



Home Office

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memo

Date: November 28, 2006
To: James Kimball, Executive Director
From: Edison De La Cruz, Regional Controller
Subject: Connecticut Chapter – Proforma 990

Please find enclosed your Chapter's Proforma 990 for the year ended June 30, 2006. If you have any questions or concerns, please call me at (914) 821-8926.

LEUKEMIA

LYMPHOMA

MYELOMA

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)

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

C Name of organization
The Leukemia & Lymphoma Society, Inc- Connecticut Chapter
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 Research Parkway 310
 City or town State or country ZIP + 4
Meriden CT 06450

D Employer identification number
13-5644916

E Telephone number
203-379-0445

F Accounting method: Cash Accrual
 Other (specify) ▶

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 ▶ 1,736,289

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).

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 | | <u>1,320,427</u> | |
| b | Indirect public support | 1b | | <u>210,342</u> | |
| c | Government contributions (grants) | 1c | | <u>0</u> | |
| d | Total (add lines 1a through 1c) (cash \$ <u>1,530,769</u> noncash \$ <u>0</u>) | 1d | | | <u>1,530,769</u> |
| 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | <u>0</u> |
| 3 | Membership dues and assessments | 3 | | | <u>0</u> |
| 4 | Interest on savings and temporary cash investments | 4 | | | <u>0</u> |
| 5 | Dividends and interest from securities | 5 | | | <u>0</u> |
| 6a | Gross rents | 6a | | | |
| b | Less: rental expenses | 6b | | | |
| c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | | <u>0</u> |
| 7 | Other investment income (describe ▶) | 7 | | | <u>0</u> |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | (B) Other | | |
| | | <u>0</u> | <u>0</u> | 8a | <u>0</u> |
| b | Less: cost or other basis and sales expenses | <u>0</u> | <u>0</u> | 8b | <u>0</u> |
| c | Gain or (loss) (attach schedule) | <u>0</u> | <u>0</u> | 8c | <u>0</u> |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | 8d | <u>0</u> |
| 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a | Gross revenue (not including \$ <u>1,065,549</u> of contributions reported on line 1a) | 9a | | <u>205,520</u> | |
| b | Less: direct expenses other than fundraising expenses | 9b | | <u>205,520</u> | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | | <u>0</u> |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | <u>0</u> | |
| b | Less: cost of goods sold | 10b | | <u>0</u> | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | | <u>0</u> |
| 11 | Other revenue (from Part VII, line 103) | 11 | | | <u>0</u> |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | | <u>1,530,769</u> |
| Expenses | | | | | |
| 13 | Program services (from line 44, column (B)) | 13 | | | <u>415,584</u> |
| 14 | Management and general (from line 44, column (C)) | 14 | | | <u>122,272</u> |
| 15 | Fundraising (from line 44, column (D)) | 15 | | | <u>148,194</u> |
| 16 | Payments to affiliates (attach schedule) | 16 | | | <u>891,839</u> |
| 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | | | <u>1,577,889</u> |
| Net Assets | | | | | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | | <u>-47,120</u> |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | | <u>-26,454</u> |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | | <u>0</u> |
| 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | | <u>-73,574</u> |

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 \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 22 36,333 | 36,333 | | |
| 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 | 26 370,172 | 260,231 | 49,973 | 59,968 |
| 27 | Pension plan contributions | 27 0 | | | |
| 28 | Other employee benefits | 28 36,036 | 25,333 | 4,865 | 5,838 |
| 29 | Payroll taxes | 29 27,119 | 19,065 | 3,661 | 4,393 |
| 30 | Professional fundraising fees | 30 0 | | | |
| 31 | Accounting fees | 31 0 | | | |
| 32 | Legal fees | 32 0 | | | |
| 33 | Supplies | 33 0 | | | |
| 34 | Telephone | 34 5,955 | 4,187 | 804 | 964 |
| 35 | Postage and shipping | 35 31,713 | 4,756 | 12,102 | 14,855 |
| 36 | Occupancy | 36 38,934 | 27,370 | 5,256 | 6,308 |
| 37 | Equipment rental and maintenance | 37 8,853 | 6,224 | 1,195 | 1,434 |
| 38 | Printing and publications | 38 54,580 | 8,188 | 20,828 | 25,564 |
| 39 | Travel | 39 9,159 | 6,439 | 1,236 | 1,484 |
| 40 | Conferences, conventions, and meetings | 40 11,034 | 7,757 | 1,490 | 1,787 |
| 41 | Interest | 41 0 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 560 | 394 | 76 | 90 |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | PROFESSIONAL FEES | 43a 53,853 | 8,078 | 20,550 | 25,225 |
| b | MISCELLANEOUS | 43b 1,749 | 1,229 | 236 | 284 |
| 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). | 44 686,050 | 415,584 | 122,272 | 148,194 |

