2014 annual report







LLS LAUNCHED BEAT AML, A COLLABORATION WITH OREGON HEALTH & SCIENCE UNIVERSITY TO IDENTIFY GENES THAT CAUSE AML, AND WORK WITH BIOPHARMACEUTICAL COMPANIES TO TEST NEW AGENTS THAT TARGET THOSE GENES ALONE OR IN COMBINATION TO PERSONALIZE THERAPY FOR PATIENTS.

"MY NAME IS RHETT, AND CANCER ENDS WITH ME! CANCER CELLS ARE THE BAD GUYS. FOR THREE AND A HALF YEARS, I TOOK CHEMO TO GET THE BAD GUYS OUT." RHETT KRAWITT, SURVIVOR.

LLS SUPPORTED **350+** BLOOD CANCER RESEARCH PROJECTS WORLDWIDE.

> THE #1 NATIONAL CORPORATE PARTNER FOR LIGHT THE NIGHT, BURLINGTON RAISED \$3MM+.

MORE THAN 1.1 MILLION PEOPLE IN THE U.S. ARE LIVING WITH, OR ARE IN REMISSION FROM, A BLOOD CANCER. HIPS

LLS ANNOUNCED 14 **QUEST FOR CURES** RESEARCH GRANTS TO PROVIDE FUNDING FOR UNMET MEDICAL NEED, AND TO IDENTIFY WHY SOME TREATMENTS ARE NOT SUCCESSFUL FOR CERTAIN PATIENTS.

MAN & WOMAN OF THE YEAR—RECORD-BREAKING \$30.8MM RAISED; \$8MM MORE THAN PREVIOUS YEAR.

LLS ANNOUNCED FOUR SCREEN TO LEAD GRANTS TO HELP RESEARCHERS DEVELOP NOVEL SMALL MOLECULES THAT TARGET GENES WHICH CAUSE CANCER. IN 1964, THE FIVE-YEAR SURVIVAL RATE FOR THE MOST COMMONLY DIAGNOSED LEUKEMIA AMONG CHILDREN WAS 3%. TODAY IT'S 90%.



PRESIDENT AND CHAIRMAN'S MESSAGE.

With more than 1.1 million people in the U.S. living with or in remission from a blood cancer, the work of The Leukemia & Lymphoma Society (LLS) has never been more important.

We talk about someday being today. These are not just words. LLS has helped advance innovative therapies, initiated unique research collaborations, provided life-saving programs to help patients and caregivers, and advocated at the state and federal levels to ensure access to quality and affordable care. These efforts have helped bring someday home for many blood cancer patients; they would face even greater treatment and quality of life challenges were it not for the work of LLS.

Fiscal year 2014, our 65th anniversary, proved to be a challenging year of adapting and evolving, but also one of reaching meaningful milestones. This year, LLS surpassed \$1 billion of cumulative investments in cancer therapies and saving lives. Innovation requires sustained support from our donors, and their ongoing commitments have been amazing. LLS's decade-long collaboration with Nike for our Team In Training program helped us surpass the \$143 million mark. Our long-time corporate partner, Burlington, raised more than \$3 million through their annual campaign.

LLS has been at the heart of many important advances for blood cancer patients during 2014—from new targeted treatments like ibrutinib, to exciting progress in T-cell immunotherapy, to closing the gap between discovery and drug development through four new partnerships in our Therapy Acceleration Program[®]. Other successes come from LLS's advocacy and policy efforts, which are committed to ensuring sustainable access to the best available treatments for all blood cancer patients. Eliminating waiting periods for bone marrow transplants in Oregon and Washington, and establishing parity between insurance coverage for oral and intravenous therapies in Missouri, Maryland, Wisconsin and Arizona, are examples of how LLS's advocacy initiatives help save lives today.

Also in 2014, our executive leadership changed. In February, LLS CEO John Walter stepped down following nearly 20 years of service. John helped guide the expansion of LLS's efforts to accelerate new treatments for blood cancers, as well as our Co-Pay Assistance Program, which has provided almost \$200 million to help patients afford their insurance premiums and drug co-pays. The Board thanked John for his many years of dedication to our mission. Lou DeGennaro accepted the Board's request that he follow John as President and CEO, and Lou leveraged his nine previous years with LLS to hit the ground running.

During this past year, we continued building on the success of the powerful LLS brand platform Someday is Today.[™] This simple message calls to mind our contributions to impactful advances, and differentiates us in an ever more competitive fundraising environment. As you'll see in the following pages, your contributions to LLS have immediate and lasting power. You give—we act—lives saved. It's a formula for action that couldn't be any simpler—or more meaningful.

Louis J. DeGennaro, PhD President & CEO

Timothy S. Durst, JD Chairman of the Board



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MANY OF THE NEW GENERATION OF CANCER PATIENTS MANAGE THEIR CONDITION WITH JUST A DAILY PILL.



LLS HELPED PASS 12 STATE BILLS IN 2014 THAT LIMIT PATIENT COST-SHARING ON SPECIALTY DRUGS, IMPROVE COVERAGE FOR TERMINALLY ILL PATIENTS AND ENSURE TIMELY ACCESS TO TREATMENT.

FROM HERE TO SOMEDAY: HOW OUR MISSION IS SHORTENING THE DISTANCE.

Partnering for Cures—Therapy Acceleration and the Targets, Leads and Candidates programs.

At the annual Partnering for Cures in New York City, more than 1,000 leaders in medical research came together, driven by a sense of urgency on getting treatments to patients. LLS was there as a leader in venture philanthropy.

Through our Therapy Acceleration Program, we are bridging the gap between discovery and drug development, creating partnerships with universities and biotechnology and pharmaceutical companies to speed the process.

Louis J. DeGennaro, PhD, LLS president & CEO, participated in 30 meetings with other leaders and highlighted our Targets, Leads and Candidates program, through which we partner with the biopharmaceutical industry to fund early-stage research.

T-cell immunotherapy.

LLS-funded research showed remarkable data on chimeric antigen receptor T-cell immunotherapy—CART immunotherapy —at the 55th American Society of Hematology (ASH) Annual Meeting. Among adults and children with advanced blood cancers, 89% of the acute lymphoblastic leukemia (ALL) patients had a complete response rate and 47% of adult chronic lymphocytic leukemia (CLL) patients responded to the therapy, the first successful and sustained use of genetically engineered T cells to fight leukemia. LLS grant recipient and CART immunotherapy team leader Carl H. June, MD, of the University of Pennsylvania, explained: "Our findings show that the human immune system and these modified 'hunter' cells work together to attack tumors in an entirely new way." Lee Greenberger, PhD, LLS chief scientific officer, added, "These findings show real promise in the quest to activate and direct the immune system to kill cancer cells."

Over the past 16 years, LLS has committed \$21 million to this work through 2017.

Additional funds are being directed to agents that take the brakes off the immune system, the so-called immunocheckpoint inhibitors, vaccines to activate the immune system, as well as new CART therapies where the T cells are directed to other blood cancers, including acute myeloid leukemia (AML).

Ibrutinib study results.

Ibrutinib, a targeted oral therapy approved by the FDA to treat patients with relapsed CLL, made news at the 2014 American Society for Clinical Oncology meeting in Chicago.

John Byrd, MD, of The Ohio State University, and a long-time recipient of LLS funding, presented data from a Phase 3 study that showed ibrutinib significantly outperformed of atumumab. At six months, 83 percent of patients treated with ibrutinib experienced progression-free survival compared to 49 percent of patients on of atumumab.



Earlier, Dr. Byrd and colleagues published a study in *The New England Journal of Medicine* identifying mechanisms that cause resistance to ibrutinib, raising hope that understanding these mutations could lead to drug combinations that prevent or treat ibrutinib-resistant CLL.

Beat AML initiative begins.

AML is the most common type of acute leukemia among adults, with less than one-third of newly diagnosed patients in the U.S. surviving beyond five years. LLS kicked off its "Harry T. Mangurian, Jr. Beat AML" fundraising initiative in New York City, featuring Brian Druker, MD, Director, Oregon Health & Science University Knight Cancer Institute (OHSU), and lead investigator of LLS's groundbreaking collaboration with OHSU.

With treatment options for AML largely unchanged in 30 years, Dr. Druker spoke about creating a network of collaborators open to testing new ideas, including drug combinations.

