

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

2005**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 2005 calendar year, or tax year beginning 7/1/2005, and ending 6/30/2006**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 and Lymphoma Society - 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**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,124,427**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	1,765,805	
	b Indirect public support	1b	28,341	
	c Government contributions (grants)	1c	0	
	d Total (add lines 1a through 1c) (cash \$ 1,794,146 noncash \$ 0)	1d	1,794,146	
	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	0	
	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	
	8a	0	0	
	b Less: cost or other basis and sales expenses	8b	0	
	c Gain or (loss) (attach schedule)	8c	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 1,654,661 of contributions reported on line 1a)	9a	330,281	
	b Less: direct expenses other than fundraising expenses	9b	330,281	
	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	0	
b Less: cost of goods sold	10b	0		
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	1,794,146		
Expenses	13 Program services (from line 44, column (B))	13	590,189	
	14 Management and general (from line 44, column (C))	14	181,564	
	15 Fundraising (from line 44, column (D))	15	220,387	
	16 Payments to affiliates (attach schedule)	16	843,049	
	17 Total expenses (add lines 16 and 44, column (A))	17	1,835,189	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-41,043	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	-43,539	
	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	-84,582	

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 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 \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 85,196	85,196		
23	Specific assistance to individuals (attach schedule)	23 0	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	26 473,621	332,957	63,939	76,725
27	Pension plan contributions	27 0			
28	Other employee benefits	28 41,926	29,474	5,660	6,792
29	Payroll taxes	29 34,282	24,100	4,628	5,554
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 0			
34	Telephone	34 8,223	5,781	1,110	1,332
35	Postage and shipping	35 65,847	9,877	25,127	30,843
36	Occupancy	36 47,778	33,587	6,450	7,741
37	Equipment rental and maintenance	37 16,275	11,443	2,197	2,635
38	Printing and publications	38 77,787	11,668	29,684	36,435
39	Travel	39 28,202	19,826	3,807	4,569
40	Conferences, conventions, and meetings	40 9,082	6,384	1,226	1,472
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 1,644	1,155	222	267
43	Other expenses not covered above (itemize):				
a	PROFESSIONAL FEES	43a 96,133	14,420	36,684	45,029
b	MISCELLANEOUS	43b 6,144	4,321	830	993
c	. . . . .	43c 0	0	0	0
d	. . . . .	43d 0	0	0	0
e	. . . . .	43e 0	0	0	0
f	. . . . .	43f 0	0	0	0
g	. . . . .	43g 0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 992,140	590,189	181,564	220,387

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 ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ 0; (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 0

Part III **Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► Cure Leukemia and blood cancers	Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
a PATIENT AND COMMUNITY SERVICE SEE ATTACHED SCHEDULE _____ _____ _____ _____ _____ (Grants and allocations \$ 85,196) If this amount includes foreign grants, check here ► <input type="checkbox"/>	376,682
b PUBLIC HEALTH EDUCATION SEE ATTACHED SCHEDULE _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	157,714
c PROFESSIONAL EDUCATION SEE ATTACHED SCHEDULE _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	55,793
d _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	590,189

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing	4,357	45	12,071
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	18,833		
	b	Less: allowance for doubtful accounts	0	47c	18,833
	48 a	Pledges receivable	0		
	b	Less: allowance for doubtful accounts	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)	0		
	b	Less: allowance for doubtful accounts	0	51c	0
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	4,707	53	8,335
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a	Investments—land, buildings, and equipment: basis	9,914		
	b	Less: accumulated depreciation (attach schedule)	3,183	55c	6,731
56	Investments—other (attach schedule)	0	56	0	
57 a	Land, buildings, and equipment: basis	0			
b	Less: accumulated depreciation (attach schedule)	0	57c	0	
58	Other assets (describe)	0	58	0	
59	Total assets (must equal line 74). Add lines 45 through 58	26,016	59	45,970	
Liabilities	60	Accounts payable and accrued expenses	26,952	60	60,049
	61	Grants payable		61	
	62	Deferred revenue	42,603	62	70,503
	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	Total liabilities. Add lines 60 through 65	69,555	66	130,552	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	-43,539	67	-84,582
	68	Temporarily restricted	0	68	0
	69	Permanently restricted	0	69	0
	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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-43,539	73	-84,582
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	26,016	74	45,970

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) **N/A**

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

	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 ► <u>THE LLS RESEARCH PROGRAMS, INC</u> <u>THE LLS RESEARCH FOUNDATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	N/A
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)	81b	N/A
b Did the organization file Form 1120-POL for this year?		

