

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**


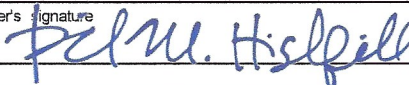
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>3 INTERNATIONAL DRIVE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>RYE BROOK NY 10573</b></p>	<b>D</b> Employer identification number <p><b>13-5644916</b></p> <b>E</b> Telephone number <p><b>914-949-5213</b></p> <b>G</b> Gross receipts\$ <b>588,672,573</b>
<b>F</b> Name and address of principal officer: <p><b>LOUIS J. DEGENNARO</b>  <b>3 INTERNATIONAL DRIVE, SUITE 200</b>  <b>RYE BROOK NY 10573</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.LLS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1949</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	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	23	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1377	
	6 Total number of volunteers (estimate if necessary)	6	3000000	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	372,750,094	427,419,530	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,936,342	15,997,252	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,619,914	33,847,009	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-85,198	18,957,518	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	396,221,152	496,221,309	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	146,416,708	169,606,729	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	113,204,908	126,383,366	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>45,035,639</b>	5,823,217	4,373,282	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	101,876,640	93,633,073	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	367,321,473	393,996,450	
	19 Revenue less expenses. Subtract line 18 from line 12	28,899,679	102,224,859	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	454,102,204	581,677,610	
	22 Net assets or fund balances. Subtract line 21 from line 20	185,710,815	215,555,172	
		268,391,389	366,122,438	

**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.

<b>Sign Here</b>	Signature of officer  <b>GORDON MILLER, JR</b> Type or print name and title	Date <b>2/3/2021</b>	Title <b>EVP CHIEF FIN OFFICE</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID M. HIGHFILL</b>	Preparer's signature 	Date <b>02/02/21</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P01517891
	Firm's name ▶ <b>KPMG LLP</b> <b>345 Park Avenue</b> Firm's address ▶ <b>New York, NY 10154-0102</b>	Firm's EIN ▶ <b>13-5565207</b>	Phone no. <b>212-758-9700</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  THE LEUKEMIA & LYMPHOMA SOCIETY, INC.	Taxpayer identification number (TIN)  13-5644916
	Number, street, and room or suite no. If a P.O. box, see instructions. 3 INTERNATIONAL DRIVE SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RYE BROOK, NY 10573	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GORDON MILLER JR

• The books are in the care of ▶ 3 INTERNATIONAL DRIVE RYE BROOK NY 10573

Telephone No. ▶ 914 821-8935 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . .  . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or  
▶  tax year beginning 07/01, 2019, and ending 06/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

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

4a (Code: ) (Expenses \$ **47,726,107** including grants of \$ **26,818,848** ) (Revenue \$ **15,997,252** )

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

**To date, LLS has invested over \$1.32 billion in research aimed at helping all blood cancer patients live better, longer lives.**

**Continued on Schedule O**

4b (Code: ) (Expenses \$ **198,424,766** including grants of \$ **142,787,881** ) (Revenue \$ )

**An estimated 1.3 million people across the United States (US) are currently living with or are in remission from leukemia, lymphoma and myeloma. The Leukemia & Lymphoma Society (LLS) offers an array of free, comprehensive resources to blood cancer patients, caregivers, families and friends of patients, advocates, healthcare professionals and the public. LLS is committed to providing the most accurate and up-to-date blood cancer information. Professional volunteer clinical advisors work with LLS staff to review all of the information LLS provides through healthcare professional and patient education programs, publications and the LLS website.**

**Continued on Schedule O**

4c (Code: ) (Expenses \$ **44,287,931** including grants of \$ ) (Revenue \$ )

**See Schedule O**

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

(Expenses \$ **15,553,960** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 305,992,764**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
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	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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)	X	
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	X	
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	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	



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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>1377</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country <b>u Canada</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
<b>1a</b> 23		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		
<b>1b</b> 23		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	<b>9</b>	<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **u AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**  
**GORDON MILLER, JR**  
**3 International Drive**  
**RYE BROOK** **NY 10573** **914-821-8935**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J. DEGENNARO PRESIDENT & CEO	40.00 1.00			X			782,431	0	43,454	
(2) GWEN NICHOLS EVP CHIEF MED OFFICE	40.00 1.00			X			501,371	0	40,169	
(3) KATHY GRIESENBECK EVP CHIEF REL OFFICE	40.00 0.00				X		384,569	0	38,373	
(4) LEE M. GREENBERGER SVP CHIEF SCIEN OFFI	40.00 0.00				X		373,664	0	49,055	
(5) VANESSA WHITE SVP CHIEF ADV OFF	40.00 0.00				X		391,796	0	20,854	
(6) COKER POWELL EVP PROD CAMP DEV	40.00 0.00				X		358,654	0	49,200	
(7) ROSEMARIE A. LOFFREDO - CHIEF FIN OFFICER	40.00 0.00	END	3/31/2019				385,700	0	10,231	
(8) THOMAS OSGOOD EVP CHIEF HUMAN RESO	40.00 0.00				X		348,316	0	30,696	
(9) GORDON MILLER, JR EVP CHIEF FIN OFFICE	40.00 1.00			X			331,908	0	39,930	
(10) ROBERT BECK - EVP CHIEF OPER OFFIC	40.00 1.00	END	7/5/19		X		350,503	0	3,321	
(11) HARRY MOSELEY - BOD MEMBER	4.00 0.00	END	1/15/2020	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 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) MICHELE CAMERON - START	4.00									
BOD MEMBER	0.00	X					0	0	0	
(13) JAMES PALMER - START	4.00									
BOD MEMBER	0.00	X					0	0	0	
(14) SAMUEL EBERTS - END	4.00									
BOD MEMBER	0.00	X					0	0	0	
(15) KEITH WHITE - END	4.00									
BOD MEMBER	0.00	X					0	0	0	
(16) WILLIAM G. BEHNKE	4.00									
BOD MEMBER	0.00	X					0	0	0	
(17) JORGE L. BENITEZ	4.00									
CHAIRMAN	0.00	X		X			0	0	0	
(18) PETER B. BROCK	4.00									
BOD MEMBER	0.00	X					0	0	0	
(19) A. DANA CALLOW	4.00									
BOD MEMBER	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>4,208,912</b>		<b>325,283</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>4,208,912</b>		<b>325,283</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 231**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 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	4 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	5	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
SYNEOS HEALTH LLC CHICAGO	75 REMITTANCE DRIVE, SUITE 3160 IL 60675-3160 CLINICAL TRIAL	8,516,649
PATIENT ADVOCACY FOUNDATION HAMPTON	421 BUTLER FARM RD VA 23666 PAT ASSIST PROC	5,486,159
TARGETCW SAN DIEGO	9475 CHESEPAKE DRIVE CA 92123 TEMP STAFFING	4,508,661
RESOURCE ONE TULSA	2900 EAST APACHE STREET OK 74110 DIRECT MARKETIN	4,249,038
MERKLE CHICAGO	29432 NETWORK PLACE IL 60673-1294 MARKETING	3,331,159

