

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 15TH STREET N.W., SUITE 410 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 F Name and address of principal officer: E. ANDERS KOLB, M.D. 1201 15TH STREET N.W., SUITE 410, WASHINGTON	D Employer identification number 13-5644916 E Telephone number 914-949-5213 G Gross receipts \$ 569,282,300. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.LLS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1949
M State of legal domicile: NY		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE, MYELOMA; IMPROVE QUALITY OF LIFE OF PATIENTS AND FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	1228
	6 Total number of volunteers (estimate if necessary)	6	3000000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		357,670,634.	338,611,733.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,531,279.	14,932,514.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,134,480.	16,623,882.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-3,997,903.	-1,926,070.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		378,338,490.	368,242,059.
14 Benefits paid to or for members (Part IX, column (A), line 4)		147,771,106.	119,474,064.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		119,899,883.	137,851,341.
b Total fundraising expenses (Part IX, column (D), line 25)		4,917,672.	4,745,743.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,198,758.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113,484,307.	109,721,024.
	19 Revenue less expenses. Subtract line 18 from line 12	386,072,968.	371,792,172.
		-7,734,478.	-3,550,113.
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)	643,891,871.	602,010,519.
	22 Net assets or fund balances. Subtract line 21 from line 20	271,338,303.	211,058,338.

Part II Signature Block

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

Sign Here	Signature of officer GORDON MILLER, JR., EVP CHIEF FINANCIAL OFFICER	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DEVIN L DUNCAN	Preparer's signature	Date
	Firm's name KPMG LLP	Firm's EIN 13-5565207	Check if self-employed <input type="checkbox"/> PTIN P01249521
	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 Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **GORDON MILLER JR**
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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

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.

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

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

AT LLS, WE ARE PUSHING BOUNDARIES TOWARD POWERFUL NEW THERAPIES. WE PROPEL GROUNDBREAKING CANCER TREATMENTS THROUGH ALL PHASES OF THE DRUG APPROVAL PROCESS AND ARE PROUD THAT OUR SUPPORT HAS BEEN KEY TO ADVANCING 75% OF THE ALMOST 70 BLOOD CANCER TREATMENT APPROVALS OVER THE LAST FIVE YEARS. AS WE CONTINUED TO SUPPORT THE SEARCH FOR LIFESAVING AND LESS TOXIC TREATMENTS IN 2024, WE INVESTED IN EXCITING RESEARCH FRONTIERS, INCLUDING PRECISION MEDICINE, IMMUNOTHERAPY, AND LINKS BETWEEN MUTATIONS AND BLOOD CANCER-ADVANCEMENTS THAT ARE CHANGING THE PARADIGM OF CANCER TREATMENT. IN THE PROCESS, WE PROPELLED SEVERAL NOVEL SCIENCE INITIATIVES TO NEW HEIGHTS-MANY OF WHICH HARDLY SEEMED POSSIBLE JUST A

4b (Code:) (Expenses \$ 104,363,302. including grants of \$ 55,112,788.) (Revenue \$) B) PATIENT & COMMUNITY SERVICES:

AN ESTIMATED 1.7 MILLION PEOPLE ACROSS THE UNITED STATES (US) ARE CURRENTLY LIVING WITH OR ARE IN REMISSION FROM LEUKEMIA, LYMPHOMA AND MYELOMA. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) OFFERS AN ARRAY OF FREE, COMPREHENSIVE RESOURCES TO BLOOD CANCER PATIENTS, CAREGIVERS, FAMILIES AND FRIENDS OF PATIENTS, ADVOCATES, HEALTHCARE PROFESSIONALS AND THE PUBLIC. LLS IS COMMITTED TO PROVIDING THE MOST ACCURATE AND UP-TO-DATE BLOOD CANCER INFORMATION. PROFESSIONAL VOLUNTEER CLINICAL ADVISORS WORK WITH LLS STAFF TO REVIEW ALL OF THE INFORMATION LLS PROVIDES THROUGH HEALTHCARE PROFESSIONAL AND PATIENT EDUCATION PROGRAMS, PUBLICATIONS AND THE LLS WEBSITE. SUPPORT SERVICES ARE PROVIDED BY PROFESSIONALS OR RIGOROUSLY TRAINED PEER VOLUNTEERS. ALL RESOURCES ARE PROVIDED THROUGH

4c (Code:) (Expenses \$ 23,265,032. including grants of \$) (Revenue \$) C) PUBLIC HEALTH EDUCATION:

LLS BELIEVES KNOWLEDGE IS POWER. AS ALWAYS, LLS HAS OFFERED THEIR INFORMATIONAL PROGRAMS IN VIRTUAL FORMATS, CONTINUING TO PROVIDE VITALLY NEEDED EDUCATION AND EMOTIONAL SUPPORT FOR THOSE IMPACTED BY BLOOD CANCER. ONE-ON-ONE EDUCATION AND SUPPORT TRAINED ONCOLOGY INFORMATION SPECIALISTS IN OUR INFORMATION RESOURCE CENTER (IRC) PROVIDE PATIENTS AND CAREGIVERS WITH COMPASSIONATE, COMPREHENSIVE, AND TAILORED DISEASE AND TREATMENT INFORMATION, INCLUDING REFERRALS AND LINKS TO APPROPRIATE EDUCATIONAL RESOURCES AND LITERATURE; PSYCHOSOCIAL SUPPORT INFORMATION FOR ANY POINT IN THEIR TREATMENT JOURNEY; REFERRALS TO RELEVANT LOCAL, STATE AND/OR NATIONAL

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

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).

