

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)

OMB No 1545-0047

2007**Open to Public
Inspection**

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

A For the 2007 calendar year, or tax year beginning <u>7/1/2007</u> , and ending <u>6/30/2008</u>							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">C Name of organization <u>The Leukemia & Lymphoma Society, Inc -Tennessee Chapter</u></td> <td style="width:15%;">D Employer identification number <u>13-5644916</u></td> </tr> <tr> <td style="width:55%;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>404 BNA Drive</u> <u>102</u></td> <td style="width:40%;">E Telephone number <u>(615) 331-2980</u></td> </tr> <tr> <td style="width:30%;">City or town State or country ZIP + 4 <u>Nashville</u> <u>TN</u> <u>37217</u></td> <td style="width:70%;">F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</td> </tr> </table>	C Name of organization <u>The Leukemia & Lymphoma Society, Inc -Tennessee Chapter</u>	D Employer identification number <u>13-5644916</u>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>404 BNA Drive</u> <u>102</u>	E Telephone number <u>(615) 331-2980</u>	City or town State or country ZIP + 4 <u>Nashville</u> <u>TN</u> <u>37217</u>	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
C Name of organization <u>The Leukemia & Lymphoma Society, Inc -Tennessee Chapter</u>	D Employer identification number <u>13-5644916</u>						
Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>404 BNA Drive</u> <u>102</u>	E Telephone number <u>(615) 331-2980</u>						
City or town State or country ZIP + 4 <u>Nashville</u> <u>TN</u> <u>37217</u>	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶						
<p>● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>G Website: ▶ <u>www.leukemia-lymphoma.org</u></p> <p>J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p> <p>L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <u>1,840,718</u></p>							
<p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶ <u> </u></p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Group Exemption Number ▶ <u> </u></p> <p>M Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>							

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	Contributions to donor advised funds	1a	0
	b	Direct public support (not included on line 1a)	1b	1,521,032
	c	Indirect public support (not included on line 1a)	1c	37,760
	d	Government contributions (grants) (not included on line 1a)	1d	0
	e	Total (add lines 1a through 1d) (cash \$ <u>1,558,792</u> noncash \$ <u>0</u>)	1e	1,558,792
	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	
	6b	Less: rental expenses	6b	
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c	0	
7	Other investment income (describe ▶)	7	0	
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	0
	8b	Less: cost or other basis and sales expenses	8b	0
	8c	Gain or (loss) (attach schedule)	8c	0
	8d	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"/>		
	9a	Gross revenue (not including \$ <u>1,438,176</u> of contributions reported on line 1b)	9a	281,926
	9b	Less: direct expenses other than fundraising expenses	9b	281,926
	9c	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
	10b	Less: cost of goods sold	10b	0
	10c	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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,558,792	
Net Assets	13	Program services (from line 44, column (B))	13	551,964
	14	Management and general (from line 44, column (C))	14	152,426
	15	Fundraising (from line 44, column (D))	15	179,762
	16	Payments to affiliates (attach schedule)	16	777,210
	17	Total expenses. Add lines 16 and 44, column (A)	17	1,661,362
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-102,570
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-15,716
	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	-118,286

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a		
b Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
Add lines b1 through b4		b		0
c Subtract line b from line a		c		0
d Amounts included on Part I, line 12, but not on line a :				
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
Add lines d1 and d2		d		0
e Total revenue (Part I, line 12). Add lines c and d		e		0

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

a Total expenses and losses per audited financial statements		a		
b Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
Add lines b1 through b4		b		0
c Subtract line b from line a		c		0
d Amounts included on Part I, line 17, but not on line a :				
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
Add lines d1 and d2		d		0
e Total expenses (Part I, line 17). Add lines c and d		e		0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name SEE ATTACHED Str City SCHEDULE ST ZIP	Title Hr/WK PART TIME	NONE	NONE	NONE
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
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Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

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 1		
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 the organization? See the instructions for the definition of "related organization." 75c If "Yes," attach a statement that includes the information described in the instructions.		X
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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes.		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 ► THE LLS RESEARCH PROGRAMS, INC THE LLS RESEARCH FOUNDATION 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		X