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 **u**

147

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	<b>809,036</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>159,181,536</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>267,428,958</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 2,611,447</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>427,419,530</b>				
<b>Program Service Revenue</b>	<b>2a Service Revenue</b>	Business Code <b>810000</b>	<b>15,997,252</b>	<b>15,997,252</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>15,997,252</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>7,516,159</b>			<b>7,516,159</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>	<b>21,565,914</b>			<b>21,565,914</b>	
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>	<b>99,668,300</b>				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>73,337,450</b>			
	<b>c</b> Gain or (loss)	<b>7c</b>	<b>26,330,850</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>26,330,850</b>	<b>0</b>		<b>26,330,850</b>	
<b>8a</b> Gross income from fundraising events (not including \$ <b>159,181,536</b> of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	<b>16,337,089</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>	<b>18,862,365</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	<b>-2,525,276</b>			<b>-2,525,276</b>		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>	<b>168,329</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>	<b>251,449</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>	<b>-83,120</b>	<b>0</b>		<b>-83,120</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>496,221,309</b>	<b>15,997,252</b>	<b>0</b>	<b>52,804,527</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,515,926	22,515,926		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	142,787,883	142,787,883		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,302,920	4,302,920		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,869,067	663,635	946,204	259,228
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	102,862,095	62,890,873	20,824,371	19,146,851
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,409,014	1,409,908	560,153	438,953
9 Other employee benefits	12,379,429	7,271,349	2,840,520	2,267,560
10 Payroll taxes	6,863,761	4,017,108	1,595,988	1,250,665
11 Fees for services (nonemployees):				
a Management				
b Legal	1,504,262	902,557	406,151	195,554
c Accounting	439,394		439,394	
d Lobbying	1,058,015	1,058,015		
e Professional fundraising services. See Part IV, line 17	4,373,282			4,373,282
f Investment management fees	559,186	437,129	58,453	63,604
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	27,300,414	19,104,039	4,585,419	3,610,956
12 Advertising and promotion	9,105,977	4,911,163	947,263	3,247,551
13 Office expenses	17,573,037	10,237,589	1,390,803	5,944,645
14 Information technology	2,572,277	193,950	1,910,687	467,640
15 Royalties				
16 Occupancy	9,468,572	6,474,775	1,198,591	1,795,206
17 Travel	7,093,063	4,836,436	1,061,275	1,195,352
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,603,144	345,543	3,108,662	148,939
23 Insurance	840,829	16,685	824,144	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>RESEARCH AND DEVELOPMENT</b>	8,878,112	8,878,112		
b <b>MISCELLANEOUS</b>	3,636,791	2,737,169	269,969	629,653
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	393,996,450	305,992,764	42,968,047	45,035,639
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)	16,991,219	9,899,510		7,091,709

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	22,082,281	1	27,772,961
	2	Savings and temporary cash investments	239,148,833	2	363,331,593
	3	Pledges and grants receivable, net	15,172,625	3	24,021,989
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,318,740	9	3,815,548
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,740,279		
	b	Less: accumulated depreciation	10b 44,394,387	10c	9,345,892
	11	Investments—publicly traded securities	148,509,455	11	138,900,813
	12	Investments—other securities. See Part IV, line 11	10,061,475	12	10,426,610
	13	Investments—program-related. See Part IV, line 11	5,763,026	13	4,062,204
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	454,102,204	16	581,677,610	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	27,935,486	17	23,457,200
	18	Grants payable	144,560,351	18	179,469,755
	19	Deferred revenue	13,214,978	19	12,628,217
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	185,710,815	26	215,555,172
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	174,200,077	27	249,719,310
	28	Net assets with donor restrictions	94,191,312	28	116,403,128
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	268,391,389	32	366,122,438
33	<b>Total liabilities and net assets/fund balances</b>	454,102,204	33	581,677,610	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>496,221,309</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>393,996,450</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>102,224,859</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>268,391,389</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-4,494,255</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>445</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>366,122,438</b>

**Part XII Financial Statements and Reporting**

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

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

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

(A) Name and title	(B) Average hours per week 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			
(20) <b>CASEY CUNNINGHAM</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(21) <b>CHRISTOPHER FLOWERS</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(22) <b>JANICE GABRILOVE</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(23) <b>BERNARD H. GARIL</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(24) <b>JOHN GREENE</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(25) <b>FRANCIE HELLER</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(26) <b>RALPH E. LAWSON</b>	4.00									
SECRETARY/TREASURER	0.00	X		X				0	0	
(27) <b>RENZO CANETTA, M.D.</b>	4.00									
BOD MEMBER	0.00	X						0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**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 **u**



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

(A) Name and title	(B) Average hours per week 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			
(28) <b>KATHLEEN MERIWETHER</b>	4.00									
AT LARGE	0.00	X		X			0	0	0	
(29) <b>RUBEN MESA</b>	4.00									
BOD MEMBER	0.00	X					0	0	0	
(30) <b>LYNNE O'BRIEN</b>	4.00									
BOD MEMBER	0.00	X					0	0	0	
(31) <b>MARLA PERSKY</b>	4.00									
BOD MEMBER	0.00	X					0	0	0	
(32) <b>MICHELLE LE BEAU, PHD</b>	4.00									
BOD MEMBER	0.00	X					0	0	0	
(33) <b>ROBERT ROSEN</b>	4.00									
BOD MEMBER	0.00	X					0	0	0	
(34) <b>STEVEN T. ROSEN</b>	4.00									
BOD MEMBER	0.00	X					0	0	0	
(35) <b>JEFF SACHS</b>	4.00									
BOD MEMBER	0.00	X					0	0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**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 **u**

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

(A) Name and title	(B) Average hours per week 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			
(36) <b>BART SICHEL</b>	4.00									
<b>VICE CHAIR</b>	0.00	X		X			0	0	0	
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**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 **u**

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 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) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	285,638,088	314,912,814	419,570,497	372,750,094	427,419,530	1820291023
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	285,638,088	314,912,814	419,570,497	372,750,094	427,419,530	1820291023
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						384,987,491
<b>6</b> Public support. Subtract line 5 from line 4						1435303532

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	285,638,088	314,912,814	419,570,497	372,750,094	427,419,530	1820291023
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,565,846	7,018,822	8,235,985	11,830,162	29,082,073	57,732,888
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,529	25,439,044	70,000			25,528,573
<b>11 Total support.</b> Add lines 7 through 10						1903552484

**12** Gross receipts from related activities, etc. (see instructions) **12** 104,010,633

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	75.40 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	80.16 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

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

**Part II, Line 10 - Other Income Detail**

Other Misc. Revenue (YR 2015-2017) \$ 208,377

TAP Contractual Return (YR 2016) \$ 25,320,196

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2019**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	Employer identification number <b>13-5644916</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$
- 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 u \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$
- 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 II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		40,413
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?	X		213,677
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		382,656
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		202,660
<b>i</b> Other activities?	X		834,507
<b>j</b> Total. Add lines 1c through 1i			1,673,913
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Schedule C, Part II-B, Line 1

LLS is a member of a number of coalitions and memberships including Friends of Cancer Research, One Voice Against Cancer, National Health Council, The Cancer Leadership Council, American Childhood Cancer Organization, Public Affairs Council, Patient Quality of Life Coalition, Defense Health Research Consortium, and The State Access to Innovative Medicines Coalition.

