### Form Department of the Treasury

#### Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

OMB No. 1545-0047 Open to Public

Inspection For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12 The Leukemia & Lymphoma Society, Inc Employer identification number C Name of organization Check if applicable: Inc. Address change Doing Business As 13-5644916 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 615-331-2980 102 404 BNA Drive Terminated City or town, state or country, and ZIP + 4 Nashville TN 37217 1,743,022 G Gross receipts \$ Amended return Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? If "No," attach a list. (see instructions) X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) or Tax-exempt status: www.LLS.org H(c) Group exemption number X Corporation M State of legal domicile: Form of organization: Other > Year of formation: Part I **Summary** 1 Briefly describe the organization's mission or most significant activities: CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE Activities & Governance QUALITY OF LIFE OF PATIENTS 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 23 4 11 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 1717 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,464,827 1,743,022 8 Contributions and grants (Part VIII, line 1h) 0 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,464,827 1,743,022 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 124,800 80,600 14 Benefits paid to or for members (Part IX, column (A), line 4) 589,359 649,723 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 205,811 796,292 1,134,596 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,510,451 1,864,919 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -45,624 -121,897 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 12,548 18,813 20 Total assets (Part X, line 16) 130,510 258,673 21 Total liabilities (Part X, line 26) -117,962 -239,860 22 Net assets or fund balances. Subtract line 21 from line 20 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 Regional Controller Michael DiPierro Here Type or print name and title PTIN Print/Type preparer's name Date Preparer's signature Check Paid 11/28/12 self-employed Preparer The Leukemia & Lymphoma Society, 13-5644916 Firm's EIN Firm's name Use Only 1311 Manaroneck Ave 914-821-8910 White Plains, NY May the IRS discuss this return with the preparer shown above? (see instructions) Yes

	m 990 (2011) The Leukemia & Lymphoma Society, Inc 13-5644916 Page 2 Part III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:
	CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS
	*,
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?  If "Yes," describe these changes on Schedule O.
4	
4	a (Code: )(Expenses \$ 822,935 including grants of \$ ) (Revenue \$ PATIENT AND COMMUNITY SERVICE
	•
	b (Code: )(Expenses \$ 298,292 including grants of \$ ) (Revenue \$ Public Health Education
	·
	c (Code: ) (Expenses \$ 83,378 including grants of \$ ) (Revenue \$ ) PROFESSIONAL EDUCATION
	*
40	d Other program services. (Describe in Schedule O.)
	d Other program services. (Describe in Schedule O.)  (Expenses \$ 288,213 including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 1,492,818

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		<del> </del>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	115.05.044.00	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			7.7
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			7.7
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.0		v
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	45	x	
19	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Δ.	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
13	KINVA TARAMALAN OLIVINA OLIVINA OLIVINA OLIVINA	19		x
20a	Did the exercise tion energies are as many benefit facilities? If the exercise to Cabadula U	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
~	195 to mis =551 5.5 the organization attach a copy of its accited initialistic statements to this folding.			

# Form 990 (2011) The Leukemia & Lymphoma Society, Inc 13-5644916 Part IV Checklist of Required Schedules (continued)

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	İ		
	employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b		24b		
С	make the state of			
	to defease any tax-exempt bonds?	24c	ĺ	
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	16 IIVaa II aassalata Cahadula II. Dort I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			4 <b>L</b>
20				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	1000000000	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	<u>20a</u>		
b		28b		X
_	Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Y
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31	$\dashv$	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			32
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X (2011)

#### Form 990 (2011) The Leukemia & Lymphoma Society, Inc 13-5644916

Pa	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
		1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	500000000000000000000000000000000000000	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 11			
	Statements, filed for the calendar year ending with or within the year covered by this return		21-		X
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		1
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fin				
			4a		x
b			70		
D	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				
5a			5a	**********	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.				Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
-	organization solicit any contributions that were not tax deductible?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			
	required to file Form 8282?	·	7c		
d	trust was to a second to the s	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e	$\sqcup$	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	*******	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition file a Form 1098-C?	<b>7</b> h		***********
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
			8	000000000000000000000000000000000000000	8333333
9	Sponsoring organizations maintaining donor advised funds.				
a				$\vdash$	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	10a			
a h	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
b  1	Section 501(c)(12) organizations. Enter:	190			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	110			
	against amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a	2010/00/2012/07	.000000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the appropriate licensed to issue qualified health plane in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
4a	Did the experientian receive any nayments for indeer tenning convices during the tay year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any guestion in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 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, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the

organization:

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

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

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

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

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

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

(A)  Name and Title	(B) Average hours per week (describe hours for	(de	o not o	Pos check ess pe	C) sition more erson i	than o is both ir/trust	ne an ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1000 IIII00)	organization and related organizations
(1) Wayne Conte										
Member	1.00	X						0	0	0
(2) Chad Reeder	1 00	7.						· 0	0	0
President	1.00	X		-		$\vdash$		0	0	<u> </u>
(3) Jim Asker Member	1.00	x				-		0	0	0
(4) Philip Bolger Member	1.00	x						0	0	0
(5) Robert Vogt	1.00	x						0	0	0
(6) Emily Daniel Member	1.00	x						0	0	0
(7) Dawn Gates	1.00				-	$\vdash$				<u> </u>
Secretary	1.00	x						0	0	0
(8) Charmaine Hunt Member	1.00	x						o	0	0
(9) Nan Kelly	<u> </u>	<del> </del>								
Member	1.00	x						0	0	0
(10) Stacie Kinder	1 00	٠,						o	0	o
Member	1.00	X			_		<u> </u>	U	U	<u> </u>
(11) Charley Williams Member	1.00	x						0	0	0
(12)Lisa Maki										
Vice President	1.00	X						0	0	0
(13) Tyler McGee Member	1 00	x						0	0	0
	1.00	Α	_		-			0		<u> </u>
(14)Osei Mevs Member	1.00	x						0	0	0

Form 990 (2011)

								ty, Inc 13-564					age
	1	stee	s, K			oyee	s, a	nd Highest Compensated					
(A) Name and title	(B) Average hours per week (describe hours for	bo	x, unle ficer a	Pos check ess pe nd a d	rson lirecto	than o	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(	(F Estim amou oth compen from	ated nt of er sation	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and re organiz	lated	
(15)Michael Mitchel Member	1.00	x						0	0			<del></del> -	(
(16) Robert Kesling Member	1.00	x						0	0				
(17)Lori Copeland Treasurer	1.00	x	!					0	0				(
(18)Lori Palmer Member	1.00	x						0	0				(
(19)Mike Palmer Member	1.00	х						0	0				(
(20) David Callaham Member	1.00	x						0	0				(
(21) Mark Scrivner Member	1.00	x						0	0				(
(22) Greg Stein Member (23) Michael Savona	1.00	x						0	0				(
Member (24)	1.00	x						0	0				(
(25)													
1b Sub-total	1					Ш 	<b>&gt;</b>						_
c Total from continuation she d Total (add lines 1b and 1c)							<b>&gt;</b>						
Total number of individuals (ir reportable compensation from	-			thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3 Did the organization list any fo												Yes	No
employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	e 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation	from the		3		Х
individual  5 Did any person listed on line 1	la receive or acc	rue o	comp	ensa	atior	ı from	ı an	y unrelated organization or	individual		4		X
for services rendered to the or Section B. Independent Contract		es,	com	piete	SCI	neau	e J	for such person			5		
Complete this table for your fit compensation from the organi	ization. Report co	ensa ompe	ted i	ndep tion f	end for ti	ent c	ontr	dar year ending with or with	in the organization's tax ye	ar.		(0)	
Name and	(A) I business address							Descrip	(B) ion of services		Co	(C) mpensal	ion
												· <u>· · · · · · · · · · · · · · · · · · </u>	
-	<u>,, , , , , , , , , , , , , , , , , , ,</u>												
2 Total number of independent received more than \$100,000		_						se listed above) who	0				

orm 990 (2011) The Leukemia & Lymphoma Society, Inc 13-5644	491	44	-56	13	, Inc	Society	Lymphoma	8	Leukemia	The	orm 990 (2011)
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Pa	irt V	III Staten	nent of Reve	enue			1975 - 1775	T	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated can	npaigns	1a					
ᄪ	b	Membership d		1b		1			
Ğ,ë	c	Fundraising ev		1c		1			
# i	d			1d		1			
S, C	е	_		1e		]			
Sign	f	All other contribution				]			
텵		and similar amounts		1f	1,743,022				
ĘÒ	g	Noncash contribution	ns included in lines 1a-	1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	es 1a-1f	· · · · · · · · · · · · · · · · · · ·	<b></b>	1,743,022			
					Busn. Code				
ven	2a								
S.	b			,,,,,,,,,,,,					
ζįς	С								
Se	d								
Lam	е								
Program Service Revenue	i		am service reve						
<u>-</u>			es 2a-2f						I
	3		come (including						
			lar amounts)			-	-		
	4		rvestment of tax	•	•				
	5	Royallies	(i) Real		(ii) Personal				
	6a	Gross rents	(1) 11001		(ii) i diodilai				
	b	Less: rental exps.							
	C	Rental inc. or (loss)							
	d	Net rental inco	me or (loss)						
	7a	7a Gross amount from			(ii) Other				
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.	11.0						
	С	Gain or (loss)							
	d	Net gain or (lo	ss)		<b>&gt;</b>				
an	8a		om fundraising eve						
			1,851,						
ş			eported on line 1c)	).					
Other Rever		See Part IV, line			202 601				
5			penses		293,601				
			(loss) from fund		ms				
	уa		om gaming activitie						
	h		19 penses						
			(loss) from gam	~	es				
			inventory, less	III.g douville					
			owances	a					
	b	Less: cost of g		. b					
			(loss) from sale	s of invento	ory				
ĺ			ellaneous Revenue		Busn. Code				
	11a					-			
	b								
	C								
			ue						
			s 11a–11d				-	-	
_	12	Total revenue	. See instruction	ıs	<u>,</u>	1,743,022	0	0	0