Dr. DeGennaro emphasized bringing together researchers and the U.S. Food and Drug Administration (FDA). "From 2000 through 2013, nearly 40 percent of the new anti-cancer treatments approved by the FDA were first approved for blood cancer patients. That's more first approvals than for any other group of cancer patients," he noted.

ASH Annual Meeting.

At the 55th American Society of Hematology (ASH) Annual Meeting and Exposition, researchers from around the world shared the latest findings on targeted therapies, immunotherapies and epigenetics. Topics included the recently approved obinutuzumab, an antibody that helps kill blood cancer cells that express a protein found in many B cell lymphomas.

"LLS funds research from early clinical work to clinical trials, and even partners with industry, to accelerate therapies through the drug discovery pipeline," said Dr. Greenberger. "Our investments have helped advance therapies that are saving lives today."

Also, LLS hosted a satellite symposium on how cancer genomics and technology combine to advance new therapies for treatment of blood cancer patients.

Translational Research Program (TRP) 20th anniversary.

Our Translational Research Program, designed to advance promising discoveries from lab to clinic, celebrates 20 years of helping to advance the work of some of the most renowned blood cancer researchers, including Brian Druker, MD, of Oregon Health & Science University, Carl June, MD, of the University of Pennsylvania, and John Byrd, MD, of The Ohio State University.

LLS is proud of supporting the work of Dr. Druker. His breakthrough studies of the targeted oral therapy, imatinib (Gleevec[®]), and later clinical trials led to the accelerated FDA approval of the drug that is now saving lives of patients with chronic myeloid leukemia (CML), and helping patients with other cancers as well. A video about Dr. Druker can be viewed on our YouTube Channel. FOR LLS, THE UFCW RAISED \$2.6MM IN CANADA AND \$1.9MM IN THE U.S.

> LLS HELPED ACHIEVE ORAL PARITY LEGISLATION IN 6 STATES; CURRENT TOTAL IS 33 STATES PLUS D.C.

LLS SUPPORTED **\$15MM** IN SPECIALIZED CENTER OF RESEARCH GRANTS. - UFCW

IN 65 YEARS OF INVESTING IN CANCER THERAPIES AND SAVING LIVES, LLS SURPASSED THE \$1B MILESTONE.

State policy: Eliminating waiting periods for transplants in Oregon and Washington.

LLS mobilized advocacy efforts to successfully reverse a 24-month waiting period for previously uninsured bone marrow transplant patients in the Oregon health insurance marketplace. LLS's access team brought this issue to the attention of the public and state health policy officials to help remove this barrier to a critical therapy for the patients who urgently need it.

Similar action also reversed a 3-month waiting period in Washington state. These are important examples of how LLS's advocacy initiatives work to save lives every day.

New Oral parity laws became reality in 4 states.

LLS advocacy helped make oral parity a reality in Missouri, Maryland, Wisconsin and Arizona. Oral parity requires insurance plans to charge consistent co-payments, deductibles, or coinsurance amounts for anticancer medications, regardless of whether the therapy is self-administered or administered intravenously or by injection.

Equitable access to oral therapies allows blood cancer patients and their doctors to decide the most clinically appropriate treatment and keeps patients from having to choose whether or not they can afford to fill their prescription.

The LLS government affairs team, along with our advocates, directly contributed to the passage of oral parity bills in five states in the last two years and a total of ten oral parity bills.

LLS patient support for the Affordable Care Act (ACA).

LLS played an active role in informing the public about the effect the ACA could have on blood cancer patients and the types of questions to ask their insurance companies. ACA bans lifetime limits on care, and allows dependents to stay on their parent's health insurance up to age 26. Consumers with pre-existing conditions such as a blood cancer cannot be denied coverage based on their health status.

While there are many beneficial aspects of the law, there are also issues that blood cancer patients need to be aware of, such as narrow networks and high cost-sharing, which can prevent patients from getting access to the care they need.

LLS's Information Resource Center (IRC), as well as local patient support staff, helped patients understand their options and eligibility for insurance subsidies when signing up for coverage through the new federal and state marketplaces.

The Affordable Care Act: Milliman report raises concerns for blood cancer patients.

LLS continues to be a resource for our patients. As part of LLS's efforts to help educate patients about the Affordable Care Act, we commissioned the Milliman Report on Healthcare Exchanges in Seven States. It provided a look at the 2014 individual benefit designs, coverage benefits and premiums for policies sold on seven state health insurance exchanges—California, New York, Florida, Texas, New Jersey, Michigan and Washington. Narrow networks and high cost-sharing were among the concerns raised. IRC SPECIALISTS PERFORMED 6,000 CLINICAL TRIAL SEARCHES USING LLS'S TRIALCHECK TOOL. LLS **EXPANDED IRC** HOURS TO 9 A.M. – 9 P.M. EASTERN TIME.

INFORMATION RESOURCE CENTER (IRC) SPECIALISTS FIELDED 62,000+ INQUIRIES; TOUCHING MORE THAN 1MM PATIENTS SINCE ITS INCEPTION IN 1987.



LLS-FUNDED RESEARCHERS REPORTED THAT 27 OF 30 ACUTE LYMPHOBLASTIC LEUKEMIA PATIENTS TREATED WITH CTL-019 EXPERIENCED COMPLETE REMISSION.

Federal policy: Kids First Research Act.

The Gabriella Miller Kids First Research Act increases much needed funding for pediatric medical research activities administered through the Common Fund of the National Institutes of Health.

This law expands pediatric research activities into cancer, autism and other diseases impacting children.

The law was passed by both the House of Representatives and the Senate, then signed into law by President Obama. LLS played a key role in advocating on behalf of this important piece of legislation.

LLS Co-Pay Assistance Program milestone.

LLS has raised more than \$200 million for our Co-Pay Assistance Program since its inception in 2007. The program provides support for prescription drug co-pays and health insurance premiums for blood cancer patients who meet certain income requirements. Patients with private insurance, Medicare beneficiaries under Medicare Part B and/or Plan D, Medicare Supplementary Health Insurance and Medicare Advantage are eligible.

Through our Co-Pay Assistance Program, LLS has made blood cancer treatments available and affordable for more than 36,000 patients to date.

IRC expands patient service.

LLS has expanded hours for its Information Resource Center (IRC), a toll-free call center staffed with master's level healthcare professionals knowledgeable on the latest information on all blood cancers.

The call center can immediately assist callers in English, Spanish and French, with translations available in more than 140 languages.

LLS's IRC stands out among health organization call centers because of the depth of individualized attention offered. Since its inception in 1987, the IRC has helped more than one million callers.

Increasing service hours is part of our strategic plan to expand mission offerings. We provide support services to patients and families, ensuring patients have access to quality, affordable care. LLS FORMED COLLABORATIONS WITH FOUR NEW TAP PARTNERS —INCLUDING ARGENX, STEMLINE, AFFIMED AND STANFORD UNIVERSITY— 25 ACTIVE PROGRAMS IN TOTAL. SINCE THE EARLY 1960S, FIVE-YEAR SURVIVAL RATES FOR MANY BLOOD CANCER PATIENTS HAVE DOUBLED, TRIPLED OR EVEN QUADRUPLED.



LLS COMMITTED \$23MM IN TRANSLATIONAL RESEARCH PROGRAM GRANTS, ADDRESSING AREAS OF UNMET MEDICAL NEED, AND HELPING ADVANCE PROJECTS FROM LAB TO CLINIC.

HOW WE'RE GETTING EVERYONE INVOLVED IN OUR MISSION.

Donor Development—Mission Critical.

Donor Development also experienced a record-setting year for LLS, raising \$29.2 million. The year was highlighted by the launching of the \$8.3 million Beat AML fundraising campaign. To date, \$6.5 million has been pledged, spearheaded by the Harry T. Mangurian, Jr. Foundation's lead gift of \$4 million. Long-time LLS volunteer Michael Copley is serving as the National Chair of the three-year campaign motivated by the loss of his young daughter who passed from AML two decades ago.

Major Gifts, donations of \$10,000 or more, directly funded countless other mission critical programs ranging from new research in our scientific pediatric portfolio to greater outreach through our Transportation Assistance Fund. An additional \$5.3 million was realized via bequests, a true lasting legacy to LLS's mission and our quest for cures and access for all touched by blood cancers.