**Part IV** Supplemental Information *(continued)*

LLS partners with lobbying firms who work with our public policy staff to carry out our lobbying objectives. LLS mobilizes patient-advocates and volunteers to engage with their federal and state legislators through digital advocacy - sending letters; sharing their personal stories; signing petitions; and encouraging their legislators to support LLS' policy priorities. In conjunction with LLS employees, patient-advocates also visit their legislators in their local offices, in Washington, DC and in state capitols to further LLS'S policy agenda.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

13-5644916

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for 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 make 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 program
- e  Other

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,168,319	6,192,807	5,897,377	6,027,967	6,115,645
b Contributions			200	5,200	45,095
c Net investment earnings, gains, and losses	-8,812	292,934	546,324	119,369	116,288
d Grants or scholarships	-246,718	-304,999	-237,896	-240,000	-240,000
e Other expenditures for facilities and programs					
f Administrative expenses	-9,998	-12,423	-13,198	-15,159	-9,060
g End of year balance	5,902,791	6,168,319	6,192,807	5,897,377	6,027,967

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  48.23  %
- c Term endowment  51.77  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations		<input checked="" type="checkbox"/>
(ii) Related organizations		<input checked="" type="checkbox"/>

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

3b		
----	--	--

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,667,193	1,741,478	925,715
d Equipment		46,601,764	38,977,404	7,624,360
e Other		4,471,322	3,675,505	795,817
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>9,345,892</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	508,252,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,494,255
b	Donated services and use of facilities	2b	7,993,521
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,091,284
e	Add lines 2a through 2d	2e	12,590,550
3	Subtract line 2e from line 1	3	495,662,123
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	559,186
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	559,186
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	496,221,309

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

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

1	Total expenses and losses per audited financial statements	1	408,790,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,993,521
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,054,447
e	Add lines 2a through 2d	2e	15,047,968
3	Subtract line 2e from line 1	3	393,742,454
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	559,186
b	Other (Describe in Part XIII.)	4b	-305,190
c	Add lines 4a and 4b	4c	253,996
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	393,996,450

**Part XIII Supplemental Information.**

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

**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, LLSRP, and LLSRF qualify as charitable organizations as defined by Internal Revenue Code Section 501(c)(3) and, according, are exempt from federal income taxes under Internal Revenue Code Section 501(a).

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

Additionally, since these organizations are publicly supported, contributions qualify for the maximum charitable contribution deduction under the Internal Revenue Code.

LLSC is registered as a charitable organization under the Income Tax Act (Canada) and is, therefore, not subject to income taxes if certain disbursement requirements are met.

LLS and its related entities 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. There were no entities that recognized any unrelated business income tax liability for the years Ended June 30, 2020 and 2019.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

LLS Canada Revenue \$ 9,091,284

Part XII, Line 2d - Expense Amounts Included in Financials - Other

LLS Canada Expenses \$ 7,054,447

Part XII, Line 4b - Expense Amounts Included on Return - Other

LLS Canada Foreign Currency Adj \$ -305,190

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>NORTH AMERICA</b>					
(1)	3		RESEARCH FUNDING	RESEARCH GRANTS	580,000
<b>EUROPE</b>					
(2)	8		RESEARCH FUNDING	RESEARCH GRANTS	1,811,818
<b>EUROPE</b>					
(3)	1		INVESTMENTS	INVESTMENTS	258,102
<b>CENTRAL AMERICA &amp; CARIBBEAN</b>					
(4)	6		INVESTMENTS	INVESTMENTS	9,607,316
<b>MIDDLE EAST &amp; NORTH AFRICA</b>					
(5)	1		RESEARCH FUNDING	RESEARCH GRANTS	90,000
<b>EAST ASIA &amp; THE PACIFIC</b>					
(6)	4		RESEARCH FUNDING	RESEARCH GRANTS	1,821,102
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....	<b>23</b>				<b>14,168,338</b>
<b>b</b> Total from continuation sheets to Part I .....					
<b>c Totals</b> (add lines 3a and 3b)	<b>23</b>				<b>14,168,338</b>

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

Schedule F (Form 990) 2019



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST & NORTH	Research Grant	90,000	Wire			Accrual
(2)			EAST ASIA & PACIFIC	Research Grant	1,200,000	Wire			Accrual
(3)			NORTH AMERICA	Research Grant	370,000	Wire			Accrual
(4)			EAST ASIA & PACIFIC	Research Grant	200,000	Wire			Accrual
(5)			EAST ASIA & PACIFIC	Research Grant	421,102	Wire			Accrual
(6)			EUROPE	Therapy Accelerated	950,000	Wire			FMV
(7)			NORTH AMERICA	Research Grant	105,000	Wire			Accrual
(8)			EUROPE	Research Grant	70,000	Wire			Accrual
(9)			NORTH AMERICA	Research Grant	105,000	Wire			Accrual
(10)			EUROPE	Research Grant	69,973	Wire			Accrual
(11)			EUROPE	Therapy Accelerated	670,998	Wire			FMV
(12)			EUROPE	Research Grant	50,847	Wire			Accrual
(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 ..... **u** 0

3 Enter total number of other organizations or entities ..... **u** 12

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**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. THE ACCOUNTING METHOD UTILIZED FOR GRANTS REPORTED ON PART II IS THE ACCRUAL METHOD AS CONSISTENT WITH BOOKS AND RECORDS.

**Part I, Line 3 - Activities per Region**

Region	Expenditures	Investments
NORTH AMERICA	\$ 580,000	\$ 0
EUROPE	\$ 1,811,818	\$ 0
EUROPE	\$ 0	\$ 258,102
CENTRAL AMERICA & CARIBBEAN	\$ 0	\$ 9,607,316

**Part V Supplemental Information**

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

**MIDDLE EAST & NORTH AFRICA** \$ 90,000 \$ 0

**EAST ASIA & THE PACIFIC** \$ 1,821,102 \$ 0

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

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

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

- a  Mail solicitations
- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 COINSTAR 1800 114th Avenue SE BELLEVUE WA 98004	COIN COLLE		X	3,668,380	3,263,971	404,409
2 THOMPSON, HABIB & DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	DIRECT MAI		X	0	632,452	-632,452
3 THE HERITAGE COMPANY, INC PO BOX 16325 LITTLE ROCK AR 72231-6325	DIRECT MAI		X	0	85,512	-85,512
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>3,668,380</b>	<b>3,981,935</b>	<b>-313,555</b>

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, Washington DC and Puerto Rico**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Seattle Big Cli</u> (event type)	<u>Student of the</u> (event type)	<u>466</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	2,800,011	2,610,082	170,108,532	175,518,625
	2	Less: Contributions	2,631,781	2,324,394	154,225,361	159,181,536
	3	Gross income (line 1 minus line 2)	168,230	285,688	15,883,171	16,337,089
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	151,519	22,088	4,837,653	5,011,260
	6	Rent/facility costs	16,468	148,578	8,257,005	8,422,051
	7	Food and beverages	242	115,967	1,993,687	2,109,896
	8	Entertainment			868,637	868,637
	9	Other direct expenses	136	4,333	2,446,052	2,450,521
	10	Direct expense summary. Add lines 4 through 9 in column (d)				18,862,365
11	Net income summary. Subtract line 10 from line 3, column (d)				-2,525,276	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			168,329
Direct Expenses	2	Cash prizes		6,182	6,182	
	3	Noncash prizes		83,205	83,205	
	4	Rent/facility costs				
	5	Other direct expenses			162,062	162,062
	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 23.00 %	
7	Direct expense summary. Add lines 2 through 5 in column (d)				251,449	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				-83,120	

9 Enter the state(s) in which the organization conducts gaming activities: CT, MI, NJ, NV, NY, PA, TX  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain:  
 .....

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

b If "Yes," explain:  
 .....

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

a The organization's facility	13a	19.00 %
b An outside facility	13b	81.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** GORDON MILLER, JR  
3 International Drive, Suite 200  
 Address **u** RYE BROOK NY 10573

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

Name **u** \_\_\_\_\_  
 Address **u** \_\_\_\_\_

16 Gaming manager information:

Name **u** SEE SCHEDULE G, PART IV  
 Gaming manager compensation **u** \$ \_\_\_\_\_  
 Description of services provided **u** \_\_\_\_\_

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 **u** \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**See Schedule G Supplemental Information Worksheet**



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

**Supplemental Information**

**2019**

For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

Sch G, Part III, Line 9 - States with Gaming Operations

Utah

Schedule G, Page 3, Part IV - Additional Information

Schedule G Part I, Line 2B

LLS used Thomson, Habib & Denison and The Heritage Company for its national community campaign and direct mail programs. LLS used Coinstar for its coin collection during.

Schedule G Part II - Line 2

Contributions represent the cash donations in excess of fair market value benefits provided to the donor.

