

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>13-5644916</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>914-821-8251</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>624310</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1989</u>		2b Employer Identification Number (EIN) <u>13-5644916</u>		2c Plan Sponsor's telephone number <u>914-821-8251</u>		2d Business code (see instructions) <u>624310</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1989</u>											
2b Employer Identification Number (EIN) <u>13-5644916</u>											
2c Plan Sponsor's telephone number <u>914-821-8251</u>											
2d Business code (see instructions) <u>624310</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN</u> <u>3 INTERNATIONAL DRIVE</u> <u>SUITE 200</u> <u>RYE BROOK, NY 10573-7501</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2023	GORDON MILLER JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2023	GORDON MILLER JR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1583
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	963
a(2) Total number of active participants at the end of the plan year		6a(2)	911
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	642
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1555
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1534
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	45
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T 3J 3D 2S			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	D Employer Identification Number (EIN) 13-5644916	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	441463		01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **CUSTODIAL GUARANTEED FUND CONTRACT**

b	Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	D Employer Identification Number (EIN) 13-5644916	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	074981	1555	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	4003965
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b	Balance at the end of the previous year	7b	4004181
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c	Additions: (1) Contributions deposited during the year	7c(1)	344208	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	69677	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below).....	7c(5)	868374	

▶ **LOAN REPAYMENTS TRANSFERS IN MISCELLANEOUS IN**

(6) Total additions	7c(6)	1282259
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	5286440
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	689762	
	(2) Administration charge made by carrier.....	7e(2)	72	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below).....	7e(4)	592641	

▶ **TRANSFERS OUT MISCELLANEOUS OUT FORFEITURES DEBITS**

(5) Total deductions	7e(5)	1282475
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	4003965
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	D Employer Identification Number (EIN) 13-5644916	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND
06-1050034

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 64 65	NONE	137573	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

R.V. KUHNS & ASSOCIATES, INC.

93-0910652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	NONE	64765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

KPMG LLC

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	35500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN	D Employer Identification Number (EIN) 13-5644916	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1406456	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	674524	734527
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	92638012	108519779
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4004181	4003965
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	98723173	113258271

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	98723173	113258271
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2799424	
(B) Participants	2a(1)(B)	5963378	
(C) Others (including rollovers).....	2a(1)(C)	877130	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9639932
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	41977	
(F) Other	2b(1)(F)	69677	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		111654
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1254427	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1254427
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		13809666
c Other income.....	2c		-370
d Total income. Add all income amounts in column (b) and enter total.....	2d		24815309
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10033681	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10033681
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		9469
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	237061	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		237061
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10280211
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		14535098
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG

(2) EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?			
4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 403(B) PLAN</u>	D Employer Identification Number (EIN) <u>13-5644916</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Financial Statements and Supplemental Schedule

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule 1: Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021	10



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Administrator
The Leukemia & Lymphoma Society, Inc. 403(b) Plan:

Opinion

We have audited the financial statements of The Leukemia & Lymphoma Society, Inc. 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when



it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule 1 (Schedule H, Line 4(i) – Schedule of Assets (held at end of year) as of December 31, 2021) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information has been subjected to the auditing procedures applied in the audits of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the 2021 financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

New York, New York
August 26, 2022

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
General account of insurance company, at contract value	\$ 4,003,965	4,004,181
Investments, at fair value	108,519,781	92,638,012
Employer contribution receivable	—	1,406,456
Participant notes receivable and other	<u>734,527</u>	<u>674,524</u>
Net assets available for benefits	<u>\$ 113,258,273</u>	<u>98,723,173</u>

See accompanying notes to financial statements.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to:		
Contributions:		
Employer, net of forfeitures	\$ 2,799,424	2,405,081
Participants	5,963,378	5,699,979
Participant rollovers	877,132	520,509
	<u>9,639,934</u>	<u>8,625,569</u>
Investment income:		
Net appreciation in fair value of investments	13,809,295	12,236,679
Interest income	111,655	117,591
Dividend income	1,254,427	1,288,122
	<u>15,175,377</u>	<u>13,642,392</u>
Total additions	<u>24,815,311</u>	<u>22,267,961</u>
Deductions from net assets attributed to:		
Benefit payments to participants	10,043,150	10,685,659
Administrative expenses	237,061	242,124
Total deductions	<u>10,280,211</u>	<u>10,927,783</u>
Change in net assets available for benefits	14,535,100	11,340,178
Net assets available for benefits:		
Beginning of year	98,723,173	87,382,995
End of year	<u>\$ 113,258,273</u>	<u>98,723,173</u>