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 No

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

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.

| <p>What is the organization's primary exempt purpose? ► Cure Leukemia and blood cancers</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> | <p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p> |
|--|--|
| <p>a PATIENT AND COMMUNITY SERVICE SEE ATTACHED SCHEDULE</p> <p>(Grants and allocations \$ 36,333) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | <p>255,506</p> |
| <p>b PUBLIC HEALTH EDUCATION SEE ATTACHED SCHEDULE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | <p>118,496</p> |
| <p>c PROFESSIONAL EDUCATION SEE ATTACHED SCHEDULE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | <p>41,582</p> |
| <p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p> | <p>415,584</p> |

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) | | (B) | | |
|-----------------------------|--|---|------------|-------------|------------|---------|
| | | Beginning of year | | End of year | | |
| Assets | 45 | Cash—non-interest-bearing | 31,242 | 45 | 9,018 | |
| | 46 | Savings and temporary cash investments | | 46 | | |
| | 47 a | Accounts receivable | 47a 32,955 | | | |
| | b | Less: allowance for doubtful accounts | 47b 0 | 26,955 | 47c 32,955 | |
| | 48 a | Pledges receivable | 48a 0 | | | |
| | b | Less: allowance for doubtful accounts | 48b 0 | 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) | 51a 0 | | | |
| | b | Less: allowance for doubtful accounts | 51b 0 | 0 | 51c 0 | |
| | 52 | Inventories for sale or use | | 52 | | |
| | 53 | Prepaid expenses and deferred charges | 4,652 | 53 | 5,546 | |
| | 54 | Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 0 | 54 | 0 | |
| | 55 a | Investments—land, buildings, and equipment: basis | 55a 0 | | | |
| | b | Less: accumulated depreciation (attach schedule) | 55b 0 | 0 | 55c 0 | |
| 56 | Investments—other (attach schedule) | | 0 | 56 0 | | |
| 57 a | Land, buildings, and equipment: basis | 57a 5,600 | | | | |
| b | Less: accumulated depreciation (attach schedule) | 57b 4,760 | 1,400 | 57c 840 | | |
| 58 | Other assets (describe <input type="checkbox"/>) | | 0 | 58 0 | | |
| 59 | Total assets (must equal line 74). Add lines 45 through 58 | | 64,249 | 59 | 48,359 | |
| Liabilities | 60 | Accounts payable and accrued expenses | 27,891 | 60 | 25,930 | |
| | 61 | Grants payable | | 61 | | |
| | 62 | Deferred revenue | 62,812 | 62 | 96,003 | |
| | 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 <input type="checkbox"/>) | | 0 | 65 0 | |
| 66 | Total liabilities. Add lines 60 through 65 | | 90,703 | 66 | 121,933 | |
| 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 | -30,283 | 67 | -85,403 | |
| | 68 | Temporarily restricted | 3,829 | 68 | 11,829 | |
| | 69 | Permanently restricted | | 69 | | |
| | 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) | | -26,454 | 73 | -73,574 |
| | 74 | Total liabilities and net assets/fund balances. Add lines 66 and 73. | | 64,249 | 74 | 48,359 |

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

| | | | | |
|----------|--|----|----------|---|
| 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 N/A

| | | | | |
|----------|--|----|----------|---|
| 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 Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
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| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name 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 | | |
| 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? 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. | 75c | 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 | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|--|------------------------|------------------|---|--|
| Name <u>N/A</u> 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 _____ | | | | |

Part VI Other Information (See the instructions.)

| | | 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 ► 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 VI Other Information (continued)

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 UNDETERMINED
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? 85b N/A
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.
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 0 ; section 4912 0 ; section 4955 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
d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed NONE
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 10
91 a The books are in care of Name EXECUTIVE DIRECTOR Telephone no. 203-379-0445
Located at 300 research Parkway City Meriden ST CT ZIP + 4 06450
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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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: Edison De la Cruz, Date: 11/16/06, EDISON DE LA CRUZ- REGIONAL CONTROLLER

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no.

The Leukemia & Lymphoma Society, Inc.