Schedule G Part III - Line 16

The Leukemia & Lymphoma Society does not have an overall manager for gaming activities. Each gaming event is managed locally by the specific regional staff.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number  
**13-5644916**

**Part I General Information on Grants and Assistance**

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Albert Einstein College of Medicine 1300 Morris Park Ave, Belfer 1108 Bronx NY 10461	47-2209056	3	50,000		FMV		Therapy Acceleration
(2)	Cutaneous Lymphoma Foundation PO BOX 374 Birmingham MI 48012-0374	38-3443135	3	100,000		FMV		Therapy Acceleration
(3)	Albert Einstein College of Medicine 1300 Morris Park Ave, Belfer 1108 Bronx NY 10461	47-2209056	3	126,493		Accrual		Research Grants
(4)	Atrium Health Foundation 208 East Boulevard Charlotte NC 28203	56-6060481	3	137,500		Accrual		Research Grants
(5)	Baylor College of Medicine P. O. Box 301207 Dallas TX 75303-1207	74-1613878	3	431,695		Accrual		Research Grants
(6)	Beckman Research Institute of the C 1500 East Duarte Road Duarte CA 91010	95-3432210	3	1,970,068		Accrual		Research Grants
(7)	Board of Trustees of the Leland Sta PO Box 44253 San Francisco CA 94144-4253	94-1156365	3	743,950		Accrual		Research Grants
(8)	Boston Children's Hospital PO Box 414413 Boston MA 02241-4413	04-2774441	3	50,783		Accrual		Research Grants
(9)	Boston University Research Accounti PO Box 28763 New York NY 10087-8763	04-2103547	3	267,347		FMV		Therapy Acceleration

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 72**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number  
**13-5644916**

**Part I General Information on Grants and Assistance**

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Brigham and Women's Hospital PO Box 3149 Boston MA 02241-3149	04-2312909	3	38,500		Accrual		Research Grants
(2)	Children's Research Institute 801 Roeder Rd, Suite 500 Silver Spring MD 20910	52-1640403	3	150,000		Accrual		Research Grants
(3)	Cincinnati Children's Hospital Medi 3333 Burnet Avenue, ML 4900 Cincinnati OH 45229	31-0833936	3	273,450		Accrual		Research Grants
(4)	Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland OH 44195	34-0714585	3	70,000		Accrual		Research Grants
(5)	Dana-Farber Cancer Institute 450 Brookline Avenue Boston MA 02215	04-2263040	3	1,764,949		Accrual		Research Grants
(6)	Emory University P.O. Box 935084 Atlanta GA 31193-5084	58-2137993	3	1,200,000		Accrual		Research Grants
(7)	Fred Hutchinson Cancer Research Cen P. O. Box 19024 Seattle WA 98109-1024	23-7156071	3	898,385		Accrual		Research Grants
(8)	Hackensack Meridian Health 40 Prospect Avenue Hackensack NJ 07601	22-1487278	3	38,500		Accrual		Research Grants
(9)	Harvard Medical School PO Box 415649 Boston MA 02241-5649	04-2103580	3	21,000		Accrual		Research Grants

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Icahn School of Medicine at Mount S One Gustave L. Levy Place, Box #350 New York NY 10029	13-6171197	3	147,000		Accrual		Research Grants
(2)	Indiana University P.O. BOX 78000 Detroit MI 48278-0867	35-6018940	3	70,000		Accrual		Research Grants
(3)	International Waldenstrom's Macrogly 6144 Clark Center Ave Sarasota FL 34238	54-1784426	3	125,000		Accrual		Research Grants
(4)	Joan & Sanford I. Weill Medical Col 575 Lexington Ave, 9th FL New York NY 10022	13-1623978	3	2,012,000		Accrual		Research Grants
(5)	Massachusetts General Hospital PO Box 414876 Boston MA 02241-4876	04-1564655	3	53,750		Accrual		Research Grants
(6)	Mayo Clinic, Rochester PO Box 860334 Minneapolis MN 55486-0334	41-6011702	3	70,000		Accrual		Research Grants
(7)	Montefiore Medical Center 111 East 210th Street Bronx NY 10467	13-1740114	3	70,000		Accrual		Research Grants
(8)	Myeloproliferative Neoplasms Resear 180 N Michigan Avenue CHICAGO IL 60601	36-4330967	3	200,000		Accrual		Research Grants
(9)	New York University School of Medic P.O. BOX 415026 Boston MA 02241-4150	13-5562308	3	799,514		Accrual		Research Grants

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Northwestern University 633 Clark - Room G547 Evanston IL 60208	36-2167817	3	131,950		Accrual		Research Grants
(2)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	43,750		Accrual		Research Grants
(3)	Perelman School of Medicine at the 3451 Walnut Street Franklin Bldg P- Philadelphia PA 19104-6205	23-1352685	3	30,417		Accrual		Research Grants
(4)	Regents of the University of Michigan Box 223131 Pittsburgh PA 15251-2131	38-6006309	3	330,000		Accrual		Research Grants
(5)	Rockefeller University 1230 York Avenue, Box 82 New York NY 10021	13-1624158	3	70,000		Accrual		Research Grants
(6)	Root Diagnostics 400 E 52nd St. New York NY 10022	84-4687454	3	60,000		Accrual		Research Grants
(7)	Sanford Burnham Prebys Medical Disc 10901 North Torrey Pines Road La Jolla CA 92037	51-0197108	3	73,862		Accrual		Research Grants
(8)	Seattle Children's Hospital 4800 Sand Point Way NE Seattle WA 98105	91-1156519	3	143,892		Accrual		Research Grants
(9)	Sloan Kettering Institute for Cancer PO Box 026338 New York NY 10087	13-1924236	3	1,318,700		Accrual		Research Grants

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Schedule I (Form 990) (2019)

**SCHEDULE I  
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(1)	St. Jude Children's Research Hospital PO Box 1000 Dept #949 Memphis TN 38148-0949	62-0646012	3	288,749		Accrual		Research Grants
(2)	Temple University P.O. Box 824242 Philadelphia PA 19182-4242	23-1365971	3	70,000		Accrual		Research Grants
(3)	The Children's Hospital of Philadelphia PO Box 8500 Philadelphia PA 19178-1457	23-1352166	3	194,975		Accrual		Research Grants
(4)	The Johns Hopkins University School 12529 Collections Center Drive Chicago IL 60693	52-0595110	3	170,000		Accrual		Research Grants
(5)	The Ohio State University 1960 Kenny Road, 4th Floor Columbus OH 43210-1016	31-6025986	3	36,515		Accrual		Research Grants
(6)	The Rector and Visitors of the University of Virginia PO Box 400195 Charlottesville VA 22904-4195	54-6001796	3	300,000		Accrual		Research Grants
(7)	The Regents of the University of California 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	500,000		Accrual		Research Grants
(8)	The Regents of the University of California P.O. Box 748872 Los Angeles CA 90074-4872	94-6036493	3	100,000		Accrual		Research Grants
(9)	The Scripps Research Institute 10550 North Torrey Pines Road La Jolla CA 92037	33-0435954	3	21,000		Accrual		Research Grants