Part VI Other Information (continued)

		Yes	No
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 INDETERMINATE	
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 <input type="text"/> 0 ; section 4912 <input type="text"/> 0 ; section 4955 <input type="text"/> 0		
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 <input type="text"/> 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/> N/A		
90 a	List the states with which a copy of this return is filed <input type="text"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b 13	
91 a	The books are in care of <input type="text"/> Name EXECUTIVE DIRECTOR Telephone no. <input type="text"/> 615-331-2980 Located at <input type="text"/> 404 BNA Drive, Ste. 102 City Nashville ST TN ZIP + 4 <input type="text"/> 37217		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="text"/>	91c	X
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 <input type="text"/> 92 N/A		

Part VII Analysis of Income-Producing Activities (See 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	0	
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		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

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 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).

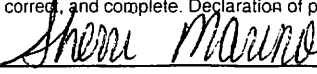
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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 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		11/21/05 Date	
Paid Preparer's Use Only	SHERRI MARINO - REGIONAL 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 & Lymphoma Society, Inc.

EI 13-5644916

Tennessee

Year Ended June 30, 2006

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, Inc.
EI# 13-5644916
Tennessee
Year Ended June 30, 2006

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>843,049</u>
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PART 4, LINE 62 -- Deferred Support

Income is from events applicable to future period.	<u>70,503</u>
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The Leukemia and Lymphoma Society, Inc.
Tennessee
Tax ID # 13-5644916
Special Fund Raising Events and Activities
Year Ended June 30, 2006

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>
Country Music Marathon	522,871	428,976	93,895	93,895	0
Man and Woman # 1	326,228	311,061	15,167	15,167	0
Pennies	205,451	192,472	12,979	12,979	0
Sub-Total	1,054,550	932,509	122,041	122,041	0

All other events, consisting of the following:

<u>Description</u>	<u># Of Events</u>				
TNT Run	4				
TNT Walk	4				
TNT Cycle	3				
TNT Triathlon	2				
Celebrity Waiter					
Black Tie Events					
Golf	1				
Regatta					
Dress Down Days					
Hops					
Radiothons/Televents					
Man/Woman of Year	1				
Pennies					
Other :					
Light The Night # 1 Nashville	1				
Light The Night # 2 Memphis	1				
Light The Night # 3 Knoxville	1				
	18	930,392	722,152	208,240	208,240
TOTAL ALL EVENTS	21	1,984,942	1,654,661	330,281	330,281

Leukemia & Lymphoma Society
 Chapter Comparative Statement
 of Budgeted Operations
 For the Fourteen Months Ending June 30, 2006