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

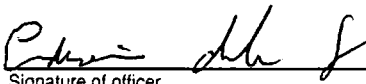
				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

				Yes	No	
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

				Yes	No	
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					

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		11/14/08 Date		
Paid Preparer's Use Only	Edison De La Cruz- 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. X)	
	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, 2008

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, 2008

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>777,210</u></u>
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PART 4, LINE 62 -- Deferred Support

Income is from events applicable to future period.	<u><u>106,164</u></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, 2008

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	468,682	387,544	81,138	81,138	0
Man & Woman of the Year #1	256,495	239,437	17,058	17,058	0
Light The Night #1	243,693	216,617	27,076	27,076	0
Sub-Total	968,870	843,598	125,272	125,272	0

All other events, consisting of the following:

<u>Description</u>	<u># Of Events</u>				
TNT Run	5				
TNT Walk	4				
TNT Cycle	2				
TNT Triathlon	2				
Celebrity Waiter					
Black Tie Events					
Golf					
Regatta					
Dress Down Days					
Hops					
Radiothons/Televents					
Man/Woman of Year					
Pennies					
Other :	1				
Light the Night	2				
Breakfast W/ Champions					
	16	751,232	594,578	156,654	156,654
TOTAL ALL EVENTS	19	1,720,102	1,438,176	281,926	281,926

Leukemia & Lymphoma Society
 Chapter Comparative Statement
 of Budgeted Operations
 For the Fourteen Months Ending June 30, 2008

Description	1 Annual Budget	2 YTD Actual	3=2 / 1 YTD Actual as % of Budget	4 Prior Year Annual	5 Prior YTD Actual	6=5 / 4 PY YTD as % of PY Annual	7=3 - 6 YTD % of Attainment Over (Under) PY	8=2 - 5 Fav / (Unfav) \$ Variance
Chapter Revenue								
Community Camp. (Conducted by Chap.)	0	0	.0	0	0	.0	.0	0
Corporate & Professional Gifts	7,500	6,500	86.7	3,375	3,375	100.0	(13.3)	3,125
Federated Campaigns	26,000	25,547	98.3	25,817	25,817	100.0	(1.7)	(270)
Individual Donor (PG.3)	50,000	35,664	71.3	30,766	30,766	100.0	(28.7)	4,898
Tributes & Memorials	33,000	32,884	99.6	30,231	30,231	100.0	(.4)	2,653
Clubs & Organizations	8,500	12,213	143.7	9,078	9,078	100.0	43.7	3,135
Spec. Events - TNT (PG.2)	1,234,875	902,704	73.1	1,099,328	1,099,328	100.0	(26.9)	(196,625)
Spec. Events - Relationship Based (PG.3)	297,000	256,596	86.4	380,346	380,346	100.0	(13.6)	(123,750)
Spec. Events - Market Based (PG.3)	656,921	560,802	85.4	573,112	573,112	100.0	(14.6)	(12,310)
Gross Televent (PG.3)	0	0	.0	0	0	.0	.0	0
Gross Radiothon (PG.3)	0	0	.0	0	0	.0	.0	0
Foundations	25,000	7,808	31.2	12,893	12,893	100.0	(68.8)	(5,085)
Interest	0	0	.0	0	0	.0	.0	0
Other Event Revenue	0	0	.0	774	774	100.0	(100.0)	(774)
A. Chapter Gross Campaign Revenue	2,338,796	1,840,717	78.7	2,165,721	2,165,721	100.0	(21.3)	(325,003)
Chap. Direct Donor Benefit Exp. (PG.3)	(376,966)	(281,926)	74.8	(362,567)	(362,567)	100.0	(25.2)	80,642
B. Chapter Net Campaign Revenue	1,961,830	1,558,792	79.5	1,803,153	1,803,153	100.0	(20.5)	(244,362)
Chapter Expenses:								
C. Payroll	(421,502)	(409,195)	97.1	(392,373)	(392,373)	100.0	(2.9)	(16,822)
LSA Share FICA, Dis., Unemployment	(31,326)	(29,718)	94.9	(28,463)	(28,463)	100.0	(5.1)	(1,255)
Benefits	(42,344)	(41,377)	97.7	(39,334)	(39,334)	100.0	(2.3)	(2,043)
Occupancy	(50,466)	(49,543)	98.2	(50,614)	(50,614)	100.0	(1.8)	1,071
Telephone	(6,000)	(6,009)	100.2	(5,655)	(5,655)	100.0	.2	(355)
Travel	(25,472)	(26,281)	103.2	(19,184)	(19,184)	100.0	3.2	(7,097)
Stationary & Supplies	(26,435)	(27,949)	105.7	(23,854)	(23,854)	100.0	5.7	(4,095)
Office Equipment / Rental	(11,172)	(9,798)	87.7	(10,635)	(10,635)	100.0	(12.3)	836
Printing	(39,456)	(41,223)	104.5	(40,991)	(40,991)	100.0	4.5	(232)
Postage & Shipping	(55,424)	(51,255)	92.5	(60,502)	(60,502)	100.0	(7.5)	9,248
Meeting Expense	(11,825)	(9,539)	80.7	(7,223)	(7,223)	100.0	(19.3)	(2,316)
Professional Fees	(94,697)	(70,481)	74.4	(85,062)	(85,062)	100.0	(25.6)	14,580
Memberships	(2,750)	(2,077)	75.5	(2,325)	(2,325)	100.0	(24.5)	248
Other	(4,200)	(6,464)	153.9	(7,452)	(7,452)	100.0	53.9	988
D. Chapter Operating Expenditures	(823,069)	(780,909)	94.9	(773,665)	(773,665)	100.0	(5.1)	(7,244)
E. Chapter Net Income (B-D)	1,138,761	777,882	68.3	1,029,488	1,029,488	100.0	(31.7)	(251,606)
Chapter Margin (E/A)	48.7	42.3	86.8	47.5	47.5	100.0	(13.2)	(5.3)