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 noncash 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		
b 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
GORDON MILLER, JR - 914-821-8935
1201 15TH STREET N.W., SUITE 410, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J. DEGENNARO-END 6/30/23 PRESIDENT & CEO - FORMER	40.00 0.00						X	1,358,093.	0.	25,701.
(2) GWEN NICHOLS EVP, CHIEF MEDICAL OFC	40.00 0.00			X				526,284.	0.	50,687.
(3) TROY DUNMIRE EVP, CHIEF OPERATING OFC	40.00 0.00			X				510,557.	0.	49,364.
(4) DALE NISSENBAUM EVP, GENERAL COUNSEL	40.00 0.00			X				497,291.	0.	30,459.
(5) GORDON MILLER JR. EVP, CHIEF FINANCIAL OFC	40.00 0.00			X				453,172.	0.	58,818.
(6) E. ANDERS KOLB - START 5/1/2023 PRESIDENT & CEO	40.00 0.00			X				471,613.	0.	8,226.
(7) SUSAN BROWN SVP, CHIEF DEI OFC	40.00 0.00					X		382,991.	0.	47,279.
(8) LEE GREENBERGER SVP, CHIEF SCIENTIFIC OFC	40.00 0.00					X		377,058.	0.	45,160.
(9) COKER POWELL SVP, CHIEF DEVELOPMENT OFC	40.00 0.00					X		388,870.	0.	31,076.
(10) VANESSA WHITE SVP, CHIEF ADVANCEMENT OFC	40.00 0.00					X		380,333.	0.	35,565.
(11) FLORENCE GODFREY SVP, CHIEF EXPERIENCE OFC	40.00 0.00					X		341,009.	0.	44,689.
(12) JEFF SACHS CHAIR	4.00 0.00	X		X				0.	0.	0.
(13) KATHLEEN MERIWETHER VICE CHAIR	4.00 0.00	X		X				0.	0.	0.
(14) FRED A WANG SECRETARY/TREASURER	4.00 0.00	X		X				0.	0.	0.
(15) JANICE GABRILOVE MD AT LARGE	4.00 0.00	X		X				0.	0.	0.
(16) LEROY BALL BOD MEMBER	4.00 0.00	X						0.	0.	0.
(17) RICHARD BAGGER BOD MEMBER	4.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK BAEENECHEA BOD MEMBER	4.00 0.00	X						0.	0.	0.
(19) RENZO CANETTA MD BOD MEMBER	4.00 0.00	X						0.	0.	0.
(20) CASEY CUNNINGHAM MD BOD MEMBER	4.00 0.00	X						0.	0.	0.
(21) HELEN HESLOP BOD MEMBER	4.00 0.00	X						0.	0.	0.
(22) ARI MELNICK BOD MEMBER	4.00 0.00	X						0.	0.	0.
(23) RUBEN MESA BOD MEMBER	4.00 0.00	X						0.	0.	0.
(24) LYNNE O'BRIEN BOD MEMBER	4.00 0.00	X						0.	0.	0.
(25) MARLA PERSKY BOD MEMBER	4.00 0.00	X						0.	0.	0.
(26) JIM REDDOCH BOD MEMBER	4.00 0.00	X						0.	0.	0.
1b Subtotal								5,687,271.	0.	427,024.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,687,271.	0.	427,024.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 193

	Yes	No
3 Did the organization list any former officer, director, 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
ICON PLC - PHARMACEUTICAL RESEARCH ASSOCIAT 4130 PARKLAKE AVENUE, SUITE 400, RALEIGH, N	CLINICAL TRIAL	10,155,555.
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD, HAMPTON, VA 23666	PAT ASSIST PROC	7,679,383.
SALESFORCE 140 E 45TH ST, NEW YORK, NY 10017	SOFTWARE	3,860,428.
RESOURCE ONE COMMUNICATIONS 2900 EAST APACHE STREET, TULSA, OK 74110	DIRECT MARKETING	3,105,900.
META PLATFORMS 1 HACKER WAY, MENLO PARK, CA 94025	ADVERTISING	3,037,751.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	368	

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 462,018.					
	b	Membership dues	1b					
	c	Fundraising events	1c 134,689,222.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 203,460,493.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,270,884.					
	h	Total. Add lines 1a-1f						338,611,733.
Program Service Revenue	2 a	SERVICE REVENUE	Business Code 810000	14,932,514.	14,932,514.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			14,932,514.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,243,283.			14,243,283.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		3,795,808.			3,795,808.	
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b 178,507,683.					
	c	Gain or (loss)	7c 2,380,599.					
	d	Net gain or (loss)			2,380,599.		2,380,599.	
8 a	Gross income from fundraising events (not including \$ 134,689,222. of contributions reported on line 1c). See Part IV, line 18							
		8a 16,810,680.						
		8b 22,532,558.						
b	Less: direct expenses							
c	Net income or (loss) from fundraising events			-5,721,878.		-5,721,878.		
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			368,242,059.	14,932,514.	0.	14,697,812.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,558,533.	52,558,533.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	55,112,788.	55,112,788.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	11,802,743.	11,802,743.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,070,059.	878,840.	856,433.	334,786.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	107,937,447.	66,562,775.	22,886,622.	18,488,050.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,595,798.	2,191,206.	813,097.	591,495.
9 Other employee benefits	16,388,463.	10,012,920.	3,667,835.	2,707,708.
10 Payroll taxes	7,859,574.	4,789,465.	1,777,240.	1,292,869.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,731,853.	1,639,112.	737,600.	355,141.
c Accounting	409,995.		409,995.	
d Lobbying	4,125,292.	4,125,292.		
e Professional fundraising services. See Part IV, line 17	4,745,743.			4,745,743.
f Investment management fees	236,608.	180,162.	28,363.	28,083.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	21,893,141.	14,796,303.	3,927,127.	3,169,711.
12 Advertising and promotion	8,557,338.	5,515,795.	818,627.	2,222,916.
13 Office expenses	14,860,478.	9,195,933.	1,336,863.	4,327,682.
14 Information technology	13,204,094.	995,589.	9,808,001.	2,400,504.
15 Royalties				
16 Occupancy	3,897,493.	2,625,114.	625,947.	646,432.
17 Travel	10,324,815.	7,868,519.	1,296,088.	1,160,208.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,425,197.	3,371,985.	1,169,149.	884,063.
23 Insurance	1,154,429.	710,625.	257,105.	186,699.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RESEARCH & DEVELOPMENT	18,281,905.	18,281,905.		
b MISCELLANEOUS	4,618,386.	4,103,532.	-141,814.	656,668.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	371,792,172.	277,319,136.	50,274,278.	44,198,758.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	21,290,012.	13,907,952.	0.	7,382,060.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,093,408.	1	3,858,985.
	2 Savings and temporary cash investments	87,996,059.	2	143,907,675.
	3 Pledges and grants receivable, net	29,923,480.	3	45,469,673.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,045,849.	9	5,836,452.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,315,227.		
	b Less: accumulated depreciation	10b 20,562,994.	13,251,184.	10c 10,752,233.
	11 Investments - publicly traded securities	463,285,795.	11	353,960,098.
	12 Investments - other securities. See Part IV, line 11	20,291,527.	12	22,812,891.
	13 Investments - program-related. See Part IV, line 11	10,015,427.	13	11,136,057.
	14 Intangible assets	516,667.	14	316,667.
	15 Other assets. See Part IV, line 11	12,472,475.	15	3,959,788.
16 Total assets. Add lines 1 through 15 (must equal line 33)	643,891,871.	16	602,010,519.	
Liabilities	17 Accounts payable and accrued expenses	21,647,040.	17	36,559,192.
	18 Grants payable	219,704,797.	18	155,633,120.
	19 Deferred revenue	15,561,185.	19	14,667,950.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,425,281.	25	4,198,076.
	26 Total liabilities. Add lines 17 through 25	271,338,303.	26	211,058,338.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	281,881,454.	27	251,301,743.
	28 Net assets with donor restrictions	90,672,114.	28	139,650,438.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	372,553,568.	32	390,952,181.
33 Total liabilities and net assets/fund balances	643,891,871.	33	602,010,519.	

