TENNESSEE 12/01/2010 12:37 PM

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.

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 app		C Name of organization The Leukemia & Lymphoma Society. Inc	D E	mployer identification number				
	Address ch	ange label o	inc						
	Name chan	3	m t m t	1 7	3-5644916				
		type.	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		elephone number				
	Initial return	366	404 BNA Drive		15-331-2980				
	Termination	Specif	C	1					
	Amended re	Instructions tions	Nashville TN 37217	G Gross	s receipts \$ 1,334,025				
			ne and address of principal officer:	Ą.					
لـــا	Application	pending Final	ne and address of principal officer.	H(a)	s this a group return for				
		ļ		H(b) a	ffiliates? Yes X No				
				ir	reluded? Yes No				
			F1	11	"No," attach a list. (see instructions)				
<u>-</u>			501(c) (3) ◀ (insert no.) 4947(a)(1) or 527						
<u>J</u>			leukemia-lymphoma.org	H(c) G	roup exemption number				
		anization: X C	Two Today of Identified Str.		M State of legal domicile:				
	arti								
	1 Br	lefly describe	the organization's mission or most significant activities;						
ø		Cure let	kemia and blood cancers		***************************************				
ä									
Activities & Governance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******************				
õ	2 Ch	neck this box	if the organization discontinued its operations or disposed of more than 25% of its net ass	ente	***************************************				
O A	3 Nu	umber of votin	g members of the governing body (Part VI, line 1a)	3	: 11				
S	4 Nu	imber of inde	pendent voting members of the governing body (Part VI, line 1b)	. 3	11				
Ħ	5 To	ital number o							
ŧ	6 To	stal number of	employees (Part V, line 2a)	. 5	10				
₹	70 10	tal grape uns	volunteers (estimate if necessary)	. 6					
	in No	t imposs unit	elated business revenue from Part VIII, column (C), line 12						
	D Ne	st urirelateu D	usiness taxable income from Form 990-T, line 34	7					
	8 Co	e annithutione	ord grants (Part VIII, line 1h) Prior Yea 1,579		Current Year				
Revenue	9 Pro	naram senica	7,02	8 1,334,025					
Υeι	10 lnv	setmont inco	revenue (Part VIII, line 2g)						
#	11 04	bor revenue /	me (Part VIII, column (A), lines 3, 4, and 7d)						
	11 Ull	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12 10	tai revenue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,575		7				
	13 Gra	ants and simi	ar amounts paid (Part IX, column (A), lines 1–3) or for members (Part IX, column (A), line 4)	L,68	6 105,274				
				<u> </u>					
g)	15 Sal	laries, other o	ompensation, employee benefits (Part IX, column (A), lines 5–10) draising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) ▶ 165,565	9,99	5 466,742				
Expenses	16a Pro	ofessional fun	draising fees (Part IX, column (A), line 11e)						
욧	b Tot	tal fundraisino	expenses (Part IX, column (D), line 25) 165, 565						
<u></u>	17 Oth	ner expenses	(Part IX, column (A), lines 11a–11d, 11f–24f) 917	7,70	0 765,708				
	18 Tot	tal expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25) 1,529	,38	1 1,337,724				
	19 Rev	venue less ex		,64					
net Assets of Fund Balances			Beginning of Curr	ent Year	End of Year				
328	20 Tota	al assets (Pa	rt X, line 16)	,051	8 7,149				
10 10	21 Total	al liabilities (F	art X, line 26) 81	.,69	7 79,487				
	ZZ NOU	assets of fur	d balances. Subtract line 21 from line 20 —68	, 639					
PE	irtill=	Signatu	re Block						
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ar	nd to the	best of my knowledge				
		and beliefy	is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer h	as any knowledge.				
igi	1				12/2/10				
ler	е	Signatu	re of officer	Da	te				
		Ed	ison De La Cruz Senior Region						
			print name and title						
		Preparer's	Date Check if		Preparer's identifying number				
aic	j	signature	Self-	F	(see instructions)				
rer	parer's		Tellkomi a 6 Tymphona Conjobs						
lse	Only	Firm's name	toryours Leukemia & Lymphoma Society	EIN	▶ 13-5644916				
	l	if self-employ address, and		Phon	**				
7,,1	ho IDO -	1	MILCS PLATIES, NI 10005	no.	<u>▶ 914-821-8926</u>				
ay I	rives: *	ascuss this re	turn with the preparer shown above? (see instructions)		Yes No				
	rivacy A	rrand Paper	work Reduction Act Notice, see the separate instructions.		Form 990 (2009)				

	m 990 (2009) The Deukemia & Dymphoma 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	
	and the second s	X No
	If "Yes," describe these new services on Schedule O.	110
3		
		X No
	If "Yes," describe these changes on Schedule O.	EF 140
4	· ·	
	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.	
4:	a (Code:) (Expenses \$ 599,100 including grants of \$) (Revenue \$	
1	Patient and Community Service	
	*	
	*	
4b	(Code:) (Expenses \$ 199,526 including grants of \$) (Revenue \$ Public Health Education	
	•	
	· · · · · · · · · · · · · · · · · · ·	
	* *************************************	
	• «	
4c P	(Code:) (Expenses \$ 54,875 including grants of \$) (Revenue \$ Professional Education)
		datatete.
	*	
	*	
		• • • • • • •

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		* * * * * * * * * *
	* *************************************	
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)

Form 990 (2009)

Part VIE Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- ▶ List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.
 Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	Pos	ition	(chec	C) k ail i	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BOD LIST ATTACHED										
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								- CATALINA		
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DAA				·		······································		<u> </u>		Form 990 (2009)

om 990 (2009) The Leuke Part VII Section A Officers	, Directors, Tru	stees	s, Ke	y E	mplo	yees	s, ar	nd Highest Compensated E	mployees (continued)	Page l
(A) Name and Title	(B). Average	Pori	tian l	(i labaa	C)	that a	errede d	(D)	(E)	(F)
Name and The	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation irom the organization and related organizations
•		8	6			sated				organization;
	,									
										ANN D

										The second secon
			-							
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									***************************************
						-				
			_						·	
b Total Total number of individuals (increportable compensation from t	luding but not li	imited	to t	hose	iist	ed at	DOVE	who received more than \$	100,000 in	
Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization and related organization and person listed on line 1a services rendered to the organization.	complete Sched 1a, is the sum of panizations great receive or accr	tule J of rep nter th	for sortal	such ble c 150 ensa	indi omp ,000 tion	vidua ensa ? If " from	il tior Yes anv	n and other compensation for ," complete Schedule J for s	om uch	Yes No X X X 4 X X
ection B. Independent Contractor	'S									
Complete this table for your five compensation from the organiza	ation.	ensate	ed in	depe	ende	nt co	ntre			
Name and bo	A) usiness address	·····				-		(E Description	3) of services	(C) Compensation
		·············								
						-		***************************************		
			····		<u></u>					
THE STATE OF THE S		·				_	····			
						- 1				1

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization >

Form 990 (2009) The Leukemia & Lymphoma Society, Inc 13-5644916 Page 9 Statement of Revenue (A) Total revenue (B) Related or exempt function (C) Unrelated (D) Revenue business revenue excluded from tax under sections 512, 513, or 514 revenue 1a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,334,025 g Noncash contributions included in lines 1e-1f: h Total. Add lines 1a-1f. 1,334,025 Program Service Revenue Busn. Code f All other program service revenue g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross Rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) ... 7a Gross amount from (I) Securities (iii) Other sales of assets other than inventor 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 \$ 1,202,131 of contributions reported on line 1c). See Part IV, line 18 262,842 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 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b d All other revenue e Total. Add lines 11a-11d

1,334,025

0

Total Revenue. See instructions.

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).

	not include amounts reported on lines 6b, 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		77/2014 1-12/2014 1-12/2014 1-12/2014		The second secon
	organizations in the U.S. See Part IV, line 21		Fred No. 14 by 1971 (1) by 1971 (1) by 1971 (1) by 1971 (1) grant of the grant of the		A CONTROL OF THE PROPERTY OF T
2	Grants and other assistance to individuals in		THE STATE OF THE S		Pell A Person of the Control of the
	the U.S. See Part IV, line 22	105,274	105,274		
3	Grants and other assistance to governments,		The state of the s	The control of the co	
	organizations, and individuals outside the		ja (h. bask) Grant Santa Grant	The property of the property o	The second secon
	U.S. See Part IV, lines 15 and 16		Employees The Array of the Arr		
4	Benefits paid to or for members			The second secon	
5	Compensation of current officers, directors,		Vine()	the first and 1000000000000000000000000000000000000	
	tructore 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	40 262	50 F0
7	Otherwalanian	220,020	403,100	48,363	58,50
8	Pension plan contributions (include section 401(k)				
O					
9	and section 403(b) employer contributions)	47 300	24 24		
	Other employee benefits	47,309	34,347	5,867	7,09
0	Payroll taxes	29,405	21,348	3,646	4,41
1	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				
2	Advertising and promotion				
3	Office expenses			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4	Information technology				
5	Royalties				······································
5	Occupancy	34,743	25,223	4,308	5,21
7	Travel	17,920	13,011	2,222	2,68
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ľ			
3	Conferences, conventions, and meetings	5,560	4,037	689	83
	Interest				
ŀ	Payments to affiliates	497,122	497,122		
2	Depreciation, depletion, and amortization	635	461	79	9
	Incurange		34 0 44		
	in isotratice				
	Other expenses, Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed	The second secon		THE CONTROL OF THE CO	The second secon
	5% of total expenses shown on line 25 below.)	The state of the s		A CONTROL OF THE PARTY OF THE P	A CONTROL OF THE CONTROL OF T
	Professional Fees	70 001	And the second s	APPENDED A APPENDED A STATE OF THE PROPERTY OF	man in the control of
а.		70,001	10,500	26,712	32,78
٠.	Telephone	6,307	4,578	782	94
	Equipment Rental	12,635	9,173	1,567	1,89
ż.	Postage & Shipping	46,874	7,031	17,887	21,95
•	Printing & Supplies	56,701	8,506	21,637	26,558
	All other expenses	17,210	12,495	2,134	2,58
	Total functional expenses. Add lines 1 through 241	1,337,724	1,036,266	135,893	165,56
	loint costs. Check here ▶ if following	į			
•	SOP 98-2. Complete this line only if the	1			
			l l	į.	
(organization reported in column (B) joint costs rom a combined educational campaign and		ŧ		