Scientific American Worldview editorial.

A *Scientific American Worldview* editorial written by Dr. DeGennaro focuses on how nonprofits can be catalysts for collaboration to advance new therapies and cures.

By enabling drug discovery from beginning to end identifying urgent unmet medical needs, creating partnerships with biopharmaceutical companies and academic research, and with a milestone-driven agenda to manage product development projects—DeGennaro illustrates how the process can be accelerated.

The article addresses specific challenges faced in treating acute myeloid leukemia and details how LLS joined with Brian Druker, MD, Oregon Health & Science University, to make precision medicine a reality.



BREAKTHROUGH FUNDRAISING AND THE SUCCESS OF OUR MISSION.

LLS: Leading the way to a world without blood cancers.

For 65 years, LLS has been helping to lead the way to a world without blood cancers. This year, LLS surpassed a momentous milestone: We have invested more than \$1 billion in research to promote our cause, find cures and achieve a world without blood cancers.

At a three-day conference in Washington, D.C., all aspects of our cures and access agenda were discussed. Our advocacy enables us to impact the public policy discussion on federal legislative and regulatory issues that affect patient access.

On the steps of Capitol Hill, as one of 375 advocates, Ethan Zohn, star of "Survivor: Africa," and a two-time Hodgkin lymphoma survivor, implored, "What's the point of research if patients don't have access to the therapies?"

Charles Esten, an actor/musician who plays Deacon Claybourne on the TV show "Nashville", performed for the excited crowd. Esten has supported LLS since his young daughter, now a survivor, was diagnosed with leukemia.

Jessica Melore, a motivational speaker and dedicated LLS volunteer, suffered a heart attack at age 16, endured a heart transplant, a leg amputation and is a two-time lymphoma survivor now six years in remission. She spoke of the urgency of the LLS mission: "LLS isn't satisfied with finding a cure 50 years from now. Someday is today."

A giant "Declare It!" wall engaged attendees in our movement, declaring "Cancer Ends with Me."

Burlington Stores and Light The Night.

For the 12th consecutive year, Burlington Stores, with its more than 520 locations nationwide, joined the LLS Light The Night[®] Walk campaign to raise funds to help find cures and ensure access to treatments for patients with blood cancer. The national off-price retailer encouraged its customers to make a donation at check-out and enrolled 28,000 associates to participate in Light The Night Walks all across the country.

Over a 17-week campaign, Burlington, LLS's number one national corporate partner, raised more than \$3 million, bringing the total raised over the many years of partnership to more than \$19 million. "By engaging our generous customers and associates, our partnership with LLS and The Light The Night Walk enables us to help fund life-saving cancer research and treatments in a meaningful way," said Tom Kingsbury, President and CEO of Burlington Stores. LLS ADVOCATED TO ELIMINATE OREGON'S 2-YEAR WAITING PERIOD FOR STEM CELL TRANSPLANTS FOR PREVIOUSLY UNINSURED BLOOD CANCER PATIENTS.

THE PATTI ROBINSON FIRST CONNECTION PROGRAM, A FREE LLS SERVICE, MATCHED 4,518 PATIENTS AND LOVED ONES WITH A TRAINED VOLUNTEER WHO HAS SHARED A SIMILAR EXPERIENCE.

MOMS IN TRAINING, A NEW EXTENSION OF TEAM IN TRAINING, ENLISTED 1,000 MOMS IN 36 CHAPTERS TO RAISE ALMOST \$1MM.

> LLS PROVIDED \$49.2MM IN CO-PAY SUPPORT TO BLOOD CANCER PATIENTS.

Nike and 10 years of saving lives.

The Nike Women's Marathon San Francisco celebrates women coming together through the shared passion of taking on a physical endurance challenge while also taking aim at cancer.

October 2013 marked the 10th annual Nike Women's Marathon San Francisco. Among 30,000 participants from around the world were 2,900 members of LLS's Team In Training, who raised more than \$9 million to help LLS find cures for blood cancers and ensure access to treatments for patients.

UFCW supports LLS.

The United Food and Commercial Workers (UFCW), the union representing grocery and other retail workers, has been a dedicated LLS partner since 1983. The union has raised more than \$60 million to help LLS advance its mission over that time. Its 1.3 million union members are truly helping blood cancer patients live better, longer lives.

In fiscal year 2014 alone, the union generated more than \$2.6 million in Canada and \$1.9 million for LLS in the U.S. Significant in its fundraising effort in Canada is the annual "Returns For Leukemia" bottle drive, organized by UFCW Local 12R24 and The Beer Store. This Ontario campaign converts deposits on bottles into donations. Canadian members also participate in other fundraising events, including golf tournaments, dinners, auctions and LLS campaigns such as Light The Night Walk. In the U.S., the fundraising involves a variety of events, including golf tournaments, dinners and auctions, and participation in LLS campaigns.

Man & Woman of the Year record-breaking year.

For their support of LLS's mission, two leading fundraisers were named the 2014 National Man & Woman of the Year, the 24th annual awards for this prestigious program. The record-breaking campaign total of \$30.8 million is nearly \$8 million more than was raised last year.

Dr. Christos Giannoulias of Chicago and Samara Wolpe of Los Angeles earned this coveted title. These two "Champions of Hope" were among 900 candidates from across the country to vie for the award.

The new All Star Alumni campaign was launched to give Man & Woman of the Year alumni the opportunity to use their talents, contacts and creativity to represent their local campaign on a larger platform. Six returning competitors raised \$484,940 to support LLS's work. The two national All Star winners were Kim Tindall and Ryan LaFontaine. The new initiative also highlighted the fact that LLS's job is not done until all blood cancer patients have cures and access to the treatments they need.

RESEARCH GRANTS

THE MARSHALL A. LICHTMAN SPECIALIZED CENTER OF RESEARCH

The Specialized Center of Research Program funds multi-disciplinary research by teams of leading-edge academic investigators that hasten the discovery and development of better treatments for leukemia, lymphoma and myeloma patients. A center is composed of at least three independent research programs that are integrated and supported by scientific core laboratories.

Jerry Adams, PhD 2013 Walter & Eliza Hall Institute of Medical Research

Frederick Alt, PhD 2012 Boston Children's Hospital

Jon Aster, MD 2013 Brigham & Women's Hospital

John Byrd, MD 2011⁷ The Ohio State University

William Carroll, MD 2014 New York University School of Medicine

Brian Druker, MD 2011 Oregon Health & Science University

Irene Ghobrial, MD 2014² Dana-Farber Cancer Institute Anthony Green, MD, PhD 2012

University of Cambridge Helen Heslop, MD 2014

Baylor College of Medicine

Carl June, MD 2013³ University of Pennsylvania

Thomas Kipps, MD, PhD 2014 University of California, San Diego Jonathan Licht, MD 2013 Northwestern University School of Medicine

CAREER DEVELOPMENT PROGRAM (SCHOLARS AND CLINICAL SCHOLARS)

The Career Development Program provides stipends to investigators of exceptional promise in the early stages of their careers, helping them devote their careers to research in leukemia, lymphoma or myeloma.