Form **990** (2023)

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	368,242,059.
2	Total expenses (must equal Part IX, column (A), line 25)	2	371,792,172.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,550,113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	372,553,568.
5	Net unrealized gains (losses) on investments	5	21,613,526.
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	335,200.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	390,952,181.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Table with 2 columns: Name of the organization (THE LEUKEMIA & LYMPHOMA SOCIETY, INC) and 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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	427,419,530.	441,317,494.	400,540,019.	357,670,634.	338,611,733.	1965559410.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	427,419,530.	441,317,494.	400,540,019.	357,670,634.	338,611,733.	1965559410.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						553,410,745.
6 Public support. Subtract line 5 from line 4.						1412148665.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	427,419,530.	441,317,494.	400,540,019.	357,670,634.	338,611,733.	1965559410.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,082,073.	16,877,123.	18,087,763.	13,066,416.	18,039,091.	95,152,466.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2060711876.
12 Gross receipts from related activities, etc. (see instructions)					12	68,499,130.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	68.53 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	68.95 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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; 19b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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... Row 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...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. b The organization is the parent of each of its supported organizations. c The organization supported a governmental entity. Row 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? 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? Row 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? b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization THE LEUKEMIA & LYMPHOMA SOCIETY, INC	Employer identification number 13-5644916
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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.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

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: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

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		1,087,778.
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		1,029,920.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		763,999.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		580,545.
i Other activities?	X		663,050.
j Total. Add lines 1c through 1i			4,125,292.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LLS PARTICIPATES IN A NUMBER OF COALITIONS AND MEMBER ORGANIZATIONS,

INCLUDING ALLIANCE FOR A STRONGER FDA, ALLIANCE FOR CHILDHOOD CANCER,

ALLIANCE FOR FAIR HEALTHCARE PRICING, CANCER LEADERSHIP COUNCIL,

DEFENSE HEALTH RESEARCH CONSORTIUM, MAPRX COALITION, NCSL FOUNDATION

FOR STATE LEGISLATURES, ONE VOICE AGAINST CANCER, PARTNERSHIP TO

Part IV Supplemental Information (continued)

PROTECT COVERAGE, PATIENT QUALITY OF LIFE COALITION, PUBLIC AFFAIRS

COUNCIL, AND STATE ACCESS TO INNOVATIVE MEDICINES COALITION.

EMPLOYEES IN THE LLS OFFICE OF PUBLIC POLICY WORK TO ADVANCE THE

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

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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(s) of conservation easements, total number and acreage, number of easements on historic structures, and various monitoring and reporting questions.

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 for public service and for financial gain.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|------------|
| c Beginning balance | 0. |
| d Additions during the year | 1,000,000. |
| e Distributions during the year | |
| f Ending balance | 1,000,000. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,730,391.	7,288,293.	7,381,460.	5,902,791.	6,168,319.
b Contributions	80,666.	30,000.	1,129,903.	1,650.	
c Net investment earnings, gains, and losses	787,363.	713,739.	-913,685.	1,726,314.	-8,812.
d Grants or scholarships	308,062.	291,598.	295,324.	236,177.	246,718.
e Other expenditures for facilities and programs					
f Administrative expenses	13,050.	10,043.	14,061.	13,118.	9,998.
g End of year balance	8,277,308.	7,730,391.	7,288,293.	7,381,460.	5,902,791.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 60.1900 %
 - c Term endowment 39.8100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,038,869.	945,434.	93,435.
d Equipment		30,224,812.	19,566,014.	10,658,798.
e Other		51,546.	51,546.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,752,233.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE LIABILITY	4,198,076.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	388,210,511.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,380,597.	
b	Donated services and use of facilities	2b	12,063,656.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,522,001.	
e	Add lines 2a through 2d		2e	20,205,060.
3	Subtract line 2e from line 1		3	368,005,451.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	236,608.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	236,608.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	368,242,059.

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

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

1	Total expenses and losses per audited financial statements		1	394,745,114.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,063,656.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,125,894.	
e	Add lines 2a through 2d		2e	23,189,550.
3	Subtract line 2e from line 1		3	371,555,564.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	236,608.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	236,608.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	371,792,172.

Part XIII Supplemental Information

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

PART III, LINE 1A:

THE LLS COLLECTION IS OF PHOTOGRAPHS WHICH ARE USED FOR PUBLIC EXHIBITION

AT FUNDRAISING EVENTS HELD TO SUPPORT LLS'S PROGRAMS.

PART IV, LINE 1B:

LLS HELD \$1 MILLION IN ESCROW ON BEHALF OF IFLI AS PART OF A PASS-THROUGH

GRANT AGREEMENT.

PART V, LINE 4:

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

PUBLIC EDUCATION PROGRAMS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

LLS, LLSRP, AND LLSRF QUALIFY AS CHARITABLE ORGANIZATIONS AS DEFINED BY
INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, ARE EXEMPT FROM
FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A).
ADDITIONALLY, SINCE THESE ORGANIZATIONS ARE PUBLICLY SUPPORTED,
CONTRIBUTIONS QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION
UNDER THE INTERNAL REVENUE CODE. LLSC IS REGISTERED AS A CHARITABLE
ORGANIZATION UNDER THE INCOME TAX ACT (CANADA) AND IS, THEREFORE, NOT
SUBJECT TO INCOME TAXES IF CERTAIN DISBURSEMENT REQUIREMENTS ARE MET. LLS
AND ITS RELATED ENTITIES RECOGNIZE THE EFFECT OF TAX POSITIONS ONLY IF
THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. INCOME
GENERATED FROM ACTIVITIES UNRELATED TO LLS'S EXEMPT PURPOSE IS SUBJECT TO
TAX UNDER INTERNAL REVENUE CODE SECTION 511. THERE WERE NO ENTITIES THAT
RECOGNIZED UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED
JUNE 30, 2024 AND JUNE 30, 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LLS CANADA REVENUE	10,522,001.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

LLS CANADA EXPENSE	11,125,894.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	1		RESEARCH FUNDING	RESEARCH GRANTS	1,503,560.
EUROPE			RESEARCH FUNDING	RESEARCH GRANTS	7,930,983.
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	9,358,822.
EAST ASIA & THE PACIFIC			RESEARCH FUNDING	RESEARCH GRANTS	2,368,200.
EUROPE			INVESTMENTS	INVESTMENTS	8,036,661.
3 a Subtotal	1	0			29,198,226.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	0			29,198,226.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,656.	WIRE PAYMENT	0.		ACCUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,500.	WIRE PAYMENT	0.		ACCUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,975.	WIRE PAYMENT	0.		ACCUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCUAL

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 29

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	249,069.	WIRE PAYMENT	0.		ACCRUAL
		EAST ASIA & THE PACIFIC	RESEARCH GRANTS	120,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	125,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	150,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	150,000.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	78,600.	WIRE PAYMENT	0.		ACCRUAL
		NORTH AMERICA	RESEARCH GRANTS	999,960.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	31,667.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	750,000.	WIRE PAYMENT	0.		ACCRUAL

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH GRANTS	496,337.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	125,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	50,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	249,977.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	250,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	231,171.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	1,700,000.	WIRE PAYMENT	0.		ACCRUAL
		EUROPE	RESEARCH GRANTS	425,841.	WIRE PAYMENT	0.		ACCRUAL

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	RESEARCH GRANTS	186,861.	WIRE PAYMENT	0.		ACCRUAL
			EUROPE	THERAPY ACCELERATION	3,181,189.	WIRE PAYMENT	0.		FMV

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2023

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:

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.

