

Form 990

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2003

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 7/1/2003, and ending 6/30/2004

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

The Leukemia &amp; Lymphoma Society, Inc. Tennessee Chapter

Number and street (or P.O. box if mail is not delivered to street address)

404 BNA Drive

Room/suite

102

City or town

Nashville

State or country

TN

ZIP + 4

37217

D Employer identification number

13-5644916

E Telephone number

615-331-2980

F Accounting method:

☐ Cash☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?

☐ Yes☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included?

☐ Yes☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?

☐ Yes☒ No

G Website: ▶ www.leukemia-lymphoma.org

J Organization type (check only one)

☒

501(c)( 3 )

◀ (insert no.)

☐

4947(a)(1) or

☐

527

K Check here

☐

if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

1,838,359

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	1,526,444			
b Indirect public support	1b	31,976			
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 1,558,420 noncash \$ )	1d				1,558,420
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				0
3 Membership dues and assessments	3				0
4 Interest on savings and temporary cash investments	4				59
5 Dividends and interest from securities	5				0
6a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				0
7 Other investment income (describe )	7				0
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
b Less: cost or other basis and sales expenses	8a	0	8b	0	
c Gain or (loss) (attach schedule)	8b	0	8c	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0			0
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d				0
a Gross revenue (not including \$ 1,734,167 of contributions reported on line 1a)	9a	279,880			
b Less: direct expenses other than fundraising expenses	9b	279,880			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				0
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				0
11 Other revenue (from Part VII, line 103)	11				0
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				1,558,479
13 Program services (from line 44, column (B))	13				507,685
14 Management and general (from line 44, column (C))	14				112,085
15 Fundraising (from line 44, column (D))	15				137,451
16 Payments to affiliates (attach schedule)	16				835,939
17 Total expenses (add lines 16 and 44, column (A))	17				1,593,160
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18				-34,681
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19				879
20 Other changes in net assets or fund balances (attach explanation)	20				0
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				-33,802

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990 (2003)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ 0 noncash \$ 0)	22 57,477	57,477		
23	Specific assistance to individuals (attach schedule) . . . . .	23 0			
24	Benefits paid to or for members (attach schedule) . . . . .	24 0			
25	Compensation of officers, directors, etc. . . . .	25 0			
26	Other salaries and wages . . . . .	26 306,880	220,647	38,667	47,566
27	Pension plan contributions . . . . .	27 0			
28	Other employee benefits . . . . .	28 23,726	17,059	2,989	3,678
29	Payroll taxes . . . . .	29 23,163	16,654	2,919	3,590
30	Professional fundraising fees . . . . .	30 0			
31	Accounting fees . . . . .	31 0			
32	Legal fees . . . . .	32 0			
33	Supplies . . . . .	33 0			
34	Telephone . . . . .	34 7,421	5,336	935	1,150
35	Postage and shipping . . . . .	35 63,188	31,594	14,217	17,377
36	Occupancy . . . . .	36 38,849	27,933	4,895	6,021
37	Equipment rental and maintenance . . . . .	37 15,790	11,353	1,990	2,447
38	Printing and publications . . . . .	38 66,350	33,175	14,929	18,246
39	Travel . . . . .	39 24,995	17,971	3,149	3,875
40	Conferences, conventions, and meetings . . . . .	40 9,207	6,620	1,160	1,427
41	Interest . . . . .	41 0			
42	Depreciation, depletion, etc. (attach schedule) . . . . .	42 200	144	25	31
43	Other expenses not covered above (itemize): a . . . . .	43a 0			
	b PROFESSIONAL FEES . . . . .	43b 112,052	56,026	25,212	30,814
	c MISCELLANEOUS . . . . .	43c 7,923	5,696	998	1,229
	d . . . . .	43d 0			
	e . . . . .	43e 0			
	f . . . . .	43f 0			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .	44 757,221	507,685	112,085	137,451

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ ;

(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ To cure Leukemia and blood related cancers

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PATIENT AID AND COMMUNITY SERVICES	
SEE ATTACHED SCHEDULE	
(Grants and allocations \$ 57,477 )	303,654
b PUBLIC HEALTH EDUCATION	
SEE ATTACHED SCHEDULE	
(Grants and allocations \$ )	136,140
c PROFESSIONAL EDUCATION	
SEE ATTACHED SCHEDULE	
(Grants and allocations \$ )	67,891
d	
(Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	507,685

**Part IV** Balance Sheets (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .		75,792	45	37,999
	46	Savings and temporary cash investments . . . . .			46	
	47 a	Accounts receivable . . . . .	47a 8,670			
	b	Less: allowance for doubtful accounts . . . . .	47b 0	3,090	47c	8,670
	48 a	Pledges receivable . . . . .	48a 0			
	b	Less: allowance for doubtful accounts . . . . .	48b 0	0	48c	0
	49	Grants receivable . . . . .			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50	0
	51 a	Other notes and loans receivable (attach schedule) . . . . .	51a 0			
	b	Less: allowance for doubtful accounts . . . . .	51b 0	0	51c	0
	52	Inventories for sale or use . . . . .			52	
	53	Prepaid expenses and deferred charges . . . . .		3,334	53	6,664
	54	Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a 0			
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b 0	0	55c	0
56	Investments—other (attach schedule) . . . . .		0	56	0	
57 a	Land, buildings, and equipment: basis . . . . .	57a 4,000				
b	Less: accumulated depreciation (attach schedule) . . . . .	57b 200	0	57c	3,800	
58	Other assets (describe . . . . . )		0	58	0	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		82,216	59	57,133	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		33,098	60	22,513
	61	Grants payable . . . . .			61	
	62	Deferred revenue . . . . .		48,239	62	68,422
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a	0
	b	Mortgages and other notes payable (attach schedule) . . . . .		0	64b	0
	65	Other liabilities (describe . . . . . )		0	65	0
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		81,337	66	90,935	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted . . . . .		879	67	-33,802
	68	Temporarily restricted . . . . .			68	
	69	Permanently restricted . . . . .			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds . . . . .			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .			72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		879	73	-33,802
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		82,216	74	57,133

