

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22



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 <p align="center">THE LEUKEMIA & LYMPHOMA SOCIETY, INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">3 INTERNATIONAL DRIVE, SUITE 200</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">RYE BROOK NY 10573</p>	D Employer identification number <p align="center">13-5644916</p> E Telephone number <p align="center">914-949-5213</p> G Gross receipts \$ 675,392,108
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(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 ▶
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1177
	6 Total number of volunteers (estimate if necessary)	6	3000000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	441,317,494	400,540,019
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,281,240	11,597,762
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,298,324	6,919,696
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,766,658	7,939,727
		477,663,716	426,997,204
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	152,554,274	299,213,836
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	113,748,897	112,055,516
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,126,288	5,554,287
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,603,358		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,418,720	101,798,755
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	359,848,179	518,622,394	
19 Revenue less expenses. Subtract line 18 from line 12	117,815,537	-91,625,190	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	743,613,782	693,676,206
	22 Net assets or fund balances. Subtract line 21 from line 20	229,841,284	321,732,744
	513,772,498	371,943,462	

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	Date 2/3/2023			
	GORDON MILLER, JR Type or print name and title	EVP CHIEF FIN OFFICE			
Paid Preparer Use Only	Print/Type preparer's name DEVIN L DUNCAN	Preparer's signature 	Date 02/03/23	Check <input type="checkbox"/> if self-employed	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, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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

1 Briefly describe the organization's mission:
OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **83,342,500** including grants of \$ **48,847,932**) (Revenue \$ **11,597,762**)
See Schedule O

4b (Code:) (Expenses \$ **296,248,725** including grants of \$ **250,365,904**) (Revenue \$)
See Schedule O

4c (Code:) (Expenses \$ **19,723,379** including grants of \$) (Revenue \$)
See Schedule O

4d Other program services (Describe on Schedule O.)
(Expenses \$ **11,983,999** including grants of \$) (Revenue \$)

4e Total program service expenses **411,298,603**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1177		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country ▶ Canada See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J. DEGENNARO PRESIDENT & CEO	40.00 1.00			X			1,011,186	0	51,204	
(2) GWEN NICHOLS, M.D. EVP CHIEF MED OFFICE	40.00 0.00			X			609,795	0	43,790	
(3) TROY DUNMIRE EVP CHIEF OPER OFFIC	40.00 0.00			X			593,456	0	24,936	
(4) GORDON MILLER, JR EVP CHIEF FIN OFFICE	40.00 1.00			X			482,778	0	55,947	
(5) DALE NISSENBAUM EVP GEN COUNSEL	40.00 0.00					X	493,477	0	19,326	
(6) COKER POWELL SVP CHIEF DEVELOPMNT	40.00 0.00					X	439,953	0	65,803	
(7) TOM OSGOOD EVP CHIEF HR	40.00 0.00					X	437,669	0	31,401	
(8) VANESSA WHITE SVP CHIEF ADV OFF	40.00 0.00					X	424,061	0	39,696	
(9) LEE M. GREENBERGER SVP CHIEF SCIEN OFFI	40.00 0.00					X	384,232	0	66,083	
(10) RICHARD BAGGER BOD MEMBER	4.00 0.00	X					0	0	0	
(11) MICHELE CAMERON BOD MEMBER	4.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RUBEN MESA, M.D., FACP AT LARGE	4.00 0.00	X		X				0	0	0
(13) CHRISTOPHER FLOWERS BOD MEMBER	4.00 0.00	X						0	0	0
(14) JOHN GREENE BOD MEMBER	4.00 0.00	X						0	0	0
(15) FRANCIIE HELLER BOD MEMBER	4.00 0.00	X						0	0	0
(16) RALPH E. LAWSON BOD MEMBER	4.00 0.00	X						0	0	0
(17) CASEY CUNNINGHAM, M.D. BOD MEMBER	4.00 0.00	X						0	0	0
(18) JANICE GABRILOVE, M.D. BOD MEMBER	4.00 0.00	X						0	0	0
(19) RENZO CANETTA, M.D. BOD MEMBER	4.00 0.00	X						0	0	0
1b Subtotal								4,876,607		398,186
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,876,607		398,186

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 **▶ 249**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYNEOS HEALTH LLC CHICAGO	75 REMITTANCE DRIVE, SUITE 3160 IL 60675-3160 CLINICAL TRIAL	12,330,415
PATIENT ADVOCATE FOUNDATION HAMPTON	421 BUTLER FARM RD VA 23666 PAT ASSIST PROC	10,257,027
RESOURCE ONE TULSA	2900 EAST APACHE STREET OK 74110 DIRECT MARKETIN	4,883,318
META PLATFORMS MENLO PARK	1 HACKER WAY CA 94025 ADVERTISING	3,223,672
SALESFORCE NEW YORK	140 E 45TH ST NY 10017 SOFTWARE	3,164,175

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 **▶ 159**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 335,805					
	b Membership dues	1b					
	c Fundraising events	1c 158,942,124					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 241,262,090					
	g Noncash contributions included in lines 1a-1f	1g \$ 1,872,690					
	h Total. Add lines 1a-1f		400,540,019				
	Program Service Revenue	2a Service Revenue	Business Code 810000	11,597,762	11,597,762		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			11,597,762				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,431,107			8,431,107	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		9,656,656			9,656,656	
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a 231,878,526					
	b Less: cost or other basis and sales exps.	7b 233,389,937					
	c Gain or (loss)	7c -1,511,411					
d Net gain or (loss)		-1,511,411			-1,511,411		
8a Gross income from fundraising events (not including \$ 158,942,124 of contributions reported on line 1c). See Part IV, line 18		8a 13,288,038					
	b Less: direct expenses	8b 15,004,967					
	c Net income or (loss) from fundraising events		-1,716,929			-1,716,929	
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			426,997,204	11,597,762	0	14,859,423	

