

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 for instructions and the latest information.

2022
 Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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	C Name of organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3 INTERNATIONAL DRIVE, SUITE 200 City or town, state or province, country, and ZIP or foreign postal code RYE BROOK, NY 10573 F Name and address of principal officer: E. ANDERS KOLB, M.D. 3 INTERNATIONAL DRIVE, SUITE 200, RYE BROOK,	D Employer identification number 13-5644916 E Telephone number 914-949-5213 G Gross receipts \$ 640,723,525. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.LLS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1949
M State of legal domicile: NY		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE, MYELOMA; IMPROVE QUALITY OF LIFE OF PATIENTS AND FAMILIES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1181	
	6 Total number of volunteers (estimate if necessary)	6	3000000	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	400,540,019.	357,670,634.
9 Program service revenue (Part VIII, line 2g)		11,597,762.	9,531,279.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,919,696.	15,134,480.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,939,727.	-3,997,903.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		426,997,204.	378,338,490.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	299,213,836.	147,771,106.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	112,055,516.	119,899,883.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	5,554,287.	4,917,672.
		b Total fundraising expenses (Part IX, column (D), line 25)	50,579,954.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	101,798,755.	113,484,307.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	518,622,394.	386,072,968.	
19 Revenue less expenses. Subtract line 18 from line 12	-91,625,190.	-7,734,478.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	693,676,206.	643,891,871.	
	21 Total liabilities (Part X, line 26)	321,732,744.	271,338,303.	
	22 Net assets or fund balances. Subtract line 21 from line 20	371,943,462.	372,553,568.	

Part II Signature Block

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

Sign Here	Signature of officer GORDON MILLER, JR., EVP CHIEF FINANCIAL OFFICER	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DEVIN L DUNCAN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P01249521
	Firm's name KPMG LLP	Firm's EIN 13-5565207		
	Firm's address 345 PARK AVENUE NEW YORK, NY 10154-0102	Phone no. 212-758-9700		

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. THE LEUKEMIA & LYMPHOMA SOCIETY, INC.	Taxpayer identification number (TIN) 13-5644916
File by the due date for filing your return. See instructions.	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) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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 **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 104,409,883. including grants of \$ 55,409,990.) (Revenue \$ 9,531,279.) A) RESEARCH PROGRAMS:

AT LLS, WE ARE PUSHING BOUNDARIES TOWARD POWERFUL NEW THERAPIES. WE PROPEL GROUNDBREAKING CANCER TREATMENTS THROUGH ALL PHASES OF THE DRUG APPROVAL PROCESS AND ARE PROUD THAT OUR SUPPORT HAS BEEN KEY TO ADVANCING 75% OF THE ALMOST 70 BLOOD CANCER TREATMENT APPROVALS OVER THE LAST FIVE YEARS.

AS WE CONTINUED TO SUPPORT THE SEARCH FOR LIFESAVING AND LESS TOXIC TREATMENTS IN 2023, WE INVESTED IN EXCITING RESEARCH FRONTIERS, INCLUDING PRECISION MEDICINE, IMMUNOTHERAPY, AND LINKS BETWEEN MUTATIONS AND BLOOD CANCER-ADVANCEMENTS THAT ARE CHANGING THE PARADIGM OF CANCER TREATMENT. IN THE PROCESS, WE PROPELLED SEVERAL NOVEL SCIENCE INITIATIVES TO NEW HEIGHTS-MANY OF WHICH HARDLY SEEMED POSSIBLE JUST A

4b (Code:) (Expenses \$ 141,014,110. including grants of \$ 92,361,116.) (Revenue \$) B) PATIENT & COMMUNITY SERVICES:

AN ESTIMATED 1.6 MILLION PEOPLE ACROSS THE UNITED STATES (US) ARE CURRENTLY LIVING WITH OR ARE IN REMISSION FROM LEUKEMIA, LYMPHOMA AND MYELOMA. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS AN ARRAY OF FREE, COMPREHENSIVE RESOURCES TO BLOOD CANCER PATIENTS, CAREGIVERS, FAMILIES AND FRIENDS OF PATIENTS, ADVOCATES, HEALTHCARE PROFESSIONALS AND THE PUBLIC. LLS IS COMMITTED TO PROVIDING THE MOST ACCURATE AND UP-TO-DATE BLOOD CANCER INFORMATION. PROFESSIONAL VOLUNTEER CLINICAL ADVISORS WORK WITH LLS STAFF TO REVIEW ALL OF THE INFORMATION LLS PROVIDES THROUGH HEALTHCARE PROFESSIONAL AND PATIENT EDUCATION PROGRAMS, PUBLICATIONS AND THE LLS WEBSITE. SUPPORT SERVICES ARE PROVIDED BY PROFESSIONALS OR RIGOROUSLY TRAINED PEER VOLUNTEERS. ALL RESOURCES ARE PROVIDED THROUGH

4c (Code:) (Expenses \$ 19,597,702. including grants of \$) (Revenue \$) C) PUBLIC HEALTH EDUCATION:

LLS BELIEVES KNOWLEDGE IS POWER. AS ALWAYS, LLS HAS OFFERED THEIR INFORMATIONAL PROGRAMS IN VIRTUAL FORMATS, CONTINUING TO PROVIDE VITALLY NEEDED EDUCATION AND EMOTIONAL SUPPORT FOR THOSE IMPACTED BY BLOOD CANCER.

ONE-ON-ONE EDUCATION AND SUPPORT TRAINED ONCOLOGY INFORMATION SPECIALISTS IN OUR INFORMATION RESOURCE CENTER (IRC) PROVIDE PATIENTS AND CAREGIVERS WITH COMPASSIONATE, COMPREHENSIVE, AND TAILORED DISEASE AND TREATMENT INFORMATION, INCLUDING REFERRALS AND LINKS TO APPROPRIATE EDUCATIONAL RESOURCES AND LITERATURE; PSYCHOSOCIAL SUPPORT INFORMATION FOR ANY POINT IN THEIR

4d Other program services (Describe on Schedule O.) (Expenses \$ 12,095,021. including grants of \$) (Revenue \$)

4e Total program service expenses 277,116,716.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J. DEGENNARO-END 6/30/23 PRESIDENT & CEO	40.00 1.00			X				879,546.	0.	51,863.
(2) GWEN NICHOLS EVP, CHIEF MEDICAL OFFICER	40.00 0.00			X				552,575.	0.	48,137.
(3) TROY DUNMIRE EVP, CHIEF OPERATING OFFICER	40.00 0.00			X				537,877.	0.	53,774.
(4) DALE NISSENBAUM EVP, GENERAL COUNSEL	40.00 0.00			X				504,418.	0.	39,434.
(5) GORDON MILLER JR. EVP, CHIEF FINANCIAL OFFICER	40.00 1.00			X				449,353.	0.	55,128.
(6) SUSAN BROWN SVP, CHIEF DEI OFFICER	40.00 0.00					X		425,506.	0.	45,929.
(7) COKER POWELL SVP, CHIEF DEVELOPMENT OFFICER	40.00 0.00					X		440,143.	0.	25,520.
(8) VANESSA WHITE SVP, CHIEF ADVANCEMENT OFFICER	40.00 0.00					X		431,334.	0.	30,306.
(9) LEE GREENBERGER SVP, CHIEF SCIENTIFIC OFFICER	40.00 0.00					X		401,142.	0.	43,331.
(10) FLORENCE GODFREY SVP, CHIEF EXPERIENCE OFFICER	40.00 0.00					X		381,803.	0.	42,096.
(11) E. ANDERS KOLB - START 5/1/2023 PRESIDENT & CEO	40.00 1.00			X				0.	0.	0.
(12) JEFF SACHS CHAIR	4.00 0.00	X		X				0.	0.	0.
(13) KATHLEEN MERIWETHER VICE CHAIR	4.00 0.00	X		X				0.	0.	0.
(14) FRED A WANG SECRETARY/TREASURER	4.00 0.00	X		X				0.	0.	0.
(15) RUBEN MESA FACP MD AT LARGE	4.00 0.00	X		X				0.	0.	0.
(16) RICHARD BAGGER BOD MEMBER	4.00 0.00	X						0.	0.	0.
(17) MICHELE CAMERON - END 12/15/22 BOD MEMBER	4.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RENZO CANETTA MD BOD MEMBER	4.00 0.00	X						0.	0.	0.
(19) CASEY CUNNINGHAM MD BOD MEMBER	4.00 0.00	X						0.	0.	0.
(20) JANICE GABRILOVE MD BOD MEMBER	4.00 0.00	X						0.	0.	0.
(21) JOHN GREENE BOD MEMBER	4.00 0.00	X						0.	0.	0.
(22) FRANCINE HELLER BOD MEMBER	4.00 0.00	X						0.	0.	0.
(23) LYNNE O'BRIEN BOD MEMBER	4.00 0.00	X						0.	0.	0.
(24) MARLA PERSKY BOD MEMBER	4.00 0.00	X						0.	0.	0.
(25) JIM REDDOCH BOD MEMBER	4.00 0.00	X						0.	0.	0.
(26) RICHARD RENDINA BOD MEMBER	4.00 0.00	X						0.	0.	0.
1b Subtotal								5,003,697.	0.	435,518.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,003,697.	0.	435,518.