**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

2023

**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
- 2 a 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			
THOMPSON, HABIB & DENISON - 80 HAYDEN AVENUE, SUITE 300, RESOURCE ONE - 2900 EAST APACHE STREET, TULSA, OK	DIRECT MAIL		X	0.	413,042.	-413,042.
	DIRECT MAIL		X	0.	3,105,900.	-3,105,900.
Total					3,518,942.	-3,518,942.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) ADDRESS OF FUNDRAISER:

80 HAYDEN AVENUE, SUITE 300, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: RESOURCE ONE

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

Part IV Supplemental Information (continued)

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

LLS USED RESOURCE ONE AND THOMPSON HABIB, & DENISON FOR IT'S NATIONAL

COMMUNITY CAMPAIGN AND DIRECT MAIL PROGRAMS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number
13-5644916

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY MEDICAL CENTER 535 W 116TH ST NEW YORK, NY 10027	13-5598093	501(C)(3)	1,200,000.	0.	ACCRUAL		RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE, BELFER 1108 - BRONX, NY 10461	47-2209056	501(C)(3)	1,189,743.	0.	ACCRUAL		RESEARCH GRANT
ATRIUM HEALTH FOUNDATION 7800 PROVIDENCE RD CHARLOTTE, NC 28226	56-6060481	501(C)(3)	124,866.	0.	ACCRUAL		RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	222,716.	0.	ACCRUAL		RESEARCH GRANT
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE ROAD - DUARTE, CA 91010	95-3432210	501(C)(3)	806,250.	0.	ACCRUAL		RESEARCH GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	500,000.	0.	ACCRUAL		RESEARCH GRANT

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

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	840,000.	0.	ACCRUAL		RESEARCH GRANT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	150,000.	0.	ACCRUAL		RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE, INC 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	4,743,450.	0.	ACCRUAL		RESEARCH GRANT
DREN BIO 384 FOSTER CITY BLVD FOSTER CITY, CA 94404	84-1826535		3,200,000.	0.	FMV		THERAPY ACCELERATION
DUKE UNIVERSITY MEDICAL CENTER PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	194,977.	0.	ACCRUAL		RESEARCH GRANT
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193	58-2137993	501(C)(3)	1,591,088.	0.	ACCRUAL		RESEARCH GRANT
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	1,438,989.	0.	ACCRUAL		RESEARCH GRANT
GEORGE WASHINGTON UNIVERSITY 2121 I ST NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE - PO BOX 742801 - ATLANTA, GA 30374	59-3238634	501(C)(3)	2,062,118.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON METHODIST RESEARCH INSTITUTE - 6670 BERTNER AVENUE - HOUSTON, TX 77030	87-0721923	501(C)(3)	500,000.	0.	ACCRUAL		RESEARCH GRANT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	577,750.	0.	ACCRUAL		RESEARCH GRANT
IMMUNITAS THERAPEUTICS INC 21 HICKORY DR. WALTHAM, MA 02451	84-2813217		95,605.	0.	ACCRUAL		RESEARCH GRANT
INDIANA UNIVERSITY 2101 E. COLISEUM BLVD FORT WAYNE, IN 46805	35-6001673	501(C)(3)	546,000.	0.	ACCRUAL		RESEARCH GRANT
INTERNATIONAL WALDENSTROM'S MACROGLOBULINEMIA FOUNDATION - 6144 CLARK CENTER AVE - SARASOTA, FL 34238	54-1784426	501(C)(3)	50,000.	0.	ACCRUAL		RESEARCH GRANT
JOAN & SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 575 LEXINGTON AVE - NEW YORK, NY 10022	13-1623978	501(C)(3)	2,365,000.	0.	ACCRUAL		RESEARCH GRANT
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-1564655	501(C)(3)	1,000,000.	0.	ACCRUAL		RESEARCH GRANT
MAYO CLINIC, ROCHESTER PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(C)(3)	275,000.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MPN RESEARCH PO BOX 10743 CHICAGO, IL 60610	36-4330967	501(C)(3)	50,000.	0.	FMV		THERAPY ACCELERATION
MYELOPROLIFERATIVE NEOPLASMS RESEARCH FOUNDATION - PO BOX 2690 - CAROL STREAM, IL 60601	36-4330967	501(C)(3)	100,000.	0.	ACCRUAL		RESEARCH GRANT
NORTHWESTERN UNIVERSITY 633 CLARK AVE EVANSTON, IL 60208	36-2167817	501(C)(3)	598,047.	0.	ACCRUAL		RESEARCH GRANT
NYU GROSSMAN SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	245,940.	0.	ACCRUAL		RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY CANCER INSTITUTE - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	23-7083114	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
OSU FOUNDATION 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	GOVT	546,652.	0.	ACCRUAL		RESEARCH GRANT
PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET FRANKLIN BLDG P-221 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	950,000.	0.	ACCRUAL		RESEARCH GRANT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - MASSACHUSETTS HALL - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	100,000.	0.	ACCRUAL		RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN - PO BOX 223131 - PITTSBURGH, PA 15251	38-6006309	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	125,000.	0.	ACCRUAL		RESEARCH GRANT
RUTGERS UNIVERSITY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	91-1156519	501(C)(3)	31,250.	0.	ACCRUAL		RESEARCH GRANT
SLOAN KETTERING INSTITUTE FOR CANCER RESEARCH - PO BOX 026338 - NEW YORK, NY 10087	13-1924236	501(C)(3)	2,237,344.	0.	ACCRUAL		RESEARCH GRANT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - PO BOX 1000 DEPT #949 - MEMPHIS, TN 38148	62-0646012	501(C)(3)	1,326,339.	0.	ACCRUAL		RESEARCH GRANT
TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER - 8441 RIVERSIDE PKWY - BRYAN, TX 77807	74-2907553	GOVT	312,500.	0.	ACCRUAL		RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 450 SERRA MALL - STANFORD, CA 94305	94-1156365	501(C)(3)	2,452,718.	0.	ACCRUAL		RESEARCH GRANT
THE BRIGHAM AND WOMENS HOSPITAL, INC. - PO BOX 3149 - BOSTON, MA 02241	04-2312909	501(C)(3)	135,000.	0.	ACCRUAL		RESEARCH GRANT
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - PO BOX 8500 - PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	315,000.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	130,000.	0.	ACCRUAL		RESEARCH GRANT
THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	250,000.	0.	ACCRUAL		RESEARCH GRANT
THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 W WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	375,000.	0.	ACCRUAL		RESEARCH GRANT
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	501(C)(3)	328,124.	0.	ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	690,000.	0.	ACCRUAL		RESEARCH GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST - SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	875,000.	0.	ACCRUAL		RESEARCH GRANT
THE RESEARCH INSTITUTE OF FOX CHASE CANCER CENTER - 333 COTTMAN AVENUE - PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	599,926.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE, SOUTH SUITE 1170 AB - BIRMINGHAM, AL 35294	63-6005396	GOVT	625,000.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE, MC6092 CHICAGO, IL 60637	36-2177139	501(C)(3)	187,000.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS AT AUSTIN 101 E. 27TH ST. AUSTIN, TX 78712	74-6000203	GOVT	250,000.	0.	ACCRUAL		RESEARCH GRANT
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4266 - HOUSTON, TX 77210	74-6001118	GOVT	2,453,448.	0.	ACCRUAL		RESEARCH GRANT
TUFTS MEDICAL CENTER 800 WASHINGTON STREET, #453 BOSTON, MA 02111	04-2103634	501(C)(3)	232,605.	0.	ACCRUAL		RESEARCH GRANT
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - 104 AIRPORT DRIVE - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	70,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM ST - LITTLE ROCK, AR 72205	71-6046242	GOVT	250,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF COLORADO DENVER, ANSCHUTZ MEDICAL CAMPUS - PO BOX 6508 - AURORA, CO 80045	84-6000555	501(C)(3)	1,590,000.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	2,210,588.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)(3)	1,074,768.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIA, DEPARTMENT OF MEDICINE - 3451 WALNUT STREET FRANKLIN BLDG - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	749,214.	0.	ACCRUAL		RESEARCH GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	74,475.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA 700 CHILDS WAY LOS ANGELES, CA 90089	95-1642394	501(C)(3)	239,560.	0.	ACCRUAL		RESEARCH GRANT
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	23-7173411	501(C)(3)	999,997.	0.	ACCRUAL		RESEARCH GRANT
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE, NE GRAND RAPIDS, MI 49503	52-2000820	501(C)(3)	120,000.	0.	ACCRUAL		RESEARCH GRANT
VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 121236 - DALLAS, TX 75312	62-0476822	501(C)(3)	371,000.	0.	ACCRUAL		RESEARCH GRANT
VERSITI BLOOD CENTER OF WISCONSIN 638 N 18TH ST MILWAUKEE, WI 53233	39-0807235	501(C)(3)	37,500.	0.	ACCRUAL		RESEARCH GRANT
VITTORIA BIOTHERAPEUTICS 3675 MARKET STREET PHILADELPHIA, PA 19104	86-3850050		500,000.	0.	ACCRUAL		RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	2,583,235.	0.	ACCRUAL		RESEARCH GRANT
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	325,000.	0.	ACCRUAL		RESEARCH GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COPAY ASSISTANCE CLL	9903	25,992,224.	0.		
COPAY ASSISTANCE LYMPHOMA	4960	12,367,827.	0.		
COPAY ASSISTANCE MDS	1225	0.	0.		
COPAY ASSISTANCE MYELOMA	7518	0.	0.		
COPAY ASSISTANCE MANTEL	149	0.	0.		