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	41,209,239	41,209,239		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	250,365,904	250,365,904		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,638,693	7,638,693		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,091,645	852,283	964,653	274,709
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	88,505,319	44,161,169	24,395,966	19,948,184
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,518,213	1,197,908	744,063	576,242
9 Other employee benefits	12,346,404	5,899,281	3,610,032	2,837,091
10 Payroll taxes	6,593,935	3,136,721	1,948,327	1,508,887
11 Fees for services (nonemployees):				
a Management				
b Legal	4,725,702	2,835,421	1,275,940	614,341
c Accounting	525,457		525,457	
d Lobbying	2,481,864	2,481,864		
e Professional fundraising services. See Part IV, line 17	5,554,287			5,554,287
f Investment management fees	227,786	185,052	22,949	19,785
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,326,073	14,532,268	4,545,117	6,248,688
12 Advertising and promotion	8,707,809	5,462,742	1,158,998	2,086,069
13 Office expenses	15,269,287	9,381,269	1,794,807	4,093,211
14 Information technology	13,589,410	1,024,642	10,094,213	2,470,555
15 Royalties				
16 Occupancy	7,379,563	3,813,240	1,630,868	1,935,455
17 Travel	1,716,709	898,977	398,793	418,939
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,963,430	2,304,535	1,000,913	657,982
23 Insurance	1,375,286	812,084	351,295	211,907
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 AND DEVELOPMENT	9,757,258	9,753,950	2,639	669
b MISCELLANEOUS	6,753,121	3,351,361	2,255,403	1,146,357
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	518,622,394	411,298,603	56,720,433	50,603,358
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)	14,309,133	9,558,392		4,750,741

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	17,101,591	1	10,533,722
	2 Savings and temporary cash investments	118,564,418	2	59,563,249
	3 Pledges and grants receivable, net	13,531,687	3	24,346,058
	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	3,702,570	9	5,700,688
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,230,984		
	b Less: accumulated depreciation	10b 11,696,883	10,748,048	10c 10,534,101
	11 Investments—publicly traded securities	552,134,623	11	560,279,919
	12 Investments—other securities. See Part IV, line 11	20,423,995	12	20,361,812
	13 Investments—program-related. See Part IV, line 11	7,406,850	13	2,356,657
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	743,613,782	16	693,676,206	
Liabilities	17 Accounts payable and accrued expenses	28,917,585	17	29,802,071
	18 Grants payable	188,608,360	18	278,233,023
	19 Deferred revenue	12,315,339	19	13,697,650
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	229,841,284	26	321,732,744
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	328,718,773	27	301,387,942
	28 Net assets with donor restrictions	185,053,725	28	70,555,520
	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	513,772,498	32	371,943,462
33 Total liabilities and net assets/fund balances	743,613,782	33	693,676,206	

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	426,997,204
2	Total expenses (must equal Part IX, column (A), line 25)	2	518,622,394
3	Revenue less expenses. Subtract line 2 from line 1	3	-91,625,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	513,772,498
5	Net unrealized gains (losses) on investments	5	-50,203,846
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	371,943,462

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KATHLEEN MERIWETHER	4.00									
VICE CHAIR	0.00	X		X			0	0	0	
(21) LYNNE O'BRIEN	4.00									
BOD MEMBER	0.00	X					0	0	0	
(22) MARLA PERSKY	4.00									
BOD MEMBER	0.00	X					0	0	0	
(23) RICHARD RENDINA	4.00									
BOD MEMBER	0.00	X					0	0	0	
(24) ROBERT ROSEN	4.00									
BOD MEMBER	0.00	X					0	0	0	
(25) JEFF SACHS	4.00									
CHAIR	0.00	X		X			0	0	0	
(26) BART SICHEL	4.00									
BOD MEMBER	0.00	X					0	0	0	
(27) ALESSANDRA TOCCO	4.00									
BOD MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	419,570,497	372,750,094	427,419,530	441,317,494	400,540,019	2061597634
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	419,570,497	372,750,094	427,419,530	441,317,494	400,540,019	2061597634
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)						559,389,444
6 Public support. Subtract line 5 from line 4.						1502208190

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	419,570,497	372,750,094	427,419,530	441,317,494	400,540,019	2061597634
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,235,985	11,830,162	29,082,073	16,877,123	18,087,763	84,113,106
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.)	70,000					70,000
11 Total support. Add lines 7 through 10						2145780740
12 Gross receipts from related activities, etc. (see instructions)					12	83,180,015

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	70.01%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	70.39%

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues received for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Part II, Line 10 - Other Income Detail

Other Misc. Revenue (YR 2017) \$ **70,000**

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2021

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: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(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		219,672
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		130,387
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		489,524
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		218,281
i Other activities?	X		1,424,000
j Total. Add lines 1c through 1i			2,481,864
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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

LLS participates in a number of coalitions and member organizations, including Alliance for a Stronger FDA, Alliance for Childhood Cancer, Cancer Leadership Council, Defense Health Research Consortium, Friends of Cancer Research, NCSL Foundation for State Legislatures, One Voice Against Cancer, Partnership to Protect Coverage, Patient Quality of Life Coalition,

Part IV Supplemental Information *(continued)*

Public Affairs Council, and State Access to Innovative Medicines Coalition.

