

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008Open to Public
InspectionA For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

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

C Name of organization THE LEUKEMIA & LYMPHOMA SOCIETYDoing Business As TENNESSEE

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

404 BNA DRIVE

Room/suite

102

City or town, state or country, and ZIP + 4

NASHVILLETN 37217

F Name and address of principal officer:

D Employer identification number

13-5644916

E Telephone number

615-331-2980G Gross receipts \$ 1,579,028

H(a) Is this a group return for

affiliates?

☐ Yes☒ No

H(b) Are all affiliates

included?

☐ Yes☐ No

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

I Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: WWW.LEUKEMIA-LYMPHOMA.ORG

H(c) Group exemption number

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: <u>CURE LEUKEMIA & BLOOD CANCERS</u>							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	<u>14</u>				
4 Number of independent voting members of the governing body (Part VI, line 1b)		<u>4</u>	<u>14</u>				
5 Total number of employees (Part V, line 2a)		<u>5</u>	<u>11</u>				
6 Total number of volunteers (estimate if necessary)		<u>6</u>	<u>75</u>				
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)		<u>7a</u>					
b Net unrelated business taxable income from Form 990-T, line 34		<u>7b</u>	<u>0</u>				
8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year				
9 Program service revenue (Part VIII, line 2g)		<u>1,558,792</u>	<u>1,579,028</u>				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>1,558,792</u>	<u>1,579,028</u>				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>103,240</u>	<u>111,686</u>				
14 Benefits paid to or for members (Part IX, column (A), line 4)							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>480,290</u>	<u>499,995</u>				
16a Professional fundraising fees (Part IX, column (A), line 11e)							
b Total fundraising expenses (Part IX, column (D), line 25)		<u>173,061</u>					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<u>1,077,832</u>	<u>917,700</u>				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>1,661,362</u>	<u>1,529,381</u>				
19 Revenue less expenses. Subtract line 18 from line 12		<u>-102,570</u>	<u>49,647</u>				
20 Total assets (Part X, line 16)		Beginning of Year	End of Year				
21 Total liabilities (Part X, line 26)		<u>21,467</u>	<u>13,058</u>				
22 Net assets or fund balances. Subtract line 21 from line 20		<u>139,753</u>	<u>81,697</u>				
		<u>-118,286</u>	<u>-68,639</u>				

Part II Signature Block

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

EDISON DE LA CRUZ

Date

1/21/10
SENIOR REGIONAL CONTROLLER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date
1/21/10Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

LEUKEMIA & LYMPHOMA SOCIETY
1311 MANARONECK AVE
WHITE PLAINS, NY 10605

EIN

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☐ No ☐

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

CURE LEUKEMIA AND BLOOD CANCERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 692,221 including grants of \$) (Revenue \$)
PATIENT AND COMMUNITY SERVICE4b (Code:) (Expenses \$ 241,230 including grants of \$) (Revenue \$)
PUBLIC HEALTH EDUCATION4c (Code:) (Expenses \$ 66,536 including grants of \$) (Revenue \$)
PROFESSIONAL EDUCATION

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 216,594 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,216,581 (Must equal Part IX, Line 25, column (B).)