See accompanying notes to financial statements.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan

The following description of The Leukemia & Lymphoma Society 403(b) Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan was established on January 1, 1989 and is a defined contribution plan with an automatic enrollment feature. The Plan has been amended and restated. The Plan was established to provide retirement benefits (as defined in the Plan) for eligible employees of The Leukemia & Lymphoma Society (the Sponsor). The Plan has two contribution components – the Sponsor Contributions and the Participant Pretax and/or after-tax Roth Voluntary Contributions.

(a) Plan Termination

The Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of a plan termination, participants will become 100% vested in their accounts.

(b) Eligibility and Contributions

Employees are immediately eligible to make Participant Pretax and/or after-tax Roth Voluntary Contributions. Effective July 1, 2011, employees are eligible to receive discretionary Sponsor Contributions starting on the first day of the next quarter following completion of one year of service (working at least 1,000 hours in a plan year). The Sponsor Contributions are a percentage of participants' gross earnings multiplied by a factor based on accumulated years of service. Effective July 1, 2015, eligible employee with less than five years of service receives a 3.50% Sponsor Contribution while employees with five or more years of service receive 5.00%. Effective May 15, 2020, due to the ongoing impact of the COVID-19 pandemic, LLS suspended the discretionary Sponsor Contributions until May 15, 2021, at which time sponsor contributions were reinstated and retroactively applied to when the suspension began.

Employees may make Pretax Voluntary Contributions of up to \$19,500 in 2021 and 2020, respectively. Employees of age 50 or above may make catch-up contributions up to a maximum of \$6,500 in 2021 and 2020. Roth elective deferral contributions are included in participants' taxable income.

(c) Allocations of Earnings to Participant Accounts

Participant accounts are comprised of two components which include Sponsor Contributions and Participant Pretax and/or after-tax Roth Voluntary Contributions. Investment balances are calculated separately for each component and then combined for the account balance.

Each participant's account is credited with his or her contributions and the Sponsor Contributions. Investment earnings and plan expenses are allocated to each participant's account based on account balances on a daily basis.

THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(d) Vesting

Plan participants are fully vested in their Sponsor Contribution accounts after three years of service from date of hire. Plan participants are immediately vested in their voluntary contributions.

(e) Payment of Benefits

Upon termination of employment, a participant may elect to receive a lump-sum distribution equal to the value of his or her vested account balance or may choose from a number of other annuity payment options as described in the Summary Plan Description. Participants may also elect to leave their vested balance in their account in the Plan, excluding rollover contributions, if the participant's balance is more than \$5,000.

(f) Forfeitures

In the event a participant who is not fully vested terminates employment, all of his or her accumulated Sponsor Contributions will be forfeited. Such forfeited contributions are utilized to reduce future contributions by the Sponsor to the Plan and are maintained in the Fixed Income Option account. Forfeited amounts used in 2021 and 2020 were \$218,190 and \$96,643, respectively. Unused forfeitures remaining at December 31, 2021 and 2020 was \$20,352 and \$105,626 respectively.

(g) Loans to Participants

Participants may borrow from their accounts a minimum of \$1,000 and a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest as determined by the plan administrator. Principal and interest are paid directly through payroll deductions and are paid in semimonthly installments following the effective date of the loan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

(c) Fair Value Hierarchy

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (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 LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

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 are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest-level input that is significant to the fair value measurement in its entirety. All investments at fair value are included in Level 1 in the fair value hierarchy.

(d) Investment Valuation and Income Recognition

Investments consist of mutual funds. The Plan's investments in mutual funds are stated at fair value as determined by quoted market prices and are considered to be Level 1 inputs in the fair value hierarchy. The Plan's mutual fund investments were maintained and custodied by Prudential Bank & Trust, FSB.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

(e) Notes Receivable from Participants

The Plan follows the provisions of Accounting Standards Codification (ASC) – *Defined Contribution Pension Plans (Topic 962)*. Accordingly, participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. For the years ended December 31, 2021 and 2020, the effective interest rates for the note receivables are 5.96% and 6.83%, respectively. The interest rates on outstanding participant loans ranged from 4.25% to 7.5% with maturities through December 2031 for December 31, 2021. The interest rates on outstanding participant loans ranged from 4.25% to 7.50% with maturities through December 2030 for December 31, 2020.