Employees in the LLS Office of Public Policy work to advance the organization's public policy priorities, doing so with support from lobbying firms and advisers retained by LLS and in partnership with volunteer advocates. LLS volunteer advocates engage their lawmakers by conducting letter-writing campaigns, sharing their personal stories, and conducting one-on-one visits in state capitols and in Washington, D.C. - all with support from the LLS Office of Public Policy.

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

13-5644916

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	7,381,460	5,902,791	6,168,319	6,192,807	5,897,377
b Contributions	1,129,903	1,650			200
c Net investment earnings, gains, and losses	-913,685	1,726,314	-8,812	292,934	546,324
d Grants or scholarships	-295,324	-236,177	-246,718	-304,999	-237,896
e Other expenditures for facilities and programs					
f Administrative expenses	-14,061	-13,118	-9,998	-12,423	-13,198
g End of year balance	7,288,293	7,381,460	5,902,791	6,168,319	6,192,807

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 54.60 %
- c** Term endowment 45.40 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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		1,214,662	866,323	348,339
d Equipment		20,964,776	10,779,014	10,185,762
e Other		51,546	51,546	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **10,534,101**

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	443,864,558
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,356,633
b	Donated services and use of facilities	2b	3,262,633
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	12,475,875
e	Add lines 2a through 2d	2e	17,095,141
3	Subtract line 2e from line 1	3	426,769,417
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	227,787
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	227,787
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	426,997,204

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	534,237,404
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,262,633
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	12,580,164
e	Add lines 2a through 2d	2e	15,842,797
3	Subtract line 2e from line 1	3	518,394,607
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	227,787
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	227,787
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	518,622,394

Part XIII Supplemental Information.

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

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

The LLS collection is of photographs which are used for public exhibition at fundraising events held to support LLS's programs.

Part V, Line 4 - Intended Uses for Endowment Funds

LLS's endowments are intended to fund research as well as support LLS's Public Education Programs.

Part X - FIN 48 Footnote

LLS, LLSRP, and LLSRF qualify as charitable organizations as defined by Internal Revenue Code Section 501(c)(3) and, 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 not entities that recognized unrelated business income tax liability for the years ended June 30, 2022 and June 30, 2021.

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

LLS Canada Revenue	\$ 12,475,875
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Part XII, Line 2d - Expense Amounts Included in Financials - Other

LLS Canada Expenses	\$ 12,580,164
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

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

Open to Public Inspection

▶ 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 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)	1		RESEARCH FUNDING	RESEARCH GRANTS	618,500
EUROPE					
(2)			RESEARCH FUNDING	RESEARCH GRANTS	5,143,371
CENTRAL AMERICA & CARIBBEAN					
(3)			INVESTMENTS	INVESTMENTS	8,391,601
MIDDLE EAST & NORTH AFRICA					
(4)			RESEARCH FUNDING	RESEARCH GRANTS	120,000
EAST ASIA & THE PACIFIC					
(5)			RESEARCH FUNDING	RESEARCH GRANTS	1,756,822
EUROPE					
(6)			INVESTMENTS	INVESTMENTS	464,018
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1				16,494,312
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1				16,494,312

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	Research Grant	150,000	Wire payment			Accrual
(2)			EUROPE	Research Grant	600,000	Wire payment			Accrual
(3)			EUROPE	Research Grant	200,000	Wire payment			Accrual
(4)			EUROPE	Research Grant	99,962	Wire payment			Accrual
(5)			EUROPE	Research Grant	10,000	Wire payment			Accrual
(6)			EAST ASIA AND PACIFIC	Research Grant	250,000	Wire payment			Accrual
(7)			EAST ASIA AND PACIFIC	Research Grant	1,031,822	Wire payment			Accrual
(8)			EAST ASIA AND PACIFIC	Research Grant	350,000	Wire payment			Accrual
(9)			NORTH AMERICA	Research Grant	318,500	Wire payment			Accrual
(10)			MIDDLE EAST AND NORTH AFRICA	Research Grant	120,000	Wire payment			Accrual
(11)			EAST ASIA AND PACIFIC	Research Grant	125,000	Wire payment			Accrual
(12)			NORTH AMERICA	Research Grant	150,000	Wire payment			Accrual
(13)			EUROPE	Research Grant	250,000	Wire payment			Accrual
(14)			EUROPE	Research Grant	125,000	Wire payment			Accrual
(15)			EUROPE	Research Grant	250,000	Wire payment			Accrual
(16)			EUROPE	Research Grant	399,995	Wire payment			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 ▶ 0

3 Enter total number of other organizations or entities ▶ 24

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	Research Grant	249,977	Wire payment			Accrual
(2)			EUROPE	Research Grant	125,000	Wire payment			Accrual
(3)			EUROPE	Research Grant	193,182	Wire payment			Accrual
(4)			EUROPE	Research Grant	63,221	Wire payment			Accrual
(5)			EUROPE	Research Grant	114,123	Wire payment			Accrual
(6)			EUROPE	Therapy Acceleration	1,310,105	Wire payment			FMV
(7)			EUROPE	Therapy Acceleration	250,000	Wire payment			FMV
(8)			EUROPE	RESEARCH GRANT	902,806	WIRE			FMV
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT. THE ACCOUNTING METHOD UTILIZED FOR GRANTS REPORTED ON PART II IS THE ACCRUAL METHOD AS CONSISTENT WITH BOOKS AND RECORDS.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
NORTH AMERICA	\$ 618,500	\$ 0
EUROPE	\$ 5,143,371	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 0	\$ 8,391,601
MIDDLE EAST & NORTH AFRICA	\$ 120,000	\$ 0

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.