EI 13-5644916

Connecticut

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
Connecticut
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>891,839</u> |
|----------------------------|----------------|

PART 4, LINE 62 -- Deferred Support

| | |
|--|---------------|
| Income is from events applicable to future period. | <u>96,003</u> |
|--|---------------|

The Leukemia and Lymphoma Society, Inc.
 Connecticut
 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> |
|-----------------------------|-----------------------|---------------------------|--------------------------------|----------------------------------|------------------------------|
| S&Y Pennies | 140,298 | 129,940 | 10,358 | 10,358 | 0 |
| TNT Hartford Marathon | 116,319 | 104,877 | 11,442 | 11,442 | 0 |
| LTN-Hartford | 113,133 | 90,113 | 23,020 | 23,020 | 0 |
| Sub-Total | <u>369,750</u> | <u>324,930</u> | <u>44,820</u> | <u>44,820</u> | <u>0</u> |

All other events, consisting of the following:

| <u>Description</u> | <u># Of Events</u> | | | | |
|-------------------------|--------------------|------------------|------------------|----------------|----------------|
| TNT Run | 7 | | | | |
| TNT Walk | | | | | |
| TNT Cycle | 4 | | | | |
| TNT Triathlon | 2 | | | | |
| Celebrity Waiter | | | | | |
| Black Tie Events | | | | | |
| Golf | | | | | |
| Regatta | 1 | | | | |
| Dress Down Days | | | | | |
| Hops | | | | | |
| Radiothons/Televents | | | | | |
| Man/Woman of Year | 1 | | | | |
| Pennies | | | | | |
| Other : | | | | | |
| Light the Night | 2 | | | | |
| Breakfast W/ Champtions | | | | | |
| | <u>17</u> | <u>901,319</u> | <u>740,619</u> | <u>160,700</u> | <u>160,700</u> |
| TOTAL ALL EVENTS | <u>20</u> | <u>1,271,069</u> | <u>1,065,549</u> | <u>205,520</u> | <u>205,520</u> |

| Description | Annual | YTD | YTD | Fav / (Unfav) | Prior | Fav / (Unfav) | Prior |
|---|------------------|------------------|------------------|------------------|------------------|-----------------|------------------|
| | Budget | Budget | Actual | Var | Actual | Var | Year Results |
| Chapter Revenue | | | | | | | |
| Community Camp. (Conducted by Chap.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Corporate & Professional Gifts | 23,750 | 23,750 | 18,216 | (5,535) | 37,352 | (19,137) | 37,352 |
| Federated Campaigns | 140,000 | 140,000 | 173,370 | 33,370 | 163,714 | 9,656 | 163,714 |
| Individual Donor (PG.3) | 38,000 | 38,000 | 135,949 | 97,949 | 11,931 | 124,018 | 11,931 |
| Tributes & Memorials | 60,000 | 60,000 | 61,770 | 1,770 | 70,100 | (8,330) | 70,100 |
| Clubs & Organizations | 25,000 | 25,000 | 36,972 | 11,972 | 21,668 | 15,304 | 21,668 |
| Spec. Events - TNT (PG.2) | 877,106 | 877,100 | 706,738 | (170,362) | 777,596 | (70,858) | 777,596 |
| Spec. Events - Relationship Based (PG.3) | 197,484 | 197,484 | 168,239 | (29,245) | 181,315 | (13,075) | 181,315 |
| Spec. Events - Market Based (PG.3) | 481,550 | 481,550 | 396,092 | (85,458) | 340,865 | 55,227 | 340,865 |
| Gross Televent (PG.3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gross Radiclthon (PG.3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Foundations | 15,000 | 15,000 | 38,944 | 23,944 | 6,332 | 32,612 | 6,332 |
| Interest | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Event Revenue | 0 | 0 | 0 | 0 | 508 | (508) | 508 |
| A. Chapter Gross Campaign Revenue | 1,857,890 | 1,857,884 | 1,736,289 | (121,595) | 1,611,381 | 124,908 | 1,611,381 |
| Chap. Direct Donor Benefit Exp. (PG.3) | (278,128) | (278,128) | (205,520) | 72,605 | (213,547) | 8,027 | (213,547) |
| B. Chapter Net Campaign Revenue | 1,579,762 | 1,579,759 | 1,530,769 | (48,990) | 1,397,834 | 132,936 | 1,397,834 |
| Chapter Expenses: | | | | | | | |
| C. Payroll | | | | | | | |
| LSA Share FICA, Dis., Unemployment | (390,979) | (390,979) | (370,172) | 20,807 | (326,519) | (43,654) | (326,519) |
| Benefits | (28,740) | (28,740) | (27,119) | 1,621 | (24,583) | (2,535) | (24,583) |
| Occupancy | (52,030) | (52,030) | (36,036) | 15,994 | (40,559) | 4,523 | (40,559) |
| Telephone | (40,800) | (40,800) | (38,934) | 1,866 | (33,600) | (5,334) | (33,600) |
| Travel | (6,500) | (6,500) | (5,955) | 545 | (5,958) | 3 | (5,958) |
| Stationary & Supplies | (9,585) | (9,585) | (9,159) | 426 | (6,516) | (2,642) | (6,516) |
| Office Equipment / Rental | (15,545) | (15,545) | (20,531) | (4,986) | (22,084) | 1,553 | (22,084) |
| Printing | (10,450) | (10,450) | (8,853) | 1,597 | (8,128) | (725) | (8,128) |
| Postage & Shipping | (32,071) | (32,071) | (33,232) | (1,161) | (22,486) | (10,746) | (22,486) |
| Meeting Expense | (35,280) | (35,280) | (31,713) | 3,567 | (35,457) | 3,744 | (35,457) |
| Professional Fees | (25,040) | (25,040) | (11,034) | 14,006 | (18,037) | 7,002 | (18,037) |
| Memberships | (50,213) | (50,213) | (53,853) | (3,640) | (63,728) | 9,874 | (63,728) |
| Other | (350) | (350) | (817) | (467) | (1,485) | 668 | (1,485) |
| D. Chapter Operating Expenditures | (3,745) | (3,745) | (2,308) | 1,437 | (3,779) | 1,471 | (3,779) |
| E. Chapter Net Income (B-D) | (701,328) | (701,328) | (649,717) | 51,611 | (612,920) | (36,797) | (612,920) |
| Chapter Margin (E/A) | 878,434 | 878,431 | 881,052 | 2,621 | 784,914 | 96,138 | 784,914 |
| | 47.3 | 47.3 | 50.7 | 3.5 | 48.7 | 2.0 | 48.7 |