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 280

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD, HAMPTON, VA 23666	PAT ASSIST PROC	9,386,412.
ICON PLC - PHARMACEUTICAL RESEARCH ASSOCIAT 4130 PARKLAKE AVENUE, SUITE 400, RALEIGH, N	CLINICAL TRIAL	5,098,790.
RESOURCE ONE COMMUNICATIONS 2900 EAST APACHE STREET, TULSA, OK 74110	DIRECT MARKETING	4,897,034.
META PLATFORMS 1 HACKER WAY, MENLO PARK, CA 94025	ADVERTISING	4,468,458.
SALESFORCE 140 E 45TH ST, NEW YORK, NY 10017	SOFTWARE	4,046,730.

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 167

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 317,204.					
	b	Membership dues	1b					
	c	Fundraising events	1c 144,824,080.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 212,529,350.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,410,703.					
	h	Total. Add lines 1a-1f						357,670,634.
Program Service Revenue	2 a	SERVICE REVENUE	Business Code 810000	9,531,279.	9,531,279.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			9,531,279.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,201,769.			11,201,769.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		1,864,647.			1,864,647.	
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b 239,525,137.					
	c	Gain or (loss)	7c 3,932,711.					
d	Net gain or (loss)			3,932,711.		3,932,711.		
8 a	Gross income from fundraising events (not including \$ 144,824,080. of contributions reported on line 1c). See Part IV, line 18							
		8a 16,964,118.						
		8b 22,854,323.						
b	Less: direct expenses							
c	Net income or (loss) from fundraising events			-5,890,205.		-5,890,205.		
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a 33,230.						
		9b 5,575.						
b	Less: direct expenses							
c	Net income or (loss) from gaming activities			27,655.		27,655.		
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			378,338,490.	9,531,279.	0.	11,136,577.	

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	47,337,227.	47,337,227.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	92,361,116.	92,361,116.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,072,763.	8,072,763.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,682,939.	1,061,429.	1,127,386.	494,124.
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	93,026,618.	47,637,080.	24,804,672.	20,584,866.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,247,539.	1,560,427.	992,969.	694,143.
9 Other employee benefits	14,299,798.	6,897,106.	4,334,320.	3,068,372.
10 Payroll taxes	6,642,989.	3,191,923.	2,031,164.	1,419,902.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,494,234.	896,541.	403,443.	194,250.
c Accounting	519,205.		519,205.	
d Lobbying	3,445,639.	3,445,639.		
e Professional fundraising services. See Part IV, line 17	4,917,672.			4,917,672.
f Investment management fees	216,836.	159,794.	29,540.	27,502.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	35,980,021.	25,536,784.	6,087,072.	4,356,165.
12 Advertising and promotion	9,534,205.	5,219,449.	1,403,758.	2,910,998.
13 Office expenses	14,901,859.	7,832,923.	2,023,194.	5,045,742.
14 Information technology	12,947,167.	976,216.	9,617,156.	2,353,795.
15 Royalties				
16 Occupancy	5,356,295.	2,647,657.	1,362,525.	1,346,113.
17 Travel	8,204,269.	5,542,948.	1,383,997.	1,277,324.
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	4,699,950.	2,660,109.	1,181,954.	857,887.
23 Insurance	1,459,206.	847,284.	341,469.	270,453.
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 RESEARCH & DEVELOPMENT	11,908,214.	11,908,214.		
b MISCELLANEOUS	2,817,207.	1,324,087.	732,474.	760,646.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	386,072,968.	277,116,716.	58,376,298.	50,579,954.
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)	18,113,659.	10,544,026.	0.	7,569,633.

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
Assets	1 Cash - non-interest-bearing	10,533,722.	1	1,093,408.
	2 Savings and temporary cash investments	59,563,249.	2	87,996,059.
	3 Pledges and grants receivable, net	24,346,058.	3	29,923,480.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,700,688.	9	5,045,849.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,353,185.		
	b Less: accumulated depreciation	10b 16,102,001.	10,534,101.	10c 13,251,184.
	11 Investments - publicly traded securities	560,279,919.	11	463,285,795.
	12 Investments - other securities. See Part IV, line 11	20,361,812.	12	20,291,527.
	13 Investments - program-related. See Part IV, line 11	2,356,657.	13	10,015,427.
	14 Intangible assets		14	516,667.
	15 Other assets. See Part IV, line 11		15	12,472,475.
16 Total assets. Add lines 1 through 15 (must equal line 33)	693,676,206.	16	643,891,871.	
Liabilities	17 Accounts payable and accrued expenses	29,802,071.	17	21,647,040.
	18 Grants payable	278,233,023.	18	219,704,797.
	19 Deferred revenue	13,697,650.	19	15,561,185.
	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	0.	25	14,425,281.
	26 Total liabilities. Add lines 17 through 25	321,732,744.	26	271,338,303.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	301,387,942.	27	281,881,454.
	28 Net assets with donor restrictions	70,555,520.	28	90,672,114.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	371,943,462.	32	372,553,568.
33 Total liabilities and net assets/fund balances	693,676,206.	33	643,891,871.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	378,338,490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,072,968.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,734,478.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	371,943,462.
5	Net unrealized gains (losses) on investments	5	8,559,897.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-215,313.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	372,553,568.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2022)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	372,750,094.	427,419,530.	441,317,494.	400,540,019.	357,670,634.	1999697771.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	372,750,094.	427,419,530.	441,317,494.	400,540,019.	357,670,634.	1999697771.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						559,584,094.
6 Public support. Subtract line 5 from line 4.						1440113677.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	372,750,094.	427,419,530.	441,317,494.	400,540,019.	357,670,634.	1999697771.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,830,162.	29,082,073.	16,877,123.	18,087,763.	13,066,416.	88,943,537.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2088641308.
12 Gross receipts from related activities, etc. (see instructions)					12	75,634,768.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	68.95 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	70.01 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Employer identification number 13-5644916
---	---

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		26,813.
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		62,160.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		374,184.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		725,202.
i Other activities?	X		2,257,280.
j Total. Add lines 1c through 1i			3,445,639.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LLS PARTICIPATES IN A NUMBER OF COALITIONS AND MEMBER ORGANIZATIONS,
 INCLUDING ALLIANCE FOR A STRONGER FDA, ALLIANCE FOR CHILDHOOD CANCER,
 ALLIANCE FOR FAIR HEALTHCARE PRICING, CANCER LEADERSHIP COUNCIL,
 DEFENSE HEALTH RESEARCH CONSORTIUM, MAPRX COALITION, NCSL FOUNDATION
 FOR STATE LEGISLATURES, ONE VOICE AGAINST CANCER, PARTNERSHIP TO

Part IV Supplemental Information (continued)