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants . . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . .	<b>b</b>	0
<b>c</b>	Line a minus line b . . . . .	<b>c</b>	0
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . .	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) . . . . .	<b>e</b>	0

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3)	Losses reported on line 20, Form 990 . . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . .	<b>b</b>	0
<b>c</b>	Line a minus line b . . . . .	<b>c</b>	0
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . .	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) . . . . .	<b>e</b>	0

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name SEE ATTACHED Str City SCHEDULE ST ZIP	Title Hr/WK PART-TIME	NONE	NONE	NONE
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule—see page 28 of the instructions.

Yes ☐ No ☒

**Part VI Other Information** (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>THE LLS RESEARCH PROGRAMS, INC</b> <b>THE LLS RESEARCH FOUNDATION</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	N/A
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	VALUE IS INDETERMINA
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	13
91	The books are in care of <u>Name EXECUTIVE DIRECTOR</u> Telephone no. <u>615-331-2980</u> Located at <u>404 BNA Drive</u> City <u>Nashville</u> ST <u>TN</u> Zip + 4 <u>37217</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	59	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		0		59	0
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					59

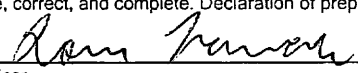

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 11/9/04	
Paid Preparer's Use Only	TOM NAWABI - AVP, ASSISTANT CONTROLLER			
	Type or print name and title.			
	Preparer's signature 	Date	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

The Leukemia and Lymphoma Society, Inc.  
Tennessee  
Tax ID # 13-5644916  
Special Fund Raising Events and Activities  
Year Ended June 30, 2004

Part I, Line 9

<u>Description of Event</u>	<u>Gross Receipts</u>	<u>Less Contributions</u>	<u>Gross Revenue Line 9(a)</u>	<u>Direct Expenses Line 9(b)</u>	<u>Net Support Line 9(c)</u>
Nashville/Country Music Marathon	673,089	573,712	99,377	99,377	0
Pennies	193,331	177,832	15,499	15,499	0
Light The Night # 1	129,571	108,667	20,904	20,904	0
Sub-Total	995,991	860,211	135,780	135,780	0

All other events, consisting of the following:

<u>Description</u>	<u># Of Events</u>				
TNT Run	4				
TNT Walk	4				
TNT Cycle	2				
TNT Triathlon	2				
Celebrity Waiter					
Black Tie Events					
Golf	2				
Regatta					
Dress Down Days	1				
Hops					
Radiothons/Televents					
Man/Woman of Year	2				
Pennies					
Other :					
Light The Night - Memphis	1				
Light The Night - Knoxville	1				
	19	738,176	594,076	144,100	144,100
TOTAL ALL EVENTS	22	1,734,167	1,454,287	279,880	279,880

The Leukemia & Lymphoma Society, Inc.  
EI# 13-5644916  
Tennessee  
Year Ended June 30, 2004

**PART 1, LINE 16 -- Payments to Affiliates**

The Leukemia & Lymphoma Society, Inc.  
Home Office  
1311 Mamaroneck Ave.  
White Plains, NY 10605

Remittances to Home Office	<u><u>835,939</u></u>
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**PART 4, LINE 62 -- Deferred Support**

Income is from events applicable to future period.	<u><u>68,422</u></u>
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The Leukemia & Lymphoma Society, Inc.

EI 13-5644916

Tennessee

Year Ended June 30, 2004

PART 3 -- STATEMENT OF PROGRAM SERVICES

(a) PATIENT AND COMMUNITY SERVICE

Financial assistance provided to local patients for drugs, laboratory services related to processing, typing, screening and cross-matching blood components for transfusion and transportation to and from place of treatment. Providing information and counseling services to patients and their families.

Worked on a day-to-day basis with county welfare departments, clinics, nursing homes and social service departments of area hospitals and other agencies collecting information on their services for patients and the availability of blood components for transfusion. Also handled requests for assistance through the resources and referral information compiled and maintained by the chapter.

(b) PUBLIC HEALTH INFORMATION

Handled requests for material and information. Distributed pamphlets concerning blood-related cancers and early diagnosis during our door-to-door campaign. Educated the public to the dangers of these cancers and advances in treatment through speeches and audio-visual presentations to various groups.

(c) PROFESSIONAL EDUCATION

Distributed literature to the medical community to advise them of progress in research and the latest developments in the treatment of blood-related cancers.



**The Leukemia &  
Lymphoma Society™**

*Fighting Blood-Related Cancers*

**TENNESSEE CHAPTER 2003-2004 BOARD OF TRUSTEES - OFFICERS**

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