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Administrative Expenses

All costs and expenses incurred in connection with the operations of the Plan, except for investment consultant, record keeping and custodian charges, and the annual external audit, are borne by the Sponsor. Expenses related to investment and management fees are included in administrative expenses.

(h) Contributions

Contributions from the Sponsor are made based upon the provisions of the Plan. Contributions are accrued in the plan year to which they relate. The Plan had an employer contribution receivable of

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

approximately \$1.4 million at December 31, 2020 related to the retroactive reinstatement in June 2021 of the Sponsor Contribution effective for the plan year ended December 31, 2020.

(3) General Account of Insurance Company

The Prudential Guaranteed Investment Fund (PGIF) is backed by Prudential Retirement Insurance and Annuity Company and provides a stated rate of return. The Plan follows Accounting Standards Update No. 2015-12, *Plan Accounting, (Part I) Fully Benefit-Responsive Investment Contracts*, which requires fully benefit-responsive investment contracts to be measured at contract value. The contract is credited with a fixed rate of interest and charged for participant withdrawals and administrative expenses. The contract value of this investment was \$4,003,965 and \$4,004,181 as of December 31, 2021 and 2020, respectively. Contract value represents contributions, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Guaranteed Minimum Interest Rate (GMIR) that was in effect in 2021 was 1.75% from January 1 through June 30 and 1.65% from July 1 through December 31. The GMIR that was in effect in 2020 was 2.15% from January 1 through June 30 and 1.97% from July 1 through December 31. Effective January 1, 2014, the contract with the Plan allows the GMIR to range between 1.00% and 3.00% depending on market conditions. Such interest rates are reviewed on a semiannual basis for resetting.

(4) Income Tax Status

The Plan was designed to satisfy the applicable requirements of Section 403(b) of the Internal Revenue Code (IRC) and is, therefore, not subject to income tax under the present federal tax law. The Sponsor is not aware of any course of action or series of events that might adversely affect the tax status of the Plan.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

(5) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

The PGIF represents approximately 3.54% and 4.00% of the Plan's net assets as of December 31, 2021 and 2020, respectively. The plan administrator does not believe that any events would limit the Plan's ability to transact at contract value.

The spread of coronavirus (COVID-19) around the world throughout 2020 and 2021 has caused significant volatility in U.S. and international markets. There is significant uncertainty around the ongoing impact of business disruptions related to COVID-19, as well as its impact on the U.S. and international economies and, as such, the Plan is unable to determine if there will be any material impact to its operations.

(6) Party-in-Interest Transactions

Certain plan assets consist of participant notes, shares in investment funds, and an insurance contract managed by affiliates of Prudential, and therefore, these transactions qualify as party in interest as defined by ERISA.

(7) Subsequent Events

The Plan evaluated events subsequent to December 31, 2021 and through August 26, 2022, the date on which the financial statements were available to be issued, and determined that no additional matters are required to be disclosed.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2021

Issuer	Description of investment	Shares/units	Total
* American Funds	American Funds 2010 Target Retire R6	103,980	\$ 1,286,228
* American Funds	American Funds 2015 Target Retire R6	191,555	2,509,366
* American Funds	American Funds 2020 Target Retire R6	434,130	6,216,749
* American Funds	American Funds 2025 Target Retire R6	467,631	7,561,600
* American Funds	American Funds 2030 Target Retire R6	646,877	11,559,685
* American Funds	American Funds 2035 Target Retire R6	716,237	14,052,570
* American Funds	American Funds 2040 Target Retire R6	724,956	15,021,096
* American Funds	American Funds 2045 Target Retire R6	700,564	14,950,028
* American Funds	American Funds 2050 Target Retire R6	557,576	11,759,284
* American Funds	American Funds 2055 Target Retire R6	166,198	4,419,199
* American Funds	American Funds 2060 Target Retire R6	92,460	1,653,188
* American Funds	American Funds EuroPacific Growth R6	23,315	1,509,155
* Robert W. Baird & Co Incorporated	Baird Core Plus Bond Inst	62,750	732,295
* Dimensional Fund Advisors LP	DFA US Small Cap I	70,302	3,307,715
* Vanguard Group, Inc.	Vanguard 500 Index Admiral	27,241	11,981,623
Total assets, at fair value			108,519,781
* Participant notes	92 notes at varying interest rates and maturity dates at cost		734,527
* Prudential Bank & Trust, FSB	Fixed income option, at contract value	144,774	4,003,965
			<u>\$ 113,258,273</u>

* Party in interest as defined by ERISA.