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX (B) Program service (D) Fundraising (C) (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 80,600 80,600 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 75,154 511,253 375,771 60,328 Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,941 74,707 11,994 101,642 Other employee benefits 5,414 36,828 27,068 4,346 Payroll taxes 10 Fees for services (non-employees): Management ..... Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... 12,827 32,631 40,052 85,510 g Other Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 7,532 51,233 37,656 6,045 16 Occupancy 6,357 43,248 31,788 5,103 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 819 1,019 5,100 6,938 Conferences, conventions, and meetings 19 20 Interest 805,874 805,874 21 Payments to affiliates ..... 59 400 294 47 Depreciation, depletion, and amortization 22 Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 933 750 6,352 4,669 TELEPHONE 65,559 9,833 25,017 30,709 PRINTING & SUPPLIES 15,941 19,565 41,773 6,267 POSTAGE & SHIPPING C 1,496 1,863 12,674 9,315 EQUIPMENT RENTAL 2,213 11,049 1,773 15,035 All other expenses ..... 166,290 205,811 1,492,818 1,864,919 Total functional expenses. Add lines 1 through 24e 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 ▶ if following SOP 98-2 (ASC 958-720) Form 990 (2011) DAA

Form 990 (2011) , The Leukemia & Lymphoma Society, Inc 13-5644916

Part)				(A)		(B) End of year
				Beginning of year		
1	Cash—non-interest bearing			1,565	1	9,234
2	Savings and temporary cash investments			2		
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net			4		
5	Receivables from current and former officers, direct					
	employees, and highest compensated employees.	Complete Part II of				
	Schedule L				5	
6	Receivables from other disqualified persons (as def	ined under section				
	4958(f)(1)), persons described in section 4958(c)(3)	(B), and contributing	ng	1000		
	employers and sponsoring organizations of section	501(c)(9) voluntary	′			
တ္က	employees' beneficiary organizations (see instruction	ons)			6	
Assets o 7	Notes and loans receivable, net		I		7	
8   §	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges			9,983	9	8,979
10a	Land, buildings, and equipment: cost or					
İ	other basis. Complete Part VI of Schedule D	10a	9,914			
Ь	Less: accumulated depreciation	10b	9,314	1,000	10c	600
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11			12		
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets		t t		14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal li	12,548	16	18,813		
17	Accounts payable and accrued expenses		25,525	17	40,854	
18	Grants payable				18	
19	Deferred revenue		104,985	19	217,819	
20				20		
21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part			21		
	Payables to current and former officers, directors, t					
Liabilities	employees, highest compensated employees, and	s .				
≣					22	
23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated				23	
1	Unsecured notes and loans payable to unrelated th				24	
24 25	Other liabilities (including federal income tax, payab				0	
25	parties, and other liabilities not included on lines 17		I			
	•				25	
	of Schedule D  Total liabilities. Add lines 17 through 25			130,510	26	258,673
26	Organizations that follow SFAS 117, check here					
ပ္သ		and compr	- 10			
2 2	lines 27 through 29, and lines 33 and 34.		1	-117,962	27	-239,859
<u>E</u> 27	Unrestricted net assets			227,7502	28	
Ennd Balances 28 29 29	Temporarily restricted net assets			29		
<u>S</u> 29	Permanently restricted net assets	als have No.				
<u>ا ۲</u>	Organizations that do not follow SFAS 117, che					
Net Assets or 30 31 35	complete lines 30 through 34.				30	
30	Capital stock or trust principal, or current funds			31		
¥ 31	Paid-in or capital surplus, or land, building, or equip		I	<del></del>	32	
	Retained earnings, endowment, accumulated incor		· · · · · ·	-117,962	33	-239,859
33	Total net assets or fund balances			12,548		18,814
34	Total liabilities and net assets/fund balances			12,540	34	Form 990 (2011

Forn	n 990 (2011) The Leukemia & Lymphoma Society, Inc 13-5644916			Pa	ge 12.			
	Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>				
		1 1						
1	Total revenue (must equal Part VIII, column (A), line 12)		1,7					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8					
3	Revenue less expenses. Subtract line 2 from line 1				897 962			
4								
5	Other changes in net assets or fund balances (explain in Schedule O)	5						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,							
6.5 HOSSI	column (B))	6	2	39,	859			
Pa	art XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_					
	Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		01.		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	CH III III III III III III III III III I		2c	.				
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		K25220000000	0000000000	300000000000000000000000000000000000000			
	the Single Audit Act and OMB Circular A-133?		3a					
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			$\neg$				
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
	Toquilou dudit of dudito, explain why in contoduce of and decompe any steps taken to undergo such dudits			<u>99</u> 0	(2011)			
					,,			