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

| Special Events | Description | Annual | YTD | YTD | Fav / (Unfav) | Prior | Fav / (Unfav) | Prior |
|---|-------------|-----------|-----------|-----------|---------------|-----------|---------------|-----------|
| | | Budget | Budget | Actual | Var | Actual | Var | Results |
| TNT Run Gross | | 370,480 | 370,454 | 371,768 | 1,314 | 401,291 | (29,523) | 401,291 |
| TNT Walk Gross | | 147,246 | 147,246 | 80,397 | (66,849) | 83,848 | (3,451) | 83,848 |
| TNT Run/Walk DIR. BEN. EXP. | | (110,824) | (110,823) | (85,265) | 25,558 | (89,690) | 4,425 | (89,690) |
| Net TNT Run/Walk | | 406,882 | 406,877 | 366,900 | (39,977) | 395,449 | (28,548) | 395,449 |
| TNT Cycling 100 Gross | | 245,000 | 245,000 | 172,910 | (72,090) | 196,501 | (23,591) | 196,501 |
| TNT Cycling 100 DIR. BEN. EXP. | | (58,071) | (58,070) | (35,747) | 22,323 | (46,414) | 10,667 | (46,414) |
| Net TNT Cycling 100 | | 186,929 | 186,930 | 137,163 | (49,767) | 150,087 | (12,924) | 150,087 |
| 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 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TNT Triathlon DIR. BEN. EXP. | | 114,400 | 114,400 | 81,663 | (32,737) | 80,680 | 983 | 80,680 |
| Net TNT Triathlon | | (29,583) | (29,582) | (21,895) | 7,687 | (24,117) | 2,222 | (24,117) |
| TNT Hike Gross | | 84,817 | 84,818 | 59,768 | (25,050) | 56,563 | 3,205 | 56,563 |
| TNT Hike DIR. BEN. EXP. | | 0 | 0 | 0 | 0 | 15,276 | (15,276) | 15,276 |
| Net TNT Hike | | 0 | 0 | 0 | 0 | (1,732) | 1,732 | (1,732) |
| F. Total Gross TNT (Pg.1) | | 877,106 | 877,100 | 706,738 | (170,362) | 13,544 | (13,544) | 13,544 |
| G. Total TNT DIR. BEN. EXP. | | (198,478) | (198,475) | (142,906) | 55,569 | 777,596 | (770,858) | 777,596 |
| Total Net TNT | | 678,628 | 678,625 | 563,831 | (114,794) | (161,953) | 19,046 | (161,953) |
| Special Events - Relationship Based: | | | | | | 615,643 | (51,812) | 615,643 |
| 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"/Diners/Galas Gross | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| "Black Tie"/Diners/Galas DIR. BEN. EXP. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net"Black Tie"/Diners/Galas | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Man/Woman of the Year Gross | | 103,634 | 103,634 | 79,645 | (23,989) | 95,497 | (15,852) | 95,497 |
| Man/Woman DIR. BEN. EXP. | | (12,550) | (12,550) | (8,092) | 4,458 | (9,580) | 489 | (8,580) |
| Net Man/Woman of the Year | | 91,084 | 91,084 | 71,553 | (19,531) | 86,916 | (15,363) | 86,916 |
| Golf Gross | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Golf DIR. BEN. EXP. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net Golf | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Regatta Gross | | 93,850 | 93,850 | 88,594 | (5,256) | 85,818 | 2,776 | 85,818 |
| Regatta DIR. BEN. EXP. | | (19,900) | (19,900) | (11,025) | 8,875 | (15,335) | 4,310 | (15,335) |
| Net Regatta | | 73,950 | 73,950 | 77,569 | 3,619 | 70,483 | 7,086 | 70,483 |