Leukemia & Lymphoma Society
Chapter Comparative Statement
of Budgeted Operations
For the Fourteen Months Ending June 30, 2008

Description	1 Annual Budget	2 YTD Actual	3=2 / 1 YTD Actual as % of Budget	4 Prior Year Annual	5 Prior YTD Actual	6=5 / 4 PY YTD as % of PY Annual	7=3 - 6 YTD % of Attainment Over (Under) PY	8=2 - 5 Fav / (Unfav) \$ Variance
Special Events								
TNT Run Gross	824,318	585,489	71.0	689,070	689,070	100.0	(29.0)	(103,580)
TNT Walk Gross	201,557	139,148	69.0	182,251	182,251	100.0	(31.0)	(43,103)
TNT Run/Walk DIR. BEN. EXP.	(226,806)	(156,547)	69.0	(226,956)	(226,956)	100.0	(31.0)	70,409
Net TNT Run/Walk	799,069	568,090	71.1	644,365	644,365	100.0	(28.9)	(76,275)
TNT Cycling 100 Gross	86,800	95,523	110.0	77,136	77,136	100.0	10.0	18,387
TNT Cycling 100 DIR. BEN. EXP.	(22,152)	(23,991)	108.3	(24,930)	(24,930)	100.0	8.3	939
Net TNT Cycling 100	64,648	71,531	110.6	52,206	52,206	100.0	10.6	19,325
TNT In-Line Gross	0	0	.0	0	0	.0	.0	0
TNT In-Line DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net TNT In-Line	0	0	.0	0	0	.0	.0	0
TNT Triathlon Gross	122,200	82,544	67.5	150,872	150,872	100.0	(32.5)	(68,328)
TNT Triathlon DIR. BEN. EXP.	(33,748)	(24,679)	73.1	(39,847)	(39,847)	100.0	(26.9)	15,169
Net TNT Triathlon	88,452	57,865	65.4	111,024	111,024	100.0	(34.6)	(53,160)
TNT Hike Gross	0	0	.0	0	0	.0	.0	0
TNT Hike DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net TNT Hike	0	0	.0	0	0	.0	.0	0
F. Total Gross TNT (PG.1)	1,234,875	902,704	73.1	1,099,328	1,099,328	100.0	(26.9)	(196,625)
G. Total TNT DIR. BEN. EXP.	(282,706)	(205,217)	72.6	(291,733)	(291,733)	100.0	(27.4)	86,516
Total Net TNT	952,169	697,486	73.3	807,595	807,595	100.0	(26.7)	(110,109)
Special Events - Relationship Based:								
Celebrity Waiters Gross	0	0	.0	0	0	.0	.0	0
Celebrity Waiters DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net Celebrity Waiters	0	0	.0	0	0	.0	.0	0
"Black Tie"/Dinners/Galas Gross	0	0	.0	0	0	.0	.0	0
"Black Tie"/Dinners/Galas DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net "Black Tie"/Dinners/Galas	0	0	.0	0	0	.0	.0	0
Man/Woman of the Year Gross	297,000	256,596	86.4	380,346	380,346	100.0	(13.6)	(123,750)
Man/Woman DIR. BEN. EXP.	(17,250)	(17,058)	98.9	(16,878)	(16,878)	100.0	(1.1)	(180)
Net Man/Woman of the Year	279,750	239,538	85.6	363,468	363,468	100.0	(14.4)	(123,930)
Golf Gross	0	0	.0	0	0	.0	.0	0
Golf DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net Golf	0	0	.0	0	0	.0	.0	0
Regatta Gross	0	0	.0	0	0	.0	.0	0
Regatta DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net Regatta	0	0	.0	0	0	.0	.0	0