PROTECT COVERAGE, PATIENT QUALITY OF LIFE COALITION, PUBLIC AFFAIRS
 COUNCIL, AND STATE ACCESS TO INNOVATIVE MEDICINES COALITION.
 EMPLOYEES IN THE LLS OFFICE OF PUBLIC POLICY WORK TO ADVANCE THE
 ORGANIZATIONS PUBLIC POLICY PRIORITIES, DOING SO WITH SUPPORT FROM
 LOBBYING FIRMS AND ADVISERS RETAINED BY LLS AND IN PARTNERSHIP WITH
 VOLUNTEER ADVOCATES. LLS VOLUNTEER ADVOCATES ENGAGE THEIR LAWMAKERS BY
 CONDUCTING LETTER-WRITING CAMPAIGNS, SHARING THEIR PERSONAL STORIES,
 AND CONDUCTING ONE-ON-ONE VISITS IN STATE CAPITOLS AND IN WASHINGTON,
 D.C. - ALL WITH SUPPORT FROM THE LLS OFFICE OF PUBLIC POLICY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **THE LEUKEMIA & LYMPHOMA SOCIETY, INC** Employer identification number **13-5644916**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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	7,288,293.	7,381,460.	5,902,791.	6,168,319.	6,192,807.
b Contributions	30,000.	1,129,903.	1,650.		
c Net investment earnings, gains, and losses	713,739.	-913,685.	1,726,314.	-8,812.	292,934.
d Grants or scholarships	291,598.	295,324.	236,177.	246,718.	304,999.
e Other expenditures for facilities and programs					
f Administrative expenses	10,043.	14,061.	13,118.	9,998.	12,423.
g End of year balance	7,730,391.	7,288,293.	7,381,460.	5,902,791.	6,168,319.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 51.8900 %
 - c Term endowment 48.1100 %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,271,123.	1,025,988.	245,135.
d Equipment		28,030,516.	15,024,467.	13,006,049.
e Other		51,546.	51,546.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,251,184.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE LIABILITY	14,425,281.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	392,656,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,932,711.	
b	Donated services and use of facilities	2b	7,480,829.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,986,229.	
e	Add lines 2a through 2d		2e	14,534,347.
3	Subtract line 2e from line 1		3	378,121,654.
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	216,836.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	216,836.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	378,338,490.

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	405,655,269.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	7,480,829.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,318,307.	
e	Add lines 2a through 2d		2e	19,799,136.
3	Subtract line 2e from line 1		3	385,856,133.
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	216,835.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	216,835.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	386,072,968.

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 1A:

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:

LLS'S ENDOWMENTS ARE INTENDED TO FUND RESEARCH AS WELL AS SUPPORT LLS'S

PUBLIC EDUCATION PROGRAMS.

PART X, LINE 2:

LLS, LLSRP, AND LLSRF QUALIFY AS CHARITABLE ORGANIZATIONS AS DEFINED BY

INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, ARE EXEMPT FROM

FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A).

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 RECOGNIZE THE EFFECT OF TAX POSITIONS ONLY IF
 THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. INCOME
 GENERATED FROM ACTIVITIES UNRELATED TO LLS'S EXEMPT PURPOSE IS SUBJECT TO
 TAX UNDER INTERNAL REVENUE CODE SECTION 511. THERE WERE NO ENTITIES THAT
 RECOGNIZED UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED
 JUNE 30, 2023 AND JUNE 30, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LLS CANADA REVENUE	10,986,229.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

LLS CANADA EXPENSE	12,318,307.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Employer identification number 13-5644916
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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
NORTH AMERICA	1		RESEARCH FUNDING	RESEARCH GRANTS	2,674,920.
EUROPE			RESEARCH FUNDING	RESEARCH GRANTS	3,372,708.
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	8,145,536.
MIDDLE EAST & NORTH AFRICA			RESEARCH FUNDING	RESEARCH GRANTS	30,000.
EAST ASIA & THE PACIFIC			RESEARCH FUNDING	RESEARCH GRANTS	1,995,135.
EUROPE			INVESTMENTS	INVESTMENTS	8,036,661.
3 a Subtotal	1	0			24,254,960.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	0			24,254,960.

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

Schedule F (Form 990) 2022

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)
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	71,500.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	125,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	199,160.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	100,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,500.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,975.	WIRE PAYMENT	0.		ACCRUAL

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

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	150,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	150,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	1,999,920.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	125,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	750,000.	WIRE PAYMENT	0.		ACCRUAL

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANTS	125,000.	WIRE PAYMENT	0.		ACCRUAL
		MIDDLE EAST & NORTH AFRICA	RESEARCH GRANTS	30,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	200,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	150,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	249,977.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	125,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	200,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	200,000.	WIRE PAYMENT	0.		ACCRUAL

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	196,675.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	176,051.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	THERAPY ACCELERATION	250,000.	WIRE PAYMENT	0.		ACCRUAL

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

Schedule F (Form 990) 2022

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 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 (add col. (a) through col. (c))
		DC STUDENT VISIONARIES OF THE (event type)	LAKE TAHOE BIKE TRIDE (event type)	328 (total number)	
Revenue	1 Gross receipts	2,995,531.	3,004,444.	155,788,223.	161,788,198.
	2 Less: Contributions	2,774,054.	2,778,745.	139,271,281.	144,824,080.
	3 Gross income (line 1 minus line 2)	221,477.	225,699.	16,516,942.	16,964,118.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,999.	68,781.	2,346,306.	2,423,086.
	6 Rent/facility costs	33,900.	90,963.	14,422,019.	14,546,882.
	7 Food and beverages	179,474.	70,142.	2,848,879.	3,098,495.
	8 Entertainment	1,000.	5,773.	831,323.	838,096.
	9 Other direct expenses	2,775.	151,299.	1,793,690.	1,947,764.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,854,323.
11 Net income summary. Subtract line 10 from line 3, column (d)				-5,890,205.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			5,575.	5,575.
	4 Rent/facility costs				
5 Other direct expenses					
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				5,575.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				27,655.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	100.00	%
b An outside facility	13b	.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name GORDON MILLER, JR

Address 3 INTERNATIONAL DRIVE, SUITE 200 - RYE BROOK, NY 10573

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

Name _____

Address _____

- 16 Gaming manager information:

Name N/A SEE DESCRIPTION OF SERVICES

Gaming manager compensation \$ _____

Description of services provided THE LEUKEMIA & LYMPHOMA SOCIETY DOES NOT HAVE AN OVERALL MANAGER FOR GAMING ACTIVITIES. EACH GAMING EVENT IS MANAGED LOCALLY BY THE SPECIFIC REGIONAL STAFF.

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THOMPSON, HABIB & DENISON

(I) ADDRESS OF FUNDRAISER: _____

80 HAYDEN AVENUE, SUITE 300, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: RESOURCE ONE

(I) ADDRESS OF FUNDRAISER: 2900 EAST APACHE STREET, TULSA, OK 74110

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

LLS USED RESOURCE ONE AND THOMPSON HABIB, & DENISON FOR IT'S NATIONAL
COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS

SCHEDULE G PART II - LINE 2

CONTRIBUTIONS REPRESENT THE CASH DONATIONS IN EXCESS OF FAIR MARKET
VALUE BENEFITS PROVIDED TO THE DONOR.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE P. O. BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	178,642.	0.	ACCRUAL		RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE ROAD - DUARTE, CA 91010	95-3432210	501(C)(3)	241,667.	0.	ACCRUAL		RESEARCH GRANT
BE THE MATCH FOUNDATION 500 N 5TH STREET MINNEAPOLIS, MN 55401	41-1704340	501(C)(3)	50,000.	0.	ACCRUAL		RESEARCH GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT
BRIGHAM AND WOMENS HOSPITAL PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	124,254.	0.	ACCRUAL		RESEARCH GRANT
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE, ML 4900 - CINCINNATI, OH 45229	31-0833936	501(C)(3)	370,000.	0.	ACCRUAL		RESEARCH GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 73.
- 3** Enter total number of other organizations listed in the line 1 table 3.