See accompanying independent auditors' report.



**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Financial Statements and Supplemental Schedule

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule 1: Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021	10



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Administrator
The Leukemia & Lymphoma Society, Inc. 403(b) Plan:

Opinion

We have audited the financial statements of The Leukemia & Lymphoma Society, Inc. 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when



it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule 1 (Schedule H, Line 4(i) – Schedule of Assets (held at end of year) as of December 31, 2021) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information has been subjected to the auditing procedures applied in the audits of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the 2021 financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

New York, New York
August 26, 2022

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
General account of insurance company, at contract value	\$ 4,003,965	4,004,181
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See accompanying notes to financial statements.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to:		
Contributions:		
Employer, net of forfeitures	\$ 2,799,424	2,405,081
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Net assets available for benefits:		
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End of year	<u>\$ 113,258,273</u>	<u>98,723,173</u>

See accompanying notes to financial statements.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan

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The Plan was established on January 1, 1989 and is a defined contribution plan with an automatic enrollment feature. The Plan has been amended and restated. The Plan was established to provide retirement benefits (as defined in the Plan) for eligible employees of The Leukemia & Lymphoma Society (the Sponsor). The Plan has two contribution components – the Sponsor Contributions and the Participant Pretax and/or after-tax Roth Voluntary Contributions.

(a) Plan Termination

The Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of a plan termination, participants will become 100% vested in their accounts.

(b) Eligibility and Contributions

Employees are immediately eligible to make Participant Pretax and/or after-tax Roth Voluntary Contributions. Effective July 1, 2011, employees are eligible to receive discretionary Sponsor Contributions starting on the first day of the next quarter following completion of one year of service (working at least 1,000 hours in a plan year). The Sponsor Contributions are a percentage of participants' gross earnings multiplied by a factor based on accumulated years of service. Effective July 1, 2015, eligible employee with less than five years of service receives a 3.50% Sponsor Contribution while employees with five or more years of service receive 5.00%. Effective May 15, 2020, due to the ongoing impact of the COVID-19 pandemic, LLS suspended the discretionary Sponsor Contributions until May 15, 2021, at which time sponsor contributions were reinstated and retroactively applied to when the suspension began.

Employees may make Pretax Voluntary Contributions of up to \$19,500 in 2021 and 2020, respectively. Employees of age 50 or above may make catch-up contributions up to a maximum of \$6,500 in 2021 and 2020. Roth elective deferral contributions are included in participants' taxable income.

(c) Allocations of Earnings to Participant Accounts

Participant accounts are comprised of two components which include Sponsor Contributions and Participant Pretax and/or after-tax Roth Voluntary Contributions. Investment balances are calculated separately for each component and then combined for the account balance.

Each participant's account is credited with his or her contributions and the Sponsor Contributions. Investment earnings and plan expenses are allocated to each participant's account based on account balances on a daily basis.

THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(d) Vesting

Plan participants are fully vested in their Sponsor Contribution accounts after three years of service from date of hire. Plan participants are immediately vested in their voluntary contributions.

(e) Payment of Benefits

Upon termination of employment, a participant may elect to receive a lump-sum distribution equal to the value of his or her vested account balance or may choose from a number of other annuity payment options as described in the Summary Plan Description. Participants may also elect to leave their vested balance in their account in the Plan, excluding rollover contributions, if the participant's balance is more than \$5,000.

(f) Forfeitures

In the event a participant who is not fully vested terminates employment, all of his or her accumulated Sponsor Contributions will be forfeited. Such forfeited contributions are utilized to reduce future contributions by the Sponsor to the Plan and are maintained in the Fixed Income Option account. Forfeited amounts used in 2021 and 2020 were \$218,190 and \$96,643, respectively. Unused forfeitures remaining at December 31, 2021 and 2020 was \$20,352 and \$105,626 respectively.