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

PART I, LINE 2:

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

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

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

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

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

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

FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COPAY ASSISTANCE WALDENST	415.	1,697,709.	0.		
COPAY ASSISTANCE ALL	76.	379,947.	0.		
COPAY ASSISTANCE AML	5,359.	10,987,710.	0.		
PATIENT TRAVEL ASSISTANCE	3,304.	1,160,225.	0.		
PATIENT AID	55,805.	13,358,106.	0.		

Part IV Supplemental Information

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

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

HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF

THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE

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

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

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

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

DELINQUENT REPORT.

PATIENT FINANCIAL AID:

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

PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING

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

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

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

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

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

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

EXPENSES. LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS

ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA.

CO-PAY ASSISTANCE:

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

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

PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN

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

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

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

QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 7:

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

TO THE EMPLOYEE PERFORMANCE AND ORGANIZATION TARGETS. THE NAMES OF

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	193	3,141,651.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	9	67,424.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VARIOUS OTHER)	X	9	59,309.	FAIR MARKET VALUE
26 Other (PRINTED ITEMS)	X	1	2,500.	FAIR MARKET VALUE
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

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

2023

Open to Public
Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number

13-5644916

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

SHORT TIME AGO.

WITH ADVISORY INPUT FROM RECOGNIZED BIOMEDICAL RESEARCH EXPERTS, LLS

FUNDS EXEMPLARY PROJECTS ACROSS THE ENTIRE RESEARCH CONTINUUM RELEVANT

TO IMPROVE OUTCOMES FOR BLOOD CANCER PATIENTS, FROM BASIC LABORATORY

SCIENCE THROUGH CLINICAL TRIALS. AND FROM INVESTIGATOR-INITIATED

RESEARCH TO PRIVATE-SECTOR DRUG DEVELOPMENT ALLIANCES. LLS IS

DELIBERATE AND PURPOSEFUL IN FINDING AND SUPPORTING RESEARCH THAT IS

MOST LIKELY TO HELP PATIENTS AS SOON AS POSSIBLE. IN ADDITION, WHILE

LLS DEDICATES SUBSTANTIAL FUNDING TO ADVANCING NOVEL TREATMENTS FOR

BLOOD CANCER, WE ALSO RECOGNIZE THAT IT IS EQUALLY IMPORTANT THAT WE

COMMIT TO ENSURING THAT PATIENTS CAN ACCESS THESE ESSENTIAL THERAPIES.

TO THIS END, LLS ALSO SUPPORTS HEALTH SERVICES RESEARCH WORKING TO

IDENTIFY BARRIERS THAT PREVENT CERTAIN PATIENTS FROM BEING ABLE TO

ACCESS THE TREATMENT AND CARE THAT THEY NEED AND FINDING ACTIONABLE

SOLUTIONS THAT LLS CAN IMPLEMENT TO OVERCOME THESE BARRIERS AND ADVANCE

ITS MISSION.

TO DATE, LLS HAS INVESTED OVER \$1.8 BILLION IN RESEARCH AIMED AT

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

SUSTAINED RESEARCH INVESTMENT OVER MULTIPLE DECADES HAS PAID OFF

HANDSOMELY. THIS IS BEST DEMONSTRATED BY OUR SEMINAL INVESTMENT IN

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

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

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

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

ALL OTHER THERAPEUTIC OPTIONS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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IN FISCAL YEAR 2024, LLS SUPPORTED RESEARCH IN THE U.S., CANADA AND 9

OTHER COUNTRIES WITH A TOTAL RESEARCH DISBURSEMENT OF APPROXIMATELY

\$65.71 MILLION. RESEARCH FUNDING WAS DISTRIBUTED ACROSS ALL BLOOD

CANCERS.