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	14
b Enter the number of voting members that are independent	1b	14
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	
6 Does the organization have members or stockholders?	6	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	
b Each committee with authority to act on behalf of the governing body?	8b	
9a Does the organization have local chapters, branches, or affiliates?	9a	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	
14 Does the organization have a written document retention and destruction policy?	14	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☐ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,579,028			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,579,028			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
Other Revenue	6a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 1,414,365 of contributions reported on line 1c). See Part IV, line 18	a	302,883			
	b Less: direct expenses	b	302,883			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Busn. Code			
	11a					
	b					
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,579,028	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	111,686	111,686		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	423,779	308,511	51,277	63,991
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	45,428	33,071	5,497	6,860
10 Payroll taxes	30,788	22,414	3,725	4,649
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	50,989	37,119	6,170	7,700
17 Travel	21,935	15,969	2,654	3,312
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,754	7,828	1,301	1,625
20 Interest				
21 Payments to affiliates	628,616	628,616		
22 Depreciation, depletion, and amortization	1,526	1,111	185	230
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES	66,586	9,987	25,409	31,190
b TELEPHONE	6,115	4,452	740	923
c EQUIPMENT RENTAL	12,618	9,186	1,527	1,905
d POSTAGE & SHIPPING	42,585	6,388	16,250	19,947
e PRINTING & SUPPLIES	60,671	9,101	23,152	28,418
f All other expenses	15,305	11,142	1,852	2,311
25 Total functional expenses. Add lines 1 through 24f	1,529,381	1,216,581	139,739	173,061
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	5,213	1	2,497
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,143	4	4,240
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,550	9	4,286
	10a Land, buildings, and equipment: cost basis	9,914		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	7,879		
	11 Investments—publicly traded securities	3,561	10c	2,035
	12 Investments—other securities. See Part IV, line 11		11	
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,467	15	13,058	
Liabilities	17 Accounts payable and accrued expenses	33,589	16	19,431
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	106,164	19	62,266
	21 Escrow account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable		23	
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	139,753	25	81,697
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		-118,286	26	-68,639
28 Temporarily restricted net assets			27	
29 Permanently restricted net assets			28	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			29	
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		-118,286	33	-68,639
34 Total liabilities and net assets/fund balances		21,467	34	13,058

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?		<input checked="" type="checkbox"/>
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits?		

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01/21/2010 THU 13:06 FAX 914 821 8945 LEUKEMIA AND LYMPHOMA

First Name	Last Name	Address	Address	City	State	Zip Code	Home Phone	Work Phone	Email	Role
Rocky	Billups	HCA-TriStar Division	2410 Patterson Street,	Nashville	TN	37203	615-662-0202	615-342-1043	Rocky.Billups@HCAHealthcare.com	Exec Com
Laura	Currie	4415 Warner Place		Nashville	TN	37205-4534	615-4607781	615-812-5005	lpcurrie@warnerpl.net	Mem
Charmaine	Hunt	1506 Paris Avenue		Nashville	TN	37212-5931	615-598-2230	800-468-1379	charmainehunt@gmail.com	Mem
Stacie	Kinder	5114 Prince Phillip Cove		Brentwood	TN	37027	615-972-7400	615-565-4019	skinder@titans.nfl.com	Mem
Matt	McGee	Matt McGee Family & Cosmetic Dentistry	2928 Bransford Avenue	Nashville	TN	37204	615-279-3673	615-298-2385	dmcgee@musiccitysmiles.com	Mem
Keri	McInnis	Pinnacle Financial Partners	2307 Crestmoor Road	Nashville	TN	37215	615-804-8359	615-743-3501	keri.mcinnis@pafp.com	Vice Pres
Osei	Mews	Mecharry Medical College	1005 Dr DB Todd Jr. Blvd- Suite 614	Nashville	TN	37208-3599		615-327-6310	omevs@mmc.edu	Mem
Michael "Mike"	Mitchell	Deloitte Consulting, LLP	424 Church Street	Nashville	TN	37219-2396	615-778-1254	615-566-6362	micmitchell@deloitte.com	Mem
Kristen	Nicholson	5229 Cardiff Drive		Nashville	TN	37211	615-445-7685	615-884-7674	kristennicholson@hotmail.com	Sec
Randall "Randy"	Overton	1006 St. Hubbins Drive		Spring Hill	TN	37174	615-584-3260	615-661-1100	Randy.Overton@renaladvantage.com	Treas
Susan	Reinhardt	1204 Waterstone Boulevard		Franklin	TN	37069	615-942-6577		write_word@comcast.net	Mem
Robert "Bob"	Vogt	1725 Forrest Crossing Circle		Franklin	TN	37064	615-791-1232	615-308-3445	bvogt@acuray.com	Presid

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