(g) Loans to Participants

Participants may borrow from their accounts a minimum of \$1,000 and a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest as determined by the plan administrator. Principal and interest are paid directly through payroll deductions and are paid in semimonthly installments following the effective date of the loan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

(c) Fair Value Hierarchy

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (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 LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

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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 are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest-level input that is significant to the fair value measurement in its entirety. All investments at fair value are included in Level 1 in the fair value hierarchy.

(d) Investment Valuation and Income Recognition

Investments consist of mutual funds. The Plan's investments in mutual funds are stated at fair value as determined by quoted market prices and are considered to be Level 1 inputs in the fair value hierarchy. The Plan's mutual fund investments were maintained and custodied by Prudential Bank & Trust, FSB.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

(e) Notes Receivable from Participants

The Plan follows the provisions of Accounting Standards Codification (ASC) – *Defined Contribution Pension Plans (Topic 962)*. Accordingly, participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. For the years ended December 31, 2021 and 2020, the effective interest rates for the note receivables are 5.96% and 6.83%, respectively. The interest rates on outstanding participant loans ranged from 4.25% to 7.5% with maturities through December 2031 for December 31, 2021. The interest rates on outstanding participant loans ranged from 4.25% to 7.50% with maturities through December 2030 for December 31, 2020.

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Administrative Expenses

All costs and expenses incurred in connection with the operations of the Plan, except for investment consultant, record keeping and custodian charges, and the annual external audit, are borne by the Sponsor. Expenses related to investment and management fees are included in administrative expenses.

(h) Contributions

Contributions from the Sponsor are made based upon the provisions of the Plan. Contributions are accrued in the plan year to which they relate. The Plan had an employer contribution receivable of

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

approximately \$1.4 million at December 31, 2020 related to the retroactive reinstatement in June 2021 of the Sponsor Contribution effective for the plan year ended December 31, 2020.

(3) General Account of Insurance Company

The Prudential Guaranteed Investment Fund (PGIF) is backed by Prudential Retirement Insurance and Annuity Company and provides a stated rate of return. The Plan follows Accounting Standards Update No. 2015-12, *Plan Accounting, (Part I) Fully Benefit-Responsive Investment Contracts*, which requires fully benefit-responsive investment contracts to be measured at contract value. The contract is credited with a fixed rate of interest and charged for participant withdrawals and administrative expenses. The contract value of this investment was \$4,003,965 and \$4,004,181 as of December 31, 2021 and 2020, respectively. Contract value represents contributions, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Guaranteed Minimum Interest Rate (GMIR) that was in effect in 2021 was 1.75% from January 1 through June 30 and 1.65% from July 1 through December 31. The GMIR that was in effect in 2020 was 2.15% from January 1 through June 30 and 1.97% from July 1 through December 31. Effective January 1, 2014, the contract with the Plan allows the GMIR to range between 1.00% and 3.00% depending on market conditions. Such interest rates are reviewed on a semiannual basis for resetting.

(4) Income Tax Status

The Plan was designed to satisfy the applicable requirements of Section 403(b) of the Internal Revenue Code (IRC) and is, therefore, not subject to income tax under the present federal tax law. The Sponsor is not aware of any course of action or series of events that might adversely affect the tax status of the Plan.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

(5) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

The PGIF represents approximately 3.54% and 4.00% of the Plan's net assets as of December 31, 2021 and 2020, respectively. The plan administrator does not believe that any events would limit the Plan's ability to transact at contract value.

The spread of coronavirus (COVID-19) around the world throughout 2020 and 2021 has caused significant volatility in U.S. and international markets. There is significant uncertainty around the ongoing impact of business disruptions related to COVID-19, as well as its impact on the U.S. and international economies and, as such, the Plan is unable to determine if there will be any material impact to its operations.

(6) Party-in-Interest Transactions

Certain plan assets consist of participant notes, shares in investment funds, and an insurance contract managed by affiliates of Prudential, and therefore, these transactions qualify as party in interest as defined by ERISA.