IMPACT RESEARCH GRANTS

TO ADDRESS UNEQUAL REPRESENTATION OF UNDERSERVED POPULATIONS IN

CLINICAL TRIALS, IN 2021 WE ACTIVATED IMPACT (INFLUENTIAL MEDICINE

PROVIDING ACCESS TO CLINICAL TRIALS) RESEARCH GRANTS. AN INITIAL

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

VANDERBILT UNIVERSITY MEDICAL CENTER, AND WEILL CORNELL MEDICINE IN NEW

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

OCTOBER 2022. THE IMPACT GRANTS WILL HELP THESE MAJOR CANCER CENTERS

EXPAND CLINICAL TRIAL ACCESS TO LOCAL COMMUNITY-BASED HOSPITALS AND

CLINICS WITH SUBSTANTIAL UNDERSERVED POPULATIONS. THE GOAL IS TO

INCREASE TRIAL ENROLLMENT AMONG TRADITIONALLY UNDERSERVED POPULATIONS,

INCLUDING RACIAL AND ETHNIC MINORITIES, RURAL RESIDENTS, AND

INDIVIDUALS WITH LOW INCOME, THEREBY EXPANDING ACCESS TO

STATE-OF-THE-ART THERAPIES TO A BROADER SWATH OF NEWLY DIAGNOSED BLOOD

CANCER PATIENTS.

EQUITY IN ACCESS RESEARCH PROGRAM

IN 2022, LLS LAUNCHED THE EQUITY IN ACCESS RESEARCH PROGRAM, WHICH AIMS

TO FUND RESEARCH THAT WILL GENERATE ACTIONABLE EVIDENCE TO ASSIST LLS

IN ADVOCATING FOR CHANGES IN HEALTHCARE POLICY, DEVELOPING

PATIENT-FACING PROGRAMS, AND FOSTERING PRACTICE CHANGE TO PROVIDE ALL

PATIENTS WITH A FAIR AND JUST OPPORTUNITY TO SURVIVE WITH THE OPTIMAL

QUALITY OF LIFE. SINCE INCEPTION OF THIS PROGRAM, LLS HAS AWARDED MORE

THAN \$5 MILLION TO PROJECTS ADDRESSING CRITICAL ISSUES SUCH AS THE COST

OF ORAL ANTICANCER MEDICATIONS, ACCESS TO HEALTH INSURANCE, ACCESS TO

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SPECIALIZED CANCER CARE AMONG ADOLESCENTS AND YOUNG ADULTS, AND RACIAL DISPARITIES IN ACCESS TO HIGH-QUALITY END-OF-LIFE CARE.

LLS RECOGNIZES THE CRITICAL NEED FOR EVIDENCE ON INTERVENTIONS TO INCREASE CANCER CLINICAL TRIAL PARTICIPATION, PARTICULARLY AMONG UNDERREPRESENTED GROUPS (I.E., ETHNIC AND RACIAL MINORITIZED GROUPS, INDIVIDUALS WITH LOW INCOME, OLDER ADULTS, AND PEOPLE WHO LIVE IN RURAL AREAS), AND WILL PRIORITIZE THIS RESEARCH THROUGH THE EQUITY IN ACCESS RESEARCH PROGRAM TO INCREASE ACCESS TO CLINICAL TRIALS, WHICH ARE CONSIDERED HIGH-QUALITY CANCER CARE.

THERAPY ACCELERATION PROGRAM (TAP)

TAP IS LLS' MISSION-DRIVEN, STRATEGIC VENTURE PHILANTHROPY INITIATIVE THAT SEEKS TO ACCELERATE THE DEVELOPMENT OF INNOVATIVE BLOOD CANCER THERAPEUTICS AND CHANGE THE STANDARD OF CARE. TAP COLLABORATES WITH BIOTECH COMPANIES TO SUPPORT THE DEVELOPMENT OF NOVEL PLATFORMS, FIRST-IN-CLASS ASSETS ADDRESSING UNMET MEDICAL NEEDS, EMERGING PATIENT POPULATIONS AND EVEN RARE BLOOD CANCERS.

ESTABLISHED IN 2007, TAP HAS INVESTED MORE THAN \$110 MILLION IN OVER 50 BIOTECH COMPANY PROJECTS. SINCE 2017, FIVE TAP-SUPPORTED THERAPIES HAVE BEEN APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) OR INCLUDED IN THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) GUIDELINES. CURRENTLY, THERE ARE OVER 30 ACTIVE CLINICAL STUDIES WITH TAP-SUPPORTED THERAPIES, INCLUDING SEVERAL REGISTRATION-ENABLING CLINICAL STUDIES IN BLOOD CANCER THAT COULD LEAD TO MORE FDA APPROVALS.

BETWEEN JULY 2023 AND JUNE 2024 (FY24), TAP MADE INVESTMENTS IN FIVE BIOTECH COMPANIES THAT INCLUDED TWO EXISTING BIOTECH PARTNERS AND THREE BRAND NEW UP-AND-COMING BIOTECH COMPANIES, TO HELP THEM NAVIGATE THE DRUG DEVELOPMENT LANDSCAPE AND TO SUPPORT CLINICAL TRIALS FOR BLOOD CANCER PATIENTS. SEVERAL OF THESE COMPANIES ARE BASED IN EUROPE AND

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NOW, WITH HELP FROM TAP, THESE COMPANIES ARE RUNNING CLINICAL TRIALS IN THE US.

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 9,000 BLOOD CANCER PATIENTS ANSWERED THE CALL TO JOIN THE REGISTRY AS "CITIZEN SCIENTISTS." THIS ALLOWED US TO GENERATE THE LARGEST DATA SET REPORTED TO DATE ON VACCINE SAFETY AND EFFICACY (INCLUDING BOOSTERS) ACROSS ALL MAJOR BLOOD CANCER AND TREATMENT TYPES. THIS INFORMATION HAS HELPED PATIENTS, HEALTHCARE PROVIDERS, AND PUBLIC HEALTH OFFICIALS MAKE MORE INFORMED CHOICES ABOUT COVID-19 PREVENTION.

CLINICAL TRIALS

BEAT AML MASTER TRIAL

BEGINNING NOVEMBER 2016, LLS LAUNCHED THE BEAT AML MASTER TRIAL, A COLLABORATIVE CLINICAL TRIAL TESTING SEVERAL NOVEL TARGETED THERAPIES FOR PATIENTS WITH ACUTE MYELOID LEUKEMIA (AML) DESIGNED TO FACILITATE FDA APPROVAL OF NEW DRUGS AND CHANGE THE TREATMENT PARADIGM FOR PATIENTS DIAGNOSED WITH AML BY DEVELOPING MORE INDIVIDUALIZED, EFFECTIVE TREATMENT APPROACHES. THE MASTER TRIAL INVOLVES COLLABORATIONS WITH MULTIPLE MEDICAL INSTITUTIONS, DRUG COMPANIES, A GENOMIC PROVIDER, A CLINICAL RESEARCH ORGANIZATION, AND THE FDA, ALL OF WHOM HAVE COMMITTED TO WORKING COLLABORATIVELY. FROM INCEPTION THROUGH JUNE 2024, 491 PATIENTS PARTICIPATED IN CLINICAL TRIALS UNDER THE BEAT

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AML MASTER TRIAL.