Description	Annual Budget	YTD Budget	YTD Actual	Fav / (Unfav) Var	Prior YTD Actual	Fav / (Unfav) Var	Prior Year Results
Chapter Revenue							
Community Camp. (Conducted by Chap.)	0	0	218	218	3,991	(3,773)	3,991
Corporate & Professional Gifts	21,000	21,000	20,973	(27)	8,300	12,673	8,300
Federated Campaigns	18,795	18,795	17,595	(1,200)	19,503	(1,908)	19,503
Individual Donor (PG.3)	68,000	68,000	33,487	(34,513)	21,246	12,241	21,246
Tributes & Memorials	26,000	26,000	39,257	13,257	30,116	9,141	30,116
Clubs & Organizations	20,000	20,000	10,746	(9,254)	14,292	(3,547)	14,292
Spec. Events - TNT (PG.2)	1,298,600	1,298,600	1,078,099	(220,501)	1,228,717	(150,618)	1,228,717
Spec. Events - Relationship Based (PG.3)	238,000	238,000	427,239	189,239	219,991	207,248	219,991
Spec. Events - Market Based (PG.3)	614,233	614,233	479,604	(134,629)	515,904	(36,300)	515,904
Gross Televent (PG.3)	0	0	0	0	0	0	0
Gross Radiothon (PG.3)	0	0	0	0	0	0	0
Foundations	34,500	34,500	15,960	(18,540)	9,735	6,225	9,735
Interest	0	0	0	0	32	(32)	32
Other Event Revenue	0	0	1,249	1,249	1,708	(458)	1,708
A. Chapter Gross Campaign Revenue	2,339,128	2,339,128	2,124,427	(214,701)	2,073,533	50,893	2,073,533
Chap. Direct Donor Benefit Exp. (PG.3)	(402,073)	(402,073)	(330,281)	71,792	(323,849)	(6,432)	(323,849)
B. Chapter Net Campaign Revenue	1,937,055	1,937,055	1,794,146	(142,909)	1,749,684	44,462	1,749,684
Chapter Expenses:							
C. Payroll	(483,745)	(483,745)	(473,621)	10,124	(401,808)	(71,813)	(401,808)
LSA Share FICA, Dis., Unemployment	(36,777)	(36,777)	(34,281)	2,496	(30,287)	(3,993)	(30,287)
Benefits	(43,064)	(43,064)	(41,926)	1,138	(35,612)	(6,314)	(35,612)
Occupancy	(48,228)	(48,228)	(47,778)	450	(39,137)	(8,641)	(39,137)
Telephone	(8,250)	(8,250)	(8,223)	27	(8,155)	(68)	(8,155)
Travel	(28,635)	(28,635)	(28,202)	433	(25,671)	(2,531)	(25,671)
Stationary & Supplies	(21,150)	(21,150)	(34,319)	(13,169)	(25,892)	(8,426)	(25,892)
Office Equipment / Rental	(18,450)	(18,450)	(16,275)	2,175	(16,949)	674	(16,949)
Printing	(38,415)	(38,415)	(40,370)	(1,955)	(28,873)	(11,497)	(28,873)
Postage & Shipping	(63,502)	(63,502)	(65,847)	(2,345)	(65,374)	(473)	(65,374)
Meeting Expense	(14,215)	(14,215)	(9,082)	5,134	(13,616)	4,534	(13,616)
Professional Fees	(104,033)	(104,033)	(96,133)	7,900	(108,608)	12,475	(108,608)
Memberships	(2,000)	(2,000)	(3,098)	(1,098)	(1,118)	(1,980)	(1,118)
Other	(6,950)	(6,950)	(7,791)	(841)	(9,459)	1,668	(9,459)
D. Chapter Operating Expenditures	(917,414)	(917,414)	(906,945)	10,470	(810,559)	(96,386)	(810,559)
E. Chapter Net Income (B-D)	1,019,641	1,019,641	887,202	(132,439)	939,126	(51,924)	939,126
Chapter Margin (E/A)	43.6	43.6	41.8	(1.8)	45.3	(3.5)	45.3

Leukemia & Lymphoma Society
 Chapter Comparative Statement
 of Budgeted Operations
 For the Fourteen Months Ending June 30, 2006