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**SCHEDULE I  
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(1)	The Trustees of Columbia University P.O. Box 29789 New York NY 10087-9789	13-5598093	3	70,000		Accrual		Research Grants
(2)	The Trustees of Columbia University P.O. Box 29789 New York NY 10087-9789	13-5598093	3	127,050		Accrual		Research Grants
(3)	The Trustees of the University of P 3451 Walnut Street Franklin Bldg P Philadelphia PA 19104-6205	23-1352685	3	2,144,998		Accrual		Research Grants
(4)	The University of Alabama at Birmin 1530 3rd Avenue, South Suite 1170 Birmingham AL 35294-0111	63-6005396	3	173,450		Accrual		Research Grants
(5)	The University of Chicago 5841 S Maryland Ave, MC6092 Chicago IL 60637	36-2177139	3	110,000		Accrual		Research Grants
(6)	The University of North Carolina at PO Box 402420 Atlanta GA 30384-2420	56-6001393	3	522,490		Accrual		Research Grants
(7)	The University of Texas MD Anderson PO Box 4266 Houston TX 77210-4266	74-6001118	3	569,473		Accrual		Research Grants
(8)	The University of Texas Southwester PO Box 841753 Dallas TX 75284-1753	75-6002868	3	66,000		Accrual		Research Grants
(9)	The University of Utah 201 S. Presidents Circle, Rm. 145 Salt Lake City UT 84112-9003	87-6000525	3	38,500		Accrual		Research Grants

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Schedule I (Form 990) (2019)

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(1)	The V Foundation 14600 Weston Parkway Cary NC 27513	13-3705951		39,707		FMV		Therapy Acceleration
(2)	Tufts Medical Center 800 Washington Street, #453 Boston MA 02111	04-2103634	3	250,000		Accrual		Research Grants
(3)	University of Arkansas for Medical 4301 W. Markham, slot 545 Little Rock AR 72205	71-6056774	3	56,299		Accrual		Research Grants
(4)	University of California, Irvine 300 University Tower, University of Irvine CA 92697-7600	95-2540117	3	70,000		Accrual		Research Grants
(5)	University of Chicago 5841 S Maryland Ave, MC6092 Chicago IL 60637	36-2177139		1,078,388		FMV		Therapy Acceleration
(6)	University of Colorado Denver, Ansc PO Box 6508 Aurora CO 80045	84-6000555	3	567,200		Accrual		Research Grants
(7)	University of Colorado-Denver 12700 E 19th Avenue Aurora CO 80045	84-6000555	3	150,000		Accrual		Research Grants
(8)	University of Florida P. O. Box 113001 Gainesville FL 32611-3001	59-6002052	3	1,638,093		Accrual		Research Grants
(9)	University of Kentucky 109 Kinkead Hall Lexington KY 40506-0001	61-6033693	3	20,998		Accrual		Research Grants

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Schedule I (Form 990) (2019)



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(1)	University of Miami PO BOX 405803 Atlanta GA 30384-5803	59-0624458	3	1,059,500		Accrual		Research Grants
(2)	University of Notre Dame 511 Main Building Notre Dame IN 46556	35-0868188	3	70,000		Accrual		Research Grants
(3)	University of Southern California File No. 52095 Los Angeles CA 90089	95-1642394	3	55,000		Accrual		Research Grants
(4)	University of Virginia PO Box 400195 Charlottesville VA 22904-4195	23-7173411	3	38,500		Accrual		Research Grants
(5)	University of Wisconsin at Madison 500 Lincoln Drive Madison WI 53706	39-6006492	3	23,450		Accrual		Research Grants
(6)	Van Andel Research Institute 333 Bostwick Ave, NE Grand Rapids MI 49503	52-2000820	3	38,500		Accrual		Research Grants
(7)	Vanderbilt University Medical Center Dept 1236, PO Box 121236 Dallas TX 75312	62-0476822	3	161,786		Accrual		Research Grants
(8)	Washington University in St. Louis 700 Rosedale Avenue St. Louis MO 63112	43-0653611	3	220,000		Accrual		Research Grants
(9)	Washington University School of Med 700 Rosedale Avenue Campus Box 1034 St. Louis MO 63112-1408	43-0653611	3	110,000		Accrual		Research Grants

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Schedule I (Form 990) (2019)

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(1)	<b>Yale University P.O. Box 1873 New Haven CT 06520-1873</b>	<b>06-0646973</b>	<b>3</b>	<b>79,416</b>		<b>Accrual</b>		<b>Research Grants</b>
(2)	<b>The Ohio State University 1960 Kenny Road, 4th Floor Columbus OH 43210-1016</b>	<b>31-6025986</b>		<b>1,040,819</b>		<b>FMV</b>		<b>Therapy Acceleration</b>
(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 **u**
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Schedule I (Form 990) (2019)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 COPAY ASSISTANCE CLL	2575	13,147,123			
2 COPAY ASSISTANCE LYMPHOMA	2781	11,246,287			
3 COPAY ASSISTANCE MDS	2461	12,902,049			
4 COPAY ASSISTANCE MYELOMA	10778	76,262,649			
5 COPAY ASSISTANCE MANTEL	533	1,422,419			
6 COPAY ASSISTANCE WALDENST	480	2,943,937			
7 COPAY ASSISTANCE ALL	46	100,920			

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

See Schedule I Supplemental Information Worksheet



## Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2019, or tax year beginning 07/01/19, and ending 06/30/20

2019

Name of the organization

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

## 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.

## PATIENT FINANCIAL AID:

THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR MANY EXPENSES RELATED TO THEIR TREATMENT. SOMETIMES PATIENTS HAVE TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE TREATMENT EXPENSES. IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS HAS ESTABLISHED A PATIENT

## Supplemental Information

**SCHEDULE I**  
**(Form 990)**

For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

**2019**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

FINANCIAL AID PROGRAM THAT PROVIDES APPLICANTS, WHO RESIDE IN THE US AND HAVE A BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES. LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA.

**CO-PAY ASSISTANCE:**

PATIENT APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS. ELIGIBLE PATIENTS MUST RESIDE IN THE UNITED STATES OR PUERTO RICO, HAVE A PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN MEDICAL/PRESCRIPTION INSURANCE AND HAVE HOUSEHOLD INCOME AT OR BELOW 500% OF THE US FEDERAL POVERTY LEVEL AS ADJUSTED BY HOUSEHOLD SIZE AND COST OF LIVING INDEX. PATIENTS MUST PROVIDE PROOF OF INSURANCE AND INCOME. QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD.

**PATIENT TRAVEL ASSISTANCE:**

THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR TRANSPORTATION TO GET TO THEIR PROVIDERS, E.G. DOCTORS, HOSPITALS, TRANSPLANT CENTERS, AND RESEARCH OR CLINICAL TRIAL CENTERS. SOMETIMES PATIENTS HAVE TO TRAVEL OUT-OF-STATE TO GET THEIR PRESCRIBED AND RECOMMENDED TREATMENTS, OFTENTIMES RESULTING IN PATIENTS HAVING TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE.

IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS ESTABLISHED THE TRAVEL ASSISTANCE PROGRAM WHICH PROVIDES APPLICANTS, WHO ARE US CITIZENS OR PERMANENT RESIDENTS, HAVE AN ANNUAL INCOME AT OR BELOW 500% OF THE FEDERAL POVERTY LEVEL (FPL) AND HAVE A CONFIRMED BLOOD CANCER DIAGNOSIS, A ONE-TIME