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

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

A VARIETY OF MEDIA - PRINT, ONLINE, BY PHONE, AND FACE-TO-FACE IN COMMUNITIES. A NUMBER OF RESOURCES ARE AVAILABLE IN SPANISH FOR PATIENTS, CAREGIVERS AND HEALTHCARE PROFESSIONALS. FINANCIAL ASSISTANCE OUR FINANCIAL ASSISTANCE PROGRAMS AIM TO LESSEN THE ECONOMIC TOLL ON PATIENTS AND FAMILIES TO HELP PATIENTS AFFORD LIFE-SAVING TREATMENTS. TO COUNTER CONTINUALLY RISING DRUG PRICES AND ALLEVIATE THE BURDENS FELT BY PATIENTS COPING WITH BLOOD CANCER, LLS PROVIDED 70,982 GRANTS TOTALING OVER \$173M IN ASSISTANCE AWARDED. THE LION'S SHARE-OVER \$158 MILLION- AWARDED TO SUPPORTED PATIENTS' INSURANCE PREMIUMS AND TREATMENT-RELATED CO-PAY AND CO-INSURANCE OUT OF POCKET COSTS THROUGH OUR CO-PAY ASSISTANCE PROGRAM.

IN KEEPING WITH OUR COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION, LLS RECOGNIZES THAT NEED EXISTS THROUGHOUT ALL GEOGRAPHIC REGIONS AND

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WITHIN ALL PATIENT POPULATIONS, INCLUDING THOSE TRADITIONALLY UNDERREPRESENTED.

CO-PAY ASSISTANCE PROGRAM

THE CO-PAY ASSISTANCE PROGRAM SUPPORTS QUALIFYING BLOOD CANCER PATIENTS MEET THEIR HEALTH INSURANCE OR MEDICARE PLAN PART B OR D PREMIUMS OR CO- PAYMENT OBLIGATIONS RELATED TO TREATING THEIR BLOOD CANCER DIAGNOSIS. PATIENTS WITH PRESCRIPTION DRUG COVERAGE, MEDICARE BENEFICIARIES UNDER MEDICARE PART B AND/OR MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE ADVANTAGE SHOULD CHECK WITH LLS TO SEE IF THEY MEET ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL SUPPORT. CO-PAY ASSISTANCE IS SUBJECT TO FUNDING AVAILABILITY BY SPECIFIC BLOOD CANCER DIAGNOSIS. IN 2024, LLS AWARDED 29,605 GRANTS THROUGH ITS CO-PAY ASSISTANCE PROGRAM.

SUSAN LANG PRE CAR T-CELL THERAPY TRAVEL ASSISTANCE PROGRAM

LLS AWARDED 425 GRANTS EACH IN THE AMOUNT OF \$2,500 FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS FOR PATIENTS WHO ARE BEING EVALUATED TO RECEIVE CAR T-CELL THERAPY AS EITHER STANDARD TREATMENT OR A CLINICAL TRIAL.

SUSAN LANG PAY-IT-FORWARD PATIENT TRAVEL ASSISTANCE PROGRAM

LLS AWARDED 2,079 GRANTS EACH IN THE AMOUNT OF \$500 FOR TREATMENT-RELATED TRANSPORTATION AND LODGING COSTS.

URGENT NEED PROGRAM

IN PARTNERSHIP WITH MOPPIE'S LOVE AND CHARLIE'S FUND, LLS AWARDED 15,838 GRANTS EACH IN THE AMOUNT OF \$500 FOR NON-MEDICAL LIVING

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EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD.

LOCAL FINANCIAL ASSISTANCE PROGRAM

LLS AWARDED 4,339 GRANTS EACH IN THE AMOUNT OF \$500 TO COVER

NON-MEDICAL LIVING EXPENSES-INCLUDING RENT, UTILITIES, AND FOOD, ETC.

PATIENT AID PROGRAM

LLS AWARDED ONE-TIME STIPENDS OF \$100 TO OVER 18,696 PATIENTS TO HELP

OFFSET NON-MEDICAL EXPENSES.

SCHOLARSHIP FOR BLOOD CANCER SURVIVORS

IN 2024, THE LLS SCHOLARSHIP FOR BLOOD CANCER SURVIVORS AWARDED 236

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

IN-PERSON VOCATIONAL, TWO-YEAR, ORFOUR-YEAR UNDERGRADUATE EDUCATION.

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

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

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

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

PATIENTS AND CAREGIVERS TOOK PLACE LAST YEAR.

FACILITATING CLINICAL TRIAL ACCESS

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

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

NURSE NAVIGATORS, AND CONTINUED TO EXPAND THE POSSIBILITY OF POSITIVE

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

NURSE NAVIGATORS ASSISTED 1077 PATIENTS. TWENTY PERCENT OF THESE

PATIENTS ENTERED A TRIAL.

OUTREACH TO UNDERSERVED GROUPS

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WE AUGMENTED EFFORTS TO EXPAND ACCESS TO LLS SERVICES AND RESOURCES BY BOLSTERING RELATIONS WITH COMMUNITY GROUPS AND LEADERS, NOTABLY IN THE BLACK AND LATINO COMMUNITIES, AND INCREASED OUR NUMBER OF BILINGUAL STAFF AND VOLUNTEERS. WE ALSO INCREASED ACCESSIBILITY OF OUR EDUCATION PROGRAMS TO RURAL PATIENTS AND FAMILIES VIA OUR VIRTUAL OFFERINGS. MOREOVER, WE EXPANDED PARTNERSHIPS WITH ADDITIONAL AFFINITY GROUPS INCLUDING: THE NATIONAL HISPANIC NURSES ASSOCIATION, NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS, THE LATINO CANCER INSTITUTE, NATIONAL BLACK NURSES ASSOCIATION, ALPHA PHI ALPHA. THE LLS MYELOMA LINK PROGRAM, LAUNCHED IN 2017, CONTINUED TO GAIN TRACTION. WE IMPROVED UNDERSTANDING OF TREATMENT OPTIONS BY PROVIDING IMPORTANT INFORMATION TO AFRICAN AMERICANS, WHO ARE TWICE AS LIKELY TO BE DIAGNOSED WITH MULTIPLE MYELOMA AS CAUCASIAN AMERICANS. IN 2024, LLS REACHED ALMOST 25,000 PEOPLE THROUGH MYELOMA LINK EDUCATION AND OUTREACH ACTIVITIES IN 15 CITIES ACROSS THE U.S. IN 2024, THE LLS LATINO OUTREACH PILOT REACHED APPROXIMATELY 100,000 SPANISH-SPEAKING COMMUNITY MEMBERS THROUGH COMMUNITY PROGRAMS ACROSS 5 MAJOR HISPANIC MARKETS (INCLUDING PR) AND OUR PARTNERSHIP WITH ENTRAVISION AND PRIME TIME INTERVIEWS WITH BOTH UNIVISION AND TELEMUNDO. EDUCATION AND PATIENT CONNECTIONS OUR VIRTUAL EDUCATION PROGRAMS PROVIDED BOTH PATIENTS AND FAMILIES, AS WELL AS HEALTH CARE PROFESSIONALS, ACCESS TO CONTENT INCLUDING BLOOD CANCER CONFERENCES, LOCAL EDUCATION PROGRAMS, NATIONAL WEBINARS, VIDEOS, LECTURES, AND PODCASTS. LLS'S HIGHLY VIEWED WEBSITE CONTINUES TO PROVIDE THE MOST UP TO DATE BLOOD CANCER INFORMATION INCLUDING ACCESS TO BLOGS, BOOKLETS, WORKBOOKS, FACT SHEETS AND MORE. IN ADDITION, 1,638 CANCER PATIENTS

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WERE PROVIDED WITH PERSONALIZED NUTRITION CONSULTATIONS BY LLS'S REGISTERED DIETITIANS.