(7) Subsequent Events

The Plan evaluated events subsequent to December 31, 2021 and through August 26, 2022, the date on which the financial statements were available to be issued, and determined that no additional matters are required to be disclosed.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2021

Issuer	Description of investment	Shares/units	Total
* American Funds	American Funds 2010 Target Retire R6	103,980	\$ 1,286,228
* American Funds	American Funds 2015 Target Retire R6	191,555	2,509,366
* American Funds	American Funds 2020 Target Retire R6	434,130	6,216,749
* American Funds	American Funds 2025 Target Retire R6	467,631	7,561,600
* American Funds	American Funds 2030 Target Retire R6	646,877	11,559,685
* American Funds	American Funds 2035 Target Retire R6	716,237	14,052,570
* American Funds	American Funds 2040 Target Retire R6	724,956	15,021,096
* American Funds	American Funds 2045 Target Retire R6	700,564	14,950,028
* American Funds	American Funds 2050 Target Retire R6	557,576	11,759,284
* American Funds	American Funds 2055 Target Retire R6	166,198	4,419,199
* American Funds	American Funds 2060 Target Retire R6	92,460	1,653,188
* American Funds	American Funds EuroPacific Growth R6	23,315	1,509,155
* Robert W. Baird & Co Incorporated	Baird Core Plus Bond Inst	62,750	732,295
* Dimensional Fund Advisors LP	DFA US Small Cap I	70,302	3,307,715
* Vanguard Group, Inc.	Vanguard 500 Index Admiral	27,241	11,981,623
Total assets, at fair value			108,519,781
* Participant notes	92 notes at varying interest rates and maturity dates at cost		734,527
* Prudential Bank & Trust, FSB	Fixed income option, at contract value	144,774	4,003,965
			<u>\$ 113,258,273</u>

* Party in interest as defined by ERISA.

See accompanying independent auditors' report.



**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Financial Statements and Supplemental Schedule

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule 1: Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021	10



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Administrator
The Leukemia & Lymphoma Society, Inc. 403(b) Plan:

Opinion

We have audited the financial statements of The Leukemia & Lymphoma Society, Inc. 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when



it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule 1 (Schedule H, Line 4(i) – Schedule of Assets (held at end of year) as of December 31, 2021) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information has been subjected to the auditing procedures applied in the audits of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the 2021 financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

New York, New York
August 26, 2022

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
General account of insurance company, at contract value	\$ 4,003,965	4,004,181
Investments, at fair value	108,519,781	92,638,012
Employer contribution receivable	—	1,406,456
Participant notes receivable and other	<u>734,527</u>	<u>674,524</u>
Net assets available for benefits	<u>\$ 113,258,273</u>	<u>98,723,173</u>

See accompanying notes to financial statements.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to:		
Contributions:		
Employer, net of forfeitures	\$ 2,799,424	2,405,081
Participants	5,963,378	5,699,979
Participant rollovers	877,132	520,509
	<u>9,639,934</u>	<u>8,625,569</u>
Investment income:		
Net appreciation in fair value of investments	13,809,295	12,236,679
Interest income	111,655	117,591
Dividend income	1,254,427	1,288,122
	<u>15,175,377</u>	<u>13,642,392</u>
Total additions	<u>24,815,311</u>	<u>22,267,961</u>
Deductions from net assets attributed to:		
Benefit payments to participants	10,043,150	10,685,659
Administrative expenses	237,061	242,124
Total deductions	<u>10,280,211</u>	<u>10,927,783</u>
Change in net assets available for benefits	14,535,100	11,340,178
Net assets available for benefits:		
Beginning of year	98,723,173	87,382,995
End of year	<u>\$ 113,258,273</u>	<u>98,723,173</u>

See accompanying notes to financial statements.

**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan

The following description of The Leukemia & Lymphoma Society 403(b) Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan was established on January 1, 1989 and is a defined contribution plan with an automatic enrollment feature. The Plan has been amended and restated. The Plan was established to provide retirement benefits (as defined in the Plan) for eligible employees of The Leukemia & Lymphoma Society (the Sponsor). The Plan has two contribution components – the Sponsor Contributions and the Participant Pretax and/or after-tax Roth Voluntary Contributions.

(a) Plan Termination

The Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of a plan termination, participants will become 100% vested in their accounts.