Leukemia & Lymphoma Society

Chapter Comparative Statement

of Budgeted Operations

For the Fourteen Months Ending June 30, 2008

Date: 10/2/2008

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Description	1 Annual Budget	2 YTD Actual	3=2 / 1 YTD Actual as % of Budget	4 Prior Year Annual	5 Prior YTD Actual	6=5 / 4 PY YTD as % of PY Annual	7=3 - 6 YTD % of Attainment Over (Under) PY	8=2 - 5 Fav / (Unfav) \$ Variance
Other Relationship Based Gross	0	0	.0	0	0	.0	.0	0
Other Relationship Based DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net Other Relationship	0	0	.0	0	0	.0	.0	0
H. Total Gross Relation. Based (PG.1)	297,000	256,596	86.0	380,346	380,346	100.0	(13.6)	(123,750)
I. Total Relation. Based DIR. BEN. EXP.	(17,250)	(17,058)	98.9	(16,878)	(16,878)	100.0	(1.1)	(180)
Total Net Relationship Based	279,750	239,538	85.6	363,468	363,468	100.0	(14.4)	(123,930)
Special Events - Marketing Based:								
Light the Night Gross	420,426	390,300	92.8	369,398	369,398	100.0	(7.2)	20,901
Light the Night DIR. BEN. EXP.	(53,510)	(48,015)	89.7	(39,717)	(39,717)	100.0	(10.3)	(8,298)
Net Light the Night	366,916	342,285	93.3	329,682	329,682	100.0	(6.7)	12,603
School & Youth Gross	236,495	170,502	72.1	203,714	203,714	100.0	(27.9)	(33,212)
School & Youth DIR. BEN. EXP.	(23,500)	(11,636)	49.5	(14,240)	(14,240)	100.0	(50.5)	2,604
Net School & Youth	212,995	158,867	74.6	189,474	189,474	100.0	(25.4)	(30,608)
Soccer Gross	0	0	.0	0	0	.0	.0	0
Soccer DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net Soccer	0	0	.0	0	0	.0	.0	0
All Other Marketing Based Gross	0	0	.0	0	0	.0	.0	0
All Other Marketing Based DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net All Other Marketing Based	0	0	.0	0	0	.0	.0	0
J. Total Gross Marketing Based (PG.1)	656,921	560,802	85.4	573,112	573,112	100.0	(14.6)	(12,310)
K. Total Marketing Based DIR. BEN. EXP.	(77,010)	(59,651)	77.5	(53,956)	(53,956)	100.0	(22.5)	(5,694)
Total Net Marketing Based	579,911	501,151	86.4	519,156	519,156	100.0	(13.6)	(18,005)
Gross Chapter Televent (PG.1)	0	0	.0	0	0	.0	.0	0
L. Chapter Televent DIR. BEN. EXP	0	0	.0	0	0	.0	.0	0
Net Chapter Televent Revenue	0	0	.0	0	0	.0	.0	0
Gross Radiothon (PG.1)	0	0	.0	0	0	.0	.0	0
M. Radiothon DIR. BEN. EXP.	0	0	.0	0	0	.0	.0	0
Net Radiothon Revenue	0	0	.0	0	0	.0	.0	0
Total Chap. BEN. EXP (G+I+K+L+M, PG.1)	(376,966)	(281,926)	74.8	(362,567)	(362,567)	100.0	(25.2)	80,642
Details of Individual Donors:								
Lead Gifts	34,000	28,264	83.1	16,370	16,370	100.0	(16.9)	11,894
Major Gifts	10,000	0	.0	11,500	11,500	100.0	(100.0)	(11,500)
Board Giving	6,000	7,400	123.3	2,896	2,896	100.0	23.3	4,504
Total Individual Donors (PG.1)	50,000	35,664	71.3	30,766	30,766	100.0	(28.7)	4,898