Description	Annual Budget	YTD Budget	YTD Actual	Fav / (Unfav) Var	Prior YTD Actual	Fav / (Unfav) Var	Prior Year Results
Special Events							
TNT Run Gross	802,280	802,280	687,751	(114,529)	757,213	(69,462)	757,213
TNT Walk Gross	220,320	220,320	173,467	(46,853)	231,478	(58,011)	231,478
TNT Run/Walk DIR. BEN. EXP.	(227,543)	(227,543)	(201,899)	25,644	(190,508)	(11,392)	(190,508)
Net TNT Run/Walk	795,057	795,057	659,318	(135,739)	798,183	(138,865)	798,183
TNT Cycling 100 Gross	106,100	106,100	92,556	(13,544)	104,131	(11,575)	104,131
TNT Cycling 100 DIR. BEN. EXP.	(31,683)	(31,683)	(24,522)	7,161	(24,819)	297	(24,819)
Net TNT Cycling 100	74,417	74,417	68,035	(6,382)	79,312	(11,278)	79,312
TNT In-Line Gross	0	0	0	0	0	0	0
TNT In-Line DIR. BEN. EXP.	0	0	0	0	0	0	0
Net TNT In-Line	0	0	0	0	0	0	0
TNT Triathlon Gross	169,900	169,900	124,325	(45,575)	135,895	(11,570)	135,895
TNT Triathlon DIR. BEN. EXP.	(47,771)	(47,771)	(33,276)	14,495	(34,308)	1,032	(34,308)
Net TNT Triathlon	122,129	122,129	91,050	(31,079)	101,587	(10,538)	101,587
TNT Hike Gross	0	0	0	0	0	0	0
TNT Hike DIR. BEN. EXP.	0	0	0	0	0	0	0
Net TNT Hike	0	0	0	0	0	0	0
F. Total Gross TNT (PG.1)	1,298,600	1,298,600	1,078,099	(220,501)	1,228,717	(150,618)	1,228,717
G. Total TNT DIR. BEN. EXP.	(306,997)	(306,997)	(259,696)	47,301	(249,634)	(10,063)	(249,634)
Total Net TNT	991,603	991,603	818,402	(173,201)	979,083	(160,681)	979,083
Special Events - Relationship Based:							
Celebrity Waiters Gross	0	0	0	0	0	0	0
Celebrity Waiters DIR. BEN. EXP.	0	0	0	0	0	0	0
Net Celebrity Waiters	0	0	0	0	0	0	0
"Black Tie"/Dinners/Galas Gross	0	0	0	0	0	0	0
"Black Tie"/Dinners/Galas DIR. BEN. EXP.	0	0	0	0	0	0	0
Net "Black Tie"/Dinners/Galas	0	0	0	0	0	0	0
Man/Woman of the Year Gross	210,000	210,000	400,033	190,033	180,938	219,095	180,938
Man/Woman DIR. BEN. EXP	(27,956)	(27,956)	(23,312)	4,644	(27,195)	3,883	(27,195)
Net Man/Woman of the Year	182,044	182,044	376,721	194,677	153,743	222,979	153,743
Golf Gross	28,000	28,000	27,205	(795)	39,053	(11,847)	39,053
Golf DIR. BEN. EXP.	(400)	(400)	(100)	300	(175)	76	(175)
Net Golf	27,600	27,600	27,106	(494)	38,877	(11,772)	38,877
Regatta Gross	0	0	0	0	0	0	0
Regatta DIR. BEN. EXP.	0	0	0	0	0	0	0
Net Regatta	0	0	0	0	0	0	0

Leukemia & Lymphoma Society
 Chapter Comparative Statement
 of Budgeted Operations
 For the Fourteen Months Ending June 30, 2006

Description	Annual Budget	YTD Budget	YTD Actual	Fav / (Unfav) Var	Prior YTD Actual	Fav / (Unfav) Var	Prior Year Results
Other Relationship Based Gross	0	0	0	0	0	0	0
Other Relationship Based DIR. BEN. EXP.	0	0	0	0	0	0	0
Net Other Relationship	0	0	0	0	0	0	0
H. Total Gross Relation. Based (PG.1)	238,000	238,000	427,239	189,239	219,991	207,248	219,991
I. Total Relation. Based DIR. BEN. EXP.	(28,356)	(28,356)	(23,412)	4,944	(27,371)	3,959	(27,371)
Total Net Relationship Based	209,644	209,644	403,827	194,183	192,620	211,207	192,620
Special Events - Marketing Based:							
Light the Night Gross	381,515	381,515	273,654	(107,861)	297,530	(23,876)	297,530
Light the Night DIR. BEN. EXP.	(45,128)	(45,128)	(33,903)	11,225	(29,238)	(4,665)	(29,238)
Net Light the Night	336,387	336,387	239,751	(96,636)	268,293	(28,542)	268,293
School & Youth Gross	223,650	223,650	205,451	(18,199)	194,450	11,000	194,450
School & Youth DIR. BEN. EXP.	(20,200)	(20,200)	(12,979)	7,221	(16,554)	3,575	(16,554)
Net School & Youth	203,450	203,450	192,471	(10,979)	177,896	14,576	177,896
Soccer Gross	9,068	9,068	500	(8,568)	10,723	(10,223)	10,723
Soccer DIR. BEN. EXP.	(1,392)	(1,392)	(290)	1,102	(749)	459	(749)
Net Soccer	7,676	7,676	210	(7,466)	9,974	(9,764)	9,974
All Other Marketing Based Gross	0	0	0	0	13,201	(13,201)	13,201
All Other Marketing Based DIR. BEN. EXP.	0	0	0	0	(304)	304	(304)
Net All Other Marketing Based	0	0	0	0	12,897	(12,897)	12,897
J. Total Gross Marketing Based (PG.1)	614,233	614,233	479,604	(134,629)	515,904	(36,300)	515,904
K. Total Marketing Based DIR. BEN. EXP.	(66,720)	(66,720)	(47,172)	19,548	(46,844)	(328)	(46,844)
Total Net Marketing Based	547,513	547,513	432,432	(115,081)	469,060	(36,628)	469,060
Gross Chapter Televent (PG.1)	0	0	0	0	0	0	0
L. Chapter Televent DIR. BEN. EXP.	0	0	0	0	0	0	0
Net Chapter Televent Revenue	0	0	0	0	0	0	0
Gross Radiothon (PG.1)	0	0	0	0	0	0	0
M. Radiothon DIR. BEN. EXP.	0	0	0	0	0	0	0
Net Radiothon Revenue	0	0	0	0	0	0	0
Total Chap. BEN. EXP (G+I+K+L+M, PG.1)	(402,073)	(402,073)	(330,281)	71,792	(323,849)	(6,432)	(323,849)
Details of Individual Donors:							
Lead Gifts	54,500	54,500	16,961	(37,539)	14,196	2,765	14,196
Major Gifts	10,000	10,000	14,500	4,500	6,000	8,500	6,000
Board Giving	3,500	3,500	2,026	(1,474)	1,050	976	1,050
Total Individual Donors (PG.1)	68,000	68,000	33,487	(34,513)	21,246	12,241	21,246