**Supplemental Information**

**SCHEDULE I  
(Form 990)**

For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

**2019**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES. LLS ROUTINELY CONDUCTS  
AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM  
GUIDELINES AND PROGRAM CRITERIA.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 u Attach to Form 990.  
 uGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
<b>1a</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	<input checked="" type="checkbox"/>	
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUIS J. DEGENNARO PRESIDENT & CEO	(i)	449,491	170,259	162,681	17,640	25,814	825,885	0
	(ii)	0	0	0	0	0	0	0
2 GWEN NICHOLS EVP CHIEF MED OFFICE	(i)	396,280	79,786	25,305	9,800	30,369	541,540	0
	(ii)	0	0	0	0	0	0	0
3 KATHY GRIESENBECK EVP CHIEF REL OFFICE	(i)	306,937	49,276	28,356	14,000	24,373	422,942	0
	(ii)	0	0	0	0	0	0	0
4 LEE M. GREENBERGER SVP CHIEF SCIEN OFFI	(i)	297,708	59,959	15,997	14,000	35,055	422,719	0
	(ii)	0	0	0	0	0	0	0
5 VANESSA WHITE SVP CHIEF ADV OFF	(i)	348,253	42,367	1,176	0	20,854	412,650	0
	(ii)	0	0	0	0	0	0	0
6 COKER POWELL EVP PROD CAMP DEV	(i)	290,992	47,947	19,715	9,800	39,400	407,854	0
	(ii)	0	0	0	0	0	0	0
7 ROSEMARIE A.LOFFREDO - END 3/31/2019 CHIEF FIN OFFICER	(i)	99,101	0	286,599	5,956	4,275	395,931	0
	(ii)	0	0	0	0	0	0	0
8 THOMAS OSGOOD EVP CHIEF HUMAN RESO	(i)	299,662	45,781	2,873	9,800	20,896	379,012	0
	(ii)	0	0	0	0	0	0	0
9 GORDON MILLER, JR EVP CHIEF FIN OFFICE	(i)	288,843	40,547	2,518	14,000	25,930	371,838	0
	(ii)	0	0	0	0	0	0	0
10 ROBERT BECK - END 7/5/19 EVP CHIEF OPER OFFIC	(i)	219,752	109,375	21,376	1,050	2,271	353,824	0
	(ii)	0	0	0	0	0	0	0
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
LOUIS J. DEGENNARO	0	149,727	0
ROSEMARIE A. LOFFREDO - END 3/31/2019	286,599	0	0

Part I, Line 7 - Non-Fixed Payments Provided

Bonuses were paid based on the achievement if the employee individual performance. 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

**2019**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>194</b>	<b>1,678,625</b>	<b>Fair Market Value</b>
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	<b>X</b>	<b>81</b>		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>Printed Items</b> )	<b>X</b>	<b>16</b>		
26 Other <b>u</b> ( <b>Various Other</b> )	<b>X</b>	<b>69</b>	<b>932,822</b>	
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

**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.

**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 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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916****Form 990, Part III, Line 4a - First Accomplishment****A) RESEARCH PROGRAMS**

We will continue to support research through our innovative and integrated funding programs, until every patient has a safe and effective therapy. In fiscal year 2020, LLS supported research in the U.S., Canada and 8 other countries with a total research disbursement of approximately \$26.8 million. Research funding was distributed across all blood cancers.

**Beat AML Master Trial**

Beginning November 2016, LLS launched the Beat AML Master Trial, a collaborative clinical trial testing several novel targeted therapies for patients with acute myeloid leukemia (AML) designed to facilitate FDA approval of new drugs and change the treatment paradigm for patients diagnosed with AML by developing more individualized, effective treatment approaches. The Master Trial involves collaborations with multiple medical institutions, drug companies, a genomic provider, a clinical research organization, and the FDA, all of whom have committed to working collaboratively. At the end of 2020, the Beat AML trial had enrolled 1,000 patients.

**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

Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916**

translated into safe and effective treatments that can ultimately prolong and enhance patient lives.

- Supporting synergy: Large grants and contracts enable scientists in academia and the private-sector to collaborate, combining resources and expertise to produce more and faster advances.

- Filling a void: Research projects that are high-risk and/or address rare cancers are less likely to be funded by government agencies or for-profit companies, but may provide important advances.

- Speeding new treatments to patients: Partnering with biotechnology and pharmaceutical companies can advance promising therapies through clinical testing, faster.

#### PAST ADVANCES MADE WITH LLS RESEARCH FUNDING

Generous donors have helped LLS support research that has already benefited blood cancer patients and many others. Advances include:

- Multi-drug therapies that are more effective than treatments with single anti-cancer agents,

- Bone marrow / stem cell transplantation and supportive care treatments for patients who relapse despite the best available therapy, and,

- Tests that distinguish specific characteristics of particular blood cancers for accurate diagnosis of cancer subtypes, and for "risk stratification" to select an optimal therapy.

#### TARGETED THERAPY RESEARCH

Discovering the molecular abnormalities that cause particular types of blood cancer has been useful in diagnosis and risk stratification, and in new "targeted drug" development. LLS-funded investigators have helped advance molecularly targeted treatments that can selectively kill blood cancer cells versus normal cells. Many of these new treatments benefit not

Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916**

only blood cancer patients, but also patients with other diseases. For example:

- Gleevec® is FDA-approved for patients of all ages with chronic myeloid leukemia (CML), and is also approved for patients with one form of acute lymphoid leukemia (ALL), myelodysplastic syndromes (MDS), myeloproliferative disorders and rare forms of stomach and skin cancers. Related drugs, Sprycel® and Tasigna®, are approved for patients who do not benefit from Gleevec. One or more of these drugs are also showing promise for patients with various lymphomas, acute myeloid leukemia (AML), chronic lymphocytic leukemia (CLL), and other cancers, including brain, breast, head-and-neck, lung, pancreatic, and prostate cancers, and patients with other diseases including Alzheimer's, asthma and pulmonary hypertension. - Rituxan® was the first FDA-approved, anti-cancer antibody drug, developed for patients with forms of B-cell non-Hodgkin lymphoma (NHL). It is now also approved for CLL patients and as a "maintenance" therapy for follicular lymphoma patients, and showing promise for patients with ALL and after stem cell transplantation. In addition, it is approved for treating patients with severe rheumatoid arthritis and two other types of autoimmune diseases. A related antibody drug, Arzerra®, is approved for CLL patients and showing wider promise.

- Velcade®, Thalidomid® and 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

Name of the organization

Employer identification number

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

13-5644916

cancers, and Alzheimer's disease.

- Istodax®, Zolinza®, Dacogen® and Vidaza® target small chemical, "epigenetic" changes. The first two drugs are approved for patients with peripheral T-cell lymphomas; the latter drugs are approved for MDS patients. One or more of these drugs are being tested for patients with ALL, AML, CML, CLL, myeloma and forms of NHL, after stem cell transplantation, and for patients with breast, brain, kidney, colorectal, head-and-neck, lung, stomach, prostate and ovarian cancers, melanoma as well as sickle cell disease and persistent HIV infections.

- Adcetris® was approved in 2011, and in January 2012. It is an antibody-drug conjugate that combines an anti-CD30 antibody and the cytotoxic drug monomethyl auristatin E (MMAE). It is an anti-neoplastic agent used in the treatment of Hodgkin lymphoma after failure of autologous stem cell transplant or those who are not eligible for ASCT after failure of at least 2 mutagen chemotherapy regimens. Adcetris® was also approved for systemic anaplastic large cell lymphoma with failure of at least one prior treatment.

- Gazyva® is a humanized monoclonal antibody used as a combination treatment with chlorambucil to treat patients with untreated chronic lymphocytic leukemia. It was approved by the FDA in November 2013 and by the EHA in July 2014.

- Imbruvica® is an oral small molecule inhibitor against BTK kinase. It was first approved by the US FDA on November 13, 2013 for the treatment of mantle cell lymphoma patients who have received at least one prior treatment. On Feb. 12, 2014 the US FDA expanded the approved use of the drug to chronic lymphocytic leukemia (CLL) patients who have received at least one prior treatment. Additionally, it received further expansion to



Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916**

treat 17p deletion in CLL with or without prior therapy.

- Zydelig® is an oral small molecule inhibitor that blocks the delta isoform of the enzyme phosphoinositide 3-kinase. It was approved by the FDA in July 2014 to treat relapsed/refractory CLL in combination with rituxan. It was also approved to use as a monotherapy for relapsed mantle cell lymphoma and follicular lymphoma.