Leukemia & Lymphoma Society
Chapter Comparative Statement
of Budgeted Operations

For the Fourteen Months Ending June 30, 2008

Description	1	2	3=2 / 1	4	5	6=5 / 4	7=3 - 6	8=2 - 5
	Annual Budget	YTD Actual	YTD Actual as % of Budget	Prior Year Annual	YTD Actual	PY YTD as % of PY Annual	YTD % of Attainment Over (Under) PY	Fav / (Unfav) \$ Variance
Non-Operating Items:								
Balance Sheet Items:								
Cash in Bank - Operating	0	4,213	.0	31,755	31,755	100.0	(100.0)	(27,542)
Cash in Bank - Paycor	0	400	.0	100	100	100.0	(100.0)	300
Cash in Bank - Other	0	0	.0	0	0	.0	.0	0
Petty Cash	0	600	.0	600	600	100.0	(100.0)	0
Due (to) /from Home Office	0	0	.0	0	0	.0	.0	0
Accounts Receivable	0	6,143	.0	19,760	19,760	100.0	(100.0)	(13,617)
Prepaid Expenses	0	6,550	.0	5,509	5,509	100.0	(100.0)	1,041
Leasehold Improvements	0	5,914	.0	5,914	5,914	100.0	(100.0)	0
Furniture	0	4,000	.0	4,000	4,000	100.0	(100.0)	0
Computers	0	0	.0	0	0	.0	.0	0
Accum Depn - Furniture	0	(6,353)	.0	(4,826)	(4,826)	100.0	(100.0)	(1,526)
Accounts Payable & Accrued Expenses	0	(33,589)	.0	(29,604)	(29,604)	100.0	(100.0)	(3,984)
Deferred Income	0	(106,164)	.0	(48,925)	(48,925)	100.0	(100.0)	(57,239)
Net Assets	0	15,717	.0	54,431	54,431	100.0	(100.0)	(38,713)
Income Statement Items:								
Remittances	0	(777,210)	.0	(887,621)	(887,621)	100.0	(100.0)	110,411
Patient Aid Expenses	(87,996)	(103,240)	117.3	(103,153)	(103,153)	100.0	17.3	(87)
Bone Marrow Drive Expenses	0	0	.0	0	0	.0	.0	0
Other Key Ratios								
TNT Direct Benefit Expense Percent (G/F)	22.9	22.7	(99.3)	26.5	26.5	(100.0)	.7	(3.8)
Relationship Based D.EN.EXP. Percent (I/H)	5.8	6.6	(114.5)	4.4	4.4	(100.0)	(14.5)	2.2
Marketing Based DIR. BEN. EXP. Percent (K/J)	11.7	10.6	(90.7)	9.4	9.4	(100.0)	9.3	1.2
Salary Productivity Ratio (N/C)	5.5	4.5	(81.1)	5.5	5.5	(100.0)	18.9	(1.0)
Payroll & FICA/Operating Expenditures (C/D)	55.0	56.2	102.2	54.4	54.4	100.0	2.2	1.8
Benefits/Operating Expenditures	5.1	5.3	103.0	5.1	5.1	100.0	3.0	.2
Occupancy/Operating Expenditures	6.1	6.3	103.5	6.5	6.5	100.0	3.5	(.2)
Telephone/Operating Expenditures	.7	.8	105.6	.7	.7	100.0	5.6	0.0
Travel/Operating Expenditures	3.1	3.4	108.7	2.5	2.5	100.0	8.7	.9
Consol. Printing/Operating Expenditures (L/D)	8.3	9.1	109.4	8.7	8.7	100.0	9.4	.4
Office Equip & Rental/Operating Expenditures	1.4	1.3	92.4	1.4	1.4	100.0	(7.6)	(.1)
Postage/Operating Expenditures	6.7	6.6	97.5	7.8	7.8	100.0	(2.5)	(1.3)
Meeting Exp/Operating Expenditures	1.4	1.2	85.0	.9	.9	100.0	(15.0)	.3
Prof. Fees/Operating Expenditures	11.5	9.0	78.4	11.0	11	100.0	(21.6)	(2.0)
Other Exp./Operating Expenditures	.5	.8	162.2	1.0	1.0	100.0	62.2	(.1)