Form 990 (2009) The Leukemia & Lymphoma Society, Inc 13-5644916

L	art.	X Balance Sheet					rage ii
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			2,497	1	4,632
	2	Savings and temporary cash investments				2	
	3	Pleages 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. Com					All part of the processing of
		Schedule L			,	5	
	6	Receivables from other disqualified persons (as defined			Carry and the second se		
		4958(f)(1)) and persons described in section 4958(c)(3)	(B). Complete	e			
හ		Part II of Schedule L				6	- the reduction in the second of the second
Assets	7	Notes and loans receivable, net				7	
38	8	Inventories for sale or use				8	
4.	9	Prepaid expenses and deferred charges			4,286	9	967
	10a	Land, buildings, and equipment: cost or			The state of the s		And the second s
		other basis. Complete Part VI of Schedule D	10a	9,914	Annual American Company of the Compa		
	b	Less: accumulated depreciation	10b	8,514	2,035	10c	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	Total assets. Add lines 1 through 15 (must equal line 3	13,058		7,149		
	17	Accounts payable and accrued expenses		19,431		25,977	
	18	Grants payable		18			
	19	Deferred revenue	62,266		53,510		
	20	Tax-exempt bond liabilities		20			
မွ	21	Escrow or custodial account liability. Complete Part IV of		21	**************************************		
Liabilities	22	Payables to current and former officers, directors, truste	es, key		And the second s		The second secon
bi		employees, highest compensated employees, and disqu		71.5 71.5			The second secon
Ë		persons. Complete Part II of Schedule L			manifest to many temperature have not to the total provided by provided franching specified by the first	22	
	23	Secured mortgages and notes payable to unrelated third	parties			23	
•	24	Unsecured notes and loans payable to unrelated third pa		24			
	25	Other liabilities, Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			81,697	26	79,487
nces		Organizations that follow SFAS 117, check here ▶ X		p Mon- man and a man and a			
2		complete lines 27 through 29, and lines 33 and 34.			The state of the s		
జ	27	Unrestricted net assets	-68,639	27	-72,338		
m	28	Temporarily restricted net assets		28			
nd	29	Permanently restricted net assets		29			
亞		Organizations that do not follow SFAS 117, check her	e 🕨	100 Mg			
5		and complete lines 30 through 34.		in the part of the			The best formulated the activities of comments the later plan between the formulation of the comments of the c
\$		Capital stock or trust principal, or current funds			The second section of the second section secti	30	and an external experience responses to the second
Se	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
As	32	Retained earnings, endowment, accumulated income, or	other funds			32	
Net Assets or Fund Bala	33	Total net assets or fund balances			-68,639	33	-72,338
$Z \perp$	34	Total liabilities and net assets/fund balances				34	7,149

Form **990** (2009)

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j	37717 7718	Addition Addition		20	Chata Doctor	Transfer of	1110 1 111			
Charmaine	Hant	1404 Darin A.		7	Ì	Them Code Home Fronce	Work Phone Email	Email.	Board Type	SEE.
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Nan	Kellev	2407 Cahin Hill Pood		17. 17. 18	7 7 7	2000		enverous 12 Charamanchangagaan com	Member	Tennesse
Charle	İ	THE COLUMN TWO IS NOT		Nashville	IN 37214	37214 [615-5798345		nekellev@belivouth net	Member	7.00
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Susan	l eon	197 Chatemorth Drive			2000	13 013-242/210	-	012-2024U19 Skinder(gittans.nt) com	Member	Tennesse
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			Blvd. Suite 614			153151		omersagonne, eau	Member	Tennesse
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Randal "Dandy" Ouesten		Donal A Section		TEST THE	13/211-02	28 (612-3501212		6 i 2-884 /5/4 jkristennicholson@hotmajl com	Secretary	Tennesse
County Manual		Kenal Auvantage, Inc.	115 East Park Drive,	Brentwood	N 37027-23	37027-2311 615-3024984		615. SO73347 Brady Owders Prenate directors com	Teomorphon	
			Suite 300					the state of the s	4 (522)10, 51	
Susan	Reinfeldt	1204 Waterstone Boulevard		Prenklin 7	N 22060 73	22060 2200 615 0426522	0050076 364	C		
Grea		ASAT Localism Mattern Dank	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAMED		31.003.15	70 075-545007	07/0607-074	14.25-20ye 20 Wife Wordingcomessi net	Member	Tennesse
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Kobert Bob"	Yogi	11725 Fortest Crossing Circle		Pranklin	3005	K15 7011337	615 2003445	615 2002445 hander and an annual and an an annual and an	- Control of	Lennesse
				, marine	10000	20,000	C++C300-C101	. DPOSIIRGSC Draft, COM	17.CSIDENT	1 0250036

Forr	n 990 (2009) The Leukemia & Lymphoma Society, Inc 13-5644916		Pa	ge 12
P	in XI Financial Statements and Reporting			<u> </u>
		·····	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	100 march 200 mg		A product a section of the contract of the con
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	and the same		Paramota and a second
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	And the second	X
b	***************************************	2b		X
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			The Purple of th
	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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	***************************************		An American Str.
	the Single Audit Act and OMB Circular A-133?	3a	}	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2009)