OUR PATIENT & COMMUNITY OUTREACH TEAM CONTINUED TO BRING PATIENTS TOGETHER VIA ONLINE LOCAL SUPPORT GROUPS AND CHATS. THE PATTI ROBINSON KAUFMANN FIRST CONNECTION PROGRAM MATCHED 2,200 PATIENTS WITH TRAINED VOLUNTEERS FACING THE SAME DISEASE.

IN ADDITION, MEMBERSHIP IN LLS COMMUNITY-OUR ONLINE SOCIAL NETWORK- WAS 22,796, AN INCREASE OF 9% OVER FISCAL YEAR 2023.

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

D) PROFESSIONAL EDUCATION:

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

IN FY 2024:

-LLS PROVIDED 17 CME/CE-GRANTING LIVE EDUCATIONAL PROGRAMS, WITH 2,533 HEALTHCARE PROFESSIONALS IN ATTENDANCE. IN ADDITION 36 VIRTUAL LECTURES WERE PRESENTED WITH ALMOST 65,000 PARTICIPANTS.

- OVER 22,000 PATIENTS AND PROFESSIONALS PARTICIPATED IN LIVE EDUCATION PROGRAMS DELIVERED VIRTUALLY AS WELL AS DELIVERED IN PERSON, LOCALLY AND REGIONALLY.

-THERE WERE OVER 214,000 PAGE VIEWS FOR ARCHIVED WEB PROGRAMS, VIRTUAL LECTURES AND VIDEOS AND NEARLY 90,000 PODCAST DOWNLOADS. OVER 911,000 BOOKLETS AND FACT SHEETS WERE EITHER DOWNLOADED OR ORDERED IN HARD COPY.

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EXPENSES \$ 16,017,073. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE TAX YEAR, LLS AMENDED ITS BYLAWS EFFECTIVE FEBRUARY 3, 2024. THE BYLAW AMENDMENTS INCLUDED THE CREATION OF AN OPERATIONS COMMITTEE OF THE BOARD OF DIRECTORS TO OVERSEE LLS' OPERATIONAL PLANS, DESIGNATED OFFICER POSITIONS FOR LLS' GENERAL COUNSEL AND CHIEF PEOPLE OFFICER AND INCLUDED A REQUIREMENT THAT A CHAIRPERSON AND VICE CHAIRPERSON MUST SERVE AS A DIRECTOR FOR 1 TERM PRIOR TO THEIR ELECTION TO THE POSITION.

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

THE FORM 990 WAS PREPARED BY THE LLS FINANCE DEPARTMENT AND WAS REVIEWED BY THE CFO, SENIOR VICE PRESIDENT OF FINANCE, VICE PRESIDENT, CONTROLLER, AND KPMG FOR COMMENT AND SUGGESTED REVISIONS. THE FORM 990 WAS THEN PROVIDED TO THE AUDIT COMMITTEE, WHICH IS A COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REVIEWED THE 990 AND PROVIDED INPUT PRIOR TO FILING. THE FINAL DRAFT FORM 990, AS WILL BE FILED WITH THE IRS, WAS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

ALL EMPLOYEES, VOLUNTEERS, CONSULTANTS, TEMPORARY EMPLOYEES, LOCAL BOARD MEMBERS, AND MEMBERS OF THE NATIONAL BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND SUBMIT A SIGNED FORM ACKNOWLEDGING THAT THEY HAVE REVIEWED THE POLICY AND DISCLOSED ANY CONFLICTS OF INTEREST. ALL CONFLICT OF INTEREST DISCLOSURE FORMS ARE REVIEWED BY THE LEGAL DEPARTMENT AND, IF DEEMED NECESSARY, ESCALATED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR FURTHER REVIEW, EVALUATION,

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

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

THE TALENT AND COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS REVIEWS, MONITORS, AND APPROVES THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND COMPENSATION. THEIR DECISION IS INCLUDED IN THE APPROPRIATE MINUTES OF THE MEETING IN WHICH APPROVAL WAS GIVEN. IN JUNE 2023, THE TALENT AND COMPENSATION COMMITTEE, THROUGH AN INDEPENDENT THIRD PARTY, OBTAINED A MARKET STUDY COMPRISED OF SIMILAR NOT-FOR-PROFIT ORGANIZATIONS TO REVIEW THE COMPENSATION MARKET LEVELS AND SET THE CHIEF EXECUTIVE'S SALARY COMMENSURATELY. THE COMMITTEE MET, APPROVED AND DOCUMENTED THE PROCESS IN THE COMMITTEE MINUTES. IN 2023, THE TALENT AND COMPENSATION COMMITTEE, THROUGH AN INDEPENDENT THIRD PARTY, OBTAINED A MARKET STUDY COMPRISED OF SIMILAR NOT-FOR-PROFIT ORGANIZATIONS TO REVIEW THE COMPENSATION MARKET LEVELS OF OTHER OFFICERS AND KEY EMPLOYEES AND TO APPROVE THE PRESIDENT AND CEO'S RECOMMENDATIONS ON THEIR COMPENSATION LEVELS.

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

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

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

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

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FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	14,796,303.
MANAGEMENT AND GENERAL EXPENSES	3,927,127.
FUNDRAISING EXPENSES	3,169,711.
TOTAL EXPENSES	21,893,141.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	21,893,141.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY ADJUSTMENTS	335,200.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

Employer identification number
13-5644916

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BEAT AML, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	NEW YORK	4,987,820.	-56,200. LLS	
LLS PEDAL INITIATIVE LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	NEW YORK	10,885,329.	3,394,697. LLS	
LLS TAP MIRAGEN, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			LLS
LLS TAP X4, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			LLS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE LLS OF CANADA 804 2 LANSING SQUARE TORONTO, CANADA M2J4P8	PART VII	CANADA			N/A		X
THE LLS RESEARCH FOUNDATION - 13-3709252 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	PART VII	DELAWARE	501(C)(3)	LINE 12A, I	LLS, INC		X
THE LLS RESEARCH PROGRAMS, INC. - 13-3470494 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	PART VII	DELAWARE	501(C)(3)	LINE 12A, I	LLS, INC		X

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

Schedule R (Form 990) 2023

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LLS TAP, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE	931,402.	10,401,740.	LLS
LLS TAP CONSTELLATION, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			LLS
LLS TAP KDAC, LLC 1201 15TH STREET N.W., SUITE 410 WASHINGTON, DC 20005	RESEARCH	DELAWARE			LLS

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