EAST ASIA & THE PACIFIC \$ 1,756,822 \$ 0

EUROPE \$ 0 \$ 464,018

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RESOURCE ONE 1 2900 EAST APACHE STREET TULSO OK 74110	DIRECT MAIL		X	0	4,883,318	-4,883,318
2 THOMPSON, HABIB & DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	DIRECT MAIL		X	0	670,969	-670,969
3						
4						
5						
6						
7						
8						
9						
10						
Total					5,554,287	-5,554,287

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

All states, Washington DC and Puerto Rico

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Student Visiona</u> (event type)	<u>Lake Tahoe Bike</u> (event type)	<u>323</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	3,702,932	3,491,630	165,035,600	172,230,162
	2	Less: Contributions	3,531,242	3,298,234	152,112,648	158,942,124
	3	Gross income (line 1 minus line 2)	171,690	193,396	12,922,952	13,288,038
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	9,215		2,032,811	2,042,026
	6	Rent/facility costs	161,718	18,104	7,616,287	7,796,109
	7	Food and beverages	889	48,991	3,103,115	3,152,995
	8	Entertainment		21,164	353,146	374,310
	9	Other direct expenses	362	260,674	1,378,491	1,639,527
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-1,716,929

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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

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

13a		%
13b		%

 - a The organization's facility
 - b An outside facility

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

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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, Page 3, Part IV - Additional Information

Schedule G Part I, Line 2B

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)**

**Grants and Other Assistance to Organizations,
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▶ Attach to Form 990.
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number
13-5644916

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Albert Einstein College of Medicine Research Finance Bronx NY 10461	47-2209056	3	157,000		accrual		Research Grant
(2)	Atrium Health Foundation 208 East Boulevard Charlotte NC 28203	56-6060481	3	19,565		accrual		Research Grant
(3)	Baylor College of Medicine Baylor College of Medicine Dallas TX 75303-1207	74-1613878	3	1,914,672		accrual		Research Grant
(4)	Be The Match Foundation 500 N 5th Street Minneapolis MN 55401	41-1704734	3	300,000		accrual		Research Grant
(5)	Beckman Research Institute of the C 1500 East Duarte Road Duarte CA 91010	95-3432210	3	1,705,029		accrual		Research Grant
(6)	Board of Trustees of the Leland Sta Stanford University Lockbox San Francisco CA 94144-4253	94-1156365	3	1,577,466		accrual		Research Grant
(7)	Brigham and Womens Hospital Research Boston MA 02241-3149	04-2312909	3	194,008		accrual		Research Grant
(8)	Cincinnati Children's Hospital Medi 3333 Burnet Avenue, ML 4900 Cincinnati OH 45229	31-0833936	3	741,675		accrual		Research Grant
(9)	Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland OH 44195	34-0714585	3	410,000		accrual		Research Grant

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71
- 3 Enter total number of other organizations listed in the line 1 table ▶ 3

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(1)	Dana-Farber Cancer Institute Research Accounting, Mail stop BP43 Boston MA 02215	04-2263040	3	2,864,999		accrual		Research Grant
(2)	Emory University Emory University Atlanta GA 31193-5084	58-2137993	3	1,499,219		accrual		Research Grant
(3)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-300 Seattle WA 98109-1024	23-7156071	3	1,972,000		accrual		Research Grant
(4)	H. Lee Moffitt Cancer Center & Rese PO Box 742801 Atlanta GA 30374-2801	59-3238634	3	61,919		accrual		Research Grant
(5)	Hackensack Meridian Health 40 Prospect Avenue Hackensack NJ 07601	01-0649794	3	99,000		accrual		Research Grant
(6)	Icahn School of Medicine at Mount S Attn: Raj Appavu New York NY 10029	13-6171197	3	612,750		accrual		Research Grant
(7)	Indiana University Office of Research Administration, Detroit MI 48278-0867	35-6018940	3	18,822		accrual		Research Grant
(8)	International Waldenstrom's Macrogl 6144 Clark Center Ave Sarasota FL 34238	54-1784426	3	100,000		accrual		Research Grant
(9)	Joan & Sanford I. Weill Medical Col 575 Lexington Ave, 9th FL New York NY 10022	13-1623978	3	1,332,500		accrual		Research Grant

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	Massachusetts General Hospital MGH Research Finance Boston MA 02241-4876	04-1564655	3	1,131,249		accrual		Research Grant
(2)	Mayo Clinic, Rochester Mayo Clinic Research Minneapolis MN 55486-0334	41-6011702	3	275,000		accrual		Research Grant
(3)	Myeloproliferative Neoplasms Resear 180 n Michigan Avenue CHICAGO IL 60601	36-4330967	3	200,000		accrual		Research Grant
(4)	New York University School of Medic Sponsored Programs Boston MA 02241-4150	13-5562308	3	135,515		accrual		Research Grant
(5)	Northwestern University Accounting Services for Research & Evanston IL 60208	36-2167817	3	135,500		accrual		Research Grant
(6)	OSU foundation 1960 Kenny Road, 4th Floor Columbus OH 43210-1016	31-6025986	3	600,000		accrual		Research Grant
(7)	Perelman School of Medicine at the Office of Research Services Philadelphia PA 19104-6205	23-1352685	3	869,057		accrual		Research Grant
(8)	Regents of the University of Michig Box 223131 Pittsburgh PA 15251-2131	38-6006309	3	660,000		accrual		Research Grant
(9)	Rockefeller University 1230 York Avenue, Box 82 New York NY 10021	13-1624158	3	10,000		accrual		Research Grant