Gregory Abel, MD 2013 Dana-Farber Cancer Institute

K Mark Ansel, PhD 2013 University of California, San Francisco

Scott Armstrong, MD, PhD 2010⁴ Children's Hospital Boston

Craig Bassing, PhD 2011 The Children's Hospital of Philadelphia

Julie Blander, PhD 2015* Mount Sinai School of Medicine

Jennifer Brown, MD, PhD 2011 Dana-Farber Cancer Institute

Patrick Brown, MD 2012⁵ Johns Hopkins University School of Medicine

Claudio Brunstein, MD, PhD 2011 University of Minnesota-Twin Cities

Jan Burger, MD, PhD 2014 The University of Texas MD Anderson Cancer Center

George Calin, MD 2012 The University of Texas MD Anderson Cancer Center Iain Cheeseman, PhD 2013 Whitehead Institute for Biomedical Research

Jing Chen, PhD 2011 Emory University

Yuh Min Chook, PhD 2011 The University of Texas Southwestern Medical Center

Dipanjan Chowdhury, PhD 2015* Dana-Farber Cancer Institute

Christopher Cogle, MD 2013 University of Florida

Yali Dou, PhD 2013 University of Michigan

Mary Eapen, MD 2010⁶ Medical College of Wisconsin

Benjamin Ebert, MD, PhD 2013 Brigham & Women's Hospital

Thomas Fazzio, PhD 2015* University of Massachusetts Medical School

Elsa Flores, PhD 2012 The University of Texas MD Anderson Cancer Center

Maxim Frolov, PhD 2011 University of Illinois - Chicago

Andrei Goga, MD, PhD 2013 University of California, San Francisco

Ananda Goldrath, PhD 2012 University of California, San Diego

Jolanta Grembecka, PhD 2014 University of Michigan

Jonathan Higgins, PhD 2012 Brigham & Women's Hospital Morgan Huse, PhD 2015*

Memorial Sloan Kettering Cancer Center Holbrook Kohrt, MD, PhD 2015* The Board of Trustees of the Leland Stanford Junior University

Marina Konopleva, MD, PhD 2012 The University of Texas MD Anderson Cancer Center

John Koreth, MD, PhD 2014 Dana-Farber Cancer Institute

Ross Levine, MD 2013 Memorial Sloan Kettering Cancer Center

Ming Li, PhD 2015* Memorial Sloan Kettering Cancer Center

Ivan Maillard, MD, PhD 2014 University of Michigan

Sami Malek, MD 2012 University of Michigan

William Matsui, MD 2010⁷ Johns Hopkins University School of Medicine

Hanna Mikkola, MD, PhD 2012 University of California, Los Angeles

Golam Mohi, PhD 2014 SUNY Upstate Medical Center

James Mulloy, PhD 2011⁸ Childrens Hospital Medical Center-Cincinnati

Markus Muschen, MD 2011⁹ University of California, San Francisco

Ryoma Ohi, PhD 2014 Vanderbilt University Medical Center

Sophie Paczesny, MD, PhD 2015* Indiana University

Emmanuelle Passegué, PhD 2013 University of California, San Francisco Cathie Pfleger, PhD 2013 Mount Sinai School of Medicine

Joel Pomerantz, PhD 2012 Johns Hopkins University School of Medicine

Noopur Raje, MD 2010¹⁰ Massachusetts General Hospital

Pavan Reddy, MD 2011 University of Michigan Boris Reizis, PhD 2011 Columbia University Medical

Center Loredana Ruggeri, MD, PhD 2011 University of Perugia

Davide Ruggero, PhD 2011 University of California, San Francisco

Talya Salz, PhD 2014 Memorial Sloan Kettering Cancer Center

Karsten Sauer, PhD 2011 The Scripps Research Institute

Joseph Scandura, MD, PhD 2014 Weill Medical College of Cornell University

Tait Shanafelt, MD 2013 Mayo Clinic Rochester

Jane Skok, PhD 2011 New York University School of Medicine

Merav Socolovsky, MD, PhD 2013 University of Massachusetts Medical School

Kimberly Stegmaier, MD 2014 Dana-Farber Cancer Institute

Ulrich Steidl, MD, PhD 2015* Albert Einstein College of Medicine of Yeshiva University

Enrico Tiacci, MD 2014 University of Perugia Raoul Tibes, MD, PhD 2015* Mavo Clinic Arizona

Wei Tong, PhD 2014 The Children's Hospital of Philadelphia

David Traver, PhD 2013 University of California, San Diego

Amit Verma, MD 2013 Albert Einstein College of Medicine of Yeshiva University

Loren Walensky, MD, PhD 2015* Dana-Farber Cancer Institute

Roland Walter, MD, PhD, MS 2015* Fred Hutchinson Cancer Research Center

Matthew Walter, MD 2014 Washington University of St. Louis School of Medicine

Hengbin Wang, PhD 2013 The University of Alabama at Birmingham

Wenyi Wei, PhD 2014 Beth Israel Deaconess Medical Center

David Weinstock, MD 2014 Dana-Farber Cancer Institute

Hans-Guido Wendel, MD 2015* Memorial Sloan Kettering Cancer Center

Johnathan Whetstine, PhD 2015* Massachusetts General Hospital

Catherine Wu, MD 2015* Dana-Farber Cancer Institute

Xiaochun Yu, MD, PhD 2015* The Regents of the University of Michigan

Shan Zha, MD, PhD 2014 Columbia University Medical Center

- ¹ Dr. John Byrd is funded in part by Rita Cavanagh & Gerald Kafka, The Jim Jacobs Charitable Foundation, Elaine S. Smith, Phyllis & Douglas A. Smith, and Judy & Michael H. Thomas.
- ² Dr. Irene Ghobrial is funded in part by the Edward P. Evans Foundation
- ³ Dr. Carl June is funded in part by the Cora and John H. Davis Foundation, Imagine a Cure for Leukemia and The Orokawa Foundation.

⁴ Dr. Scott Armstrong is fully funded by Baker Botts L.L.P.

⁵ Dr. Patrick Brown is fully funded by The Orokawa Foundation. ⁶ Dr. Mary Eapen is funded in part by The Greater Milwaukee Foundation, Inc.

⁷ Dr. William Matsui is the Millennium: The Takeda Oncology Company Scholar. ⁸ Dr. James Mulloy is funded in part by The Marge & Charles J. Schott Foundation.

⁹ Dr. Markus Muschen is funded in part by Laurie Burns and two anonymous donors. ¹⁰ Dr. Noopur Raje is the Millennium: The Takeda Oncology Company Scholar. Chengcheng Zhang, PhD 2014 The University of Texas Southwestern Medical Center

Jing Zhang, PhD 201411 University of Wisconsin-Madison

Xiaolan Zhao, PhD 2014 Memorial Sloan Kettering Cancer Center

Lee Zou. PhD 2012 Massachusetts General Hospital

Elina Zuniga, PhD 2013 University of California, San Diego

CAREER DEVELOPMENT PROGRAM (SPECIAL FELLOWS, CLINICAL SPECIAL FELLOWS, AND FELLOWS)

The Career Development Program provides stipends to investigators of exceptional promise in the early stages of their careers, helping them devote their careers to research in leukemia, lymphoma or myeloma.

Alison Adams, PhD 2014 Yale University

Cassandra Adams, PhD 2013 University of California. San Francisco

Koshi Akahane, MD, PhD 2014 Dana-Farber Cancer Institute

Spencer Alford, PhD 2015* The Board of Trustees of the Leland Stanford Junior University

Lukas Baitsch, PhD 2013 Dana-Farber Cancer Institute

Burton Barnett, PhD 2015* The Regents of the University of California, San Diego

Cora Bergantinos, PhD 2015* Columbia University Medical Center

¹¹ Dr. Jing Zhang is funded in part by The Greater Milwaukee Foundation, Inc.

¹² Dr. Cihangir Duy is The Jake Wetchler Foundation Fellow of LLS.

Ami Bhatt, MD, PhD 2014 Dana-Farber Cancer Institute

Kivanc Birsoy, PhD 2014 Whitehead Institute for **Biomedical Research**

Jessica Blackburn, PhD 2014 Massachusetts General Hospital

Andres Blanco, PhD 2015* Children's Hospital Boston

Vincenzo Calvanese, PhD 2014 University of California, Los Angeles

Marcella Cesana, PhD 2015* Children's Hospital Boston

Tiffany Chang, MD 2014 University of California, San Francisco

Mo Chen, PhD 2013 The Rockefeller University

Michael Chu, MD 2015* The Board of Trustees of the Leland Stanford Junior University

Hauke Cornils, PhD 2013 Dana-Farber Cancer Institute

David DiLillo, PhD 2013 The Rockefeller University

Zhixun Dou, PhD 2015* University of Pennsylvania

Jonathan Driver. PhD 2014 University of Washington

Cihangir Duy, PhD 201312 Weill Medical College of Cornell University

Chen Fang, PhD 2014¹³ Fred Hutchinson Cancer **Research** Center

Eva Fast, PhD 2015* President & Fellows of Harvard College

Xiaofei Gao, PhD 2014 Whitehead Institute for **Biomedical Research**

¹³ Dr. Chen Fang is funded in part by Kent Joshi and the Melryder Foundation.

¹⁴ Dr. Elisa Oricchio is fully funded by the Gertrude B. Elion Endowment Fund.

