) Transaction type (a-a)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	THE LEUKEMIA & LYMPHOMA SOCIETY	d	146,528	COST	X	
(2)	OF CANADA					
(3)	THE LLS RESEARCH PROGRAMS INC	c	681,316	COST	X	
(4)						
(5)						
(6)						

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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 1066)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R - Group Exemption Relationships

THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA & LYMPHOMA SOCIETY, INC., IN CANADA.

THE LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC. AND THE LEUKEMIA RESEARCH FOUNDATION, INC. SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

Form **926**

(Rev. December 2011)

Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

Identifying number (see instructions)

THE LEUKEMIA & LYMPHOMA SOCIETY, INC



1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No

b Did the transferor remain in existence after the transfer? Yes No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
Grosvenor Institutional Partners, LP	36-4336976

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No

c Is the partner disposing of its entire interest in the partnership? Yes No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

GROSVENOR COMMODITY STRAIGIES FUND

4 Identifying number, if any

5 Address (including country)

P.O. BOX 309 UGLAND HOUSE CAYMAN ISLANDS
GRAND CAYMAN CJ KY1-1104 Cayman Islands

6 Country code of country of incorporation or organization (see instructions)

CJ

7 Foreign law characterization (see instructions)

EXEMPTED COMPANY

8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/12		612,232		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(e)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and Temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(e)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before _____ % (b) After 0.23%

10 Type of nonrecognition transaction (see instructions) IRS SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
 (Rev. December 2011)
 Department of the Treasury
 Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0028

▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Identifying number (see instructions) [REDACTED]
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1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership Grosvenor Institutional Partners, LP	EIN of partnership 36-4336976
--	---

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its entire interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) GROSVENOR MACRO STRATEGIES FUND LTD	4 Identifying number, if any
5 Address (including country) P.O. BOX 309 UGLAND HOUSE CAYMAN ISLANDS GRANDCAYMAN CJ KY1-1104 Cayman Islands	
6 Country code of country of incorporation or organization (see instructions) CJ	
7 Foreign law characterization (see instructions) EXEMPTED COMPANY	

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

For Paperwork Reduction Act Notice, see separate instructions.

Part II Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/12		468,650		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and Temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before _____ % (b) After 0.11 %

10 Type of nonrecognition transaction (see instructions) IRS SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction: