

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

**2009**

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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 Society, Inc.**Doing 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

**Nashville****TN 37217**

D Employer identification number

**13-5644916**

E Telephone number

**615-331-2980**G Gross receipts \$ **1,334,025**

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 &amp; Governance

1 Briefly describe the organization's mission or most significant activities:

**Cure leukemia and blood cancers**2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

**3** **11**

4 Number of independent voting members of the governing body (Part VI, line 1b)

**4** **11**

5 Total number of employees (Part V, line 2a)

**5** **10**

6 Total number of volunteers (estimate if necessary)

**6** **750**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

**7a**

b Net unrelated business taxable income from Form 990-T, line 34

**7b****0**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

**1,579,028**

Current Year

**1,334,025**

9 Program service revenue (Part VIII, line 2g)

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)

**1,579,028****1,334,025**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

**111,686****105,274**

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)

**499,995****466,742**

16a Professional fundraising fees (Part IX, column (A), line 11a)

b Total fundraising expenses (Part IX, column (D), line 25) **165,565**

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

**917,700****765,708**

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

**1,529,381****1,337,724**

19 Revenue less expenses. Subtract line 18 from line 12

**49,647****-3,699**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

**13,058**

End of Year

**7,149**

21 Total liabilities (Part X, line 26)

**81,697****79,487**

22 Net assets or fund balances. Subtract line 21 from line 20

**-68,639****-72,338****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

**Senior Regional Controller**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

**12/01/10**Check 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

**13-5644916**

Phone

**no. 914-821-8926**

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

☐ Yes☐ No

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

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Form 990 (2009) **The Leukemia & Lymphoma Society, Inc 13-5644916**Page **2****Part III Statement of Program Service Accomplishments**

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 \$ **599,100** including grants of \$ ) (Revenue \$ )  
**Patient and Community Service**4b (Code: ) (Expenses \$ **199,526** including grants of \$ ) (Revenue \$ )  
**Public Health Education**4c (Code: ) (Expenses \$ **54,875** including grants of \$ ) (Revenue \$ )  
**Professional Education**

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

(Expenses \$ **182,765** including grants of \$ ) (Revenue \$ )4e Total program service expenses ► **1,036,266**Form **990** (2009)



1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0		
3	Did the organization list any <b>former officer, director or trustee, key employee, or highest compensated employee</b> on line 1a? If "Yes," complete Schedule J for such individual		Yes	No
3				X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		Yes	No
4				X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		Yes	No
5				X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	0
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Form 990 (2009) **The Leukemia & Lymphoma Society, Inc 13-5644916**Page **9****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
<b>Contributions, gifts, grants and other similar amounts</b>	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	1,334,025			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>1,334,025</b>			
<b>Program Service Revenue</b>	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
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		(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 \$ <b>1,202,131</b> of contributions reported on line 1c). See Part IV, line 18		a	262,842			
b Less: direct expenses		b	262,842			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a	0			
b Less: direct expenses		b	0			
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						
<b>Miscellaneous Revenue</b>	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	<b>12 Total Revenue. See instructions.</b>		<b>1,334,025</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	105,274	105,274		
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)	390,028	283,160	48,363	58,505
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	47,309	34,347	5,867	7,095
10 Payroll taxes	29,405	21,348	3,646	4,411
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	34,743	25,223	4,308	5,212
17 Travel	17,920	13,011	2,222	2,687
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,560	4,037	689	834
20 Interest				
21 Payments to affiliates	497,122	497,122		
22 Depreciation, depletion, and amortization	635	461	79	95
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	70,001	10,500	26,712	32,789
b Telephone	6,307	4,578	782	947
c Equipment Rental	12,635	9,173	1,567	1,895
d Postage & Shipping	46,874	7,031	17,887	21,956
e Printing & Supplies	56,701	8,506	21,637	26,558
f All other expenses	17,210	12,495	2,134	2,581
25 Total functional expenses. Add lines 1 through 24f	1,337,724	1,036,266	135,893	165,565
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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	2,497	1	4,632
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,240	4	150
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	4,286	9	967
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,914		
	b: Less: accumulated depreciation	10b 8,514	10c 2,035	1,400
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	13,058	16	7,149	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	19,431	17	25,977
	18 Grants payable		18	
	19 Deferred revenue	62,266	19	53,510
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	81,697	26	79,487
<b>Net Assets or Fund Balances</b>	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	-68,639	27	-72,338
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 <b>Total net assets or fund balances</b>	-68,639	33	-72,338	
34 <b>Total liabilities and net assets/fund balances</b>	13,058	34	7,149	

First Name	Last Name	Address Line	City	State	Postal Code	Home Phone	Work Phone	Email	Work Email	Board Type	Office
Charmahe	Hunt	1306 Paris Avenue	Nashville	TN	37212	615-5982230	800-4681379	charmahunt@att.net		Member	Tennessee
Nap	Kelley	2407 Cabin Hill Road	Nashville	TN	37214	615-5983445		nskelley@bellsouth.net		Member	Tennessee
Stacie	Kinder	5114 Prince Phillip Cove	Brentwood	TN	37027-6813	615-9427216	615-5654019	skinder@quansoft.com		Member	Tennessee
Susan	Ligon	187 Chatsworth Drive	Nashville	TN	37215	615-3370367	615-3370367	susan.ligon@medicalheart.com		Member	Tennessee
Osei	Mers	1005 Dr DB Todd Jr.	Nashville	TN	37208-3599	615-4791237	615-3276310	omevs@ummc.edu		Member	Tennessee
Michael "Mike"	Mitchell	305 Hadson Street	Franklin	TN	37067-6242	615-7781254	615-2591833	mitchell@deloitte.com		Member	Tennessee
Kristen	Nicholson	5229 Cardiff Drive	Nashville	TN	37211-6238	615-3901512	615-8847674	kristen.nicholson@bmc.com		Secretary	Tennessee
Randal "Randy"	Overton	Renal Advantage, Inc.	Brentwood	TN	37027-2311	615-3024984	615-5073342	Randy.Overton@renaladvantage.com		Treasurer	Tennessee
Susan	Reinhardt	Suite 300	Franklin	TN	37069-7208	615-9426577	425-7698720	write_ward@comcast.net		Member	Tennessee
Greg	Stein	1204 Waterstone Boulevard	Nashville	TN	37205	615-3522461	615-3445677	greg.stein@bchhealthcare.com		Member	Tennessee
Robert "Bob"	Yohn	1725 Forest Crossing Circle	Franklin	TN	37064	615-7911232	615-3083445	byohn@accuvay.com		President	Tennessee



**Part XI** Financial Statements and Reporting

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>		<b>X</b>
<b>2c</b>		
<b>3a</b>		
<b>3b</b>		

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