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	200,000.	0.	ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	5,366,350.	0.	ACCRUAL		RESEARCH GRANT
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193	58-2137993	501(C)(3)	1,600,000.	0.	ACCRUAL		RESEARCH GRANT
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE - PO BOX 742801 - ATLANTA, GA 30374	59-3238634	501(C)(3)	63,137.	0.	ACCRUAL		RESEARCH GRANT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX #3500 - NEW YORK, NY 10029	13-6171197	501(C)(3)	499,527.	0.	ACCRUAL		RESEARCH GRANT
INTERNATIONAL WALDENSTROM'S MACROGLOBULINEMIA FOUNDATION - 6144 CLARK CENTER AVE - SARASOTA, FL 34238	54-1784426	501(C)(3)	100,000.	0.	ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 575 LEXINGTON AVE, 9TH FL - NEW YORK, NY 10022	13-1623978	501(C)(3)	3,448,600.	0.	ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-1564655	501(C)(3)	1,125,000.	0.	ACCRUAL		RESEARCH GRANT
THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	450,000.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE, SOUTH SUITE 1170 AB - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	500,000.	0.	ACCRUAL		RESEARCH GRANT
MAYO CLINIC, ROCHESTER PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(C)(3)	275,000.	0.	ACCRUAL		RESEARCH GRANT
MYELOPROLIFERATIVE NEOPLASMS RESEARCH FOUNDATION - 180 N MICHIGAN AVENUE - CAROL STREAM, IL 60601	36-4330967	501(C)(3)	100,000.	0.	ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY 633 CLARK - ROOM G547 EVANSTON, IL 60208	36-2167817	501(C)(3)	231,556.	0.	ACCRUAL		RESEARCH GRANT
OSU FOUNDATION 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	501(C)(3)	466,168.	0.	ACCRUAL		RESEARCH GRANT
PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET FRANKLIN BLDG P-221 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	867,797.	0.	ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN - BOX 223131 - PITTSBURGH, PA 15251	38-6006309	501(C)(3)	450,000.	0.	ACCRUAL		RESEARCH GRANT
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-1156519	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT
SLOAN KETTERING INSTITUTE FOR CANCER RESEARCH - PO BOX 026338 - NEW YORK, NY 10087	13-1924236	501(C)(3)	2,583,239.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - PO BOX 1000 DEPT #949 - MEMPHIS, TN 38148	62-0646012	501(C)(3)	460,213.	0.	ACCRUAL		RESEARCH GRANT
TEMPLE UNIVERSITY P.O. BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501(C)(3)	200,000.	0.	ACCRUAL		RESEARCH GRANT
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - PO BOX 8500 - PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	245,000.	0.	ACCRUAL		RESEARCH GRANT
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	130,000.	0.	ACCRUAL		RESEARCH GRANT
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	501(C)(3)	622,798.	0.	ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	370,000.	0.	ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST STE 425 - LOS ANGELES, CA 90074	94-6036493	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK, COLUMBIA UNIVERSITY - 535 W 116TH ST - NEW YORK, NY 10087	13-5598093	501(C)(3)	1,185,000.	0.	ACCRUAL		RESEARCH GRANT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, MEDICAL CENTER - 3451 WALNUT STREET FRANKLIN BLDG P-221 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	1,574,600.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE, MC6092 CHICAGO, IL 60637	36-2177139	501(C)(3)	625,799.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384	56-6001393	501(C)(3)	200,000.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4266 - HOUSTON, TX 77210	74-6001118	501(C)(3)	2,752,751.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - PO BOX 841753 - DALLAS, TX 75284	75-6002868	501(C)(3)	309,389.	0.	ACCRUAL		RESEARCH GRANT
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, #453 BOSTON, MA 02111	04-2103634	501(C)(3)	49,952.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF COLORADO DENVER, ANSCHUTZ MEDICAL CAMPUS - PO BOX 6508 - AURORA, CO 80045	84-6000555	501(C)(3)	1,496,800.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	1,811,430.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)(3)	2,000,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA 669 WEST 34TH STREET LOS ANGELES, CA 90089	95-1642394	501(C)(3)	174,560.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	23-7173411	501(C)(3)	749,997.	0.	ACCRUAL		RESEARCH GRANT
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE, NE GRAND RAPIDS, MI 49503	52-2000820	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 121236 - DALLAS, TX 75312	62-0476822	501(C)(3)	275,473.	0.	ACCRUAL		RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	2,010,236.	0.	ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT
CITY OF HOPE NATIONAL MEDICAL CENTER - 1500 EAST DUARTE ROAD - DUARTE, CA 91010	95-1683875	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT
RUTGERS UNIVERSITY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
INSTITUTE FOR CANCER RESEARCH D/B/A THE RESEARCH INSTITUTE OF FOX CHASE CANCER C - 333 COTTMAN AVENUE - PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
RHODE ISLAND HOSPITAL 593 EDDY STREET, ALDRICH 3-317 PROVIDENCE, RI 02903	05-0258954	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN 8701 W WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE-NORD HALL SUITE CLEVELAND, OH 44106	34-1018992	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVENUE NORTH, J6-300 SEATTLE, WA 98109	23-7156071	501(C)(3)	1,472,150.	0.	ACCRUAL		RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 450 JANE STANFORD WAY - SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	2,243,009.	0.	ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE, BELFER 1108 - BRONX, NY 10461	47-2209056	501(C)(3)	644,743.	0.	ACCRUAL		RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY CANCER INSTITUTE - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	23-7083114	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	124,587.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA, DEPARTMENT OF MEDICINE - 3451 WALNUT STREET FRANKLIN BLDG P-221 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	854,211.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF WASHINGTON 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MINNESOTA - PO BOX 1450 - MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	749,899.	0.	ACCRUAL		RESEARCH GRANT
BOSTON UNIVERSITY 85 EAST NEWTON ST BOSTON, MA 02118	04-2103547	501(C)(3)	140,101.	0.	ACCRUAL		RESEARCH GRANT
MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501(C)(3)	100,000.	0.	ACCRUAL		RESEARCH GRANT
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - 104 AIRPORT DRIVE - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	70,000.	0.	ACCRUAL		RESEARCH GRANT
NYU GROSSMAN SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	73,600.	0.	ACCRUAL		RESEARCH GRANT
CALIFORNIA UNIVERSITY OF SCIENCE AND MEDICINE - 1501 VIOLET ST - COLTON, CA 92324	46-4141445	501(C)(3)	96,000.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF TEXAS AT AUSTIN 101 E. 27TH ST. AUSTIN, TX 78712	74-6000203	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT
HOUSTON METHODIST RESEARCH INSTITUTE - 6670 BERTNER AVENUE - HOUSTON, TX 77030	87-0721923	501(C)(3)	500,000.	0.	ACCRUAL		RESEARCH GRANT
INSTITUTE OF BIOSCIENCES & TECHNOLOGY, A & M UNIVERSITY SYSTEM HEALTH SCIENCE CE - 400 HARVEY MITCHELL PARKWAY SOUTH -	74-2907553	501(C)(3)	187,500.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA INSTITUTE FOR MEDICAL RESEARCH - 411 WEST CHAPEL HILL STREET - DURHAM, NC 27701	56-1655431	501(C)(3)	75,000.	0.	ACCRUAL		RESEARCH GRANT
CERV FOUNDATION 3200 VINE STREET CINCINNATI, OH 45220	31-1347969	501(C)(3)	75,000.	0.	ACCRUAL		RESEARCH GRANT
VETERAN AFFAIRS SAN DIEGO HEALTH CARE - 3350 LA JOLLA VILLAGE DRIVE - SAN DIEGO, CA 92161	23-7262137	501(C)(3)	75,000.	0.	ACCRUAL		RESEARCH GRANT
ECD GLOBAL ALLIANCE PO BOX 775 DERIDDER, LA 70634	27-0759192	501(C)(3)	50,000.	0.	ACCRUAL		RESEARCH GRANT
IMMUNE -ONC THERAPEUTICS INC 2431 ALOMA AVE WINTER PARK, FL 32792	59-3226705	501(C)(3)	999,999.	0.	FMV		THERAPY ACCELERATION
DREN BIO 384 FOSTER CITY BLVD FOSTER CITY, CA 94404	84-1826535	501(C)(3)	499,997.	0.	FMV		THERAPY ACCELERATION
RGENTA 300 TRADECENTER DR. WOBURN, MA 01801	82-5268874	501(C)(3)	499,999.	0.	FMV		THERAPY ACCELERATION

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COPAY ASSISTANCE CLL	6363	37,023,234.	0.		
COPAY ASSISTANCE LYMPHOMA	2994	7,912,796.	0.		
COPAY ASSISTANCE MDS	1654	1,663,534.	0.		
COPAY ASSISTANCE MYELOMA	7677	23,312,890.	0.		
COPAY ASSISTANCE AML	2741	7,392,321.	0.		

Part IV

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

PART I, LINE 2:

FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY.

THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE

OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION

OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST

BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF

THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A

FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH

THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COPAY ASSISTANCE CML	72.	144,000.	0.		
PATIENT TRAVEL ASSISTANCE	8,609.	4,530,783.	0.		
PATIENT AID	48,701.	12,722,082.	0.		

Part IV Supplemental Information

PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE

COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE

HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF

THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE

REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE

VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE

GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED

IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE

DELINQUENT REPORT.

PATIENT FINANCIAL AID:

THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM

PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING

TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR MANY EXPENSES RELATED TO

THEIR TREATMENT. SOMETIMES PATIENTS HAVE TO CHOOSE BETWEEN BASIC NEEDS SUCH

AS FOOD OR SHELTER AND THEIR HEALTH CARE TREATMENT EXPENSES. IN AN EFFORT

TO ALLEVIATE SUCH HARDSHIPS, LLS HAS ESTABLISHED A PATIENT FINANCIAL AID

PROGRAM THAT PROVIDES APPLICANTS, WHO RESIDE IN THE US AND HAVE A BLOOD

CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND OF HELP DEFER SOME OF THESE

EXPENSES. LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS

ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA.