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) | 197,484 | 197,484 | 168,239 | (29,245) | 181,315 | (13,075) | 181,315 |
| I. Total Relation, Based DIR, BEN, EXP. | (32,450) | (32,450) | (19,117) | 13,333 | (23,915) | 4,799 | (23,915) |
| Total Net Relationship Based | 165,034 | 165,034 | 149,123 | (15,911) | 157,399 | (8,277) | 157,399 |
| Special Events - Marketing Based: | | | | | | | |
| Light the Night Gross | 358,400 | 358,400 | 255,225 | (103,175) | 269,804 | (14,580) | 269,804 |
| Light the Night DIR, BEN, EXP. | (32,400) | (32,400) | (33,139) | (739) | (21,557) | (11,582) | (21,557) |
| Net Light the Night | 326,000 | 326,000 | 222,086 | (103,914) | 248,247 | (26,161) | 248,247 |
| School & Youth Gross | 123,150 | 123,150 | 140,298 | 17,148 | 71,061 | 69,237 | 71,061 |
| School & Youth DIR, BEN, EXP. | (14,800) | (14,800) | (10,358) | 4,442 | (6,122) | (4,236) | (6,122) |
| Net School & Youth | 108,350 | 108,350 | 129,940 | 21,590 | 64,939 | 65,001 | 64,939 |
| Soccer Gross | 0 | 0 | 570 | 570 | 0 | 570 | 0 |
| Soccer DIR, BEN, EXP. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net Soccer | 0 | 0 | 570 | 570 | 0 | 570 | 0 |
| All Other Marketing Based Gross | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All Other Marketing Based DIR, BEN, EXP. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net All Other Marketing Based | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| J. Total Gross Marketing Based (PG.1) | 491,550 | 491,550 | 396,092 | (85,458) | 340,865 | 55,227 | 340,865 |
| K. Total Marketing Based DIR, BEN, EXP. | (47,200) | (47,200) | (43,497) | 3,703 | (27,679) | (15,818) | (27,679) |
| Total Net Marketing Based | 434,350 | 434,350 | 352,595 | (81,755) | 313,186 | 39,409 | 313,186 |
| 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+H+K+L+M, PG.1) | (278,128) | (278,128) | (205,520) | 72,605 | (213,547) | 8,027 | (213,547) |
| Details of Individual Donors: | | | | | | | |
| Lead Gifts | 35,000 | 35,000 | 21,090 | (13,910) | 11,931 | 9,159 | 11,931 |
| Major Gifts | 0 | 0 | 111,659 | 111,659 | 0 | 111,659 | 0 |
| Board Giving | 3,000 | 3,000 | 3,200 | 200 | 0 | 3,200 | 0 |
| Total Individual Donors (PG.1) | 38,000 | 38,000 | 135,949 | 97,949 | 11,931 | 124,018 | 11,931 |