#### OTHER ACTIVE RESEARCH DIRECTIONS

LLS-funded researchers are also exploring other areas of research that hold promise for patients:

- Novel Stem Cell Transplantation Procedures: These include so-called "mini" transplants that use less toxic pre-transplant treatments and engineered donor cells that help reduce post-transplant complications, making these potentially curative treatments available to more patients.
- Immunotherapies: Including antibodies, vaccines and engineered immune cells, these targeted therapies help a patient's immune system fight infections and kill residual cancer cells, prolonging remissions, and perhaps one day replacing toxic chemotherapies.
- Diagnostics: New technologies make it possible to characterize the abnormalities in individual cancer cases in molecular detail. This information can be used to help choose the best possible treatment for each patient, especially as more targeted therapies become available.
- Quality of Life Research: These studies increase our understanding of how specific treatments can cause debilitating side-effects, including late-effects, and which patients are at risk for developing these complications, so that they can be better managed or even prevented.

#### DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS

LLS continues to solicit and support research focused on improving blood

Name of the organization

Employer identification number

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

13-5644916

cancer patients' quality of life after today's curative therapies. Also in 2018, for the seventh year, LLS actively recruited research proposals in six other underdeveloped research areas in which progress is likely to improve outcomes for patients with particularly urgent needs. New research is focused on:

- Development of novel therapeutic strategies for patients with non-cutaneous T-cell lymphoproliferative disorders
- Develop novel targeted therapies for CLL patients, with real curative potential
- Develop novel treatment strategies for MDS and AML patients
- Develop novel targeted therapies for patients with high-risk myeloma
- Development of new-targeted therapies for indolent lymphoma patients
- Define genetic/molecular predispositions to long-term and late-term effects associated with standard therapies in pediatric ALL and apply this information to improve patient outcomes.

#### THE THERAPY ACCELERATION PROGRAM® (TAP)

Since 2007, LLS TAP has provided more than \$125 million to support more than 60 highly innovative projects by partnering with biotechnology companies and leading research institutions. Since 2017, three LLS TAP-supported therapies have been approved by the U.S. Food & Drug Administration: Celator's CPX-351 (Vyxeos®), Kite Pharma's Axicabtagene ciloleucel (Yescarta®), and Stemline's Tagraxofusp-erzs (Elzonris®).

The landscape of cancer care continues to change and LLS TAP works to identify and support other novel treatment options for patients. Today, more than 20 therapies from the LLS TAP portfolio are being pursued as potential new treatments for blood cancers and other types of cancers.

Name of the organization

Employer identification number

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

13-5644916

## Form 990, Part III, Line 4b - Second Accomplishment

## B) PATIENT &amp; COMMUNITY SERVICES

Support services are provided by professionals or rigorously trained peer volunteers. All resources are provided through a variety of media - print, online, by phone, and face-to-face in communities. A number of resources are available in Spanish for patients, caregivers and healthcare professionals.

## Print Publications:

An extensive catalog of education materials is offered free-of-charge to patients and healthcare professionals. Each year, LLS distributes disease and support booklets and fact sheets through the Information Resource Center, LLS website and LLS chapters. Each year, LLS publishes an annual compilation of data available for blood cancers, including the estimated numbers of new blood cancer cases and deaths, the most recent statistics available for incidence, mortality and survival. In 2020, 615,299 free printed disease and support booklets and 12,296 fact sheets were ordered. Additionally, there were 131,924 page views of these booklets and fact sheets on the LLS website. Education materials are available to download or order at [www.LLS.org/booklets](http://www.LLS.org/booklets). Many materials are available in English, Spanish and French, and select materials are available in additional languages.

## Financial Assistance

In 2020, a combined \$142,351,684 was disbursed to patients through the Co-Pay Assistance Program (\$131,293,984), the LLS Susan Lang Patient Travel Assistance Program (\$2,667,500), the LLS Urgent Need Program (\$1,833,500),

Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916**

LLS Patient Aid Program (\$1,722,200), and the COVID-19 Patient Financial Aid Program (\$4,834,500).

#### Co-Pay Assistance Program

The Co-Pay Assistance program supports qualifying blood cancer patients meet their health insurance or Medicare Plan Part B or D premiums or co-payment obligations related to treating their blood cancer diagnosis. Patients with prescription drug coverage, Medicare beneficiaries under Medicare Part B and/or Medicare Part D, Medicare Supplementary Health Insurance or Medicare Advantage should check with LLS to see if they meet eligibility requirements to receive financial support. Co-pay Assistance is subject to funding availability by specific blood cancer diagnosis. In 2020, \$131,293,984 was provided to 22,253 patients through the LLS Co-Pay Assistance Program.

#### Susan Lang Pay-It-Forward Patient Travel Assistance Program

The Susan Lang Pay-It-Forward Patient Travel Assistance program supports qualifying blood cancer patients with travel and lodging expenses related to treating their blood cancer diagnosis. Travel Assistance is subject to funding availability. In 2020, \$2,667,500 was provided to 5,335 patients through the LLS Susan Lang Travel Program.

#### Urgent Need Program

The Urgent Need Program was established to help pediatric and young adult blood cancer patients, or adult blood cancer patients enrolled in clinical trials, who are in acute financial need. The program provides eligible patients assistance for non-medical expenses including rent, mortgage, lodging, utilities, childcare, elder care, food, transportation, car

Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916**

repair, car insurance, phone service, and acute dental work related to treatment. In 2020, \$1,833,500 was provided to 3,667 patients through the LLS Urgent Need Program.

#### Patient Aid Program

The Patient Aid Program provides financial assistance to blood cancer patients. Eligible patients will receive a one-time \$100 stipend to help offset expenses. In 2020, \$1,722,200 was provided to 17,222 patients through the LLS Patient Aid Program.

#### LLS COVID-19 Patient Financial Aid Program

LLS established the LLS COVID-19 Patient Financial Aid Program to help eligible blood cancer patients experiencing financial hardship due to the pandemic. Eligible patients will received a one-time \$250 stipend to help offset expenses. In 2020, \$4,834,500 was provided to 19,338 patients through the COVID-19 Patient Financial Aid Program.

#### Community Programs

Services are provided in communities to patients and their families, caregivers and healthcare professionals by Education & Services staff and trained volunteers who have specific support and outreach roles. Staff are healthcare and allied healthcare professionals, often with a background in oncology nursing, public health or social work; volunteers are typically patients or caregivers who undergo rigorous background checks and training. Staff and volunteers serve as liaisons with community and regional oncology/hematology healthcare professionals and treatment centers, and provide community-based outreach, education, and support in a variety of

Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916**

forms.

**Regional Blood Cancer Conferences:**

LLS works to elevate our visibility in communities we serve by hosting larger-scale conferences, geared for patients, caregivers and healthcare professionals. These events are a catalyst for bringing many dedicated people together to focus on blood cancer awareness, information and the latest advances in medical science. They are designed for patients and caregivers but are attended by some local healthcare professionals (nurses and social workers) as well; this year, most were in-person but one was virtual due to COVID-19. In 2020, eight BCC conferences were held with 4,065 attendees.

**LLS Community**

The online "LLS Community" was launched on February 1, 2016 to honor the memory of Michael Garil, who was diagnosed with ALL in 1974 at the age of seven. It was designed to provide a way for patients and caregivers to:

- 1) Become part of a social network to connect with patients and caregivers in similar situations and become empowered;
- 2) Provide information about oneself and one's disease, to become part of the research to cure blood cancers; and
- 3) Gain the latest information about one's disease, learn about survivorship issues, and about clinical trials. By the end of FY 2020, there were approximately 75,472 comments posted by users.