CO-PAY ASSISTANCE:

PATIENT APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS.

ELIGIBLE PATIENTS MUST RESIDE IN THE UNITED STATES OR PUERTO RICO, HAVE A

PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN

MEDICAL/PRESCRIPTION INSURANCE AND HAVE HOUSEHOLD INCOME AT OR BELOW 500%

OF THE US FEDERAL POVERTY LEVEL AS ADJUSTED BY HOUSEHOLD SIZE AND COST OF

LIVING INDEX. PATIENTS MUST PROVIDE PROOF OF INSURANCE AND INCOME.

QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Employer identification number 13-5644916
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
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	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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)-(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 and/or 1099-NEC				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
(1) LOUIS J. DEGENNARO-END 6/30/23 PRESIDENT & CEO	669,397. 0.	191,204. 0.	18,945. 0.	18,945. 0.	19,215. 0.	32,648. 0.	931,409. 0.	0. 0.
(2) GWEN NICHOLS EVP, CHIEF MEDICAL OFFICER	429,866. 0.	89,255. 0.	33,454. 0.	33,454. 0.	13,546. 0.	34,591. 0.	600,712. 0.	0. 0.
(3) TROY DUNMIRE EVP, CHIEF OPERATING OFFICER	442,932. 0.	93,424. 0.	1,521. 0.	1,521. 0.	10,675. 0.	43,099. 0.	591,651. 0.	0. 0.
(4) DALE NISSENBAUM EVP, GENERAL COUNSEL	423,691. 0.	76,937. 0.	3,790. 0.	3,790. 0.	10,675. 0.	28,759. 0.	543,852. 0.	0. 0.
(5) GORDON MILLER JR. EVP, CHIEF FINANCIAL OFFICER	371,573. 0.	75,838. 0.	1,942. 0.	1,942. 0.	15,250. 0.	39,878. 0.	504,481. 0.	0. 0.
(6) SUSAN BROWN SVP, CHIEF DEI OFFICER	361,415. 0.	60,596. 0.	3,495. 0.	3,495. 0.	15,250. 0.	30,679. 0.	471,435. 0.	0. 0.
(7) COKER POWELL SVP, CHIEF DEVELOPMENT OFFICER	354,360. 0.	64,410. 0.	21,373. 0.	21,373. 0.	10,675. 0.	14,845. 0.	465,663. 0.	0. 0.
(8) VANESSA WHITE SVP, CHIEF ADVANCEMENT OFFICER	371,393. 0.	58,678. 0.	1,263. 0.	1,263. 0.	10,675. 0.	19,631. 0.	461,640. 0.	0. 0.
(9) LEE GRENBARGER SVP, CHIEF SCIENTIFIC OFFICER	334,490. 0.	56,963. 0.	9,689. 0.	9,689. 0.	10,675. 0.	32,656. 0.	444,473. 0.	0. 0.
(10) FLORENCE GODFREY SVP, CHIEF EXPERIENCE OFFICER	324,221. 0.	54,452. 0.	3,130. 0.	3,130. 0.	15,250. 0.	26,846. 0.	423,899. 0.	0. 0.
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(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 7:

LLS AWARDS NON-FIXED PAYMENTS SUCH AS BONUSES ON A DISCRETIONARY BASIS TIED

TO THE EMPLOYEE PERFORMANCE AND ORGANIZATION TARGETS. THE NAMES OF

EMPLOYEES AND THE AMOUNTS THAT WERE PAID ARE FOUND ON SCHEDULE J, PAGE

2, PART II, COL (B) (II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for 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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	131	2,270,593.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	10	70,337.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VARIOUS OTHER)	X	11	61,087.	FAIR MARKET VALUE
26 Other (PRINTED ITEMS)	X	3	8,684.	FAIR MARKET VALUE
27 Other ()				
28 Other ()				

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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**

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? **31**

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

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.

	Yes	No
30a		X
31	X	
32a		X

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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SHORT TIME AGO. WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH

EXPERTS, LLS FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH

CONTINUUM RELEVANT TO IMPROVE OUTCOMES FOR BLOOD CANCER PATIENTS, FROM

BASIC LABORATORY SCIENCE THROUGH CLINICAL TRIALS, AND FROM

INVESTIGATOR-INITIATED RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT

ALLIANCES. LLS IS DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING

RESEARCH THAT IS MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE.

TO DATE, LLS HAS INVESTED OVER \$1.7 BILLION IN RESEARCH AIMED AT

HELPING ALL BLOOD CANCER PATIENTS LIVE BETTER, LONGER LIVES. OUR

SUSTAINED RESEARCH INVESTMENT OVER MULTIPLE DECADES HAS PAID OFF

HANDSOMELY. THIS IS BEST DEMONSTRATED BY OUR SEMINAL INVESTMENT IN

CHIMERIC ANTIGEN RECEPTOR T CELL (CAR T) THERAPY STARTING IN 1990 THAT,

SINCE 2017, HAS TRANSLATED INTO A 12 FDA-APPROVED CAR T THERAPIES FOR

ACUTE B-CELL LEUKEMIA, NON-HODGKIN LYMPHOMA, AND MULTIPLE MYELOMA. CAR

T THERAPY HAS IN SOME CASES PRODUCED CURES IN PATIENTS WHO HAVE FAILED

ALL OTHER THERAPEUTIC OPTIONS.

IN FISCAL YEAR 2023, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 9

OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY

\$61.96 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD

CANCERS.

IMPACT RESEARCH GRANTS

TO ADDRESS UNEQUAL REPRESENTATION OF UNDERSERVED POPULATIONS IN

CLINICAL TRIALS, IN 2021 WE ACTIVATED IMPACT (INFLUENTIAL MEDICINE

PROVIDING ACCESS TO CLINICAL TRIALS) RESEARCH GRANTS. AN INITIAL

FIVE-YEAR INVESTMENT OF \$3.75 MILLION WAS ALLOCATED TO MAYO CLINIC,

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

Schedule O (Form 990) 2022

232211 10-28-22

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VANDERBILT UNIVERSITY MEDICAL CENTER, AND WEILL CORNELL MEDICINE IN NEW

YORK CITY. WE NOW HAVE SIX IMPACT RESEARCH GRANTS IN PLACE SINCE

OCTOBER 2022.

THE IMPACT GRANTS WILL HELP THESE MAJOR CANCER CENTERS EXPAND CLINICAL

TRIAL ACCESS TO LOCAL COMMUNITY-BASED HOSPITALS AND CLINICS WITH

SUBSTANTIAL UNDERSERVED POPULATIONS. THE GOAL IS TO INCREASE TRIAL

ENROLLMENT AMONG TRADITIONALLY UNDERSERVED POPULATIONS, INCLUDING

RACIAL AND ETHNIC MINORITIES, RURAL RESIDENTS, AND INDIVIDUALS WITH LOW

INCOME, THEREBY EXPANDING ACCESS TO STATE-OF-THE-ART THERAPIES TO A

BROADER SWATH OF NEWLY DIAGNOSED BLOOD CANCER PATIENTS.

THERAPY ACCELERATION PROGRAM (TAP)

TAP IS LLS' MISSION-DRIVEN, STRATEGIC VENTURE PHILANTHROPY INITIATIVE

THAT SEEKS TO ACCELERATE THE DEVELOPMENT OF INNOVATIVE BLOOD CANCER

THERAPEUTICS AND CHANGE THE STANDARD OF CARE, WHILE ALSO GENERATING A

RETURN ON INVESTMENT FOR THE LLS MISSION. TAP COLLABORATES WITH BIOTECH

COMPANIES TO SUPPORT THE DEVELOPMENT OF NOVEL PLATFORMS, FIRST-IN-CLASS

ASSETS ADDRESSING UNMET MEDICAL NEEDS, EMERGING PATIENT POPULATIONS AND

EVEN RARE BLOOD CANCERS.