Jacqueline Garcia, MD 2015* The Board of Trustees of the Leland Stanford Junior University

Karen Gascoigne, PhD 2013 Whitehead Institute for **Biomedical Research**

Charles Gawad, MD 2014 The Board of Trustees of the Leland Stanford Junior University

Luke Gilbert, PhD 2014 University of California, San Francisco

Stephanie Grainger, PhD 2015* University of California, San Diego

Michael Green, PhD 2013 The Board of Trustees of the Leland Stanford Junior University

Sarah Hainer, PhD 2014 University of Massachusetts Medical School

Daniel Herranz, PhD 2013 Columbia University Medical Center

Kuo-Chiang Hsia, PhD 2013 The Rockefeller University

Alexandre lannello, PhD 2014 University of California, Berkeley

Caron Jacobson, MD 2014 Dana-Farber Cancer Institute

Ana Janic, PhD 2014 Walter and Eliza Hall Institute of Medical Research

Jared Johnson, PhD 2013 Beth Israel Deaconess Medical Center

Stephanie Johnson, PhD 2015* University of California, San Francisco

Brian Jonas, MD, PhD 2013 The Board of Trustees of The Leland Stanford Junior University

Christopher Kanakry, MD 2014 Johns Hopkins University

¹⁵ Dr. Sarwish Rafig is The Jake Wetchler Foundation Fellow of LLS. Michael Khodadoust. MD. PhD 2015* The Board of Trustees of the Leland Stanford Junior University

Seovouna Kim. PhD 2015* Memorial Sloan Kettering Cancer Center

Maria Kleppe, PhD 2014 Memorial Sloan Kettering

Cancer Center Latika Kohli, PhD 2015* University of California.

San Francisco Andrew Lane, MD, PhD 2013

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¹⁶ Dr. Joanna Tober is The HM

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¹⁷ Dr. Stephen Ansell is funded in

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²³ Dr. Catherine Wu is funded in part by The Jim Jacobs Charitable Foundation.

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²⁴ Dr. Ronald Levv is funded in part by the Dyer Family Foundation.

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- Chronic Lymphocytic Leukemia³
- Chronic Myeloid Leukemia⁴
- Hodgkin Lymphoma⁵
- Immunotherapy⁶
- Mantle Cell Lymphoma⁷
- Myeloma and Waldenstrom Macroglobulinemia⁸

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- ¹ Acute Lymphoblastic Leukemia Research Portfolio is funded in part by Megan's Wings Foundation.
- ² Acute Myeloid Leukemia and Myelodysplastic Syndromes Research Portfolio is funded in part by The Hildegarde D. Becher Foundation, Inc., the David Gigliotti Legacy Foundation, Mike Golner, Pat and Lou Manzi, William McNitt, Melody's Fund, and Pat and Jeff Sachs.
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¹⁵ The Harry T. Mangurian, Jr. Beat AML Project is funded in part by The Altschul Foundation-Reichman Memorial, Joe Azrack, George Baker, Bear Down, Alexandra Mayes Birnbaum, Hill Blalock, Frona A. Brown, Ed.D., the Carol Lavin Bernick Family Foundation, Eileen Burg, Mary Kay and John Chlebina, Liz and Michael Copley, Julie and Roger Davenport, Judith Davis, Thomas Fitzgerald, The For Julie Foundation, Inc., Lynn and Bob Goldschmidt, David Grais, The Harry T. Mangurian, Jr. Foundation, Inc., John & Frances Beck Fund, Bill Jones, Arny Katz, Mary Beth and Christopher Kearns, Cristina Kellenyi and Manny Garcia, John Kellenyi, Ann and Mark Kenyon, Madding King, Paul Leinwand, Steven Lieblich, Craig Lucas, Katie and Harris Lydon, The Lymphomaniacs, Clyde S. McGregor and Leann Pedersen-Pope, Jeffrey McMillan and Janine Kiely, NYC Board of Trustees, The Pamela B. Katten Memorial Leukemia Research Foundation, The Pinkos Family/Team Grant, Donald I. Porteous, the Rally Foundation, The James H. Reid, Jr. Family, Bobbi and Robert Reitzes, the Robert E. Gallagher Charitable Trust, The Robert H. Lyon Leukemia Foundation, the ROMA Charitable Foundation, David Rosenfeld, Paul and Joan Rubschlager Foundation, Pat and Jeff Sachs, Stephen Scherr, Spike TV, Mona Carlton Stogner and Grey Stogner, Elizabeth and Michael Sweeney, Team Blumenfeld & Waterman, Robert Van Grover, Joseph and Drenda Vijuk Foundation, Robert Weisenfeld, Michael Weiss, Kenneth Whitney, and an anonymous donor.

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INDEPENDENT AUDITORS' REPORT

The Board of Directors The Leukemia & Lymphoma Society, Inc.:

We have audited the accompanying consolidated financial statements of The Leukemia & Lymphoma Society, Inc. (LLS), which comprise the consolidated balance sheet as of June 30, 2014, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements: Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility: Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion: In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Leukemia & Lymphoma Society, Inc. as of June 30, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

Report on Summarized Comparative Information: We have previously audited LLS's consolidated financial statements, and we expressed an unmodified opinion on those audited consolidated financial statements in our report dated September 18, 2013. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2013 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

PMG LLP

October 15, 2014

CONSOLIDATED BALANCE SHEET

The Leukemia & Lymphoma Society, Inc. / June 30, 2014 (With comparative amounts at June 30, 2013) (In thousands)

	 2014	2013
Assets		
Cash and cash equivalents (note 6)	\$ 28,771	27,300
Prepaid expenses and other assets	5,362	5,555
Legacies and contributions receivable, net (note 5)	9,113	8,026
Investments (notes 3 and 6)	188,885	190,555
Fixed assets, net (note 7)	 16,604	10,853
Total assets	\$ 248,735	242,289
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 20,685	21,388
Deferred revenue (note 6)	26,745	35,074
Awards and grants payable (note 2)	84,201	74,825
Co-Pay assistance payable (note 2)	 16,698	7,237
Total liabilities	 148,329	138,524
Commitments and contingencies (notes 2 and 9)		
Net assets (note 4):		
Unrestricted	68,842	91,217
Temporarily restricted	27,989	9,105
Permanently restricted	 3,575	3,443
Total net assets	 100,406	103,765
Total liabilities and net assets	\$ 248,735	242,289

See accompanying notes to consolidated financial statements.

CONSOLIDATED STATEMENT OF ACTIVITIES

The Leukemia & Lymphoma Society, Inc. / Year ended June 30, 2014 (With summarized totals for the year ended June 30, 2013) (In thousands)

			Temporarily	Permanently _	Total		
	Uni	restricted	restricted	restricted	2014	2013	
Operating Revenue							
Campaign contributions	\$	250,433	20,654	_	271,087	276,098	
Less direct donor benefit costs		(28,784)			(28,784)	(35,510)	
Net campaign contributions		221,649	20,654	_	242,303	240,588	
Co-pay contributions		_	67,100	_	67,100	48,143	
Legacies		4,050	1,505	_	5,555	4,226	
Donated services and media (note 6)		10,985	_	—	10,985	7,750	
Net interest and dividend income		1,365	44	79	1,488	2,075	
Net assets released from restrictions:							
Co-pay assistance		55,393	(55,393)	_	_	-	
Satisfaction of other donor restrictions		15,239	(15,239)			_	
Total operating revenue		308,681	18,671	79	327,431	302,782	
Operating Expenses (note 10)							
Program services:							
Research		85,034	_	_	85,034	76,494	
Patient and community service		104,170	_	_	104,170	104,830	
Public health education		47,585	_	_	47,585	46,080	
Professional education		19,656			19,656	20,729	
Total program services		256,445			256,445	248,133	
Supporting services:							
Management and general		28,734	_	_	28,734	28,009	
Fund raising		54,353	_	_	54,353	49,620	
Total supporting services		83,087			83,087	77,629	
Total operating expenses		339,532			339,532	325,762	
Change in net assets from operating activities		(30,851)	18,671	79	(12,101)	(22,980)	
Write off of contribution receivable (note 5)		(3,507)	_	_	(3,507)	_	
Foreign currency translation adjustment		(153)	_	_	(153)	(84)	
Net increase in fair value of investments (note 3)		12,136	213	53	12,402	9,689	
Change in net assets		(22,375)	18,884	132	(3,359)	(13,375)	
Net Assets							
Beginning of year		91,217	9,105	3,443	103,765	117,140	
End of year	\$	68,842	27,989	3,575	100,406	103,765	