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(1)	Seattle Children's Hospital 4800 Sand Point Way NE Seattle WA 98105	91-1156519	3	74,859		accrual		Research Grant
(2)	Sloan Kettering Institute for Cance Sloan Kettering Institute for Cance New York NY 10087	13-1924236	3	1,727,771		accrual		Research Grant
(3)	St. Jude Children's Research Hospit PO Box 1000 Dept #949 Memphis TN 38148-0949	62-0646012	3	300,500		accrual		Research Grant
(4)	Temple University Research Accounting Services Philadelphia PA 19182-4242	23-1365971	3	200,000		accrual		Research Grant
(5)	The Children's Hospital of Philadel Lockbox # 1457 Philadelphia PA 19178-1457	23-1352166	3	246,150		accrual		Research Grant
(6)	The Jackson Laboratory 600 Main Street Bar Harbor ME 04609-1523	01-0211513	3	30,000		accrual		Research Grant
(7)	The Johns Hopkins University School Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	660,000		accrual		Research Grant
(8)	The Ohio State University 1960 Kenny Road, 4th Floor Columbus OH 43210-1016	31-6025986	3	579,440		accrual		Research Grant
(9)	The Regents of the University of Ca 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	620,000		accrual		Research Grant

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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(1)	The Regents of the University of California UCSF MAIN DEPOSITORY Los Angeles CA 90074-4872	94-6036493	3	250,000		accrual		Research Grant
(2)	The Trustees of Columbia University Sponsored Projects Finance New York NY 10087-9789	13-5598093	3	914,500		accrual		Research Grant
(3)	The Trustees of the University of Pennsylvania Office of Research Services Philadelphia PA 19104-6205	23-1352685	3	1,609,600		accrual		Research Grant
(4)	The University of Alabama at Birmingham 1530 3rd Avenue, South Suite 1170 Birmingham AL 35294-0111	63-6005396	3	500,000		accrual		Research Grant
(5)	The University of Chicago 5841 S Maryland Ave, MC6092 Chicago IL 60637	36-2177139	3	436,999		accrual		Research Grant
(6)	The University of North Carolina at Atlanta Office of Sponsored Research, In California Atlanta GA 30384-2420	56-6001393	3	303,000		accrual		Research Grant
(7)	The University of Texas MD Anderson Attn: Grants and Contracts Houston TX 77210-4266	74-6001118	3	1,947,088		accrual		Research Grant
(8)	The University of Texas Southwestern PO Box 841753 Dallas TX 75284-1753	75-6002868	3	315,500		accrual		Research Grant
(9)	The University of Utah 201 S. Presidents Circle, Rm. 145 Salt Lake City UT 84112-9003	87-6000525	3	5,500		accrual		Research Grant

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(1)	University of California, Irvine Office of Research Administration Irvine CA 92697-7600	95-2540117	3	10,000		accrual		Research Grant
(2)	University of Colorado Denver, Ansc Anschutz Medical Campus, Bldg 500, Aurora CO 80045	84-6000555	3	1,301,250		accrual		Research Grant
(3)	University of Colorado-Denver 12700 E 19th Avenue Aurora CO 80045	84-6000555	3	50,000		accrual		Research Grant
(4)	University of Florida 33 Tigert Hall Gainesville FL 32611-3001	59-6002052	3	2,060,331		accrual		Research Grant
(5)	University of Miami Office of Research Administration Atlanta GA 30384-5803	59-0624458	3	696,891		accrual		Research Grant
(6)	University of Notre Dame 511 Main Building Notre Dame IN 46556	35-0868188	3	10,000		accrual		Research Grant
(7)	University of Southern California Sponsored Projects Accounting Los Angeles CA 90089	95-1642394	3	55,000		accrual		Research Grant
(8)	University of Virginia ATTN: Office of Sponsored Programs Charlottesville VA 22904-4195	23-7173411	3	115,500		accrual		Research Grant
(9)	Van Andel Research Institute 333 Bostwick Ave, NE Grand Rapids MI 49503	52-2000820	3	120,000		accrual		Research Grant

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(1)	Vanderbilt University Medical Center Dept of Finance, Attn: Steve Todd Dallas TX 75312	62-0476822	3	881,576		accrual		Research Grant
(2)	Washington University in St. Louis Campus Box 1034 St. Louis MO 63112	43-0653611	3	467,000		accrual		Research Grant
(3)	Washington University School of Med Sponsored Projects Accounting St. Louis MO 63112-1408	43-0653611	3	829,998		accrual		Research Grant
(4)	Western Institute for Veterans Rese PO Box 58719 Salt Lake City UT 84158	87-0470748	3	431,963		accrual		Research Grant
(5)	Yale University Office of Sponsored Projects New Haven CT 06520-1873	06-0646973	3	562,500		accrual		Research Grant
(6)	Tulane University Health Sciences C 1430 Tulane Ave (EP15) New Orleans LA 70112	72-0423889	3	123,385		accrual		Research Grant
(7)	City of Hope National Medical Center 1500 East Duarte Road Duarte CA 91010-3000	95-1683875	3	400,000		accrual		Research Grant
(8)	Rutgers University 3 Rutgers Plaza New Brunswick NJ 08901	22-6001086	3	120,000		accrual		Research Grant
(9)	Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland OR 97239	23-7083114	3	120,000		accrual		Research Grant