ESTABLISHED IN 2007, TAP HAS INVESTED MORE THAN \$140 MILLION IN OVER 70

PROJECTS. SINCE 2017, FOUR TAP-SUPPORTED THERAPIES HAVE BEEN APPROVED

BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) OR INCLUDED IN THE

NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) GUIDELINES. CURRENTLY,

THERE ARE OVER 20 ACTIVE CLINICAL STUDIES WITH TAP-SUPPORTED THERAPIES,

INCLUDING SEVERAL REGISTRATION-ENABLING CLINICAL STUDIES IN BLOOD

CANCER THAT COULD LEAD TO MORE FDA APPROVALS.

BETWEEN JULY 2022 JUNE 2023 (FY23), TAP MADE INVESTMENTS IN SEVEN

BIOTECH COMPANIES THAT INCLUDED THREE EXISTING BIOTECH PARTNERS AND

FOUR BRAND NEW UP-AND-COMING BIOTECH COMPANIES, TO HELP THEM NAVIGATE

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THE DRUG DEVELOPMENT LANDSCAPE AND TO SUPPORT CLINICAL TRIALS FOR BLOOD
 CANCER PATIENTS. SEVERAL OF THESE COMPANIES ARE BASED IN EUROPE AND
 NOW, WITH HELP FROM TAP, THESE COMPANIES ARE RUNNING CLINICAL TRIALS IN
 THE US.

NATIONAL PATIENT REGISTRY COVID INFORMATION

THE COVID-19 PANDEMIC ENGENDERED A HOST OF FEARS AND QUESTIONS FOR THE
 BLOOD CANCER COMMUNITY. WHEN PATIENT CONCERNS AROSE ABOUT WHETHER THE
 NEW VACCINES WOULD PROTECT THEM, LLS STEPPED IN TO FIND ANSWERS. IN
 FEBRUARY 2021, LLS ACTIVATED THE LLS NATIONAL PATIENT REGISTRY, A
 PROJECT SUPPORTED BY ETHEL AND BERNARD GARIL IN MEMORY OF THEIR SON,
 MICHAEL, WHO SUCCUMBED TO ACUTE LYMPHOBLASTIC LEUKEMIA. MORE THAN
 9,000 BLOOD CANCER PATIENTS ANSWERED THE CALL TO JOIN THE REGISTRY AS
 "CITIZEN SCIENTISTS."

THIS ALLOWED US TO GENERATE THE LARGEST DATA SET REPORTED TO DATE ON
 VACCINE SAFETY AND EFFICACY (INCLUDING BOOSTERS) ACROSS ALL MAJOR BLOOD
 CANCER AND TREATMENT TYPES. THIS INFORMATION HAS HELPED PATIENTS,
 HEALTHCARE PROVIDERS, AND PUBLIC HEALTH OFFICIALS MAKE MORE INFORMED
 CHOICES ABOUT COVID-19 PREVENTION.

CLINICAL TRIALS

BEAT AML MASTER TRIAL
 BEGINNING NOVEMBER 2016, LLS LAUNCHED THE BEAT AML MASTER TRIAL, A
 COLLABORATIVE CLINICAL TRIAL TESTING SEVERAL NOVEL TARGETED THERAPIES
 FOR PATIENTS WITH ACUTE MYELOID LEUKEMIA (AML) DESIGNED TO FACILITATE
 FDA APPROVAL OF NEW DRUGS AND CHANGE THE TREATMENT PARADIGM FOR
 PATIENTS DIAGNOSED WITH AML BY DEVELOPING MORE INDIVIDUALIZED,
 EFFECTIVE TREATMENT APPROACHES. THE MASTER TRIAL INVOLVES

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COLLABORATIONS WITH MULTIPLE MEDICAL INSTITUTIONS, DRUG COMPANIES, A GENOMIC PROVIDER, A CLINICAL RESEARCH ORGANIZATION, AND THE FDA, ALL OF WHOM HAVE COMMITTED TO WORKING COLLABORATIVELY.

IN 2022, LLS LAUNCHED LLS' PEDIATRIC ACUTE LEUKEMIA (PEDAL) MASTER CLINICAL TRIAL. THIS UNPRECEDENTED INTERNATIONAL COLLOBORATION BETWEEN LLS, THE NATIONAL CANCER INSTITUTE (NCI), THE CHILDREN'S ONCOLOGY GROUP (OCG) AND OTHER PARTNERS BREAKS NEW GROUND, BRINGING PRECISION MEDICINE TO THE TREATMENT OF PEDIATRIC RELAPSED ACUTE LEUKEMIA. RATHER THAN A "ONE SIZE FITS ALL" APPROACH, PEDAL USES GENOMICS AND OTHER BIOMARKERS TO CUSTOMIZE TREATMENT, ALLOWING INNOVATIVE THERAPIES TO BE MATCHED TO PATIENTS BASED ON THEIR UNIQUE TUMOR BIOLOGY. A WIDE RANGE OF TRIAL SCREENIN LOCATIONS - SPANNING EUROPE, AUSTRALIA, NEW ZEALAND, CANADA, AND OVER 200 US SITES - ENSURES WIDESPREAD PARTICIPATION.

ADVANCING HEALTH EQUITY TO OVERCOME DISPARITIES IN HEALTH CARE, WE MUST UNDERSTAND THE OBSTACLES. IN 2022, WE LAUNCHED THIS SIGNATURE PROGRAM AS PART OF OUR LONGSTANDING EFFORT TO UNDERSTAND BARRIERS IN BLOOD CANCER TREATMENT AND IDENTIFY SOLUTIONS TO IMPROVE ACCESS TO CARE. WE GRANTED OVER \$4.7 MILLION IN COMBINED FUNDING FOR THREE TEAMS OF PREEMINENT RESEARCHERS, CHARGED WITH UNCOVERING THE ROOT CAUSES OF HEALTH DISPARITIESINFORMATION WE CAN USE TO URGE LAWMAKERS AND HEALTHCARE PRACTITIONERS TO AFFECT POSITIVE CHANGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: A VARIETY OF MEDIA - PRINT, ONLINE, BY PHONE, AND FACE-TO-FACE IN COMMUNITIES. A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR

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PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS.

FINANCIAL ASSISTANCE

OUR FINANCIAL ASSISTANCE PROGRAMS AIM TO LESSEN THE ECONOMIC TOLL ON

PATIENTS AND FAMILIES TO HELP PATIENTS AFFORD LIFE-SAVING TREATMENTS.

TO COUNTER CONTINUALLY RISING DRUG PRICES AND ALLEVIATE THE BURDENS

FELT BY PATIENTS COPING WITH BLOOD CANCER, LLS PROVIDED MORE THAN

69,100 GRANTS TOTALING OVER \$246M IN ASSISTANCE AWARDED. THE LION'S

SHARE-OVER \$229 MILLION- AWARDED TO SUPPORTED PATIENTS' INSURANCE

PREMIUMS AND TREATMENT-RELATED CO-PAY AND CO-INSURANCE OUT OF POCKET

COSTS THROUGH OUR CO-PAY ASSISTANCE PROGRAM.

IN KEEPING WITH OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION, LLS

RECOGNIZES THAT NEED EXISTS THROUGHOUT ALL GEOGRAPHIC REGIONS AND

WITHIN ALL PATIENT POPULATIONS, INCLUDING THOSE TRADITIONALLY

UNDERREPRESENTED.

IN FY23, FINANCIAL ASSISTANCE WAS PROVIDED TO PATIENTS WHO RESIDED IN

86% OF ALL U.S. COUNTIES AND 82% OF THE COUNTIES ACROSS THE U.S. WITH

THE HIGHEST POVERTY RATES.

CO-PAY ASSISTANCE PROGRAM

THE CO-PAY ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS

MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR

CO-PAYMENT OBLIGATIONS RELATED TO TREATING THEIR BLOOD CANCER

DIAGNOSIS.

PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER

MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH

INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY

MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT. CO-PAY

ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY BY SPECIFIC BLOOD CANCER

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DIAGNOSIS. IN 2023, LLS AWARDED 22,220 GRANTS THROUGH ITS CO-PAY ASSISTANCE PROGRAM.

SUSAN LANG PRE CAR T-CELL THERAPY TRAVEL ASSISTANCE PROGRAM
LLS AWARDED OVER 5,060 GRANTS EACH IN THE AMOUNT OF \$2,500 FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS FOR PATIENTS WHO ARE BEING EVALUATED TO RECEIVE CAR T-CELL THERAPY AS EITHER STANDARD TREATMENT OR A CLINICAL TRIAL.

SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM
LLS AWARDED OVER 8,040 GRANTS EACH IN THE AMOUNT OF \$500 FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS.

