



# 2017 Income Tax Returns

THE LEUKEMIA AND LYMPHOMA SOCIETY, INC.



The Leukemia and Lymphoma Society, Inc.  
Instructions for Filing  
Form 990-T  
990-T - Exempt Organization Business Income Tax Return  
For the year ended June 30, 2018

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 15, 2019 with:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

A deposit in the amount of \$724 should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have any questions regarding the new electronic funds transfer requirement, we suggest that you contact our office or the Internal Revenue Service before transmitting payment.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 20 18.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

- A**  Check box if address changed
- B** Exempt under section
- 501( C )( 3 )
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)

Name of organization (  Check box if name changed and see instructions.)  
The Leukemia and Lymphoma Society, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.  
3 INTERNATIONAL DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
RYE BROOK, NY 10573

**D Employer identification number**  
(Employees' trust, see instructions.)  
13-5644916

**E Unrelated business activity codes**  
(See instructions.)  
541900 | 900099

**C** Book value of all assets at end of year  
382,344,839

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ UBTI UNDER SECTION 512(A)(7)

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ GORDON MILLER, JR Telephone number ▶ 914-821-8935

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales		<b>1c</b>			
<b>b</b>	Less returns and allowances		<b>2</b>			
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>3</b>			
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>4a</b>			
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4b</b>			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4c</b>			
<b>c</b>	Capital loss deduction for trusts		<b>5</b>			
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)		<b>6</b>			
<b>6</b>	Rent income (Schedule C)		<b>7</b>			
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>8</b>			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>9</b>			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>10</b>			
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>11</b>			
<b>11</b>	Advertising income (Schedule J)		<b>12</b>	38,397		38,397
<b>12</b>	Other income (See instructions; attach schedule) <small>SEE STMT 1</small>		<b>13</b>	38,397		38,397
<b>13</b>	<b>Total.</b> Combine lines 3 through 12					

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>
<b>15</b>	Salaries and wages		<b>15</b>
<b>16</b>	Repairs and maintenance		<b>16</b>
<b>17</b>	Bad debts		<b>17</b>
<b>18</b>	Interest (attach schedule)		<b>18</b>
<b>19</b>	Taxes and licenses		<b>19</b>
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b> 0
<b>23</b>	Depletion		<b>23</b>
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>
<b>25</b>	Employee benefit programs		<b>25</b>
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>
<b>28</b>	Other deductions (attach schedule)		<b>28</b>
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b> 38,397
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)		<b>31</b>
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b> 38,397
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b> 1,000
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b> 37,397

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

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1709

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. <b>The Leukemia &amp; Lymphoma Society, Inc</b>	Employer identification number (EIN) or <b>13-5644916</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3 International Drive, Suite 200</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Rye Brook, NY 10573</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Gordon Miller SVP Finance & Controller

Telephone No. ► 914 821-8935 Fax No. ► 914 821-8945

• If the organization does not have an office or place of business in the United States, check this box  . . . . .  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . . . . . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until May 15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 \_\_\_\_ or  
 ►  tax year beginning July 1, 20 17, and ending June 30, 20 18.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

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

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34 . . . . . <b>SEE STMT 2</b> ▶	<b>35c</b>	7,853
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	<b>36</b>	
<b>37 Proxy tax.</b> See instructions . . . . . ▶	<b>37</b>	
<b>38 Alternative minimum tax</b> . . . . . ▶	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions . . . . . ▶	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies . . . . . ▶	<b>40</b>	7,853

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>41a</b>	
<b>b</b> Other credits (see instructions) . . . . .	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d . . . . .	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40 . . . . .	<b>42</b>	7,853
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) . . . . .	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43 . . . . .	<b>44</b>	7,853
<b>45a</b> Payments: A 2016 overpayment credited to 2017 . . . . .	<b>45a</b>	
<b>b</b> 2017 estimated tax payments . . . . .	<b>45b</b>	7,129
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>45d</b>	
<b>e</b> Backup withholding (see instructions) . . . . .	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) . . . . .	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g . . . . . <b>SEE STMT 3</b> ▶	<b>46</b>	7,129
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed . . . . . ▶	<b>48</b>	724
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid . . . . . ▶	<b>49</b>	
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ <u>CANADA</u>	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

**Sign Here** ▶ 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **EVP, CFO**  
Title

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID M. HIGHFILL	<i>David M. Highfill</i>	5/01/2019		P01517891
	Firm's name ▶	KPMG LLP		Firm's EIN ▶	13-5565207
	Firm's address ▶	345 PARK AVENUE, NEW YORK, NY 10154-0102		Phone no.	212-758-9700

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>		
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>		
<b>3</b> Cost of labor . . . . .	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>					X
<b>b</b> Other costs (attach schedule)	<b>4b</b>					
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>					

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1) N/A
(2)
(3)
(4)

**2.** Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

N/A

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

N/A

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

N/A

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

N/A

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J—Advertising Income** (see instructions)

N/A

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
<b>Totals, Part II (lines 1–5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions) N/A

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			



ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

UBTI FROM QUALIFIED TRANSPORTATION FRINGE BENEFITS

38,397.

PART I - LINE 12 - OTHER INCOME

38,397.

ATTACHMENT 2

PART III - LINE 35C  
TAX COMPUTATION

UNRELATED BUSINESS TAXABLE INCOME	37,397
TAX RATE (FROM 1/1/2018 TO 6/30/2018)	<u>21%</u>
TAX DUE	<u>7,853</u>

PART IV - LINE 47

ESTIMATED TAX PENALTY

Pursuant to IRS Notice 2018-100, The Leukemia and Lymphoma Society, Inc. is not subject to penalties under IRC Section 6655.