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(1)	Institute for Cancer Research d/b/a 333 Cottman Avenue Philadelphia PA 19111-2434	23-2003072	3	120,000		accrual		Research Grant
(2)	Rhode Island Hospital 593 Eddy Street, Aldrich 3-317 Providence RI 02903	05-0258954	3	125,000		accrual		Research Grant
(3)	Medical College of Wisconsin 8701 W Watertown Plank Rd Milwaukee WI 53226	39-0806261	3	125,000		accrual		Research Grant
(4)	Duke University Duke University Accounts Receivable Charlotte NC 28260-2651	56-0532129	3	124,954		accrual		Research Grant
(5)	Mayo Clinic, Arizona Mayo Clinic Research Minneapolis MN 55486-0334	86-0800150	3	200,000		accrual		Research Grant
(6)	Case Western Reserve University Office of Research Administration Cleveland OH 44106-7037	34-1018992	3	125,000		accrual		Research Grant
(7)	President & Fellows of Harvard Coll PO Box 415649 Boston MA 02241	04-2103580	3	499,615		accrual		Research Grant
(8)	Regents of the University of Minnes NW5957 Minneapolis MN 55485-5957	41-6007513	3	250,000		accrual		Research Grant
(9)	Abintus Bio 10355 Science Center Dr San Diego CA 92121	84-4349617		250,000		FMV		Therapy Acceleration

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Schedule I (Form 990) (2021)

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(1)	IMMUNE -ONC THERAPEUTICS INC 2431 Aloma Ave Winter Park FL 32792	59-3226705		1,500,000		FMV		Therapy Acceleration
(2)	Immunitas 830 Winter St Waltham MA 02451	84-2813217		500,000		FMV		Therapy Acceleration
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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Schedule I (Form 990) (2021)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 COPAY ASSISTANCE CLL	7168	49,165,474			
2 COPAY ASSISTANCE LYMPHOMA	3768	11,818,318			
3 COPAY ASSISTANCE MDS	3012	15,863,866			
4 COPAY ASSISTANCE MYELOMA	15583	117,657,639			
5 COPAY ASSISTANCE MANTEL	1704	11,647,828			
6 COPAY ASSISTANCE WALDENST	2178	13,256,872			
7 COPAY ASSISTANCE ALL	85	425,000			

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

See Schedule I Supplemental Information Worksheet

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22

2021

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT.

PATIENT FINANCIAL AID:

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

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22

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Employer identification number

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

CO-PAY ASSISTANCE:

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

QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD.

PATIENT TRAVEL ASSISTANCE:

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

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

Supplemental Information

**SCHEDULE I
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For calendar year 2021, or tax year beginning **07/01/21**, and ending **06/30/22**

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Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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

SCHEDULE J
(Form 990)

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | | |
|--|-----------|--|----------|
| a Receive a severance payment or change-of-control payment? | 4a | | 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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUIS J. DEGENNARO PRESIDENT & CEO	(i)	708,367	281,807	21,012	21,688	29,516	1,062,390	0
	(ii)	0	0	0	0	0	0	0
2 GWEN NICHOLS, M.D. EVP CHIEF MED OFFICE	(i)	436,575	147,258	25,962	14,444	29,346	653,585	0
	(ii)	0	0	0	0	0	0	0
3 TROY DUNMIRE EVP CHIEF OPER OFFIC	(i)	447,424	144,589	1,443	14,516	10,420	618,392	0
	(ii)	0	0	0	0	0	0	0
4 GORDON MILLER, JR EVP CHIEF FIN OFFICE	(i)	363,635	117,372	1,771	22,281	33,666	538,725	0
	(ii)	0	0	0	0	0	0	0
5 DALE NISSENBAUM EVP GEN COUNSEL	(i)	372,606	119,073	1,798	5,510	13,816	512,803	0
	(ii)	0	0	0	0	0	0	0
6 COKER POWELL SVP CHIEF DEVELOPMNT	(i)	334,633	85,000	20,320	22,271	43,532	505,756	0
	(ii)	0	0	0	0	0	0	0
7 TOM OSGOOD EVP CHIEF HR	(i)	327,515	105,621	4,533	16,050	15,351	469,070	0
	(ii)	0	0	0	0	0	0	0
8 VANESSA WHITE SVP CHIEF ADV OFF	(i)	357,849	65,000	1,212	15,422	24,274	463,757	0
	(ii)	0	0	0	0	0	0	0
9 LEE M. GREENBERGER SVP CHIEF SCIEN OFFI	(i)	316,120	55,304	12,808	26,167	39,916	450,315	0
	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 7 - Non-Fixed Payments Provided

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).
In FY 22, LLS paid bonuses related to both FY20 and FY21 results.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0074

2021

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	181	1,729,949	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	8	37,250	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Printed Items)	X	6	37,254	FAIR MARKET VALUE
26 Other ▶ (Various Other)	X	19	68,237	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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

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

Schedule M - Supplemental Information

PART I, COLUMN (B)

LLS IS REPORTING THE NUMBER OF CONTRIBUTIONS FOR EACH OF THE ITEMS IN PART I, NOT THE NUMBER OF INDIVIDUAL ITEMS.

**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

2021**Open to Public
Inspection**

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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13-5644916**Form 990, Part III, Line 4a - First Accomplishment****A) RESEARCH PROGRAMS:**

At LLS, we are pushing boundaries toward powerful new therapies. We propel groundbreaking cancer treatments through all phases of the drug approval process and are proud that our support has been key to advancing 75% of the almost 100 blood cancer treatment approvals over the last five years.

As we continued to support the search for lifesaving and less toxic treatments in 2022, we invested in exciting research frontiers, including precision medicine, immunotherapy, and links between mutations and blood cancer-advancements that are changing the paradigm of cancer treatment. In the process, we propelled several novel science initiatives to new heights-many of which hardly seemed possible just a short time ago.