URGENT NEED PROGRAM
IN PARTNERSHIP WITH MOPPIE'S LOVE AND CHARLIE'S FUND, LLS AWARDED OVER 16,740 GRANTS EACH IN THE AMOUNT OF \$500 FOR NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD.

LOCAL FINANCIAL ASSISTANCE PROGRAM
LLS AWARDED OVER 2,410 GRANTS EACH IN THE AMOUNT OF \$500 TO COVER NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD, ETC.

FINANCIAL RELIEF FUND
LLS AWARDED ONE-TIME STIPENDS OF \$250 TO OVER 930 PATIENTS WHO RESIDED IN DESIGNATED ZIP CODES DECLARED FOR INDIVIDUAL ASSISTANCE BY FEMA, IN FLORIDA AND PUERTO RICO TO ALLEVIATE FINANCIAL HARDSHIP AS A RESULT OF THE HURRICANES.

PATIENT AID PROGRAM
LLS AWARDED ONE-TIME STIPENDS OF \$100 TO OVER 18,640 PATIENTS TO HELP

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OFFSET NON-MEDICAL EXPENSES.

SCHOLARSHIP FOR BLOOD CANCER SURVIVORS

IN 2023, THE LLS SCHOLARSHIP FOR BLOOD CANCER SURVIVORS AWARDED 176

SCHOLARSHIPS EACH UP TO \$7,500 IN TUITION SUPPORT FOR VIRTUAL OR

IN-PERSON VOCATIONAL, TWO-YEAR, OR FOUR-YEAR UNDERGRADUATE EDUCATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TREATMENT JOURNEY; REFERRALS TO RELEVANT LOCAL, STATE AND/OR NATIONAL

RESOURCES FOR ASSISTANCE; COVID-19 RELATED INFORMATION AND GUIDANCE;

AND FINANCIAL RESOURCE INFORMATION TO COVER COSTS OF TREATMENT, TRAVEL,

URGENT NEEDS AND MORE. OVER 25,000 INTERACTIONS BETWEEN THE IRC AND

PATIENTS AND CAREGIVERS TOOK PLACE LAST YEAR.

FACILITATING CLINICAL TRIAL ACCESS

THE LLS CLINICAL TRIAL SUPPORT CENTER (CTSC) GREW THROUGHOUT THE YEAR

AS WE INCREASED OUR BI-LINGUAL AND PEDIATRIC EXPERTISE AMONG THE CTSC

NURSE NAVIGATORS, AND CONTINUED TO EXPAND THE POSSIBILITY OF POSITIVE

OUTCOMES FOR PATIENTS BY MATCHING THEM TO SUITABLE CLINICAL TRIALS. OUR

NURSE NAVIGATORS ASSISTED 1,345 PATIENTS (AN INCREASE OF 34% OVER

2022). TWENTY THREE PERCENT OF THESE PATIENTS ENTERED A TRIAL.

OUTREACH TO UNDERSERVED GROUPS

WE AUGMENTED EFFORTS TO EXPAND ACCESS TO LLS SERVICES AND RESOURCES BY

BOLSTERING RELATIONS WITH COMMUNITY GROUPS AND LEADERS, NOTABLY IN THE

BLACK AND LATINO COMMUNITIES, AND INCREASED OUR NUMBER OF BILINGUAL

STAFF AND VOLUNTEERS. WE ALSO INCREASED ACCESSIBILITY OF OUR EDUCATION

PROGRAMS TO RURAL PATIENTS AND FAMILIES VIA OUR VIRTUAL OFFERINGS.

MOREOVER, WE EXPANDED PARTNERSHIPS WITH ADDITIONAL AFFINITY GROUPS

INCLUDING: THE BALM IN GILEAD, NCI'S NATIONAL OUTREACH NETWORK, MIGRANT

CLINICIANS NETWORK, AND THE MEDICAL ORGANIZATION FOR LATINO

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ADVANCEMENT.

THE LLS MYELOMA LINK PROGRAM, LAUNCHED IN 2017, CONTINUED TO GAIN TRACTION. WE IMPROVED UNDERSTANDING OF TREATMENT OPTIONS BY PROVIDING IMPORTANT INFORMATION TO AFRICAN AMERICANS, WHO ARE TWICE AS LIKELY TO BE DIAGNOSED WITH MULTIPLE MYELOMA AS CAUCASIAN AMERICANS. IN 2023, LLS REACHED OVER 60,000 PEOPLE THROUGH APPROXIMATELY 50 MYELOMA LINK EDUCATION AND OUTREACH ACTIVITIES IN 16 CITIES.

IN 2023, THE LLS LATINO OUTREACH PILOT REACHED OVER 115,000 SPANISH-SPEAKING COMMUNITY MEMBERS THROUGH COMMUNITY PROGRAMS ACROSS 7 MAJOR HISPANIC MARKETS (INCLUDING PR) AND OUR PARTNERSHIP WITH ENTRAVISION AND PRIME TIME INTERVIEWS WITH BOTH UNIVISION AND TELEMUNDO.

EDUCATION AND PATIENT CONNECTIONS

OUR VIRTUAL EDUCATION PROGRAMS PROVIDED BOTH PATIENTS AND FAMILIES, AS WELL AS HEALTH CARE PROFESSIONALS, ACCESS TO CONTENT INCLUDING BLOOD CANCER CONFERENCES, LOCAL EDUCATION PROGRAMS, NATIONAL WEBINARS, VIDEOS, LECTURES, AND PODCASTS.

LLS'S HIGHLY VIEWED WEBSITE CONTINUES TO PROVIDE THE MOST UP TO DATE BLOOD CANCER INFORMATION INCLUDING ACCESS TO BLOGS, BOOKLETS, WORKBOOKS, FACT SHEETS AND MORE. IN ADDITION, 950 CANCER PATIENTS WERE PROVIDED WITH PERSONALIZED NUTRITION CONSULTATIONS BY LLS'S REGISTERED DIETITIANS.

OUR PATIENT & COMMUNITY OUTREACH TEAM CONTINUED TO BRING PATIENTS TOGETHER VIA ONLINE LOCAL SUPPORT GROUPS AND CHATS. THE PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM MATCHED NEARLY 1,900 PATIENTS WITH TRAINED VOLUNTEERS FACING THE SAME DISEASE.

IN ADDITION, MEMBERSHIP IN LLS COMMUNITY-OUR ONLINE SOCIAL NETWORK- WAS 20,852, AN INCREASE OF 9% OVER FISCAL YEAR 2022.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

D) PROFESSIONAL EDUCATION:

LLS SERVES THE EDUCATIONAL NEEDS OF THE MEDICAL AND RESEARCH COMMUNITY THROUGH A NUMBER OF PROFESSIONAL EDUCATION SYMPOSIA OFFERED THROUGHOUT THE YEAR. THE EDUCATIONAL DEPARTMENT OFFERS VARYING FORMATS TO FACILITATE THE EXCHANGE OF INFORMATION AND IDEAS ON THE NEWEST DEVELOPMENTS IN CANCER RESEARCH AND TREATMENT. UPCOMING AND ARCHIVED CE/CME PROGRAMS ARE AVAILABLE AT WWW.LLS.ORG/CE.

IN FY 2023:

-LLS PROVIDED 21 (INCLUDING 2 MULTI SESSION SERIES) CME/CE-GRANTING VIRTUAL EDUCATIONAL PROGRAMS, WITH 2801 HEALTHCARE PROFESSIONALS IN ATTENDANCE.
- OVER 21,000 PATIENTS AND PROFESSIONALS PARTICIPATED IN LIVE EDUCATION PROGRAMS DELIVERED VIRTUALLY AS WELL AS DELIVERED IN PERSON, LOCALLY AND REGIONALLY.
--THERE WERE OVER 300,000 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, VIRTUAL LECTURES AND VIDEOS AND OVER 128,000 PODCAST DOWNLOADS. NEARLY 725,000 BOOKLETS AND FACT SHEETS WERE EITHER DOWNLOADED OR ORDERED IN HARD COPY.

EXPENSES \$ 12,095,021. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE LLS FINANCE DEPARTMENT AND WAS REVIEWED BY THE CFO, SENIOR VICE PRESIDENT OF FINANCE, VICE PRESIDENT, CONTROLLER, AND KPMG FOR COMMENT AND SUGGESTED REVISIONS.