Prefix	First Name	Last Name	Address Line1	Address Line2	City	State	Postal Code	Home Phone	Work Phone	Email	Board Type	Office	Employer
Mr.	Rocky	Hillips	Sarah Cannon Cancer Center	250 25th Avenue North, Suite 110	Nashville	TN	37201	615-429-7118	615-342-1013	rocky.hillips@k12.tnhealthcare.com	Member	Tennessee	Sarah Cannon Cancer Center
Ms.	Joyce	Cheney	601 Vineyard Green Court		Franklin	TN	37069	615-371-8013	615-424-8919	joycecheney@comcast.net	President	Tennessee	
Mr.	John	Courtns	1020 Davidson Road		Nashville	TN	37205	615-353-9127	615-244-2007	johnjohn8@gmail.com	Member	Tennessee	Resource Center for Healthcare
Ms	Laura	Curtie	4415 Warner Place		Nashville	TN	37205-4534	615-460-7781	615-812-3005	lpcurtie@comcast.net	Member	Tennessee	
Ms.	Charmaine	Hunt	1506 Paris Avenue		Nashville	TN	37212-9931	615-598-2230	800-468-1379	charmaiehunter@gmail.com	Member	Tennessee	
Ms.	Siacie	Kinder	5114 Prince Phillip Cove		Brentwood	TN	37027	615-972-7400	615-565-4019	skinder@hiatus.nl.com	Member	Tennessee	
	Mani	McGoe	Man McGoe Family & Cosmetic Dentistry	2928 Bransford Avenue	Nashville	TN	37204	615-278-3673	615-298-2385	dmcgoe@musiccitysmiles.com	Member	Tennessee	Man McGoe Family & Cosmetic D
Ms.	Keri	McIntosh	Prinsale Financial Partners	2307 Crestmoor Road	Nashville	TN	37215	615-804-8359	615-743-1501	keri.mcintosh@pafp.com	Secretary	Tennessee	
Mr.	Osai	Meyers	McHenry Medical College	1005 Dr Pitt Lottel Jr. Blvd	Nashville	TN	37208-1599		615-327-6310	omeyers@mmc.edu	Member	Tennessee	McHenry Medical College
Mr.	Michael "Mike"	Michell	DeLonic Consulting, LLP	423 Church Street	Nashville	TN	37219-2396	615-778-1254	615-566-6362	michell@delonic.com	Member	Tennessee	DeLonic Consulting, LLP
Mr.	Randall "Randy"	Overtman	1006 St. Lukes Drive		Spring Hill	TN	37174	615-584-3260	615-661-1100	Randy.Overtman@renaltekainc.com	Treasurer	Tennessee	
Mr.	Robert "Bub"	Vogt	1725 Forest Crossing Circle		Franklin	TN	37064	615-791-1232	615-308-3445	bvogt@accuracy.com	Vice President	Tennessee	
Ms.	Elizabeth "Liz"	Wilson	6129 Johnson Chapel Rd		Brentwood	TN	37027	615-260-8120	615-661-8992	elizabeth.wilson@jhl.com	Member	Tennessee	
	Clara	Wood	661 Cantrell Avenue		Nashville	TN	37215	615-297-7197		clawood@comcast.net	Member	Tennessee	