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

The Leukemia & Lymphoma Society, Inc. / Year ended June 30, 2014 (With comparative totals for the year ended June 30, 2013) (In thousands)

		Pr	ogram Serv	ices		Supporting Services		orting Services			Direct Donor	
		Patient and community	Public health	Professional		Management and	Fund		Tot	Total		Costs
	Research	service	education	education	Total	general	raising	Total	2014	2013	2014	2013
Awards and grants (note 2)	\$ 63,716	_	_	_	63,716	_	_	_	63,716	57,055	_	_
Therapy acceleration program (note 2)	16,107	_	_	_	16,107	_	_	_	16,107	14,912	_	_
Financial aid to patients	_	2,524	_	_	2,524	_	_	_	2,524	2,989	_	_
Co-pay assistance (note 2)	_	49,246	_	_	49,246	_	_	_	49,246	42,650	_	_
Co-pay processing fees	67	1,159	748	329	2,303	755	1,509	2,264	4,567	4,599	_	_
Donated services and media (note 6)	1,128	3,858	600	_	5,586	_	5,399	5,399	10,985	7,750	_	_
Salaries	2,591	23,024	20,471	7,451	53,537	10,315	13,705	24,020	77,557	73,495	_	_
Employee benefits and taxes (note 8)	173	5,285	4,920	3,341	13,719	3,420	3,996	7,416	21,135	21,432	_	_
Temporary services	97	1,667	1,075	473	3,312	1,086	2,170	3,256	6,568	4,923	_	_
Occupancy (note 10)	23	2,817	2,293	940	6,073	1,396	1,635	3,031	9,104	9,332	_	_
Insurance	2	151	134	148	435	109	130	239	674	678	_	_
Telephone	8	665	725	617	2,015	475	795	1,270	3,285	3,438	_	_
Travel	124	1,728	1,385	469	3,706	719	1,054	1,773	5,479	4,530	4,432	8,083
Printing, advertising, and supplies	49	2,082	4,968	1,864	8,963	3,307	9,945	13,252	22,215	25,400	5,017	5,641
Equipment rentals and maintenance	2	795	696	626	2,119	551	606	1,157	3,276	2,635	_	_
Postage and shipping	2	873	2,989	127	3,991	989	3,685	4,674	8,665	10,226	_	_
Meetings	602	882	1,307	262	3,053	300	763	1,063	4,116	4,657	11,179	11,989
Professional fees	340	5,866	3,783	1,666	11,655	3,819	7,635	11,454	23,109	29,005	1,741	2,562
Miscellaneous	1	1,043	640	292	1,976	737	502	1,239	3,215	3,006	6,415	7,235
Depreciation and amortization	2	505	851	1,051	2,409	756	824	1,580	3,989	3,050		_
Total expenses	\$ 85,034	104,170	47,585	19,656	256,445	28,734	54,353	83,087	339,532	325,762	28,784	35,510

See accompanying notes to consolidated financial statements.

EXPENSES		
Research	25.0%	
Patient and Community Service	30.7%	
Public Health Education	14.0%	24.5%
Professional Education	5.8%	24.J /0
Total Program Services	75.5%	
Management and General	8.5%	
Fund raising	16.0%	75.5%
Total Supporting Services	24.5%	
Total Expenses	100.0%	

CONSOLIDATED STATEMENT OF CASH FLOWS

The Leukemia & Lymphoma Society, Inc. / Year ended June 30, 2014 (With comparative amounts for the year ended June 30, 2013) (In thousands)

	2014		2013	
Cash flows from operating activities:				
Change in net assets	\$	(3,359)	(13,375)	
Adjustments to reconcile change in net assets to				
net cash (used in) provided by operating activities:				
Net increase in fair value of investments		(12,402)	(9,689)	
Depreciation and amortization		3,989	3,050	
Provision for uncollectible accounts		(304)	14	
Changes in operating assets and liabilities:				
Prepaid expenses and other assets		193	1,161	
Legacies and contributions receivable		(783)	(2,627)	
Accounts payable and accrued expenses		(703)	1,192	
Deferred revenue		(8,329)	17,337	
Awards and grants payable		9,376	6,510	
Co-Pay assistance payable		9,461	1,586	
Net cash (used in) provided by operating activities		(2,861)	5,159	
Cash flows from investing activities:				
Purchases of fixed assets		(9,740)	(7,049)	
Purchases of investments		(77,132)	(54,862)	
Sales of investments		91,204	58,080	
Net cash provided by (used in) investing activities		4,332	(3,831)	
Net increase in cash and cash equivalents		1,471	1,328	
Cash and cash equivalents at beginning of year		27,300	25,972	
Cash and cash equivalents at end of year	\$	28,771	27,300	

See accompanying notes to consolidated financial statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

The Leukemia & Lymphoma Society, Inc. / June 30, 2014 (With comparative amounts as of and for the year ended June 30, 2013)

1. Organization and Summary of Significant Accounting Policies

Organization

The Leukemia & Lymphoma Society, Inc. (LLS) is the world's largest voluntary health agency dedicated to finding cures for blood cancers. LLS's mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma and improve the quality of life of patients and their families. LLS research grants have funded many of today's most promising advances for the treatment of blood cancer patients, including targeted therapies and immunotherapies. LLS is a leading source of publicly available information for blood cancer, education and support, and influences policies that accelerate the development and approval of new blood cancer therapies. LLS advocates for blood cancer patients and their families, helping patients navigate their cancer treatments and ensuring they have access to quality, affordable and coordinated care. LLS is dedicated to removing barriers to care by representing the healthcare and medical research interests of patients and families to policymakers at all levels of government.

Tax-Exempt Status

LLS qualifies as a charitable organization as defined by Internal Revenue Code Section 501(c)(3) and, accordingly, is exempt from federal income taxes under Internal Revenue Code Section 501(a). Additionally, since LLS is publicly supported, contributions to LLS qualify for the maximum charitable contribution deduction under the Internal Revenue Code.

The Leukemia & Lymphoma Society of Canada, Inc. (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 recognizes the effect of income tax positions only if those tax positions are more likely than not to be sustained. Income generated from activities unrelated to LLS's exempt purpose is subject to tax under Internal Revenue Code Section 511. LLS did not recognize any unrelated business income tax liability for the years ended June 30, 2014 and 2013.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of LLS, which encompasses the National Office of LLS and its fifty-four chapters in the United States, and LLS's not for profit afiliates, LLSC and its five chapters in Canada, The Leukemia & Lymphoma Society Research Programs, Inc., and The Leukemia & Lymphoma Society Research Foundation. All significant intercompany and intra-LLS accounts and transactions have been eliminated in consolidation.

Estimates

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles requires LLS's management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. The significant estimates made in the preparation of these consolidated financial statements include the fair value of alternative investments, the allowance for uncollectible accounts, the allocation of expenses, and the valuation of donated services and media. Actual results could differ from those estimates.

Risks and Uncertainties

LLS invests in various investment securities. Investment securities are exposed to various risks such as interest rate risks, fluctuations in market values, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheet. LLS's principal source of revenue is amounts contributed by the general public. Accordingly, LLS's operations are impacted by individual contributions, which are impacted by general economic conditions, employment levels, and other factors over which LLS has little or no control. By contrast to the granularity of the general public donations, the co-pay program in 2014 and 2013 was funded by six and five donors, respectively.

Summarized Financial Information

The consolidated financial statements are presented with 2013 summarized or comparative information. With respect to the consolidated statement of activities, such prior year information is not presented by net asset class and, in the consolidated statement of functional expenses, 2013 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with LLS's 2013 consolidated financial statements from which the summarized information was derived.

Subsequent Events

LLS evaluated subsequent events after the balance sheet date of June 30, 2014 through October 15, 2014, which was the date the consolidated financial statements were issued, and concluded that no additional disclosures are required.

Net Asset Classifications

To ensure observance of limitations and restrictions placed on the use of resources available to LLS, funds that have similar characteristics have been classified into three net asset categories as follows:

Unrestricted net assets: Consist of funds that are fully available, at the discretion of LLS's Board of Directors, for LLS to utilize in any of its programs or supporting services.