THE FORM 990 WAS THEN PROVIDED TO THE AUDIT COMMITTEE, WHICH IS A COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWED THE 990 AND

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PROVIDED INPUT PRIOR TO FILING.

THE FINAL DRAFT FORM 990, AS WILL BE FILED WITH THE IRS, WAS PROVIDED TO

THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES, VOLUNTEERS, CONSULTANTS, TEMPORARY EMPLOYEES, LOCAL BOARD

MEMBERS, AND MEMBERS OF THE NATIONAL BOARD OF DIRECTORS ARE REQUIRED TO

REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND SUBMIT A

SIGNED FORM ACKNOWLEDGING THAT THEY HAVE REVIEWED THE POLICY AND DISCLOSED

ANY CONFLICTS OF INTEREST. ALL CONFLICT OF INTEREST DISCLOSURE FORMS ARE

REVIEWED BY THE LEGAL DEPARTMENT AND, IF DEEMED NECESSARY, ESCALATED TO THE

AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR FURTHER REVIEW, EVALUATION,

AND/OR MANAGEMENT OF ANY ACTUAL OR APPARENT CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE TALENT AND COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF

THE BOARD OF DIRECTORS REVIEWS, MONITORS, AND APPROVES THE CHIEF EXECUTIVE

OFFICER'S PERFORMANCE AND COMPENSATION. THEIR DECISION IS INCLUDED IN THE

APPROPRIATE MINUTES OF THE MEETING IN WHICH APPROVAL WAS GIVEN. IN JUNE

2023, THE TALENT AND COMPENSATION COMMITTEE, THROUGH AN INDEPENDENT THIRD

PARTY, OBTAINED A MARKET STUDY COMPRISED OF SIMILAR NOT-FOR-PROFIT

ORGANIZATIONS TO REVIEW THE COMPENSATION MARKET LEVELS AND SET THE CHIEF

EXECUTIVE'S SALARY COMMENSURATELY. THE COMMITTEE MET, APPROVED AND

DOCUMENTED THE PROCESS IN THE COMMITTEE MINUTES. IN 2023, THE TALENT AND

COMPENSATION COMMITTEE, THROUGH AN INDEPENDENT THIRD PARTY, OBTAINED A

MARKET STUDY COMPRISED OF SIMILAR NOT-FOR-PROFIT ORGANIZATIONS TO REVIEW

THE COMPENSATION MARKET LEVELS OF OTHER OFFICERS AND KEY EMPLOYEES AND TO

APPROVE THE PRESIDENT AND CEO'S RECOMMENDATIONS ON THEIR COMPENSATION

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LEVELS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS

NH,NJ,NM,NE,NY,OH,OK,OR,PA,PR,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE LEUKEMIA & LYMPHOMA SOCIETY, INC. MAKES ITS ANNUAL FINANCIAL STATEMENTS
 AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.LLS.ORG. ITS GOVERNING
 DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION. ANY
 IDENTIFIED CONFLICTS OF INTEREST ARE DISCLOSED IN THE 990.

FORM 990, PART VII

THE LEUKEMIA & LYMPHOMA SOCIETY IS PROUD TO ANNOUNCE E. ANDERS KOLB,
 M.D., AS ITS NEW PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO). HE JOINED
 LLS ON MAY 1, 2023, SUCCEEDING LOUIS J. DEGENNARO, PH.D., WHO LED THE
 ORGANIZATION SINCE 2014 AND RETIRES ON JUNE 30, 2023.

DR. KOLB MOST RECENTLY SERVED AS CHIEF OF THE DIVISION OF HEMATOLOGY
 AND ONCOLOGY OF NEMOURS CHILDREN'S HEALTH, DELAWARE VALLEY, DIRECTOR OF
 THE MOSELEY FOUNDATION INSTITUTE FOR CANCER AND BLOOD DISORDERS, AND
 VICE CHAIRMAN FOR RESEARCH IN THE DEPARTMENT OF PEDIATRICS AT THE
 SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY. HE JOINED
 NEMOURS IN 2007 AND PREVIOUSLY SERVED AS PROGRAM DIRECTOR OF BLOOD AND
 BONE MARROW TRANSPLANTATION. OVER HIS TENURE, MOSELEY FOUNDATION
 INSTITUTE HAS GROWN FROM A COMMUNITY-BASED HEMATOLOGY AND ONCOLOGY
 DIVISION TO A NATIONALLY RECOGNIZED AND FEDERALLY FUNDED MULTI-SITE
 PEDIATRIC CENTER FOR TREATMENT OF CANCER AND BLOOD DISORDERS. THE

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CANCER AND BLOOD DISORDER PROGRAMS IN WILMINGTON AND JACKSONVILLE NOW
ROUTINELY RANK AMONG THE TOP PEDIATRIC CANCER PROGRAMS BY US NEWS AND
WORLD REPORT. NEMOURS CHILDREN'S SAW A 60-FOLD INCREASE IN FEDERAL
FUNDING, A 10-FOLD INCREASE IN CLINICAL TRIAL REVENUE, AND A 40-FOLD
INCREASE IN PHILANTHROPY FOR CANCER AND BLOOD DISORDERS, INCLUDING A
PIVOTAL COMMITMENT FROM THE MOSELEY FOUNDATION OF A MOMENTOUS \$78
MILLION GIFT. DR. KOLB WILL REMAIN FACULTY EMERITUS AT NEMOURS WITH
SOME LIMITED PATIENT CARE RESPONSIBILITIES.

DR. KOLB ALSO SERVED AS CO-CHAIR AND MEMBER OF THE EXECUTIVE COMMITTEE
OF LLS PEDAL, THE FIRST GLOBAL MASTER CLINICAL TRIAL FOR PEDIATRIC
ACUTE LEUKEMIA PATIENTS.

COMPENSATION IS BASED ON THE ORGANIZATION'S CALENDAR YEAR ENDED
DECEMBER 31, 2022. BECAUSE PRESIDENT AND CEO E. ANDERS KOLB, M.D.
JOINED LLS IN 2023, THE FISCAL YEAR 2023 FORM 990 WILL REPORT ZERO
COMPENSATION FOR THE PRESIDENT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
FOREIGN CURRENCY ADJUSTMENTS -215,313.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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
BEAT AML LLC					
3 INTERNATIONAL DRIVE					
RYE BROOK, NY 10573	RESEARCH	NEW YORK	4,544,896.	-1,597,319. LLS	
LLS PEDAL INITIATIVE LLC					
3 INTERNATIONAL DRIVE	RESEARCH	NEW YORK	7,456,139.	1,143,657. LLS	
RYE BROOK, NY 10573					
LLS TAP MIRAGEN, LLC					
3 INTERNATIONAL DRIVE	RESEARCH	NEW YORK		LLS	
RYE BROOK, NY 10573					
LLS TAP X4, LLC					
3 INTERNATIONAL DRIVE	RESEARCH	NEW YORK		LLS	
RYE BROOK, NY 10573					
3 INTERNATIONAL DRIVE	RESEARCH	NEW YORK		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
THE LLS RESEARCH PROGRAMS, INC. - 13-3470494							
3 INTERNATIONAL DRIVE							
RYE BROOK, NY 10573	PART VII	DELAWARE	501(C)(3)	LINE 12A, I	LLS, INC	X	
THE LLS RESEARCH FOUNDATION - 13-3709252							
3 INTERNATIONAL DRIVE	PART VII	DELAWARE	501(C)(3)	LINE 12A, I	LLS, INC	X	
RYE BROOK, NY 10573							
THE LLS OF CANADA							
804 2 LANSING SQUARE							
TORONTO, CANADA M2J4P8	PART VII	CANADA			N/A		X

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
LLS TAP, LLC					
3 INTERNATIONAL DRIVE					
RYE BROOK, NY 10573	RESEARCH	NEW YORK	391,498.	9,499,750.	LLS
LLS TAP CONSTELLATION, LLC					
3 INTERNATIONAL DRIVE	RESEARCH	NEW YORK			LLS
RYE BROOK, NY 10573					
LLS TAP KDAC, LLC					
3 INTERNATIONAL DRIVE	RESEARCH	NEW YORK			LLS
RYE BROOK, NY 10573					

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

SCHEDULE R - ADDITIONAL INFORMATION

THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY
 ACTIVITIES AS THE LEUKEMIA & LYMPHOMA SOCIETY, INC. IN CANADA. THE
 LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC. AND THE LEUKEMIA RESEARCH
 FOUNDATION, INC. SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA
 SOCIETY, INC.