(b) Eligibility and Contributions

Employees are immediately eligible to make Participant Pretax and/or after-tax Roth Voluntary Contributions. Effective July 1, 2011, employees are eligible to receive discretionary Sponsor Contributions starting on the first day of the next quarter following completion of one year of service (working at least 1,000 hours in a plan year). The Sponsor Contributions are a percentage of participants' gross earnings multiplied by a factor based on accumulated years of service. Effective July 1, 2015, eligible employee with less than five years of service receives a 3.50% Sponsor Contribution while employees with five or more years of service receive 5.00%. Effective May 15, 2020, due to the ongoing impact of the COVID-19 pandemic, LLS suspended the discretionary Sponsor Contributions until May 15, 2021, at which time sponsor contributions were reinstated and retroactively applied to when the suspension began.

Employees may make Pretax Voluntary Contributions of up to \$19,500 in 2021 and 2020, respectively. Employees of age 50 or above may make catch-up contributions up to a maximum of \$6,500 in 2021 and 2020. Roth elective deferral contributions are included in participants' taxable income.

(c) Allocations of Earnings to Participant Accounts

Participant accounts are comprised of two components which include Sponsor Contributions and Participant Pretax and/or after-tax Roth Voluntary Contributions. Investment balances are calculated separately for each component and then combined for the account balance.

Each participant's account is credited with his or her contributions and the Sponsor Contributions. Investment earnings and plan expenses are allocated to each participant's account based on account balances on a daily basis.

THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(d) Vesting

Plan participants are fully vested in their Sponsor Contribution accounts after three years of service from date of hire. Plan participants are immediately vested in their voluntary contributions.

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Upon termination of employment, a participant may elect to receive a lump-sum distribution equal to the value of his or her vested account balance or may choose from a number of other annuity payment options as described in the Summary Plan Description. Participants may also elect to leave their vested balance in their account in the Plan, excluding rollover contributions, if the participant's balance is more than \$5,000.

(f) Forfeitures

In the event a participant who is not fully vested terminates employment, all of his or her accumulated Sponsor Contributions will be forfeited. Such forfeited contributions are utilized to reduce future contributions by the Sponsor to the Plan and are maintained in the Fixed Income Option account. Forfeited amounts used in 2021 and 2020 were \$218,190 and \$96,643, respectively. Unused forfeitures remaining at December 31, 2021 and 2020 was \$20,352 and \$105,626 respectively.

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Participants may borrow from their accounts a minimum of \$1,000 and a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest as determined by the plan administrator. Principal and interest are paid directly through payroll deductions and are paid in semimonthly installments following the effective date of the loan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

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The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

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Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (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 LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

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**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

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**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

Notes to Financial Statements

December 31, 2021 and 2020

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**THE LEUKEMIA & LYMPHOMA SOCIETY
403(B) PLAN**

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* American Funds	American Funds 2010 Target Retire R6	103,980	\$ 1,286,228
* American Funds	American Funds 2015 Target Retire R6	191,555	2,509,366
* American Funds	American Funds 2020 Target Retire R6	434,130	6,216,749
* American Funds	American Funds 2025 Target Retire R6	467,631	7,561,600
* American Funds	American Funds 2030 Target Retire R6	646,877	11,559,685
* American Funds	American Funds 2035 Target Retire R6	716,237	14,052,570
* American Funds	American Funds 2040 Target Retire R6	724,956	15,021,096
* American Funds	American Funds 2045 Target Retire R6	700,564	14,950,028
* American Funds	American Funds 2050 Target Retire R6	557,576	11,759,284
* American Funds	American Funds 2055 Target Retire R6	166,198	4,419,199
* American Funds	American Funds 2060 Target Retire R6	92,460	1,653,188
* American Funds	American Funds EuroPacific Growth R6	23,315	1,509,155
* Robert W. Baird & Co Incorporated	Baird Core Plus Bond Inst	62,750	732,295
* Dimensional Fund Advisors LP	DFA US Small Cap I	70,302	3,307,715
* Vanguard Group, Inc.	Vanguard 500 Index Admiral	27,241	11,981,623
	Total assets, at fair value		108,519,781
* Participant notes	92 notes at varying interest rates and maturity dates at cost		734,527
* Prudential Bank & Trust, FSB	Fixed income option, at contract value	144,774	4,003,965
			\$ <u>113,258,273</u>

* Party in interest as defined by ERISA.

See accompanying independent auditors' report.