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

To date, LLS has invested over \$1.6 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

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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 2022, LLS supported research in the U.S., Canada and 9 other countries with a total research disbursement of approximately \$54.6 million. Research funding was distributed across all blood cancers.

IMPACT RESEARCH GRANTS

To address unequal representation of underserved populations in clinical trials, in May we introduced IMPACT (Influential Medicine Providing Access to Clinical Trials) research grants. An initial five-year investment of \$3.75 million was allocated to Mayo Clinic, Vanderbilt University Medical Center, and Weill Cornell Medicine in New York City. 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, to at least 20%, thereby expanding access to state-of-the-art therapies to a broader swath of newly diagnosed blood cancer patients.

THERAPY ACCELERATION PROGRAM® (TAP)

Since 2007, our innovative venture philanthropy initiative, the LLS Therapy Acceleration Program® (TAP), has partnered with over 70 biotechnology companies and academic researchers to extend the therapeutic landscape in leukemia, lymphoma, and multiple myeloma by investing over \$130 million dollars, and so far, leading to 3 FDA approvals. Currently, there are over 20 active clinical studies with TAP-supported therapies, including 4 late-

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stage clinical studies with clinical data expected in the next year or two that could lead to new FDA approvals for blood cancer patients.

In 2022, we made four investments in companies developing next-generation immunotherapies including two from Europe. These investments go beyond the traditional T cell therapy such as CAR-T or bi-specifics and include two checkpoint inhibitors using macrophages or myeloid cells to elicit the anti-cancer effects. We also invested in companies developing novel antibodies, one a gamma-delta T cell activating antibody for a variety of blood cancers and another antibody for a novel target in patients with rare blood cancers including large granular lymphocytic leukemia and cytotoxic lymphomas where there is no standard of care and current therapies are too toxic for patients. All four companies are in active clinical development in blood cancers.

NATIONAL PATIENT REGISTRY COVID INFORMATION

The ongoing COVID-19 pandemic engendered a host of fears and questions for the blood cancer community. When patient concerns arose about whether the new vaccines would protect them, LLS stepped in to find answers. In February 2021, LLS activated the LLS National Patient Registry, a project supported by Ethel and Bernard Garil in memory of their son, Michael, who succumbed to acute lymphoblastic leukemia. More than 10,000 blood cancer patients answered the call to join the registry as "citizen scientists." This allowed us to generate the largest data set reported to date on vaccine safety and efficacy (including boosters) across all major blood cancer and treatment types. This information has helped patients, healthcare providers, and public health officials make more informed choices about COVID-19 prevention.

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THE LEUKEMIA & LYMPHOMA SOCIETY, INC**13-5644916****CLINICAL TRIALS****BEAT AML MASTER TRIAL**

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

PedAL MASTER TRIAL

In 2022, LLS launched LLS' Pediatric Acute Leukemia (PedAL) Master Clinical Trial. This unprecedented international collaboration between LLS, the National Cancer Institute (NCI), the Children's Oncology Group (OCG) and other partners breaks new ground, bringing precision medicine to the treatment of pediatric relapsed acute leukemia.

Rather than a "one size fits all" approach, PedAL uses genomics and other biomarkers to customize treatment, allowing innovative therapies to be matched to patients based on their unique tumor biology. A wide range of trial screening locations - spanning Europe, Australia, New Zealand, Canada, and over 200 US Sites - ensures widespread participation. Arkansas Children's Hospital became the first US therapeutic trial site in 2022, with more to come.

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

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B) PATIENT & COMMUNITY SERVICES:

An estimated 1.5 million people across the United States (US) are currently living with or are in remission from leukemia, lymphoma and myeloma. The Leukemia & Lymphoma Society (LLS) offers an array of free, comprehensive resources to blood cancer patients, caregivers, families and friends of patients, advocates, healthcare professionals and the public. LLS is committed to providing the most accurate and up-to-date blood cancer information. Professional volunteer clinical advisors work with LLS staff to review all of the information LLS provides through healthcare professional and patient education programs, publications and the LLS website. Support services are provided by professionals or rigorously trained peer volunteers. All resources are provided through a variety of media - print, online, by phone, and face-to-face in communities. A number of resources are available in Spanish for patients, caregivers and healthcare professionals.

FINANCIAL ASSISTANCE

Our financial assistance programs aim to lessen the economic toll on patients and families to help patients afford life-saving treatments. To counter continually rising drug prices and alleviate the burdens felt by patients coping with blood cancer, we provided more than 75,400 patients with over \$384M in assistance awarded, a 59% increase over last year. The lion's share-over \$371 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

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all patient populations, including those traditionally underrepresented.

In FY22, financial assistance was provided to patients who resided in 82% of all U.S. counties and 74% of the counties across the U.S. with the highest poverty rates.

CO-PAY ASSISTANCE PROGRAM

The Co-Pay Assistance program supports qualifying blood cancer patients meet their health insurance or Medicare Plan Part B or D premiums or co-payment obligations related to treating their blood cancer diagnosis. Patients with prescription drug coverage, Medicare beneficiaries under Medicare Part B and/or Medicare Part D, Medicare Supplementary Health Insurance or Medicare Advantage should check with LLS to see if they meet eligibility requirements to receive financial support. Co-Pay Assistance is subject to funding availability by specific blood cancer diagnosis. In 2022, Co-Pay Assistance was provided to over 36,800 patients.

SUSAN LANG PRE CAR T-CELL THERAPY TRAVEL ASSISTANCE PROGRAM

LLS provided over 420 grants, each \$2,500, for treatment-related transportation and lodging costs for patients who are being evaluated to receive CAR T-cell therapy as either standard treatment or a clinical trial.

SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM

LLS awarded a \$500 grant to over 11,050 patients for treatment-related transportation and lodging costs.

URGENT NEED PROGRAM

In partnership with Moppie's Love and Charlie's Fund, LLS provided a \$500

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grant to nearly 11,750 patients and families in acute financial need for non-medical living expenses-including rent, utilities, and food.

PATIENT AID PROGRAM

LLS awarded one-time stipends of \$100 to over 15,400 patients to help offset non-medical expenses.

SCHOLARSHIP FOR BLOOD CANCER SURVIVORS

In 2022, The LLS Scholarship for Blood Cancer Survivors provided up to \$7,500 in tuition support to 100 patients, for virtual or in-person vocational, two-year, or four-year undergraduate education.

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

C) PUBLIC HEALTH EDUCATION:

LLS believes knowledge is power. As always, LLS has offered their informational programs in virtual formats, continuing to provide vitally needed education and emotional support for those impacted by blood cancer.

ONGOING PANDEMIC CONCERNS

Trained oncology Information Specialists in our Information Resource Center (IRC) were available to answer pandemic-related and other questions. Nearly 26,000 interactions between the IRC and patients and caregivers took place, with average call lengths up 14% over 2021.

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 1,005 patients (about the same as in 2021). Of the 751

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new patients assisted, 19% 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 volunteers. We also increased accessibility of our education programs to rural patients and families via our virtual offerings.

Moreover, we expanded partnerships with affinity groups including: the National

Coalition of 100 Black Women, the Black Caucus of the American Library, Visions y Compromiso and the Mexican Consulate's Ventanilla de Salud Program.

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 2022, LLS reached nearly 22,000 people through more than 60 Myeloma Link education and outreach activities in 13 cities.

EDUCATION AND PATIENT CONNECTIONS

Our virtual education programs provided both patients and families, as well as health care professionals, access to content including blood cancer conferences, local education programs, national webinars, videos, lectures, and podcasts.

LLS's highly viewed website continues to provide the most up to date blood cancer information including access to blogs, booklets, workbooks, fact sheets and more. In addition, 1,060 cancer patients were provided with personalized nutrition consultations by LLS's registered dietitian.

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THE LEUKEMIA & LYMPHOMA SOCIETY, INC

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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 2,100 patients (up 17% from 2021) with trained volunteers facing the same disease, helping to avert pandemic-related isolation. In addition, membership in LLS Community-our online social network- was 19,181, an increased 8% over 2021.

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

D) PROFESSIONAL EDUCATION:

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

In FY 2022:

-LLS provided 14 CME/CE-granting virtual educational programs, with 873 healthcare professionals in attendance.

- Over 28,000 patients and professionals participated in live education programs delivered virtually as well as delivered in person, locally and regionally.

--There were 104,173 page views for archived web programs, 35,663 virtual lecture views and 97,685 podcast downloads.

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

Canada

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

In July 2022, The LLS Board approved two new committees - The Talent & Compensation Committee and the Therapy Acceleration Program Committee.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 was prepared by the LLS Finance department and was reviewed by the CFO, Senior Vice President of Finance, Vice President, Controller, and KPMG for comment and suggested revisions.

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

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

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

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

All conflict of interest disclosure forms are reviewed by the Legal Department and, if deemed necessary, escalated to the Audit Committee of the Board of Directors for further review, evaluation, and/or management of any actual or apparent conflicts of interest.

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

The Executive Committee comprised of independent members of the Board of

Name of the organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Employer identification number 13-5644916
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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 2022, the Executive Committee, through an independent third party, obtained a market study comprised of similar not-for-profit organizations to review the compensation market levels and set the Chief Executive's salary commensurately. The committee met, approved and documented the process in the Committee minutes.

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

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

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, New Hampshire, New Jersey, New Mexico, Nebraska, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin, West Virginia

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Leukemia & Lymphoma Society, Inc. makes its annual financial statements available to the public on its website at www.lls.org. Its governing documents are made available upon request for public inspection. Any

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

13-5644916

identified conflicts of interest are disclosed in the 990.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEAT AML LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY	8,347,788	-439,113	LLS
(2) LLS Pedal Initiative LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY	3,249,974	-5,676,466	LLS
(3) LLS TAP Miragen, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY			LLS
(4) LLS TAP X4, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY		289,500	LLS
(5) LLS TAP, LLC 3 INTERNATIONAL DRIVE RYE BROOK NY 10573	RESEARCH	NY	-31,819,717	266,676	LLS

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

**Open to Public
Inspection**

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q	X	
1r		X
1s		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 VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

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

Schedule R - 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.**

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026
Attachment
Sequence No. **128**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Identifying number (see instructions) 13-5644916
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- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
 - a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
 - b Did the transferor remain in existence after the transfer? Yes No
If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No
- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
 - a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) FARON PHARMACEUTICALS	5a Identifying number, if any
6 Address (including country) Joukahaisenkatu 6 20520 TURKU FI Finland	5b Reference ID number (see instructions) FARON
7 Country code of country of incorporation or organization (see instructions) FI	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A—Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/28/22		502,071		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B—Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C—Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After 0.30 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC Section 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
 - a** Gain recognition under section 904(f)(3) Yes No
 - b** Gain recognition under section 904(f)(5)(F) Yes No
 - c** Recapture under section 1503(d) Yes No
 - d** Exchange gain under section 987 Yes No
- 19** Did this transfer result from a change in entity classification? Yes No
- 20a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Yes No
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No