Leukemia & Lymphoma Society
 Chapter Comparative Statement
 of Budgeted Operations
 For the Fourteen Months Ending June 30, 2006

Description	Annual Budget	YTD Budget	YTD Actual	Fav / (Unfav) Var	Prior YTD Actual	Fav / (Unfav) Var	Prior Year Results
Non-Operating Items:							
Balance Sheet Items:							
Cash in Bank - Operating	0	0	10,241	10,241	3,356	6,885	3,356
Cash in Bank - Paycor	0	0	930	930	402	529	402
Cash in Bank - Other	0	0	0	0	0	0	0
Petty Cash	0	0	900	900	600	300	600
Due (to) /from Home Office	0	0	0	0	0	0	0
Accounts Receivable	0	0	18,833	18,833	8,577	10,256	8,577
Prepaid Expenses	0	0	8,335	8,335	4,707	3,628	4,707
Leasehold Improvements	0	0	5,914	5,914	5,914	0	5,914
Furniture	0	0	4,000	4,000	4,000	0	4,000
Computers	0	0	0	0	0	0	0
Accum Depn - Furniture	0	0	(3,183)	(3,183)	(1,539)	(1,644)	(1,539)
Accounts Payable & Accrued Expenses	0	0	(60,051)	(60,051)	(26,953)	(33,098)	(26,953)
Deferred Income	0	0	(70,503)	(70,503)	(42,604)	(27,899)	(42,604)
Net Assets	0	0	43,540	43,540	33,802	9,737	33,802
Income Statement Items:							
Remittances	0	0	(843,049)	(843,049)	(880,541)	37,492	(880,541)
Patient Aid Expenses	(77,074)	(77,074)	(85,196)	(8,122)	(68,322)	(16,874)	(68,322)
Bone Marrow Drive Expenses	0	0	0	0	0	0	0
Other Key Ratios							
TNT Direct Benefit Expense Percent (G/F)	23.6	23.6	24.1	.4	20.3	3.8	20.3
Relationship Based D.EN.EXP. Percent (I/H)	11.9	11.9	5.5	(6.4)	12.4	(7.0)	12.4
Marketing Based DIR. BEN. EXP. Percent (K/J)	10.9	10.9	9.8	(1.0)	9.1	.8	9.1
Salary Productivity Ratio (A/C)	4.8	4.8	4.5	(.3)	5.2	(.7)	5.2
Payroll & FICA/Operating Expenditures (C/D)	56.7	56.7	56.0	(.7)	53.3	2.7	53.3
Benefits/Operating Expenditures	4.7	4.7	4.6	(.1)	4.4	.2	4.4
Occupancy/Operating Expenditures	5.3	5.3	5.3	0.0	4.8	.4	4.8
Telephone/Operating Expenditures	.9	.9	.9	0.0	1.0	(.1)	1.0
Travel/Operating Expenditures	3.1	3.1	3.1	0.0	3.2	(.1)	3.2
Consol. Printing/Operating Expenditures (L/D)	6.7	6.7	8.6	1.9	6.9	1.7	6.9
Office Equip & Rental/Operating Expenditures	2.0	2.0	1.8	(.2)	2.1	(.3)	2.1
Postage/Operating Expenditures	6.9	6.9	7.3	.3	8.1	(.8)	8.1
Meeting Exp/Operating Expenditures	1.5	1.5	1.0	(.5)	1.7	(.7)	1.7
Prof. Fees/Operating Expenditures	11.3	11.3	10.6	(.7)	13	(2.8)	13.4
Other Exp./Operating Expenditures	.8	.8	.9	.1	1.2	(.3)	1.2