Temporarily restricted net assets: Consist of funds that are restricted by donors for a specific time period and/or purpose.

Permanently restricted net assets: Consist of funds that contain donor imposed restrictions requiring that the principal be invested in perpetuity. Income earned on these funds are recorded as temporarily restricted net assets and are released from restriction when the donor stipulated purpose has been fulfilled and/or the amount has been appropriated in compliance with the Board-approved spending policy (note 4).

Foreign Currency Translation

LLSC uses the Canadian dollar as its functional currency. Accordingly, the currency impact of the translation of the financial statements of LLSC to U.S. dollars is included as a translation adjustment in the consolidated statement of activities.

Fair Value Measurements

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that a reporting entity has the ability to access at the measurement date.
- Level 2 inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 unobservable inputs for the asset or liability.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

The Leukemia & Lymphoma Society, Inc. / June 30, 2014 (With comparative amounts as of and for the year ended June 30, 2013)

LLS follows the provisions of Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, for its alternative investments that do not have readily determinable fair values, including hedge funds, limited partnerships, and other funds. This guidance allows, as a practical expedient, for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value, using net asset value per share or its equivalent, as reported by the investment managers.

Most investments classified in Levels 2 and 3 consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Because the net asset value reported by each fund is used as a practical expedient to estimate the fair value of LLS's interest therein, its classification in Level 2 or 3 is based on LLS's ability to redeem its interest at or near June 30. If the interest can be redeemed in the near term, the investment is classified as Level 2. The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities.

The carrying value of cash and cash equivalents, accounts payable and accrued expenses, and grants payable approximates fair value because of their short-term nature.

Contributions, Grants and Deferred Revenue

Contributions are recorded as revenue, at their fair value, when received or promised unconditionally. Contributions received with donor restrictions that limit their use are reported as either temporarily or permanently restricted revenue. When a donor restriction is met through the passage of time or fulfillment of a purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions. Conditional contributions are recognized as revenue when the conditions have been substantially met. Certain grants are accounted for as exchange transactions whereby revenue is recognized when the related expenses are incurred. Amounts received under these arrangements but not yet expended are reported as deferred revenue.

Donated Services

LLS has determined that certain of the donated services it receives meet the criteria for recognition in the consolidated financial statements. The value of contributed services was determined for volunteers that possess specialized skills, and would otherwise need to be purchased. These services are recognized as revenue and expense.

Donated Media

LLS has conducted national public service announcements (PSA) media campaigns and benefited from donated media time that was aired on television and radio. The value of contributed media, which is recognized in the financial statements, was estimated based on the placement, audience, and demographics of the PSA's.

Cash Equivalents

Cash equivalents consist of short-term investments with an original maturity of three months or less from date of purchase, except for amounts held in investments.

Investments

Investments are stated at fair value based upon quoted market prices, except for the fair values of alternative investments which are based on net asset values provided by the fund managers or general partners, based upon the underlying net assets of the funds consistent with the concepts of ASC 820. These values are reviewed and evaluated by management.

Fixed Assets and Depreciation

Fixed assets, which consist principally of equipment, software, and leasehold improvements, are

recorded at cost, and are depreciated or amortized using the straight-line method over the estimated useful lives of the assets or the terms of the leases, if shorter, ranging 2 to 10 years (leasehold improvements 7 years; furniture, fixtures, and office equipment 7 to 10 years, and computer equipment and software 2 to 5 years).

Professional Fees

Professional fees included in the consolidated financial statements principally include professional fund-raising fees, contracted software development, and legal and auditing fees.

Reclassifications

Certain reclassifications of 2013 amounts have been made to conform to the 2014 presentation.

2. Research and Co-Pay Assistance Program

LLS has various activities that are utilized to carry out its mission as presented below:

Research:

Awards and Grants: Awards and grants for research are approved by LLS's Board of Directors and are recognized as expense when contractual conditions have been satisfied. The budgets for multi-year grants, which are generally two to five years in length, are approved on an annual basis and may be terminated at the discretion of LLS's Board of Directors. LLS has multi-year grant commitments of \$67,590,000 at June 30, 2014 which are conditioned upon future events and, accordingly, are not recorded. LLS has unconditional grants payable of \$84,201,000 and \$74,825,000 at June 30, 2014 and 2013, respectively, which are anticipated to be paid in the next year. Grant refunds of approximately \$821,000 and \$1,844,000 as of June 30, 2014 and 2013, respectively, have been netted against awards and grants expense.

Therapy Acceleration Program (TAP): TAP is LLS's strategic initiative to speed the development of blood-cancer treatments and supportive diagnostics by creating business alliances with biotechnology and pharmaceutical companies. TAP provides funding for investigational new drug-enabling studies and clinical-stage projects. TAP contracts are recognized as an expense in the year program milestones are achieved. Multi-year contracts, which are generally two to three years in length, are reviewed against milestones on a quarterly basis and may be terminated at the discretion of LLS's Board of Directors. LLS has contract commitments of \$28,575,000 and \$40,964,000 at June 30, 2014 and 2013, respectively, that are conditioned upon future events and, accordingly, are not recorded.

Commitments for the awards and grants and TAP programs	Year ending June 30:	
are contingent upon the satisfactory completion of milestones	2015	\$ 50,448
and/or other conditions in the grant and contract agreements.	2016	30,765
If such conditions are satisfied, the amounts are estimated to	2017	12,268
be paid as follows (in thousands):	2018 and therafter	2,684
	Total	\$ 96,165

Co-Pay Assistance Program:

Co-Pay Assistance Program: The Co-Pay Assistance program offers financial assistance to patients in meeting their insurance co-pay obligations for prescription medications or private/public health insurance premiums. Amounts awarded under the program are expensed in the year approved based on the available funding in the program. Revenue is recognized when the grants are received while expenses are recognized as patients are approved for participation according to program criteria. Accordingly, LLS has recognized \$11,707,000 in temporarily restricted revenue in the current year for which the corresponding expenses will not be recognized until the subsequent fiscal year as patients are approved in the program. The Co-Pay Assistance payable of \$16,698,000 and \$7,237,000 has

been established based on approved patient applications received through June 30, 2014 and 2013, respectively. At June 30, 2014, temporarily restricted net assets include \$11,707,000 received in 2014 which are available for expenditure and are intended to be awarded in fiscal 2015.

The following summarizes the activities of the Co-Pay Assistance program in 2014 and 2013.

	2014	2013
Grant commitments	\$ 67,100	48,143
Amount expended during the year:		
Direct assistance to patients	(49,246)	(42,650)
Other expenses incurred and reimbursed under the contract	(6,147)	(5,493)
Amounts available for expenditures in the next year	\$ 11,707	

3. Investments

The following tables present LLS's fair value hierarchy of investments measured at fair value on an annual basis as of June 30, 2014 and 2013 (in thousands):

	2014	Level 1	Level 2	Level 3
Money market funds and cash	\$25,633	25,633	-	-
Fixed income:				
Long duration fixed income				
(mutual fund)	55,513	55,513	-	-
Short duration fixed income				
(mutual fund)	33,923	33,923	-	-
U.S. Treasury Inflation-Protected				
Security fund (TIPS) and other	3,431	1,057	2,374	-
Equities:				
Large cap equity	5,594	5,594	-	-
International equity	6,905	6,905	-	-
Small/mid cap equity	1,717	1,717	-	-
Alternative investments:				
Multistrategy hedge funds	40,769	-	40,769	-
Long/short equities	3,705	-	-	3,705
Real assets	8,826	-	8,826	-
Limited partnership equity indices	2,869		2,869	
	\$188,885	130,342	54,838	3,705
	2013	Level 1	Level 2	Level 3
Money market funds and cash	\$ 1,071	1,071	-	-
Fixed income:				
Long duration fixed income				
(mutual fund)	63,003	63,003	-	-
Short duration fixed income				
(mutual fund)	32,316	32,316	-	-
U.S. Treasury Inflation-Protected				
Security fund (TIPS) and other	3,231	940	2,291	-

Equities:				
Large cap equity	6,901	6,901	-	-
International equity	9,739	9,739	-	-
Small/mid cap equity	2,022	2,022	-	-
Alternative investments:				
Multistrategy hedge funds	58,323	-	58,323	-
Long/short equities	3,358	-	-	3,358
Real assets	7,855	-	7,855	-
Limited partnership equity indices	2,736		2,736	
	\$190,555	115,992	71,205	3,358

Investment expenses of \$1,338,000 and \$1,301,000 have been netted against the net increase in fair value of investments for the years ended June 30, 2014 and 2013, respectively. The unrealized gains were \$6,573,000 and \$3,810,000 for the years ended June 30, 2014 and 2013, respectively.