**Family Support Groups:**

Throughout the US, in 2020 LLS supported or hosted 127 Family Support Groups for patients and their families. Groups are guided by oncology health professionals, providing information and support and encouraging greater communication among patients, families, friends and healthcare

Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC****13-5644916**

professionals. LLS Support groups are the perfect place to talk with other people affected by blood cancers, including patients, family members and caregivers. The groups provide mutual support and offer the opportunity to discuss anxieties and concerns with others who share the same experiences. This sharing strengthens the family bond and enhances everyone's ability to cope with cancer. In addition, LLS also hosted 7 online national chat groups - i.e., virtual support groups - that are professionally moderated. In FY 2020, 5,246 individuals participated in these chats.

**Patti Robinson Kaufmann First Connection Program:**

First Connection is a program that links newly diagnosed patients and caregivers to a peer volunteer who has experienced a similar diagnosis. A trained patient/caregiver- volunteer currently in remission contacts the patient/caregiver to share information and support. This program is available through LLS chapters; referral is also provided by LLS's Information Resource Center.

-Over 1,700 First Connections were made across the US in FY 2020.

Form 990, Part III, Line 4c - Third Accomplishment

**C) PUBLIC HEALTH EDUCATION:**

Information and Education.

Paying for medical care, making treatment choices, communicating with healthcare providers, family members and friends-these are some of the stresses that come with a cancer diagnosis. LLS's Information Specialists are highly trained oncology social workers, nurses and health educators who provide help with disease, treatment and clinical trial information and support. Information Specialists may also refer patients and caregivers to a nurse in the Clinical Trial Support Center (CTSC). The nurses in the

Name of the organization

Employer identification number

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

13-5644916

CTSC have expertise in the blood cancers and provide patients and their caregivers with comprehensive navigation to find and enroll in an appropriate clinical trial. As part of this process, the nurses work closely with Information Specialists to address resource barriers to clinical trial enrollment. Patients, families and healthcare professionals may speak to an Information Specialist at (800) 955-4572 Monday through Friday, 9 a.m. to 9 p.m., ET, email [infocenter@LLS.org](mailto:infocenter@LLS.org) or chat one-on-one via the LLS website. The Information Resource Center offers translation services in more than 165 languages. In FY 2020:

- 25,202 inquiries were made to our Information Specialists.
- 14,580 households received information and/or support from Information Specialists via emails, phone, and answer chats.
- 779 patients worked with a nurse in the Clinical Trial Support Center to receive comprehensive assistance with clinical trial enrollment; over 20% of patients assisted enrolled on a clinical trial. LLS offers Patients and caregivers free one-on-one phone and email consultations with a registered dietitian with expertise in oncology nutrition. This service is available to all cancer patients and their caregivers. In FY 20 nearly 1,000 consultations were provided.

#### The LLS Website

The LLS website, [www.LLS.org](http://www.LLS.org), fulfills a wide variety of education and information needs. Visitors can personalize their web pages to their location to keep current with disease-specific updates and community education and support activities. The website provides access to LLS programs and services, including financial assistance, Information Specialists, the most current and accurate information and statistics, weekly facilitated online chats, national telephone and web education



Name of the organization

Employer identification number

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

13-5644916

programs, publications in English and Spanish (and additional languages for select materials), personalized clinical trial navigation by a registered nurse, personalized nutrition consultations by a registered dietician and continuing education programs for healthcare professionals.

#### National Telephone/Web Education Programs

LLS conducts telephone-web education programs for patients, caregivers, survivors and healthcare professionals about leukemia, lymphoma, myeloma and myelodysplastic syndromes as well as survivorship issues. Program participants are given the opportunity to ask questions of experts during these programs. Also available through the LLS website are virtual lectures and videos featuring disease-specific updates and information about support and treatment options delivered by world renowned clinical experts. Upcoming and archived programs are posted at [www.LLS.org/webcasts](http://www.LLS.org/webcasts).

#### In FY 2020:

-LLS conducted 16 live national telephone-web education programs, with 12,713 participants

-There were 51,125 page views for archived web programs; 25,367 virtual lecture views; 21,427 podcast downloads; and 60,234 video views.

#### Form 990, Part III, Line 4d - All Other Accomplishments

##### D) PROFESSIONAL EDUCATION:

LLS serves the educational needs of the medical and research community through a number of professional education symposia offered throughout the year. The educational program offers varying formats to facilitate the exchange of information and ideas on the newest developments in cancer research and treatment. Upcoming and archived CE/CME programs are available at [www.LLS.org/CE](http://www.LLS.org/CE).

Name of the organization

Employer identification number

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

13-5644916

In FY 2020:

-LLS provided 9 CME/CE-granting in-person educational programs, with 1,407 healthcare professionals in attendance.

--There were 36,338 page views for archived web programs, 22,394 virtual lecture views and 11,433 podcast downloads.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Canada

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 CFO, Vice President, Controller, and KPMG for comment and suggested revisions.

The Form 990 was then provided to the Audit Committee, which is a committee of the Board of Directors. The Audit Committee reviewed the 990 and provided input prior to filing.

The final draft Form 990, as will be filed with the IRS, was provided to the entire Board of Directors prior to filing with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All employees, volunteers, consultants, temporary employees, local board members, and members of the national Board of Directors are required to review the conflict of interest policy on an annual basis and submit a signed form acknowledging that they have reviewed the policy and disclosed any conflicts of interest.

All conflict of interest disclosure forms are reviewed by the Legal

Name of the organization

Employer identification number

THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC

13-5644916

Department and, if deemed necessary, escalated to the Audit Committee of the Board of Directors for further review, evaluation, and/or management of any actual or apparent conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee comprised of independent members of the Board of Directors reviews, monitors, and approves the Chief Executive Officer's performance and compensation. Their decision is included in the appropriate minutes of the meeting in which approval was given.

In 2020, the Executive Committee, through an independent third party, obtained a market study comprised of similar not-for-profit organizations to review the compensation market levels and set the Chief Executive's salary commensurately. The committee met, approved and documented the process in the Committee minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

In 2020, the Executive Committee, through an independent third party, obtained a market study comprised of similar not-for-profit organizations to review the compensation market levels of other officers and Key Employees and to approve the President and CEO's recommendations on their compensation levels.

Form 990, 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,

Name of the organization

Employer identification number

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

**13-5644916**

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](http://www.lls.org). Its governing documents are made available upon request for public inspection. Any identified conflicts of interest are disclosed in the 990.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEAT AML LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY	17,268,216	9,320,277	LLS
(2) LLS Pedal Initiative LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY	320,000	265,551	LLS
(3) LLS TAP Forty Seven, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY	24,937,943		LLS
(4) LLS TAP Miragen, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY		673,064	LLS
(5) LLS TAP X4, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY		2,796,000	LLS

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE LLS RESEARCH PROGRAMS, INC. 3 INTERNATIONAL DRIVE 13-3470494 RYE BROOK NY 10573	PART VII	DE	501C3	12a	LLS, INC	X	
(2) THE LLS RESEARCH FOUNDATION 3 INTERNATIONAL DRIVE 13-3709252 RYE BROOK NY 10573	PART VII	DE	501C3	12a	LLS, INC	X	
(3) THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO CA M2J4P8	PART VII	CA			N/A		X
(4)							
(5)							

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LLS TAP, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY	24,585,310	3,469,064	LLS
(2) LLS TAP CONSTELLATION, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS
(3) LLS TAP AFFIRMED, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS
(4) LLS TAP SUTRO, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS
(5) LLS TAP JOHNS HOPKINS, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LLS TAP SELVITA, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS
(2) LLS TAP VERASTEM, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS
(3) LLS TAP KDAC, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS
(4)					
(5)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>LLS Canada</b>	<b>q</b>	<b>196,278</b>	<b>COST</b>
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(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 sections 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 1065)	(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.**

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., BUT IN CANADA.

THE LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC. AND THE LEUKEMIA RESEARCH  
FOUNDATION, INC. SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA SOCIETY,  
INC.