P.Suffix	First Name	Last Name	Initial Suffix	Address Line1	Address Line2	Address Line3	City	State	Postal Code	Home Phone	Work Phone	Email
Ms	Peggy	Alea	A	King & Ballou Law Offices	315 Union Street, Ste 1100		Nashville	TN	37201-1437	615-444-2532	615-259-3455	peggyalea@king
Ms	Molly B.	Galino		Bank Of America	5121 Maryland Way, Suite 203		Brentwood	TN	37027-7516	615-776-7501	615-371-3042	molly_a_brown@b
Mr	Joyce Emerson *	Glenny	VP of Sales & M.	Primerica	5014 Maryland Way, Suite 405		Brentwood	TN	37027		615-963-4512	joyce.glenny@pr
Mr	John	Gauzins		Center For Healthcare Quality	200 Fourth Avenue North, Suite 777		Nashville	TN	37219-2143	615-353-9427	615-244-2007	kgauzins@gmail
Mr	Debbie *	Eden		Tristar Financial Group	P O Box 1530		White House	TN	37188-1530	615-330-3547	615-672-8700	kgauzins@gmail
Ms	Robin *	Emmory		Senior Account Executive			Nashville	TN	37215-2860	615-385-3925	615-297-7766	den@tristram.co
Ms	Elizabeth "Liz"	Hobbs		Ortho Biotech	2204 Anthem Court	2021 Richard Jones Road, Suite 310	Nashville	TN	37027	615-776-1874	615-604-1415	robhbs@obius.iu
Mr	Jimmy	McGee	DDS, PC	Matt McGee Family & Cosmetic Dentistry	2628 Bransford Avenue		Brentwood	TN	37204	615-275-3873	615-298-2385	dmtcree@music
Mr	Robert "Bob" F *	Miller	Jr	Highwood Properties	2120 West End Avenue, Suite 100		Nashville	TN	37203-5262	615-292-9040	615-340-1242	jimmy_miller@hig
Ms	Paige Brown *	Moore		AZO, Incorporated	4445 Malone Road		Nashville	TN	37219	901-521-8375	901-794-9480	jimmy_miller@hig
Mr	Brad	Strong		NewsChannel 5	474 James Robertson Parkway		Memphis	TN	38116-7319	901-521-8375	901-794-9480	jimmy_miller@hig
Mr	Bob *	Towe		424 Buffalo Run			Nashville	TN	37219	615-248-5307	615-248-5339	pbrown@newsch
Ms	Mary Jo *	Vogt		Frontier Imaging, LLC	2244 Metrocenter Blvd, Suite 210		Goodlettsville	TN	37072-3312	615-941-4608	615-385-2088	pbrown@newsch
		Wiggins	C	American Red Cross	2201 Charlotte Avenue		Nashville	TN	37228	615-791-1232	615-742-9009	bwiggl@frontier
	Clara	Wood		Vice President	401 Church Street		Nashville	TN	37203	615-269-4722	615-250-4284	wigginm@usa.re
							Nashville	TN	37219-8886	615-297-7497	615-271-2133	owood@banking

	Board Type	Office
nca.com	Vice President	Tennessee
	Member	Tennessee
	Member	Tennessee
	Member	Tennessee
	President	Tennessee
can1	Member	Tennessee
	Secretary	Tennessee
	Member	Tennessee
	Member	Tennessee
	Vice President	Tennessee
2011	Member	Tennessee
11	Member	Tennessee
	Member	Tennessee
5	Treasurer	Tennessee
m	Member	Tennessee