LLS's alternative investments are diversified across four investment strategies, as follows:

- Multi strategy hedge funds represent investments in a broad range of investment strategies that seek to exploit opportunities as they occur in the markets due to temporary dislocations or structural inefficiencies and include event-driven strategies, distressed debt, merger and other arbitrage, and value investing.
- 2. Long/short equities primarily investments in funds that, in turn, invest in liquid, marketable securities, attempting to realize gains through the identification of mispriced securities.
- 3. *Real asset strategy* passively managed real asset portfolios comprise Real Estate Investment Trust Index, commodities, and global natural resource stocks.
- 4. Limited partnership equity indices The underlying holdings of the limited partnership equity indices are principally domestic and international marketable securities.

These strategies create indirect exposure to LLS through short sales of securities, trading in future and forward contracts, and other derivative products. Derivatives are investment contracts used to hedge risk. While these financial instruments may contain varying degrees of risk, LLS's risk with respect to such transactions is limited to its capital balance in each investment.

LLS's alternative investments contain various redemption restrictions with required written notice ranging from 1 to 95 days. By contrast, all of LLS's nonalternative investments are highly liquid and can be redeemed daily without restriction. As of June 30, 2014, the following table summarizes the composition of such alternative investments at fair value by the various redemption provisions (in thousands):

Redemption period	Amount
Daily	\$ 8,826
Monthly	2,869
Quarterly	40,769
Annual	3,705
Total	\$56,169

		 Level 3	Assets
As of June 30, 2014 and 2013, LLS has		2014	2013
no unfunded commitments on its alternative investments.	Balance at July 1	\$ 3,358	3,042
The following table presents a reconciliation for all	Investment expense	(79)	(79)
Level 3 assets measured at fair value as of	Net increase in fair value	 426	395
June 30, 2014 and 2013 (in thousands):	Balance at June 30	\$ 3,705	3,358

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

The Leukemia & Lymphoma Society, Inc. / June 30, 2014 (With comparative amounts as of and for the year ended June 30, 2013)

4. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets and the income earned on permanently restricted net assets are available for the following purposes at June 30, 2014 and 2013 (in thousands):

	20	14	2013			
	Temporarily restricted	Permanently restricted	Temporarily restricted	Permanently restricted		
Time restrictions	\$ 1,295	-	992	-		
Research	10,724	3,270	5,721	3,201		
Patient service	2,802	-	2,126	-		
Co-pay assistance	11,707	-	-	-		
Other	1,461	305	266	242		
Total	\$ 27,989	3,575	9,105	3,443		

LLS follows the provisions of the New York Prudent Management of Institutional Funds Act (NYPMIFA), which imposes guidelines on the management and investment of endowment funds. LLS has interpreted the relevant law as allowing LLS to appropriate for expenditure or accumulate so much of an endowment fund as LLS determines is prudent considering the uses, benefits, purposes, and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

LLS has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment funds while seeking to protect the original value of the gift. The spending rate policy at June 30, 2014 and 2013 was 4%, plus any additional amounts advised by donors. Under this policy, the endowment assets are invested in a manner that is intended to produce results consistent with LLS's overall investment strategy.

The following table presents changes in the donor-restricted endowment funds for the year ended June 30, 2014 and June 30, 2013 (in thousands):

	2014		2013			
	Temporarily restricted	Permanently restricted	Total	Temporarily restricted	Permanently restricted	Total
Endowment net assets at July 1	\$ 3,122	3,443	6,565	\$ 3,155	3,357	6,512
Investment income	44	79	123	64	26	90
Net appreciation	213	53	266	353	60	413
Appropriation for expenditure	(215)		(215)	(450)		(450)
Endowment net assets at June 30	\$ 3,164	3,575	6,739	\$ 3,122	3,443	6,565

5. Legacies and Contributions Receivable

LLS's legacies and contributions receivable at June 30, 2014 and 2013 consist of unconditional promises to give and legacies for which the underlying wills have been declared valid by the probate court and no other conditions are required to be met. Contributions receivables are originally recorded based on discounted cash flows using a risk adjusted discount rate which is considered a Level 3 input in the fair value hierarchy. Amounts are scheduled to be received as follows (in thousands):

	2014	2013
Less than one year	\$ 5,301	4,733
1 to 5 years	4,137	4,130
After 5 years	650	600
Subtotal	10,088	9,463
Less:		
Allowance for uncollectible accounts	(488)	(792)
Discount to present value (1.5% to 5.0%)	(487)	(645)
Total	\$ 9,113	8,026

In 2014, a foundation notified LLS that it intended to cancel a grant commitment that was made in the previous year due to a change in the foundation's objectives. Accordingly, LLS wrote off the balance of the contribution receivable in the amount of \$3,507,000.

6. Deferred Revenue, Donated Services and Media

During 2013, LLS received a \$20,000,000 grant with the contractual agreement to be utilized on research which is jointly identified by the grantor and LLS. At June 30, 2014 and 2013, these funds were held equally between cash and investments. Revenue under this grant is expected to be recognized over the next three years, as expenses are incurred. At June 30, 2014 and 2013, the unexpended balance of the grant of \$13,700,000 and \$19,500,000, respectively, are included in deferred revenue. The remaining balance of deferred revenue includes amounts received for special events that will be held subsequent to the fiscal year-end.

The value of donated services for family support group facilitators and research grant reviewers, as well as donated media are included in both revenue and expense as shown below (in thousands):

	2014	2013
Donated services	\$ 4,985	5,492
Donated media	6,000	2,258
Total	\$ 10,985	7,750

7. Fixed Assets, Net

Fixed assets at June 30, 2014 and 2013 consist of the following (in thousands):

	2014	2013
Leasehold improvements	\$ 1,135	1,043
Furniture, fixtures, and other office equipment	2,646	2,626
Computer equipment and software	27,913	18,432
Total	\$ 31,694	22,101
Less accumulated depreciation and amoritization	(15,090)	(11,248)
Fixed assets, net	<u>\$ 16,604</u>	10,853

8. Retirement Plans

LLS has a defined contribution 403(b) pension plan covering all employees meeting age and service requirements. Contributions are based on a percentage of each eligible employee's salary and years of service. Expenses under this plan aggregated \$4,214,000 and \$4,173,000 for the years ended June 30, 2014 and 2013, respectively.

LLS has 457(b) deferred compensation plans (the 457 Plans) for its executive staff. The 457 Plans are nonqualified deferred compensation plans subject to the provisions of the Internal Revenue Code Section 457. Expenses under the 457 Plans approximated \$296,000 and \$195,000 for the years ended June 30, 2014 and 2013, respectively. The assets and liabilities of the 457 Plans are included in investments and accounts payable and accrued expenses in the accompanying consolidated balance sheet and amounted to approximately \$1,589,000 and \$1,357,000 at June 30, 2014 and 2013, respectively.

9. Lease Commitments

The leases for premises, which LLS's National Office and chapters occupy, expire on various dates through September 30, 2023 and provide for certain payments subject to escalation and periodic rate increases relating to real estate taxes, operating expenses, and utilities.

The approximate minimum aggregate future annual rental commitments are summarized as follows (in thousands): Year ending June 30: 2015 2016 2017 2018 2019 2020 and therafter

10. Joint Costs Allocation

For the years ended June 30, 2014 and 2013, LLS incurred expenses to conduct activities that had both fundraising appeals as well as mission program and management and general components (joint activities). Those joint activities included direct mail, coinboards, and media campaigns. Such costs are allocated based on applicable accounting standards and were allocated as follows (in thousands):

	2014	2013
Fund raising	\$ 12,645	10,577
Patient and community service	1,513	1,895
Public health education	8,456	8,966
Total	\$ 22,614	21,438

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\$ 8.010

6,477

3.826

2.349

1.258

3,823

\$ 25.743

Shelagh Tippet-Fagyas President Canadian Operations

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