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

| Description | Annual | YTD | YTD | Fav / (Unfav) | Prior | Fav / (Unfav) | Prior |
|--|----------|----------|-----------|---------------|------------|---------------|--------------|
| | Budget | Budget | Actual | Var | YTD Actual | Var | Year Results |
| Non-Operating Items: | | | | | | | |
| Balance Sheet Items: | | | | | | | |
| Cash in Bank - Operating | 0 | 0 | 8,398 | 8,398 | 0 | 8,398 | 0 |
| Cash in Bank - Paycor | 0 | 0 | 120 | 120 | 352 | (232) | 352 |
| Cash in Bank - Other | 0 | 0 | 0 | 0 | 30,390 | (30,390) | 30,390 |
| Petty Cash | 0 | 0 | 500 | 500 | 500 | 0 | 500 |
| Due (to) /from Home Office | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Accounts Receivable | 0 | 0 | 32,956 | 32,956 | 26,955 | 6,001 | 26,955 |
| Prepaid Expenses | 0 | 0 | 5,546 | 5,546 | 4,652 | 894 | 4,652 |
| Leasehold Improvements | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Furniture | 0 | 0 | 5,600 | 5,600 | 5,600 | 0 | 5,600 |
| Computers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Accum Deprn - Furniture | 0 | 0 | (4,760) | (4,760) | (4,200) | (560) | (4,200) |
| Accounts Payable & Accrued Expenses | 0 | 0 | (25,927) | (25,927) | (27,889) | 1,962 | (27,889) |
| Deferred Income | 0 | 0 | (96,003) | (96,003) | (62,812) | (33,191) | (62,812) |
| Net Assets | 0 | 0 | 26,452 | 26,452 | (7,310) | 33,762 | (7,310) |
| Income Statement Items: | | | | | | | |
| Remittances | 0 | 0 | (891,839) | (891,839) | (783,491) | (108,347) | (783,491) |
| Patient Aid Expenses | (37,675) | (37,675) | (36,333) | 1,342 | (34,564) | (1,769) | (34,564) |
| Bone Marrow Drive Expenses | 0 | 0 | 0 | 0 | (620) | 620 | (620) |
| Other Key Ratios | | | | | | | |
| TNT Direct Benefit Expense Percent (G/F) | 22.6 | 22.6 | 20.2 | (2.4) | 20.8 | (.6) | 20.8 |
| Relationship Based D./E.N./EXP. Percent (I/H) | 16.4 | 16.4 | 11.4 | (5.1) | 13.2 | (1.8) | 13.2 |
| Marketing Based D./R. BEN. EXP. Percent (K/J) | 9.8 | 9.8 | 11.0 | 1.2 | 8.1 | 2.9 | 8.1 |
| Salary Productivity Ratio (M/C) | 4.8 | 4.8 | 4.7 | (.1) | 4.9 | (.2) | 4.9 |
| Payroll & FICA/Operating Expenditures (C/D) | | | | | | | |
| Benefits/Operating Expenditures | 59.8 | 59.8 | 61.1 | 1.3 | 57.3 | 3.9 | 57.3 |
| Occupancy/Operating Expenditures | 7.4 | 7.4 | 5.5 | (1.9) | 6.6 | (1.1) | 6.6 |
| Telephone/Operating Expenditures | 5.8 | 5.8 | 6.0 | .2 | 5.5 | .5 | 5.5 |
| Travel/Operating Expenditures | .9 | .9 | .9 | 0.0 | 1.0 | (.1) | 1.0 |
| Consol. Printing/Operating Expenditures (U/D) | 1.4 | 1.4 | 1.4 | 0.0 | 1.1 | .3 | 1.1 |
| Office Equip & Rental/Operating Expenditures | 6.8 | 6.8 | 8.4 | 1.6 | 7.5 | .9 | 7.5 |
| Postage/Operating Expenditures | 1.5 | 1.5 | 1.4 | (.1) | 1.3 | 0.0 | 1.3 |
| Meeting Exp/Operating Expenditures | 5.0 | 5.0 | 4.9 | (.1) | 5.8 | (.9) | 5.8 |
| Prof. Fees/Operating Expenditures | 3.6 | 3.6 | 1.7 | (1.9) | 2.9 | (1.2) | 2.9 |
| Other Exp./Operating Expenditures | 7.2 | 7.2 | 8.3 | 1.1 | 10 | (2.1) | 10.4 |
| Other Exp./Operating Expenditures | .5 | .5 | .4 | (.2) | .6 | (.3) | .6 |